

**Faculty of Education Health and Wellbeing**

**Institute of Health**

**Nursing Associate Apprenticeship/Non Apprenticeship**

**Placement Learning Handbook**

**(2019/20)**

|  |  |
| --- | --- |
| Student /Apprentice Name: |  |
| University Number: |  |
| Cohort: | September 2019  |

The practice assessment document (MYEPAD) and Ongoing Achievement Record (OAR) must be submitted at the submission point for module 4NH037 in Year 1 and 5NH035 in Year 2; dates are detailed in the course calendar and module timetables/module guide.

You are advised to keep scanned copies of these documents in the event of loss as evidence of achievement.

**In the event of any query related to this practice assessment document please contact one of the following:**

|  |  |  |
| --- | --- | --- |
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**Contents**

|  |  |  |
| --- | --- | --- |
| **Index** | **Subject** | **Page number** |
| **1.0** | IntroductionPractice Documents | 3 |
| **2.0** | Overview of the programme  | 5 |
| **3.0** | Programme hoursProfessional body requirementsProtected Learning hoursProtected Learning Time | 5-7 |
| **4.0** | Practice assessment strategySummative assessment of practiceFailure to Fail | 8-11 |
| **5.0** | Range of PlacementsHost & External Placements | 12 |
| **6.0** | Attendance monitoring and sickness reporting | 13 |
| **7.0** | Roles, responsibilities and expectations:Apprentice/ StudentPractice supervisor/assessor and Academic AssessorSkills Coach Practice Educator | 14-18 |
| **8.0** | Professional conduct | 19-21 |
| **9.0** | Getting the most from placement learningPreparing for placementSupport when providing or receiving feedback (table) | 21-27 |
| **10.0** | Support | 30 |
| **11.0** | Quality Assessment of Placements | 32 |
| **12.0** |  Policies* Policies Equality
* Health and Safety
* Escalating concerns
* Complaints
* Risk assessment
* Insurance/liability
* Fitness for Practice

Termination / suspension of placement | 32-35 |
| **13.0** | Programme StructureModule overviews | 36 - 39 |

**1. Introduction**

This handbook is designed to provide an overview of placement learning and the associated apprenticeship / regulatory body/ university and employer regulations. It is written for apprentices/ students[[1]](#footnote-1), practice assessors, practice supervisors and staff involved in supporting learning and assessment in practice. Any queries not covered by this handbook can be raised with the practice educator team[[2]](#footnote-2) and / or the Head of Practice Learning.

**1.1 Practice Documents**

Two key practice documents must be completed to demonstrate proficiency in practice:

* **Practice Assessment Document (MYEPAD) (separate document for year 1 and year 2)**
* **Ongoing Achievement Record (OAR) (one document for the 2 year programme)**

The **Practice Assessment Document (MYEPAD)** makes up a significant part of the overall programme assessment. Continuous assessment is an integral aspect of assessment in practice and the apprentice/student is expected to show evidence of consistent achievement. Apprentices/ students should engage positively in all learning opportunities, take responsibility for their own learning and know how to access support. Apprentices/ students will work with and receive written feedback from a range of staff including Practice Supervisors and Practice Assessors and are required to reflect on learning.

An **Ongoing Achievement Record (OAR)** is a separate document that *summarises* your achievements in each placement and with the main document, provides a comprehensive record of your professional development and performance in practice. It is an NMC requirement for all apprentices/ students to complete this with the support of their Practice Assessor.

Apprentices/ students are responsible for undertaking planned learning activities to meet programme outcomes, and inform the placement providers and the University if their learning needs are not being met, and to provide feedback through evaluations to enhance the quality of practice learning. Non NHS placement providers/GP Practices also provide placement learning opportunities in a wide range of health and social care settings. There is a requirement that;

*‘Students actively participate in their own education, learning from a range*

*of people across a variety of settings’.*

*(NMC;* Standards for student supervision and assessment 2018; 5).



**2. Overview of the programme**

The Nursing Associate Foundation degree[[3]](#footnote-3) is designed to prepare apprentices/ students to practice safely and effectively so that on completion they can assume the required responsibility and accountability for their practice as nursing associates.



Apprentices/ students will attend university for the equivalent of one day per week whilst developing their role as a nursing associate to attain a foundation degree whilst being employed within their host organisation; work based learning.

There are 4 modules in year one, delivered at academic level 4 (certificate), and 4 modules in year 2, delivered at academic level 5 (diploma); further details of each module and accompanying assessments can be found at the back of this handbook. On successful completion, the apprentice/ student will exit with a foundation degree.

The Nursing and Midwifery Council (NMC) determine the educational standards / preparation for this contemporary new role and on qualification, nursing associates will register with the NMC.

**Apprentices**: Each practice partner has an individual model to facilitate the protected learning hours for their *apprentices* as part of the apprenticeship framework.

Each apprentice will be required to complete 20% of the programme within external placement settings away from their substantive/ employed setting over the duration of the two year course to enhance their exposure to the varied settings where healthcare is delivered in contemporary nursing practice.

**3. Programme hours and Professional body requirements**

**3.1 Programme hours/ attendance**

Apprentices/ students must undertake 2300 programme hours as required by the Nursing and Midwifery Council. Programme hours include the following;

* Nursing associate pre-registration programmes must include at least 2,300 programme hours, typically over two years. **These hours must be protected for learning, whether in an academic, health, or care setting**.
* The programme provides an equal balance of theory and practice learning.
* Programme hours are hours protected for learning, in theory and practice.
* **Hours which are not protected for learning, in which students are in effect working in their substantive place of work, do not count towards programme hours.**

**3.2 Protected Learning Time**

**What is protected learning time?**

The NMC does not require nursing associate apprentices/ students to be supernumerary while learning in practice, but the apprentice/ student must have protected learning time. The decision about how this is provided is for education providers and practice placement partners. All apprentices/ students must be supervised when they are learning in practice. The level of supervision will depend on level of risk associated with particular tasks or interventions, and the competence and confidence of the student. Protected learning time (PLT) is an NMC requirement defined as *‘time is designated time in which students are supported to learn*’[[4]](#footnote-4).

**Examples[[5]](#footnote-5) of how protected learning time might be provided include:**

• providing and facilitating opportunities for apprentices/ students to practice skills

• sharing knowledge with the apprentice/ student and effectively demonstrating how to put that knowledge into practice safely

• observing apprentices/ students

• giving constructive feedback on apprentice/ student performance

• empowering apprentices/ students to take advantage of available resources, learning and CPD opportunities

• delegating learning opportunities to other practice supervisors and anyone else who may suitably enable learning

• enabling apprentices/ students to follow a patient pathway across settings

• supporting apprentices/ students to reflect on learning supernumerary time

The NMC suggests that a learning agreement signed by the practice supervisor (practice assessor for the purposes of this programme) and the apprentice/ student which sets out the learning commitment required, including the requirement to release the apprentice/ student for learning opportunities.

Structured ***‘Protected Learning’*** activities could include:

* formal learning that is face-to-face or online
* reading and study periods
* self-directed learning – mix of physical and online
* educational supervision and mentoring
* assessment activities
* teaching within the workplace
* action learning sets
* informal learning, for example, through blogs and social media
* simulation
* shadowing

The practice supervisor /assessor and other registered professionals will assess competence during the employed and external placement settings and sign outcomes and skills where the apprentice/ student has demonstrated competence in the MYEPAD. Where placements away from the employed setting are undertaken and are observational in nature i.e.: to gain a different experience, or exposure rather than achieve competence, the practice supervisor / assessor, or registered professional should evidence the format, content and learning aims and objectives of the protected learning time/experience. The section ‘*Record of communication and additional feedback and protected learning log’* within the MYEPAD is where protected learning activities and outcomes can be evidenced.

