Supporting & Facilitating Learning in Practice

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1. Supporting and Facilitating Learning in Practice – Being Supernumerary

This guidance describes what is meant by supernumerary status and the purpose of placement experiences. It provides guidance about the kinds of educational experiences you can expect in placements and how placements are selected. It also describes different educational roles that are available to provide support and specifically the role of a mentor, sign off mentor, the placement link lecturer and the Personal Tutor.

As a Midwifery or Nursing student you have to meet the requirements laid down by the European Union (EU) and endorsed by the Nursing and Midwifery Council of the United Kingdom (NMC). A key requirement is that you undertake, for nursing, a minimum of 2300 hours of placement experience which constitutes 50% of your programme or 60% of 156/78 weeks of your time if you are a midwife. Evidence of completing this requirement has to be provided when you apply for professional registration, and over the course of your programme you will have to ensure that your placement hours are accurately recorded in your Practice Assessment Document (PAD). If you are unable to attend any part of your placement and so are unable to complete the required number of prescribed hours/weeks you may have to make up the lost hours/weeks at an agreed time. This may mean that your professional registration will be delayed until these hours of clinical experience have been completed successfully.

2. Supernumerary Status

Whilst in placement you have supernumerary status. This means that you will not be counted on the rota as part of the placement team but will be considered as additional to the team. However, it is good practice for you to be included on the duty rota with your mentor or associate mentor. This helps placement staff to be aware of who the students are in the placement area and who is responsible for supervising your learning during each shift. It also provides a record of practitioners in the placement area.

Being supernumerary provides you with opportunities to observe good practice and negotiate learning experiences that match your identified needs. Learning to become effective practitioners necessitates direct participation in provision of health care to a wide range of patients in different settings. Your learning outcomes for each placement require you to provide patient care that is commensurate with your capability and your learning plan. In addition, your learning and development needs will include visits to related areas that promote understanding of patient care needs and inter-professional team working. Supernumerary status enables you to engage in these experiences without compromising the workforce or patient care.

3. Assessing Capability and Planning Learning

The prime concern for every student’s practice experience is to facilitate and maximise learning. Effective placement supervision through mentorship is the most helpful and one of the most educational resources for ensuring that you develop your professional knowledge. Good supervision is also essential for ensuring the safety of patients and carers. Whilst you are in placement you become the professional responsibility of the clinical team and thus it is important that an accurate record of your progress is made regularly and that this record is based on observed assessments of your capability. Normally entries in your Practice Assessment Document (PAD) are made at the beginning, middle and end of each placement. But they may be made more frequently depending upon your observed capability and progress. On the basis of these observations of your capability, a record should be drawn up that reflects your identified and agreed learning needs. This record forms the basis for future supervision, assessment and learning support. To be effective you need to make sure that both you and your mentor regularly review and update your learning and developmental needs, so that they really reflect your progress and the support that you need to complete your
placement successfully. By closely monitoring and recording your progress in this way you can feel confident that you are developing your professional knowledge at an appropriate rate and that your capacity to provide effective and safe patient care is monitored and extended. It also ensures that if by any chance you are not making the expected progress, this is identified at an early stage and remedial action can be planned, documented and provided.

3.1. Cause for Concern

The ‘Cause for Concern’ process is to ensure that you and the staff are able to raise any issue of concern about your professional practice at the earliest possible stage in order that a supportive action plan can be agreed. This process should be viewed as a developmental process to enable you to achieve success.

3.2. Grounds for Referral

A student may be referred for two possible reasons:

3.2.1. Lack of progress for non-academic reasons
- Competence Issues (e.g. unsafe practice);
- Health Issues (e.g. an impairment or health condition which may make it impossible for a student to meet the requirement of the programme including mental illness).

3.2.2. Lack of professionalism
- Unprofessional behaviour/Professional misconduct (e.g. breach of confidentiality, sexual, racial or other forms of harassment, poor timekeeping, dress, unprofessional attitude, inappropriate behaviour such as rudeness, aggression, not taking instructions when appropriate);
- Character Issues (e.g. honesty, aggressive, violent or threatening behaviour, Drug and/or alcohol abuse).

