**Practice Supervisor and Assessor Preparation Programme Notes**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Introduction**

This booklet is designed to enable you to complete the exercises on the Practice Supervisor and Assessor Preparation Programme. This will then form an ongoing point of reference for you, once you are supporting learners within your clinical practice learning environments.

**Training Aims**

Participants will understand:

* The role and responsibilities of Practice Supervisors and Assessors, and how they engage with the Academic Assessor role
* How to prepare for the arrival and induction of learners
* The requirements for assessment of progress and achievement within the context of their own work environment, using relevant documentation from the Universities of Lincoln and Hull
* The role and responsibilities of Practice Supervisors and Assessors towards ensuring that a learner is safe and fit for purpose and practice, as defined by the Nursing and Midwifery Council (NMC) in The Code (2015, updated 2018) and the Standards for Student Supervision and Assessment (SSSA) (2018).

**Activities, Questions and Answers**

ACTIVITY 1

|  |  |
| --- | --- |
| Complete the four boxes by identifying the following:   1. Expectations of practice supervision 2. Role and responsibilities of practice supervisors 3. Role and responsibilities of practice assessors 4. Characteristics of a good role model | |
| Expectations of practice supervision | Characteristics of a good role model |
| The role and responsibilities of the practice supervisor: | The role and responsibilities of the practice assessor: |

|  |
| --- |
| **Activity 2**  Thinking about your own work environment, consider appropriate learning activities that a student could be encouraged to undertake:  1  2y  3  4  5 |

**Activity 3 Criteria for Assessment in Practice Game**

**Place the following statements in the correct box based on time and student year(check terminology) and give at least one example per student year from practice to illustrate an observed incident.**

1: In commonly encountered situations is able to utilise appropriate skills in the delivery of person centred care with some guidance.

2: Has a sound knowledge base to support safe and effective practice and provide the rationale to support decision making.

3:Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.

4:Under direct supervision is not able to demonstrate safe practice in delivering care despite repeated guidance and prompting in familiar tasks

5: Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence based skills.

6: Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.

7: Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice.

8.Demonstrates lack of self-awareness and professionalism. Does not take responsibility for own learning and the learning of others.

9: Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor practice.

10: Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.

11: With supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance.

12: Is able to identify the appropriate knowledge base required to deliver safe, person centred care under some guidance.

13:Utilises a range of skills to deliver safe, person centred and evidence based care with increased confidence and in a range of contexts.

14: Demonstrates an understanding of professional roles and responsibilities with the multidisciplinary team. Maximises opportunities to extend own knowledge.

15 :Is only able to identify the essential knowledge-base with poor understanding of rationale for care. Is unable to justify decisions leading to unsafe practice.

16: Has comprehensive knowledge-base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence-base.

17: Demonstrates lack of self-awareness and understanding of the professional role and responsibilities. Is not asking appropriate questions nor engaged with own learning.

18:With minimal supervision is not able to demonstrate safe practice despite guidance.

**Year 1**: *Guided participation in care and performing with increasing confidence and competence.*

|  |  |  |  |
| --- | --- | --- | --- |
| Achieved | Knowledge | Skills | Attitude and Values |
| YES |  |  |  |
| NO |  |  |  |

**Year 2**: *Active participation in care with minimal guidance and performing with increasing confidence and competence.*

|  |  |  |  |
| --- | --- | --- | --- |
| Achieved | Knowledge | Skills | Attitude and Values |
| YES |  |  |  |
| NO |  |  |  |

**Year 3**: *Practising independently with minimal supervision and leading and coordinating care with confidence.*

|  |  |  |  |
| --- | --- | --- | --- |
| Achieved | Knowledge | Skills | Attitude and Values |
| YES |  |  |  |
| NO |  |  |  |

**ACTIVITY 4 :**

Think about the placement orientation checklist(s)

Make a list of tasks you need to do prior to the arrival of a learner

* + 1.
  + 2.
  + 3.
  + 4.
  + 5.

What information should learners receive in advance?

* + 1.
  + 2.
  + 3.
  + 4.
  + 5.

**Activity 5**

**Place these statements in the correct box below as to when they should occur in the assessment process for each year.**

1. Check placement orientation, health and safety requirements are complete.

2. Agree dates for the midpoint interviews final interview okay.

3. Complete this and sign the MORA as the method of communicating with future practice supervisors practice and academic assessors.

4. Discuss with practice supervisor and check the student is making progress on the clinical skills and proficiencies within their MORA.

5. Discussed expectations for the medicines management assessment and plan appropriate opportunity to undertake this.

6. Ensure the student has completed their reflections in their practice document

7. Encourage the student to complete an action plan/SWOT (strengths weaknesses opportunities threats) analysis for the years placements

8. Ensure that the student has completed the midpoint interview reflection in the MORA.

9. Student practice assessor review the MORA to identify and discuss the learning required on the placements for the year.

10 ensure that you (as the practice assessor) and the practice supervisors have signed the appropriate sections of the Mora.

11. Complete that holistic assessment of practice and provide feedback. Action plan and communicate with the Academic Assessor regarding any areas where the student is not achieving.