Further details can be found within the NMC *Supporting information: Practice environment case studies for nursing associate programmes* (2018) [web link to pdf](https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-practice-environment-supporting-information.pdf).

**4.0. Practice assessment strategy**

In order to assess future potential, assessment should take account of both the ability to do (performance), *and* capability which is assessed by the ability to theorise and rationalise practice. Assessment of competence will draw on multiple forms of evidence. Observation is critical to assessment of the apprentice’s/ student’s ability to do, and assessment of capability must also include alternate methods for example, questioning, discussion and reflective practice. Skills must be maintained throughout the course.

The assessment process is designed to enable the apprentice/ student to demonstrate achievement of the competency domains in relation to knowledge, skills and behaviours required for professional practice and an apprenticeship qualification.

A separate MYEPAD has been designed for each year of practice learning.

**4.1 Summative assessment of practice**

Assessment of practice is an ongoing activity consisting of the following components:

* A practice assessment document (MYEPAD)
* The proficiency based component (the ability to do)
* OAR

These will be assessed by practice assessors and both practice supervisors/assessors will be required to consider capability consistent with the level and stage of training. The practice supervisor /assessor will indicate if the practice requirements have been achieved/not achieved.

Apprentices/ students must achieve **all** outcomes to successfully complete the work based learning and skills module/s. If an apprentice/ student have not achieved all outcomes by the end of the placement the MYEPAD should be retained by the practice assessor who should contact a member of the practice team.

**4.2 Using evidence to make judgements about proficiency**

When making judgments about an apprentice’s/ student’s performance, the practice assessor must be clear about the evidence that informs decision making. There are multiple types of evidence that can be used as proof of claimed learning.

It is both acts *and* omissions that constitute evidence to inform decisions about competence.

When assessing the apprentice/ student, the practice assessor should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional students who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

Practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, *direct observations*, (apprentice) student self-reflection, and other resources (1NMC, 2018)

**Observation**

Direct observation is an important, convenient and immediate way of evaluating an apprentices/ student’s performance. Observation may need to be combined with another method of evidence. For example, whilst observation of client documentation will give an indication of the standard of record keeping, this does not provide assurance that the apprentice/ student understands the legislation relating to record keeping and this aspect will need to be assessed by an alternative method.

**Questioning**

Questioning may be used to test knowledge, attitudes, critical thinking and reasoning skills. Practice assessors need to consider the type and level of questions that are asked, and how these can be worded to test the apprentice/ student at an appropriate level.

The levels of performance in the MYEPAD document should be applied to help construct questions to appropriately test the link between theory and practice. As the apprentice/ student advances through the programme, practice assessors should try to stimulate higher level thinking that tests reasoning and decision making rather than lower level questions that just test factual knowledge.

**Simulation**

Simulation should not be used for clinical activities that can be undertaken in the live setting. However, the apprentice/ student may not always have the opportunity to engage in certain clinical activities leading to proficiency which may require simulation opportunities to be explored.

**Reflection**

Reflective practice can be described as developing ways of learning from experience, which may help to modify and change approaches to practice.

Reflection is not just day-dreaming, it is exploring clinical experiences and objectively, formally or informally, analysing that experience and understanding what happened, why it happened and the consequences. It is the analysing of the thoughts, feelings and actions from which strategies are developed to inform practice. It requires self-awareness and enables professional judgements to be examined and enhanced.

Reflection can be facilitated by

* Asking the apprentice/ student to explain their practice and decisions.
* Setting aside time to reflect on practice experiences with the apprentice/ student.
* Make a point of asking apprentices/ students about their portfolio.
* Share experiences and reflections with the apprentice/ student.

 NMC (2018) Standards for student supervision and assessment

Driscoll’s model of reflection is recommended, although apprentices/ students can choose to use other models if they prefer. Further information relating to Driscoll’s reflective model can be found in: Driscoll, J. (2007) Practicing clinical supervision: a reflective approach for healthcare professionals. 2ndedition. Bailliere Tindall, Edinburgh.

**4.3 Portfolio**

Apprentices/ students will be expected to maintain a portfolio. This is where the apprentice/ student can record any abilities, reflections, events, plans or thoughts that are personally significant. The portfolio supports the practice assessor in evaluating performance within the proficiencies in the MYEPAD and at mid and final interview stages. The portfolio must reflect the academic level appropriate to the year of the course i.e. level 4 in year 1 and level 5 in year 2.

It is about professional and personal development in preparation for revalidation within the NMC post registration.

**4.4 Assessment of practice**

**Criteria for Assessment in Practice**

 **Overall Framework; these criteria should be achieved by the end of each year.**

Practising independently with minimal supervision provides and monitors care, demonstrating increasing knowledge skills and confidence.

Guided participation in care and performing with increasing knowledge, skills and confidence.

Year 1

Year 2

(See table in section 9.2 on page 22 for further details of interview content)

**4.5 Dealing with poor performance**

If Practice Assessors (PA) have a concern regarding apprentice/student performance it is essential and a duty to raise these in a timely manner. To enable the PA and apprentice/ student to address issues and implement a developmental plan.

If concerns are raised about the performance of an apprentice/student, then this must be addressed as a real problem, which if not acted upon, may deteriorate, and the apprentice/ student gets to the end of the programme and then fails to progress. Worse still, they could pass, and go on to put service users at risk.

As a registered nurse /practitioner you are accountable for all acts and omissions, this includes decisions you make about an apprentice’s/ student’s competence to practice. In most cases where an apprentice/ student is performing poorly, with good feedback and support, they are able to improve, and go on to achieve the standards expected of them. This section is based on a qualitative study of factors that influence the decisions regarding assessment of apprentice/ student’s competence in practice (Duffy 2004). It is designed to raise your awareness of the difficulties practice assessors experience in failing apprentices/ students, the actions to be taken and support available to you.

**Any concerns about the apprentice/ student should be raised at the *earliest* opportunity allowing time to improve when it comes to the summative point.**

**4.6 Failure-to-fail**

Some practice supervisors/assessors find it difficult to take action that could potentially have serious consequences for the apprentice/ student. Some find it difficult to fail an apprentice/ student who appeared to have good personal qualities – they were a ‘nice’ person. Failing apprentices/ students may be made more difficult in the absence of support from university staff or busy clinical environments that limit the time practice assessors can work directly with the apprentice/ student, and they consequently feel they have little option but to pass the apprentice/ student.

Experience and confidence in their role as a practice supervisor/assessor may vary, and support should be requested from both the employer and university where required. In these cases, apprentices/ students might manipulate a practice supervisor/assessor in order to achieve a pass grade, and the practice supervisor/assessor ‘buckles under pressure’.

To lessen the chances of failing to fail an apprentice/ student who do not meet the required standard:

* You need to familiarise yourself with actions to be taken if you are concerned about an apprentices/ students level of competence
* You need to be aware, that failure early in the programme is possible; you do not have to wait until the end of the course, to give the apprentice/ student the benefit of the doubt.
* Always seek the support of the practice team or personal tutor if you are concerned about an apprentice/ student.

If you have concerns about an apprentice/ student’s performance:

* Acknowledge the warning signs and act.
* Notify the practice team or personal tutor.
* Give consistent and regular constructive feedback on positive and negative aspects of performance.
* Give specific examples of behaviours/performance that is giving cause for concern.
* Following a referral and meeting with the apprentice/ student, practice team, personal tutor and practice assessor, agree an action plan to aid improvement on performance.
* Document feedback.
* Plan review dates.
* Seek support from the practice team and university staff.
* If you are aware of mitigating circumstances affecting an apprentice’s/ student’s performance, you should encourage the apprentice/ student to discuss this with the personal tutor. Although it is tempting to make allowances for personal problems, you should resist this, since all apprentices/ students must achieve the same minimum acceptable standards of performance. There is a formal board that considers any mitigating circumstances put forward by the apprentice/ student.
* Action plans must be followed through. If the practice assessor goes on leave, a detailed hand over to another registered professional / personal tutor needs to be completed at the appropriate time.
* The practice assessor must recognise that they are accountable and responsible for failing to fail the apprentice/ student in the absence of improvement.