For further information on this process and the Cause for Concern Form go to the ‘Cause for Concern’ Form on the Practice web page or the Clinical and Professional Practice Moodle page.

4. Learning and Working Together in Practice

Professional requirements and the nature of your support in placements include standards for nursing education (NMC 2010) and support learning and assessment in practice (2008). This includes ‘having a mentor/assessor who is an appropriately qualified and experienced member of staff to support each achievement of your learning outcomes for the programme and reflection on your practice’ (NMC 2008). Placement providers should nominate one principal mentor to take responsibility for you. This person may be supported by one or more additional nominated members of the clinical team designated to provide supplementary or co-mentorship support. Having a friendly and welcoming mentor who is willing to support you is absolutely crucial to your progress in your placement and affects your ability to settle into the clinical community of practitioners. When effective mentorship is lacking, students often feel alienated and any subsequent problems can frequently be attributed to this lack of sponsorship.

An important factor in effective mentor-student relationships is the social and professional opportunity to work alongside each other. Having shift patterns that match with your mentor or
associate mentor, ensures effective supervision, safe patient care and ongoing assessment of your learning needs. The matched shifts must be for a minimum of 40% of your placement time. All your other shift times must be planned so that you always have an identified associate/co-mentor to provide you with professional and personal support and supervision.

We believe all students need some time to adapt to the shift patterns, to learn how to juggle working with learning and having a home life. We also believe it is essential that you have the opportunity to learn and work during the busiest times of your patients’ day, so that you can develop the necessary professional knowledge. It is for this reason that our policy stipulates that only second (Part 2) and third year (Part 3) students can work night duty. As you are in your placement for educational reasons it is essential for you to observe and participate in supporting patients throughout your health care pathway. This must include:

i) working alongside experienced practitioners so you can learn professional skills.

ii) having time to practise your learning by taking responsibility for managing and delivering care to an appropriate case load of patients under supervision.

iii) having opportunities to plan and review your work with the patient's key practitioner.

iv) undertaking visits away from the main placement setting to promote understanding of the patient and carer’s experiences of health care provision.

v) observing and working alongside health and social care practitioners from a range of professional orientations.

vi) having time to plan your learning and working with support from your mentor or associate/co-mentor and to debrief from your practice experiences.

These strategies are designed to ensure patient care has been conducted safely and effectively. They are also designed to support your professional development through assessment and teaching, and so help you to accommodate new knowledge and further identify your learning needs.

5. Developing Professional Knowledge

Your placement experiences are intended to help you learn how to:

- recognise the salience of your theoretical sessions and what you have learned from reading.
- use both formal (theory) and practical knowledge when caring for people.
- manage your time effectively.
- become part of each inter-professional team of practitioners you meet during your placements.

The important role of each placement mentor and associate/co-mentor is to help you with these learning activities. But you also have a responsibility to learn from practice by reading and reflecting on your activities.

At the beginning of your placement it is essential that you are assessed by your mentor and you discuss and agree your learning and developmental needs. This is the basis for your placement experience. Your mentor always has the best interests of their patients in mind, indeed they are
required by the Nursing and Midwifery Council Code, to ensure that no harm comes to their patients. So do not feel upset if your mentor insists that you are supervised until s/he is satisfied that you are safe to work under distant supervision. Once assessed as safe to deliver the prescribed care, you can be allowed to care for an identified group of patients whose level of dependency matches your identified level of capability.

Learning in practice is therefore a mixture of collaborative working and learning followed by independent, supervised working and learning. Both kinds of activities must be supplemented by regular assessment, planning and evaluation. These sessions are designed to further enhance your understanding of professional practice and are also helpful as debriefing sessions, and provide an opportunity for you to demonstrate how much you have learned or to ask questions. The learning outcomes for each placement and for your programme provide a framework for identifying your required level of performance and achievement.

Midwifery programmes are designed as a continuous process and do not have the same kinds of milestones that are found in the nursing programme. The first year of the nursing pre-registration programme is designed to help students develop essential nursing skills. These skills are necessary to meet the NMC requirements for progression to the next stage of the programme. The second and third year of the nursing programme is designed to help students to develop the specific professional knowledge to become ‘Fit for Practice’ and ‘Fit for Purpose’ as registered mental health, children’s or adult nurses, and ‘Fit for the Award.’ You will receive both practical and theoretical preparation in conducting core skills such as communication, observation and assessment skills and practical skills such as moving and handling, taking physical observations and so on.