**Criteria for failing students**

* The apprentice/ student has been given detailed and regular feedback on areas of poor performance and is aware of the areas of concern and how to improve their performance.
* The apprentice/ student fails to provide evidence of meeting the required standard (when the opportunity is available).
* The apprentice/ student acts in an unprofessional or unsafe way despite feedback and support (this may involve professional, disciplinary or conduct standards).
* The apprentice/ student does not respond or act on feedback regarding their performance.

**5.0 Range of placements**

**5.1 Substantive (HOST) and External Placement Settings**

a) The **substantive setting** (Host) is where the nursing associate apprentice/student is employed/ based. Nursing associate apprentices/ students are not required to have placements in each field of nursing, but should, through their education programme, benefit from experience of the four fields of nursing:

* **Children**
* **Adults**
* **Mental Health**
* **Learning Disabilities**

Understanding the most significant factors to be aware of when providing care to different types of service user[[6]](#footnote-6) is crucial.

b) **External placements equaling 20% of the programme (e.g.: 1 day per week, or 675 hours)** covering all four fields of nursing to demonstrate a breadth and range of placement opportunities. Apprentices/ students should understand the most significant factors to be aware of when providing care to different types of service user. Placement learning requires apprentices/ students to experience the 24 hour and 7 day cycle of care. This means that all apprentices/ students are required to work weekends, bank holidays and night duty.

**External placements should:**

* Consist of a number of different work settings. However, there must be an overall educational coherence to the placement in terms of the learning outcomes expected.
* All placements should be planned and mapped within a coherent, broad-based, two-year programme that is designed to deliver the learning outcomes of the Nursing Associate programme / Foundation Degree.
* All placements should be planned carefully to ensure appropriate support and supervision of the apprentice/ student by a registered nurse or other suitable health or care professional.
* Placements should provide opportunities to work in different settings and contexts with a variety of multi-professional teams to encourage unique learning outcomes.

While all placement settings should enable nursing associate apprentices/ students to achieve the learning outcomes, specific learning outcomes are associated with external placements. These may include:

* gaining a greater appreciation of unfamiliar roles and services
* ensure that apprentices/ students experience the variety of practice expected of nursing associates to meet the holistic needs of people of all ages
* gaining a greater appreciation technology enhanced and simulation-based learning opportunities
* gaining an improved understanding of more strategic and wider considerations in health and care
* gaining insight across pre-life to end-of-life care
* understanding of nursing across different settings and the perspectives and care pathways of individuals, their families and/or carers in these settings
* Placements that provide opportunities to follow an entire care pathway are to be encouraged.

**6.0 Attendance, sickness monitoring, reporting and travel expenses**

**6.1 Sickness monitoring and reporting**

* To ensure the attendance requirements are met, the attendance record / timesheet within the MYEPAD must be completed in pen and signed by your practice assessor / registered professional/s.
* Apprentices/ students must report all sickness and absence to the host / external placement setting in accordance with their contract of employment, and to the External Partnerships Department in the University as soon as it occurs; report to Ian Maullin email: I.Maullin@wlv.ac.uk or Julie Richmond email: J.Richmond@wlv.ac.uk.
* Any sickness exceeding 5 working days, must be accompanied by a medical note that should be sent to the employer and the External Partnerships Department.
* Failure to fulfil host / and or external placement hours on shifts rostered without prior agreement will be classed as unauthorised absence.
* Practice assessors / registered professionals supporting the apprentice/ student should notify a member of the practice team or External Partnerships of any apprentices’/ students’ sickness or absence exceeding 3 days.
* All absences will be reported to the apprentice/ student’s employer and sickness / absence exceeding 4 weeks will result in a break in learning and the reason for absence will need to be investigated and the apprentice may be asked to step off the programme.

Apprentices/ students do not have to disclose the details of any health problem, but if there are concerns, the practice assessor may make an appropriate referral to occupational health or counselling services. Poor attendance and timekeeping without legitimate reason may result in failure of the placement and the employer being advised.

Persistent sickness/absence during the practice learning period may lead to there being insufficient time for the practice assessor / registered professional to confirm achievement of the placement learning outcomes. In these circumstances the practice assessor should identify that the apprentice/ student has not achieved the required outcomes in the practice assessment document (MYEPAD) and make a record of the reasons for this. Apprentices/ students are advised to submit extenuating circumstances prior to the MYEPAD submission date if this occurs.

Any practice hours not completed in year 1 and year 2 must be retrieved during the retrieval period built into, and at the end of each year of the programme. If the sickness/absence amounts to more than the allocated retrieval time (weeks) you should discuss this with your personal tutor, skills coach and employer so that an action plan can be agreed. Apprentices/ students will not be allowed to progress if the required practice hours have not been retrieved.

If sickness/absence occurs at the end of a placement when progression is due to be confirmed a fail grade will be recorded. The apprentice/ student needs to inform the external partnership team, the personal tutor, skills coach and employer of any sickness/absence during placement. In these circumstances the apprentice/ student should submit extenuating circumstances and evidence to justify non-attendance at progression ‘sign-off’ in accordance with the academic regulations. A permanent record will be kept of all sickness and absence; irrelevant of whether these have been retrieved or not. All sickness and absence is reported in end of course references.

**University sickness**

If you are absent on a university day you are required to inform your personal tutor and external partnerships. In order to register with the NMC you have to evidence a certain amount of theory hours therefore any absences from University of Wolverhampton require you to make up the missed content (See OAR for more details).

If you miss more than **4 consecutive weeks** at university you will be required to take a break in learning in order to comply with the apprenticeship funding rules.

**6.2 Claiming Travel Expenses for Travelling to Placement**:

This will be at the discretion of the apprentices’ employer / employing organisation and contract of employment.

**7.0 Roles, responsibilities and expectations**

**7.1 Apprentice/ student responsibilities and expectations**

**Apprentice/ Student responsibilities:**

* Adhere to the NMC Code (NMC 2018).
* Adhere to contract of employment and organisational policies, procedures and standards for care
* Conduct yourself in a professional manner at all times
* Report for duty at rostered times
* Adhere to uniform/dress code policy within all practice / placement settings
* Submit personal off duty request to practice supervisor / practice assessor at least 4 weeks prior to completion of the off duty rota
* Communicate learning needs and objectives to the practice assessor / supervisor, registered professional and express any concerns and problems immediately to the practice assessor and the organisational Nursing Associate practice team, and /or the course leader
* Communicate sickness and absences to appropriate persons in a timely manner
* Attend scheduled tutorials and updates
* Ensure the MYEPAD document is stored safely and are made available to practice assessors to complete
* Take the MYEPAD document to every tutorial with their personal tutor/ skills coach
* Provide a safe environment for care
* Keep contemporaneous records of care provided
* Alert the practice assessor and practice team of any problems with the host (employed) placement, or external placement that might prevent the satisfactory completion of the placement, MYEPAD document, and / or skills inventory
* Do not take mobile phones into placement settings
* Work within parameters of practice outlined by the Nursing and Midwifery Council
* Declare any change to health or good character status / DBS
* Disclose any severe bad practice witnessed in accordance with the University Escalating Concerns policy and organisational policy / contract of employment
* Complete a practice learning plan SWOT analysis prior to commencement of all placements
* Attend practice support sessions and other sessions organised by the Practice Educator Team
* Complete an evaluation of placement learning

**Apprentice/ Student Expectations**

* To be provided with a host (employed setting) placement and two substantial external placements equal to 20% of the programme for each year of the course
* Be advised of the name and location of external placements 4 weeks in advance
* To be allocated and Academic Assessor/ Skills Coach and to meet quarterly
* Receive an induction to the placement; host setting and external
* Discuss learning needs with the practice supervisor /assessor and clarify learning requirements
* Meet with the practice assessor to review progress
* Receive formative feedback about performance to facilitate learning and professional development
* Have the MYEPAD document completed, including all mandatory interviews.
* Receive support to facilitate achievement of practice outcomes
* Obtain IT access within external placement settings when in an NHS environment
* Evaluate the clinical placement

**7.2 Overview of Practice Supervisor/ Assessor and Academic Assessor roles**



7.3 **Practice Supervisor responsibilities (Registered Nurse/ Midwife/ Nursing Associate or other registered health/social care professional)**

In many practice areas the apprentice/ student will be supported by a number of Practice Supervisors. Some areas may adopt a team based approach due to the nature of the experience. The Practice Supervisor has an important role in supervising, supporting and guiding the apprentice/ student through their learning experience to ensure safe and effective learning.