6. Student Progress through Practice Placements

As part of your preparation for each placement you are given guidelines and practice-focused learning outcomes to achieve. You also have preparation for your placement experiences through Simulated Practice (SimPrac) (Nursing only) where you can develop your technical knowledge in a safe environment (safe for you as well as the patient). Successful completion of your learning outcomes permits you to progress through your programme. If you are unsuccessful you are offered a second attempt and it is imperative that appropriate support is planned and provided to ensure you have an opportunity to be successful. On the rare occasion when this second attempt is unsuccessful you are normally discontinued from the programme. Your Personal Tutor and your Programme Director in collaboration with various administrative support systems carefully monitor your overall progress through your programme. Their actions and decisions are informed by policies developed by various committees within the School of Health Sciences, and in turn these policies and decisions are subject to policies and procedures laid down by the University Senate, informed by local, national and European policies.

7. Personal Tutor

This is a member of academic staff whose role and responsibility is to track your academic and clinical progress, provide pastoral support and guidance.
8. Practice Experience Facilitator/Manager (PEF/PEM) or Clinical Practice Facilitator (CPF)

This is a practitioner whose Trust-based post is normally based in an NHS Trust setting and works collaboratively with the university academic and placement staff and practice mentors. Their role is to facilitate a positive learning environment for you; to provide appropriate support and guidance to your mentors as well as to identify suitable settings for placement experiences.

9. Placement Mentor

For the duration of your placement you will receive social and professional support in your placement from an experienced and qualified practitioner who has undertaken mentor/assessor preparation. This person is responsible for facilitating your learning, supervising and supporting your practice and implementing approved assessment procedures.

You may also receive support from one or more qualified practitioners who are designated as a co-mentor or associate mentor and their role is to provide professional and social support in the key mentor's absence.

9.1 Role and Responsibility of the Placement Mentor

During practice placements, your placement mentor: i) provides you with social and professional sponsorship to the community of practice and thus to the health care team. This sponsorship is the kind of support you would expect from a host, and entails introducing you to the different members of staff, ensuring that you have been introduced to the relevant policies and procedures of the placement and that you are familiar with the environment. ii) assesses your level of capability and risk liability iii) engages you in planning your learning iv) documents your progress and learning plans v) provides day to day support for you through collaborative working and coaching activities vi) acts as a role model whilst delivering and managing care vii) identifies and uses appropriate support for your progress.

9.2. Selection and Preparation of Practice Mentors

i) Current professional policy states that mentors should have completed at least twelve months' full-time experience (or equivalent part-time) in the area of care delivery.

ii) Mentors must have successfully completed a Preparation for Mentorship course or the equivalent

iii) Mentors must attend an annual update/refresher course to ensure they are aware of your student programme, the assessments and current policies and practices.

iv) ‘Sign-off mentors’ are required to have an hour a week to provide you with feedback on your progress.

vi) ‘Sign off mentors’ must have undertaken additional preparation for their role.

vii) A register of placement mentors within each service provider is held by the placement
provider.

9.3 Achieving the Responsibilities of Mentoring

Your placement mentor is expected to:

i) Meet you within 48 hours of starting your placement to discuss your learning needs both in relation to course learning outcomes and past experiences, outstanding learning outcomes or competencies to be achieved during the placement.

ii) Ensure that you are aware of all safety aspects of the placement area and the local policies and procedures.

iii) Conduct a risk assessment of your capability and learning needs.

iv) Provide support for you in achieving broad and specific practice learning outcomes.

v) Assist in planning and arranging visits to appropriate areas or to spend time with relevant members of the healthcare and social care team.

vi) Review and discuss your progress and continuing learning needs during incidental sessions related to care delivery or care management activities such as preparing to provide patient care, after collaborative working, during coaching sessions and when you work under more distant supervision.

vii) Assist you to develop skills, understanding and abilities through reflection on your practice.

viii) Formally assess your achievement of learning outcomes, your skill development and provide constructive feedback at previously agreed meeting dates and times. These times should be timetabled into the off-duty to give your mentor time to ensure that you are both working together for 40% of your placement and to allow time for your mentor to undertake these reviews. (At a minimum these will be at the mid-point and prior to the end of the placement.)