Responsibilities:

* Facilitating learning opportunities including any reasonable adjustments the apprentice/ student may need to get maximum benefit from the placement.
* Contribution to the apprentice/ student’s assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the Practice Assessor on the apprentice’s/ student’s progress.

One or more Practice Supervisors can contribute to the assessment of some of the proficiencies in discussion with the Practice Assessor, but they must be working within their scope of practice. When assessing the apprentice/student, they should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional apprentices/ students who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

**7.4 Supervision in external placement settings (areas where there are no health/social care registrants)**

A range of staff can support student learning and have a vital role in student learning and development. On placements where specific NMC proficiencies are not being assessed a range of staff members are encouraged to support learning and can provide apprentice/ student feedback to the Practice Supervisor and/ or Practice Assessor.

**7.5 Practice Assessor responsibilities (Registered Nurse/ Midwife/ Nursing Associate)**

The Practice Assessor has a key role in assessing and confirming the apprentice/ student’s proficiency providing assurance of student achievements and competence.

Responsibilities:

* Facilitating learning opportunities including any reasonable adjustments the apprentice/ student may need to get maximum benefit from the placement.
* Observation of the apprentice/ student
* Conduct and record apprentice/ student interviews informed by apprentice/ student reflections, feedback from Practice Supervisors and other relevant people to confirm achievement
* Liaise with the Academic Assessor scheduling communication at relevant points

If the apprentice/ student is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action a Placement Action Plan should be instigated to address specific needs or concerns with a specified timeframe. In the event of this, guidance should be sought from the Academic Assessor/ Skills Coach and/or senior practice representative.

**7.6 Academic Assessor responsibilities**

Academic Assessors have a key role in confirming the apprentice’s/student’s progress.

Responsibilities:

* Understanding of the apprentices/ student’s learning and achievement in practice through working in partnership with the Practice Assessor to gather feedback regarding achievement and progression.
* Record objective, evidence-based decisions on conduct, proficiency and achievement
* Make recommendations for progression providing assurance of apprentice/ student achievements and competence

7.7 **Practice supervisors/assessors are required to demonstrate competence as per NMC requirements as laid out in the following documents:**

* Part 1: Standards Framework For Nursing and Midwifery Education, 2018

<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf>

* Part 2: Standards for Student Supervision and Assessment, 2018

<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>

* The Code, 2018

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

**7.8 The role of the Skills Coach**

The ‘skills coach’ is the university name given to the academic or practice educator who is allocated to complete the mandatory apprenticeship quarterly progress meetings for all *apprentices*. This includes:

* Supporting the apprentice with all elements of the learning journey
* Providing constructive, professional and relevant feedback
* Preparing the apprentice for the End Point Assessment
* Quarterly Progress Reports (QPRs) can be completed face to face, by phone or skype/video format

*“A progress review is the regular tripartite discussion that should take place between the employer, main provider and apprentice, to review the progress of the apprentice in relation to the planned programme of learning set out in the commitment statement”.* (Department for Education 2019) <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792228/OTJ_training_guidancev2_reissued_.pdf>).

The content of the quarterly progress meeting will be shared with, and signed by the apprentice, the employer and the university academic/practice educator in their role as skills coach.

**7.9 The University Practice Educator’s Role:**

1. Practice Educators form part of the practice module teams operating practice documentation and safe medicate workshops and support
2. Practice Educators will take a key role in providing engagement workshops with practice assessors to support the use of the Practice Assessment Document (MYEPAD)
3. Practice Educators take a key role in preparing, reviewing and updating practice documents
4. The Practice Educator liaises with practice partners regarding practice matters, documentation and updates as part of the Practice team
5. Practice Educators will provide focused skills simulation and support for designated skills within the MYEPAD during module time at the university
6. Practice Educators also act as Academic Assessors, Skills Coaches and Personal Tutors including sign post apprentices/ students for appropriate pastoral support within the university
7. Practice Educators will sign post and provide support for apprentices / students/ practice assessors re: raising concerns / safeguarding issues arising within the practice setting

**8.0 Professional Conduct**

A nursing associate must be trustworthy and behave in a way that upholds the reputation of the profession. Behaviour that compromises this reputation may result in referral to the university Suitability Panel and the employing organisation which may ultimately lead to discontinuation from the nursing associate programme. Professional misconduct includes behaviour not directly connected to professional practice for example, involvement in any criminal activity. Guidelines on professional conduct for student nurses and midwives can be found at:

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

For further information please refer to the individuals nursing associate apprentice contract of employment and / or Commitment statement / Individual Learning Plan.

**8.1 Social Networking** 

Information posted on social networking sites, for example face-book or twitter, is considered to be in the public domain. Apprentices/ students posting inappropriate comments about staff, service users and their families on social networking sites will be investigated by their organisation/ employer, and referred to the university / Institute of Health Fitness for Practice Panel. If the investigation reveals breach of terms and conditions of employment or breach of apprentice contract / commitment statement, the consequences could lead to termination of study and potentially termination of contract of employment. For further information please refer to the apprentices’ contract of employment.

The NMC offers guidance on the appropriate use of social media warning:

*Nurses … and nursing associates may put their registration at risk, and (apprentices) students may jeopardise their ability to join our register, if they act in any way that is unprofessional or unlawful on social media including (but not limited to):*

* *sharing confidential information inappropriately*
* *posting pictures of patients and people receiving care without their consent*
* *posting inappropriate comments about patients*
* *bullying, intimidating or exploiting people*
* *building or pursuing relationships with patients or service users*
* *stealing personal information or using someone else’s identity*
* *encouraging violence or self-harm*
* *inciting hatred or discrimination*

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf>

**8.2 Confidentiality**

Service users and carers have the right to know that any private and personal information that is given in confidence will be used only for the purposes for which it was originally provided, and will not be used for any other reason. It is important that service users are not discussed outside the placement area. For further information please refer to the apprentice’s/ student’s contract of employment.

**8.3 Service user /apprentice/student relationship**

The relationship between apprentices/ students and service users and carers must be kept on a professional level at all times. Care should be taken about the personal information that is shared with service users and carers. For further information please refer to the apprentices’/ students’ contract of employment.

**8.4 Attendance and Work-life balance**

Excessive working, which raises suspicion that the amount of work may affect your ability to study, could impact on your academic study and progression resulting in an investigation by your local organisation. For further information please refer to the apprentice’s/ student’s contract of employment.

Retrieval time for the achievement of outstanding programme hours and is included within each year of the nursing associate programme should it be required.

**8.5 Accountability**

The practice assessor / registered practitioner remain accountable for the care provided by apprentices/ students under their supervision, including any consequence of their actions and omissions. It can be frustrating as an experienced apprentice/ student if on starting a new placement the practice assessor appears to be supervising practice very closely by direct observation. This is because the practice assessor will want to satisfy her/himself of the apprentice’s/ students level of competence before applying indirect methods of supervision. This highlights the importance of establishing a good working relationship with the practice assessor that is based on open communication, within a safe environment in which both parties can express their feelings. Apprentices/ students can be asked to account for their actions and omissions by the university, employer and practice assessor.