9.4 Key Policies and Procedures that You Need to Know in each Placement

Placement Welcome Booklets inform you where to obtain the following information:

1. Policies and procedures for the placement
2. Medications and other treatments
3. Information related to your patient/client’s diagnosis
4. The role of other members of the multi-disciplinary team
5. Health and Safety policies
6. Emergency procedures and telephone numbers
7. Fire policy
8. Risk management procedures
9. Use of special equipment
9.5 Working with your Mentor

i) You will work with your mentor for no less than 40% of your time in practice and the remainder of your time under the supervision of your designated co-/associate-mentors. The level of direct supervision offered by your mentor will be determined by your learning needs and your level of competence to work in the placement.

ii) Mentors/assessors, but not co-/associate-mentors are responsible for documenting the final decision about your progress (Ongoing Achievement Record - OAR). This mentor must make sure that there is sufficient documented information to support the final decision about whether your overall performance merits Achieved or Not Achieved.

iii) Mentors work in partnership with practice experience managers/facilitators, lecturers, nurses, health care staff and other colleagues within the multi-professional services to enable you to achieve your identified learning outcomes.

iv) If you are in the final placement of your programme, you will be allocated to a senior mentor (a sign-off mentor) who has undertaken special preparation to take responsibility for assessing whether you are Fit for Practice and if you have met all your placement learning outcomes to sign you off as meeting the NMC Proficiencies in partial requirement for registration.

10. Practice Assessment

i) As a student taking your pre-registration programme you have a responsibility to make sure that your Practice Assessment Document (PAD) and Ongoing Achievement Record (OAR) is completed prior to leaving your placement. To be confident that this happens you must make sure the documents are accessible to your mentor/associate mentor; you must also arrange with your mentor to complete these documents by booking suitable times and dates as part of your initial learning plan for your placement.

ii) You must make sure that each item is signed or initialled as required as this is essential to validate your learning outcomes.

11. Inter-professional Learning in Practice Placements

Learning with and about other health care professionals is an essential part of your programme and is designed to create a better understanding between different health care groups. The importance of shared learning has been understood for many decades although it has taken a long time to be established. It is essential that different professionals, from health, social care and other public services are able to provide an effective service and have a good understanding of their different and complementary roles. Several public enquiries following disastrous events have all demonstrated the importance of good communication and understanding between the professions. As a result, the inter-professional learning experiences that are available to you whilst on practice placement will provide opportunities for you to meet with other health care professionals to discuss and learn about their contribution to client care. These opportunities are designed so that you:

i) participate in, and share in teaching sessions from and alongside other health care professionals.
professionals.

ii) engage in discussions in the practice setting relating to specific clients’ needs or to specific aspects of care.

iii) benefit from exchanges and meetings with students from other disciplines.

iv) compare and contrast your different professional programmes and so gain an insight into how you each develop professionally.

v) observe and participate in multi-professional and inter-agency work.

vi) reflect on the complementary nature of your professional roles whilst providing suitable care packages for clients.

vii) develop a sound understanding of how the different roles of the inter-professional team can collaborate to ensure seamless patient care.

During your practice placements you will have opportunities to evaluate the nature of inter-professional team working and your own contribution to caring for patients in a multi-professional context.

12. Opportunities for Students to Gain Further Experience

An important part of your professional development is to understand fully your patients’ experiences of health care provision. One helpful way to do this is by visiting departments and units or community settings that are related to the clinical speciality of your placement. Your practice placement mentor may be able to help you plan such visits or you can discuss the opportunities with the Practice Facilitator (PEF/PEM/CPF) of your placement.

Keeping a reflective record of your practice experiences is a good way of making links about patient care in the placement setting and also helps you to learn better.

You should make sure that you keep a record of the dates and times of such visits in your learning plan and your Practice Assessment Document (PAD). You also need to make sure that your mentor keeps a record as well. This will enable your placement staff to support your experiences.