**8.6 Records**

* Complete all records at the time or as soon as possible after an event, recording if the notes are written sometime after the event
* Identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
* Complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
* Attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation
* Take all steps to make sure that all records are kept securely
* Collect, treat and store all data

<https://www.nmc.org.uk/standards/code/record-keeping/> sets out the principles of good record keeping and should be adhered to all times.

**8.7 Providing statements**

Occasionally apprentices/ students may be asked to make a statement about nursing care that has been provided, or witness statements following an adverse incident. It is a requirement that apprentices/ students undertake this activity if asked to ensure that public safety is maintained in practice. Apprentices/ students should inform their Practice Supervisor/ Assessor tutor if asked to do this, who will support them through this process.

**9.0 Getting the most from placement learning**

**9.1 Preparation for placement learning / external placements**

To get the most out of placements, apprentices/ students need to be prepared. It is important that apprentices/ students are familiar with the placement area and the practice assessment document, and be clear about what is expected of them, and plan their learning objectives.

Every apprentice/ student is different, and perceptions of a placement setting may differ. Try not to be influenced by anecdotal comments about a placement, and keep an open mind. Another apprentice/ student’s experience may not be the experience of all apprentices/ students.

See the table below for further guidance on preparing for and completing your clinical placements.

**9.2 Optimising placements**

|  |
| --- |
| **The following table sets out key measures for apprentice/ students to optimise their experience during each placement** |
| **Before you start . . .** |
| At least two weeks before you start, contact the placement area, introduce yourself, and obtain details of your off duty | Remember, the person you speak to may not be the person dealing with your placement, so may not be aware that you are coming. If this happens ask to speak to the nurse in charge. |
| Find out who you need to report to, who your practice assessor/ supervisor will be, and if there are any particular requirements for changing and break times. | In some areas you may need to wear special clothing, for example in theatres. There may not be provision for you to purchase food, so on occasions it may be necessary for you to bring a packed lunch, for example when working in the community. |
| Familiarise yourself with your MYEPAD | Plan your learning objectives so that you can discuss these with your practice assessor. Be familiar with the layout of the MYEPAD and where to document key informationFamiliarise yourself with the timesheet and how to complete |
| Apprentice/ student information | Some clinical areas produce their own student booklet detailing specific information about the healthcare activity within their area which you can request a copy of to learn about the area you are to be placed in.  |
| **Once you start . . .** |
| Familiarise yourself with the location and layout of the placement, emergency procedures, any special security procedures and emergency telephone numbers. | In the event of an emergency you need to act in accordance with the fire procedure and may need to direct people to the nearest fire exit. In an emergency you may be called upon to fetch equipment, for example emergency drugs and resuscitation equipment. There may be special security procedures in place. This information should be included in your orientation to the placement area. Placement areas will have an induction with relevant placement information. Ask to see this. |
| Familiarise yourself with the placement/unit guidelines and policies | Ask for access to the placement/unit guidelines and policies. These may only be available on the Trust/Organisation’s intranet; however some Trusts also have paper copies. You are expected to comply with Trust policy. |
| Arrange a time during your first week for a **PRELIMINARY INTERVIEW** with your practice assessor. | Set learning objectives and request an orientation to the placement setting. The preliminary interview must be recorded in the MYEPAD at this point.Identify learning opportunities, for example: develop skills in taking blood pressure, improve decision making skills, attend interprofessional training sessions, placement meetings, obtain clinical experiences not widely available elsewhere, experience working with other members of the multi- professional team.Set a date for your mid-point interview at this stage |
| **During your placement . . .** |
| Keep your MYEPAD and OAR with you at all times. | Discuss the content / outcomes and skills within the MYEPAD with your practice assessor and the registered professionals you will be working with during external placements. Formative feedback can be documented to facilitate your ongoing development; this can be written in the MYEPAD in the progress review boxes. Progress should be reviewed against set objectives, MYEPAD and action plan where applicable. |
| Arrange a time for a progress review with your practice supervisor/ assessor during host (employed) and external | This is a mandatory requirement. Evidence of this must be recorded in your MYEPAD.It is recommended to complete progress review entries each week (half an hour) or fortnightly (1hour) |
| You must take your MYEPAD and OAR to all meetings with the academic assessor/ skills coach and personal tutor to evidence your progress  | This is a mandatory requirement. Evidence of this must be recorded in your MYEPAD |
| Reflect on your developing skills in practice | Ask yourself:* Am I achieving what I set out to achieve?
* Could I be doing anything else?
* How can I improve my clinical expertise?
* Do I have evidence to support achievement of my placement learning outcomes?
 |
| Use your practice assessor effectively | Discuss your reflections on practice with your practice assessor. Encourage your practice assessor to help you to apply theory to practice by asking you questions about your practice. Use Q&A templates to help you with this and add them to your portfolio. Ask your practice assessor how you can develop your knowledge and understanding. Discuss ways of developing your knowledge with your practice assessor, for example sharing research |
| Conduct your **MID-POINT INTERVIEW** | Using your portfolio of evidence, progress feedback from your supervisor, and proficiencies record in the MYEPAD, meet with your practice assessor for your mid-point interview.Evaluate the evidence detailed above to support your progress in meeting NMC requirements laid out in the MYEPAD.Discuss findings and feedback from your practice assessor and record accordingly.Create an action plan if learning objectives are not being met or other issues arise so that you can progress towards meeting the objectives set out by the NMC (Inform your personal tutor if an action plan is required.Set a date for your final interview at this stage. If left to an opportune time to have your final interview, the chances are, this will not happen. This needs to be programmed, so arrangements can be made to free up your practice assessor to meet with you. |
| Obtain signatures on your time sheet at the end of each week | This is required as proof that you have met the requirements for attendance in practice. Records should be contemporaneous and not backdated. Timesheets ***MUST*** be completed in black pen and signed and dated prior to submission.  |
| **At the end of your placement/s . . .** |
| Complete your **FINAL INTERVIEW** | With your practice and academic assessor, complete your final interview using your portfolio of evidence, progress feedback from your practice supervisor and proficiency status. Discuss feedback with your practice and academic assessor who will comprehensively evaluate both your practice and theoretical proficiency and knowledge.  |
| Check all relevant documentation is completed | * Contact details correctly completed
* Signatory list correlates with all signatures in all practice documents
* Preliminary, mid-point and final interviews are correctly documented and copies of your final interviews are filed in your ongoing achievement record
* Attendance records / timesheets completed
* Proficiencies evidenced as appropriate for year 1 or year 2
* OAR updated
* Evidence of all multi-professional and in house training
* Strengths, weakness and targets for future placement identified
 |
| Reflect on your achievements | Record your reflections discuss with your practice assessor and include them within your professional portfolio in a logical manner. Consider constructing an action plan to enhance future development |
| Submit your MYEPAD and OAR to the student office on the submission date | Any practice assessment documents not submitted on the date provided will be recorded as a non-submission. |
| **Tips for Practice assessors: providing an effective learning experience . . .** |
| Plan for the apprentices/ students arrival | Plan apprentices/ students off duty. Arrange for a deputy to support and work with the apprentice/ student if you are not on duty.Find out about the apprentice/ student: what level, what do they need to know? What modules are they currently completing?Familiarise yourself with their programme of study and assessment documentation.Plan how you will support the apprentice/ student, and identify any additional support.  |
| Establish ways of working | Set times for induction, mid-point and final interviews during the host (employed) and external placement/s. Identify the learning outcomes to be achieved relevant to the period of study.Discuss any special needs or support required i.e.: reasonable adjustments in practice that would have been agreed with the academic team and practice. Share expectations.Establish how you will work with the apprentice/ student during placement. Provide orientation to the practice area as defined in the interview schedules. Identify learning opportunities.Be sure you know who the apprentice/ student’s personal tutor/ skills coach/ academic assessor at the university are and how to contact them. Be aware of your own influence through role modelling. |
| Facilitate learning | Allow some independence, move from direct to indirect forms of supervision.Encourage critical thinking.Create opportunities for learning.Ask the right questions to assist apprentices/ students to solve their own problems.Share your reflections in action to give apprentices insight into decision making and problem solving skills |
| Continuously assess practice | Assess the apprentice’s/ students capability early in the placement, rather than just at the end so that appropriate supervision is implemented and action plan commenced early if deficits in performance are identified.Observation Questioning Reflective discussion.Testing/reviewing evidence. |
| Review progress | Plan formal opportunities to provide feedback.Informal feedback can also be given throughout the apprentice’s/ student’s host or external placement. Regular contact with the practice educator team/personal teacher is important to keep them updated on the apprentices’/ students’ progress. |
| Evaluate the placement experience | Reflect on your performance as a practice assessor. What did you do well? What could you do better next time? How did the apprentice respond to you? Was support available when you needed it? Maintain your skills. |

**9.3 Support for Practice Assessors/ Supervisors/ Apprentices/ Students when giving and receiving feedback**

|  |  |  |
| --- | --- | --- |
|  | Tips for Practice Assessors/ Supervisors: giving effective feedback to apprentices/students | Tips for apprentices/ students receiving feedback  |
| Involve the apprentice/ student in assessment | Provide an opportunity for the apprentice/ student to self-assess first | Be proactive in the assessment of your practice - complete a self- assessment of your abilities in relation to a specific placement/ experience and against learning outcomes. Be available to receive feedback. |
| Sensitivity | Not all the feedback you give will be positive. If you need to give negative feedback you should be aware of the language that you use, so that it is constructive. | Not all the feedback you receive may be positive. Try not to take this personally and remember the purpose of feedback is ultimately to help you to improve, and achieve your goal to be a nursing associate. |
| Timely | Feedback needs to be given at an appropriate time. If feedback is related to a particular incident/ area of concern feedback should be given as close to the time of the event as possible. | Feedback needs to be given at an appropriate time. Discuss your practice with your practice assessor to get immediate feedback on how you are doing. If feedback is related to a particular incident/area of concern feedback should be given as close to the time of the event as possible. If you have a bad experience, discuss this with your practice assessor. |
| Objectivity | Feedback should focus on the apprentices/ students’ performance avoiding personal bias. | Where relevant, you need to know how you can enhance and improve your practice. Agree a plan with your practice assessor. Remember to include your strengths; it is not just about weaknesses. |
| Clear and specific | You need to be able to comment on specific knowledge, skills and behaviors plus achievements rather than giving general comments. For example:‘You seem to have a good knowledge of promoting a healthy diet, but when I observe you communicating with service users, I find you tend to tell them what to do, and never discuss the choices available, and when service users try to tell you what they want, you do not seem to listen, and still go along with what you want to do’ rather than ‘the way you communicate with service users is poor’. | If feedback is to usefully help you to develop your practice, you need to understand what is meant by it. If it is not, ask for it to be repeated, and if relevant ask for specific examples/incidents. |
| Balanced andConstructive feedback | Using the Action Plan within the MYEPAD, feedback should include a plan of how the apprentice/ student can develop to improve their performance. Concentrate on the positive as well as the negative.Try to end on a positive note. | Where relevant, you need to know how you can enhance and improve your practice. Agree a plan with your practice assessor. Remember to include your strengths; it is not just about weaknesses. |
| Appropriate environment | Feedback should be provided in private, away from service users, staff and other apprentices/ students. |
| Be supportive and challenging | Give a clear statement about what was good (support) and how the apprentice/ student can improve (challenge). | Feedback is about making a statement about what was good (support) and how you can improve (challenge). Practice assessors will challenge you in a variety of ways, for example, asking you about why you do things in a particular way, to give a rationale for your actions or to extend your skills by undertaking other activities. |
| Own the feedback | ‘I find… I feel…’ rather than ‘you are… you didn’t…’ |
| Document feedback | Feedback should be documented. You may need to refer to this when making future judgments about performance. It might also be necessary to look back and see what advice has been given to an apprentice/ student. |  |
| Opportunity for apprentice/ student feedback | Time should be provided for the apprentice/ student to respond to the feedback given. | Take the opportunity to respond to the feedback given constructively and professionally. |

**10 Support**

**10.1 Supervision**

During clinical practice the apprentice/ student will be in a supervisory role, working under direct or indirect supervision of a practice supervisor / assessor, and / or registered professional. Direct supervision occurs when the practice assessor is in close proximity to the apprentice/ student, either by working with them directly, or close enough to directly monitor their activities.

Indirect supervision enables the apprentice/ student to develop confidence and independence, and is only applied where there is evidence that activities can be safely undertaken following direct supervision. Indirect supervision requires that the practice supervisor is easily contactable to provide the level of support needed to ensure the safety of the service user. As the apprentice/ student progresses through the programme there is a shift towards more indirect forms of supervision. For further information about working hours please refer to the contract of employment.

**10.2 Apprentices/ Students with disability**

It is important that an apprentice/ student makes known any circumstances that may compromise their fitness to practice because they have a responsibility for themselves and also to the service users with whom they will be working.

Apprentices/ students with dyslexia are encouraged to advise the practice assessor / registered professional they are working with. The academic team at the university can arrange a meeting with the apprentice/ student, the employer and the practice assessor to discuss any adjustments that can be made within the practice setting to assist the apprentice to achieve the placement learning outcomes.

Further information about supporting apprentices/ students with dyslexia in placement can also be found in: Supporting apprentices/students with dyslexia on practice placements: Guidance for practice supervisors/ assessors working with apprentices/ students on health and social care courses published by the RCN and available via the practice team/personal tutor. Further advice or support, can be provided by the Institute of Health Disability Advisor based at the Student Enabling Centre at the university.

**10.3 Access to facilities**

Whilst on placement, apprentices/ students can register with their local organisational library (if one is available) and gain access to local IT resources and online databases. This service is in addition to university learning centre borrowing rights and access to the university electronic resources. A limited range of books and journals is available within some placement settings. If resources are password protected, the practice assessor should be able to enable the apprentice/ student to gain access to this in accordance with local policy requirements and employment contracts. Anyone acting as a practice assessor to University of Wolverhampton apprentices/ students on a placement may have free external borrowing rights to University of Wolverhampton Libraries/ Learning Centres.

**This will entitle practice assessors to:**

* Borrow up to 5 long loan items at a time
* Use any of the University Learning Centres for research, reference or private study
* Photocopy materials, abiding by copyright legislation (see copyright guidelines displayed in Learning Centres)
* Buy photocopy cards and items of stationery from Lending Services
* Helpdesk support
* Use the online catalogue computer terminals to check availability and location of materials

Rights for external members are under continual review, so for up to date details of your entitlement, visit <http://www.wlv.ac.uk/lib/info/visitors.aspx>. Practice assessors wishing to join the learning centre should take two forms of identity and address with a passport photo to any Learning Centre Lending Services Helpdesk.

**10.4 Interprofessional learning opportunities in practice**

Nursing associates are required to work with other professionals/disciplines and to have an understanding of their roles. Opportunities for interprofessional learning whilst on placement should be identified and recorded in the *Record of working with and learning from others/inter-professional working* in the MYEPAD.

Reflections upon experiences of interprofessional learning can be used to support achievement of practice competencies. Practice settings also have a range of educational sessions that can be accessed by apprentices/ students, for example, learning zones, skills training and learner forums.