13. Quality Assurance of Placements

Every practice placement is quality assured for its suitability to take students. The standards for these educational audits are prescribed by the Nursing and Midwifery Council and by the Department of Health in collaboration with other professional statutory organisations. The education audit tool (Pan London Audit Tool) that is used by The School of Health Sciences reflects these standards and each placement is audited every two years with a yearly review and monitoring of any action plans.

a) Placement Profile and Educational Audit

A practice placement profile identifying the learning opportunities available in that specific learning environment is completed by members of the placement staff and the link lecturer in the practice area.
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i) Educational audits are undertaken by a placement representative and an academic representative.

ii) Yearly reviews are conducted to identify excellent practice as well as areas requiring improvement.

iii) An action plan is developed in partnership between educationalists and practitioners to ensure a constructive learning environment for all students.

14. Student Placement Evaluation of their Practice Placements

Students are encouraged to contribute their views at the end of each placement on a special evaluation form. This information is electronically processed and the statistical and written information is returned to the placement area for discussion and action planning. Your practice experience facilitators/managers (PEF/PEM) or clinical practice facilitator (CPF) will provide an update on the outcome of your evaluations at the beginning of each new placement experience. You can also evaluate your placement experiences as part of your overall programme experience. Information from these evaluations is processed centrally in the School and then distributed to programme teams. All these different student evaluation forms are fed into quality assurance activities of the School.

15. Changing Placements for Educational Reasons

Sometimes it may be in your best interests to change your clinical placement during the normal time span for the allocation. Changes of this nature can be very disruptive and may delay your ability to complete the programme. These Guidelines outline the criteria and processes that must be observed when considering or carrying out arrangements to transfer students.

15.a Criteria for transferring a student

i) The student is unable to fulfil the programme learning outcomes  ii) The student is at risk iii) The student is not being supervised by an appropriately qualified practitioner (normally this must be a first level Registered Nurse or Midwife) iv) Patients are considered to be at risk.

15.b Process for transferring a student

If it is decided that it is in the best interests of the student to be transferred from their placement it must be:

• achieved with minimum disruption.

• undertaken following careful consultation with the Link Lecturer, Academic Practice Lead, the student's Personal Tutor and the Programme Director.

• documented fully.
• Concern about the practice placement may be raised by the student with any one of the people identified above including their mentor or practice area manager.

If an investigation confirms the concerns, the result will be discussed with the relevant Academic Practice Lead, Programme Director and the Practice Experience Facilitator / Placement Manager.

i) If it is agreed that the student(s) should be transferred from the clinical area, an alternative placement will be found immediately with the collaboration of the Practice Experience Manager/Placement Facilitator.

ii) If the student is on a long placement experience the student will, as far as possible, be re-located to a practice area within the same Practice placement provider.

iii) A written action plan will be developed and agreed by all the relevant people with the aim of supporting the developments needed to promote an effective learning environment at the earliest possible time.

iv) The Head of Practice Education, the Director of Nursing/Midwifery (or deputy), senior manager, senior nurse/midwifery manager, or GP Practice Manager and nominated Customer Care Manager will be informed in writing of the concerns and the action plan.

The Academic Lead for Practice, in discussion with the staff identified (identified above) will appoint an Investigating Officer who will identify the factors that have led to the removal of the student.

A report from the investigating officer will be presented within 14 working days. The report will use the following framework:

i) Summary of the report and signature of the investigating officer.

ii) Chronology of the events leading to the request to remove the student.

iii) The investigatory process.

iv) Names and role designation of the people contributing to the investigation.

v) Findings of the investigation.

vi) Conclusions of the investigator.

vii) Recommendations for action.

viii) Time frame in which the actions are to be completed.
A meeting of the relevant senior personnel will be convened by the Head of Practice Education, the Investigating Officer and the Practice Experience Manager.

i) The aim will be to discuss the report and agree the action plan and the time frame.

ii) The placement representatives will be responsible for ensuring that the report is pursued by the Trust/GP Practice as part of its complaints procedure.

The Head of Practice Education (or nominated person), the Practice Experience Manager and the Director of Nursing or Midwifery/GP Practice representative will monitor the implementation of the action plan.

The setting must be audited as meeting the required standards before it is used again as a student placement.

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