**11.0 QUALITY ASSURANCE OF PLACEMENTS**

**11.1 Quality standards**

Before practice settings can be used for placement they have to meet certain quality standards. This is assessed by an initial audit of the placement area, and thereafter annual placement audits are carried out. Each placement area undertakes a joint educational audit with the university. These aim to identify strengths as well as areas requiring improvement and action plans are developed in partnership between educationalists and practitioners to enhance the learning environment.

A practice placement profile is updated annually to identify learning opportunities available in the learning environment. This is useful for apprentices/ students to provide an overview of what learning opportunities are available to them. **Please note**: apprentices/ students may be accessing placement settings not educationally audited by the University of Wolverhampton due to the extensive placement circuits utilised within this programme. Further details of placement audits / profiles can be provided by the practice team and course leader.

An important aspect of quality assurance of placements is feedback from apprentices/ students who are asked to evaluate placements. Placement action plans may be developed in response to feedback and evaluations and such settings would be monitored via quality processes and course management committees within the university.

In addition to the internal mechanisms for monitoring quality as described above, there are a number of external reviews, which are described below.

* NMC monitoring of programmes which will include a review of placement settings, involving meetings with practice assessors and apprentices/ students.
* External examiner visits to the university and placement settings which may include a review of placement settings, involving meetings with practice assessors and apprentices.
* Clinical Negligence scheme for Trusts (CNST) and inspections by the Care Quality Commission.

**12.0 Policies**

**12.1 Equal Opportunity**

Apprentices/ students can expect equal treatment during placement, whatever their race or religion, gender, sexual orientation, age, or whether or not they have a disability. Apprentices/ students must act in accordance with the placement provider’s Equal Opportunities Policy.

Any apprentice/ student who discriminates against or harasses other apprentices/ students, employees or clients of the Trust may face disciplinary action. The apprentice/ student should also be aware that service users may refuse care from an apprentice/ student, and should have the opportunity to decline care from an apprentice/ student.

**12.2 Health and Safety**

**DBS**: Before joining the programme, apprentices/ students are required to have undertaken a health clearance assessment via the organisational occupational health provider, and evidence enhanced Disclosure and Barring Service (DBS) check; this must have been completed within 12 months prior to the start of the programme. These will be repeated before employment as a nursing associate following qualification.

Apprentices/ students must complete an online self-declaration on an annual basis to confirm that there is no change to their health or DBS status. Some independent sector placements may require an additional enhanced DBS check prior to placement commencement. It is the responsibility of the apprentice/ student to ensure that all relevant paperwork is completed as promptly as possible to enable the placement to proceed.

**Occupational Health:** The apprentice/ student’s local occupational health department/ provider will advise re any immunisations required to reduce the risk of contracting infection.

**Health & Safety in the clinical setting:** Whilst on placement the apprentice/ student should take reasonable measures to ensure their own health and safety and that of others. For example, apprentices/ students should employ safe moving and handling techniques, safe disposal of sharps, correct hand washing techniques, keep fire exits clear and remain observant for hazards within the work environment.

It is the apprentice’s/ student’s responsibility to familiarise themselves with local NHS Trust/Organisation/ Health Economy’s health and safety procedures and comply with these at all times.

**12.3 Complaints**

The University of Wolverhampton is committed to providing a high quality service to apprentices/ students undertaking professional programmes. This extends to all experiences both within the institution and in the placement areas. If the apprentice/ student has any grievance relating to the practice placement, this should be raised with the practice supervisor/assessor and course leader in the first instance. If the matter is not settled at this level, it may be pursued in accordance with the complaints procedure.

Complaints relating to events occurring in placement will be managed in accordance with the organisation’s complaints procedure. On occasions service users may complain directly to an apprentice/ student who should refer this to their practice assessor/ manager of the placement area.

**12.4 Escalating Concerns**

As a nursing associate apprentice/ student, you have a professional duty to report any concerns that put the safety of the people in your care or the public at risk. The Nursing and Midwifery Council have provided detailed guidance about raising and escalating concerns that can be accessed from the following link. <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>

The Faculty of Education, Health and Wellbeing have also produced guidance for apprentices/ students about the procedure to follow if they witness severe bad practice in placement. Further information can be obtained from the practice team.

**12.5 Risk Assessment**

The risks associated with apprentice/ student placements can be separated into two categories:

* Foreseeable injury or ill-health arising out of failure to provide appropriate safety equipment;

AND:

* Foreseeable injury, ill-health as a consequence of the placement, i.e. negligent working practices.

In order to minimise any risk to service users, apprentices/ students, or staff, the apprentice/ student should make known any conditions that may impact on their health and safety to facilitate any necessary risk assessment before clinical placement. For example during pregnancy it is advisable to avoid exposure to certain toxic substances. In such circumstances a risk assessment should be completed and action taken to minimise harm. The outcome of this may be that an alternative placement is required, or adjustments made to the placement. The apprentice/ student must comply with all health and safety policy whilst in placement.

**12.6 Insurance/liability (use of own car)**

If journeys are made for the purposes of undertaking practice placements, after arrival to the normal place of work, for example undertaking community visits, attending educational sessions, attending conferences, etc., checks should be made with the insurance company that provides cover for the motor vehicle to ensure that insurance cover is provided for business use. Otherwise the insurance may be invalid.

**12.7 Fitness for Practice**

Fitness for Practice is defined as suitability to be registered with, or to be recommended for entry onto a professional register without restrictions.

The Faculty of Education, Health and Wellbeing, and the Institute of Health recognise that academic success does not necessarily equate with the professional requirements for registration, and aims to assure itself that the apprentice/ student has the capability for safe and effective practice without supervision.

The FEHW Fitness for Practice Panel has the following functions:

* Consider the suitability for admission of apprentices/ students onto a professional programme where Fitness for Practice is called into question.
* Consider an apprentice/ students Fitness for Practice when they have declared a change in the status of their health or character during the duration of their apprenticeship programme.
* Consider evidence where there are concerns about an apprentice’s/ student’s Fitness for Practice and decide whether further action is required.

Cases of conduct that fall short of professional standards include:

* Physical or verbal abuse of a service user.
* Persistent lack of competence or health conditions that impair fitness to practice including alcohol or drug dependence.
* Monitoring the number of apprentices/ students with disability and monitor overall support for students in FEHW.

If it is considered that an apprentice/ student’s conduct is incompatible with nursing, then the apprentice/ student may be referred to the University Fitness to Practice Panel.

The FEHW suitability procedures are available from the practice team/ skills coach or academic assessor and the University Fitness for Practice policy is accessible from the following link: <https://www.wlv.ac.uk/about-us/our-schools-and-institutes/faculty-of-education-health-and-wellbeing/institute-of-health/practice-learning/suitability/>

**12.8 Termination and suspension of placement**

A placement can be terminated or suspended under any of the six following circumstances:

1. It is considered that the practice of the apprentice/ student is damaging and/or dangerous to service users and/or to colleagues.
2. Failure to demonstrate competence/develop competence in response to formative feedback and/or adhere to an agreed action plan.
3. It is considered that the practice of the apprentice/ student is bringing or has brought the Trust/institution/ employing organisation, or agency in which she or he is placed into disrepute, or is bringing or has brought the profession into disrepute.
4. The apprentice/ student is deemed to be at risk to themselves or from others.
5. It is considered that the placement has broken-down irretrievably.
6. It is considered that the practice learning opportunities are inadequate.

The termination and suspension of placement policy can be accessed here: <http://fbsearch1.unv.wlv.ac.uk/s/redirect?collection=meta&url=https%3A%2F%2Fwww.wlv.ac.uk%2Fmedia%2Fdepartments%2Ffaculty-of-health-education-and-wellbeing%2Fdocuments%2FSuspension-and-Termination-Procedure-approved-July-2011.docx&auth=zheew8jacYYNFtAdZ6k0KQ&profile=_default&rank=1&query=termination+and+suspension+policy>

**13.0 Course structure and modules**

**13.1 Programme structure**

The course is delivered across a 46 week course calendar. You will study 4 modules in each year. These will be taught over three university semesters as per the course calendar.

**MODULE DESCRIPTORS:**

**Year 1: Semester 1**

|  |  |
| --- | --- |
| Title | **4NH034 The nursing associate as a reflective practitioner (20 credits)** |
| Module Leader | Joanna Logan |
| Aim | Aim: To value the importance of the reflective practitioner. To examine oneself through reflective practice through ethical, legal and professional considerations appropriate to the role of the nursing associate professional. |
| Learning outcomes | LO1 Discuss the importance of being self-aware as a health professional.LO2 Identify and apply approaches to facilitate reflective practice.LO3 Demonstrate skills of continuous self-reflection in promoting academic, professional and personal growth. |
| Assessment | Written reflective account 2500 words focusing on NMC Code | 100% |

 **Year 1: Semester 2 and 3**

|  |  |
| --- | --- |
| Title | **4NH035 Foundations of healthcare practice for nursing associates** **20 credits** |
| Module Leader |  Jo Bradley |
| Aim | This module intends to provide the necessary skills and knowledge to support the student within their role as a nursing associate. It will consider the legal, ethical and professional links to care across a range of settings that deliver care to individuals. To prepare the student for nursing associate practice. |
| Learning outcomes | LO1 Identify the potential biological, psychological, and social determinants of careLO2 Demonstrate knowledge of legal and ethical principles in relation to your current practiceLO3 Demonstrate knowledge and skills that are commensurate with safe and evidence-based practiceLO4 Recognise the scope and limitations of the nursing associate role in safeguarding the public. |
| Assessment | Exam 1.5 hours | 100% |

**Year 1: Semesters1, 2 & 3**

|  |  |
| --- | --- |
| Title | **4NH036 Exploring the human life journey 40 credits** |
| Module Leader |  Lorna Southan |
| Aim | To foster a sense of appreciation of the human life journey and its diversity from conception to end of life using evidence from a variety of sources. This module offers an opportunity to undertake a health needs assessment considering population health within a defined area. In order to achieve this, the SIMM family will be used to understand the life course approach. |
| Learning outcomes | LO1 Identify potential stages of human growth and developmentLO 2 Discuss the role of research in generating knowledge and understanding in predicting opportunities for health promotion, protection and improvement during the lifespan continuumLO3 Demonstrate a systematic method of identifying health care needsLO4 Explain and justify how health might be promoted and protected within a given population. |
| Assessment | **Assessment:** Written assessment- health needs assessment of a patient. 3,500 words  | 100% |

 **Year 1: Semesters 1, 2 & 3**

|  |  |
| --- | --- |
| Title | **4NH037 Developing inclusive and collaborative practice 40 credits** |
| Module Leader |  Sonja Crane |
| Aim | The module aims to equip the student to utilise a variety of approaches in managing interactions & interventions with others in practice within the scope of the nursing associate role. |
| Learning outcomes | LO1 – Define the underpinning communication skills necessary for assessing, planning and providing person-centred, evidence based care across diverse settings.LO2 - Identify and describe a variety of possible approaches in communication and relationship management.LO3- Working with others, respond appropriately to a range of care interventions using best-practice communication skills.LO4 Demonstrate effective evidence based presentation skills.Add 4th LO |
| Assessment | Practice Assessment DocumentGroup Presentation  | 0%100% |

**Year 2: Semester 1**

|  |  |
| --- | --- |
| Title |  **5NH032 Promoting Health and Wellbeing in Communities 20 credit credits** |
| Module Leader |  Ian Cooper |
| Aim | To enable students to discuss the opportunities and challenges of promoting health and wellbeing in a diverse society. |
| Learning outcomes | LO1 Discuss critically how lifestyle choice impacts upon health and wellbeing LO2 Appraise a range of theoretical concepts and frameworks used to promote and protect health and prevent ill-health. LO3 Working in partnership with others use a collaborative, inter-agency evidence based approach to engender shared decision making in promoting and protecting health within a range of settings.  |
| Assessment | **Written assessment**: Development of a Health promotion tool (e.g.: leaflet, poster, short film) with written rationale 2,500 words or verbal rationale 10mins to include how the student could work with others to promote this tool. | 100% |

 **Year 2: Semester 2 and 3**

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| --- | --- |
| Title | **5NH033 Preliminary Skills for safe and Effective Practice 20 credits**   |
| Module Leader |  Stefan Cash |
| Aim | To enable the student to apply person-centred approaches to therapeutic interventions thereby demonstrating the skills required to safely and effectively care for people of all ages in diverse settings. |
| Learning outcomes | LO1 Recognise, respond and justify approaches to distress or deteriorating states of mental, physical, cognitive and behavioural healthLO2 Demonstrate knowledge of a range of interventions including pharmacology and pharmacodynamics in the management of changing health statesLO2 Using a person-centered approach assesses the individual’s capacity for independence and self-care in a range of diverse settings. |
| Assessment |  Viva 30 minutes | 100% |

**Year 2: Semesters 1, 2 & 3**

|  |  |
| --- | --- |
| Title | **5NH034 Contemporary Practice for nursing associates: an Evidence Based Approach 40 credits** |
| Module Leader |  Matt Birks |
| Aim | The aim of this module is to explore and evaluate how evidence influences practice in relation to nursing theory, pathophysiology, pharmacology, legal, professional and ethical issues and health promotion within the role of the nursing associate. |
| Learning outcomes | LO1 Explain the pathophysiology of commonly encountered mental, physical, behavioural, cognitive health conditions.LO2 Interpret and apply relevant evidence to justify how and why nursing associate interventions might influence the health of the individual with mental, physical, behavioural, cognitive health conditions.LO3 Critically discuss legal, ethical and professional issues that underpin nursing associate practice.LO4 Evaluate sources of evidence and their impact on health and healthcare outcomes. |
| Assessment | Case study on a patient/client 3500 words | 100% |

**Year 2: Semesters 1, 2 & 3**

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| --- | --- |
| Title | **5NH035 Foundations for partnership working in order to prioritise care** **40 credits** |
| Module Leader |  Marina Kendrick |
| Aim | To enable the nursing associate to implement the nursing process with people and their families. This module will build on year 1 and enable the nursing associate to provide therapeutic interventions through developing and enhancing care.  |
| Learning outcomes |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LO1 Using evidence based professional frameworks critically assess and respond to the complex health needs of people, their families and carers across the lifespan continuum. LO2 Discuss critically the principles of effective leadership, management and group dynamics and their relationship to care.LO3 In managing person-centered care, apply the principles of teamwork, decision-making, delegation and conflict resolution as part of a wider inter-professional team.LO4 Demonstrate how working in partnership with other professionals might enhance the impact of care across a range of diverse settings. |  |  |  |  |  |  |  |  |

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| Assessment | Practice Assessment Document including health numeracy assessmentReflective account relating to development of leadership and management skills with the role of the nursing associate  | 0%100% |

Notes

1. Apprentices for those enrolled on an Apprenticeship programme. [↑](#footnote-ref-1)
2. Winnie Chigwedere (Practice Educator Nursing Associate); W.KutsimeChigwedere@wlv.ac.uk and Katie Oluwajobi (Practice Educator Nursing Associate); K.Oluwajobi2@wlv.ac.uk [↑](#footnote-ref-2)
3. Apprenticeship or Non-apprenticeship programmes. [↑](#footnote-ref-3)
4. NMC (2018) Standards for pre-registration nursing associate programmes; Practice Learning 3.5; 4. [↑](#footnote-ref-4)
5. NMC (2018) Supporting Information: Protected learning time in practice for nursing associate programmes; 6. [↑](#footnote-ref-5)
6. NMC (2018) *Supporting Information: Protected learning time in practice for nursing associate programmes*. [↑](#footnote-ref-6)