12 Agree learning outcomes for the placement with the student and practice supervisor.

13. Discussed potential and appropriate insight visits and interprofessional learning opportunities available on the placements.

14. Review the students overall progress and achievements. If the student has not achieved, clearly state the reasons for this.

15 check (and for Lincoln students verify on PEMS) the students hours recorded on the timesheet if the student has a shortfall in hours make a plan to rectify this.

16. Check the students hours recording on the timesheet, (and verify on pens for Lincoln students.)

17. Discuss the summative holistic assessment , clearly communicating expectations for this assessment.

18. Make a plan to achieve any criteria that has not yet been achieved in the placement. Discuss in-site visits and interprofessional learning undertaken to date and plan any future visits.

|  |  |  |
| --- | --- | --- |
| **Initial Interview and Orientation** | **Mid-point Interview** | **Final Interview** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Activity 6**

* Read the learner case study (Year 1) below and identify the issues
* Think about what actions and responses are required and how these might be recorded on the respective university documentation

# RCN Peer Support Service with the University of Brighton Reasonable adjustments for students on placements Case study 1: Kate – Dyslexia ( midwifery adapted )

Dyslexia is a common term to describe a combination of abilities and difficulties that affect the learning process. Kate presented as a very able student who contributed readily in lectures and was very knowledgeable when talking about nursing and nursing practice. However, the marks she received for her academic work were often less than expected. After being referred in a written assignment, she presented herself at student services for additional support. She had also struggled with her organisation skills in practice.

The Educational psychologist report identified difficulties in processing with a reduced short-term memory, organisation and sequencing. On being told she had dyslexia Kate was relieved as she often felt that the ideas in her head didn’t match the written words she produced.

# Getting support At the University

Following her Educational Psychologist report and needs assessment Kate applied for Disabled Student Allowance (DSA) through the NHS Bursary Unit. Kate had started her course as a funded NHS Bursary student. This funding provided her with a laptop, additional software to support her learning, and 1:1 tutorial support. Academic support from the University was identified in the form of a learning support plan (LSP) that identified reasonable adjustments including modified deadlines for the submission of course work, additional time in all examinations and OSCEs, and permission to use a computer in written examinations.

# In clinical placements

As a second-year student, Kate had a series of clinical placements in both community and hospital care settings. Her progress and achievement of skills are logged in practice documents verified by her supervisors and assessor and her academic support tutor. Within this assessment of practice documentation a learning support plan can be included. This provides some general guidance about supporting students and includes contact details for the Disability Liaison tutor or AST for any question or queries that might be raised

Kate met with her personal tutor and the Disability Liaison Tutor and based on her needs, a learning support plan was identified. The learning support plan included:

1. The clinical placement was to provide a list of common words and terms used in the clinical setting
2. The placement was asked to provide a list of three practice supervisors and a practice assessor to give written and verbal feedback on Kate’s progress and to plan skills assessment in advance. A grid approach was suggested for breaking complex skills into ‘chunks’ as per the example below. Chunks broken down to suit the complexity of the skill and the individual, as you might break down a long number.

Practice each element before completing the whole, Allow the student to use notes when assessing knowledge.

|  |  |
| --- | --- |
| **Practice descriptor, i.e. can demonstrate skill used, stating knowledge base and act appropriately at this level:** | |
|  Demonstrate an understanding of the process required for the procedure they are undertaking CHUNK 1 | * Consideration of staffing numbers/support required for the procedure to be undertaken * Ensures patient privacy, dignity and comfort is maintained prior, during and after the procedure * Demonstrate effective hand hygiene and wearing of appropriate PPE * Undertakes the procedure as per Trust   Policy CHUNK 3 – RISK ASSESS –  SURROUNDINGS   * Communicates with the patient the outcomes of the procedure and any patient advice regarding this * Clear and Accurate Documentation of the procedure and its outcomes is   performed  CHUNK 4 – OUTCOMES |
| * Gains patient consent prior to undertaking the procedure * Undertaken a risk assessment of the patient prior to commencing the procedure * Assessed the analgesic requirements of the patient prior to, during and on completion of the procedure * Ensures that adequate preparation of all resources is achieved prior to undertaking the procedure CHUNK 2 – RISK ASSESS   – TREATMENT |

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1. Permission was given for her to use her smart phone to access the NHS BNF, NICE guidance, medical dictionary and spell check apps
2. She was allowed additional time following handover, to ensure she was able to plan and organise care for her allocated patient(s) and understood any terms or phrases used during the handover
3. The use of a grid approach to organising and planning care was encouraged (see example)

|  |  |
| --- | --- |
| **My Patient – who am I caring for**    1) Mary Cole 28 G2 P1. Post caesarean section. Not yet mobilised needs support with personal hygiene | **My Shift Plan – what I am doing**    **1) Help Mary with shower. Do observations at 10 am** |
| **My Handover – what I will**  **handover to mentor/others**     1. Mary Cole Obs stable mobilised, passed urine, lochia moderate, wound dry.   Needed help with breast feeding | **Anything else**     1. Needs anti D   Help needed with breast feeding  Baby examination still required |

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A review date was set, and Kate was encouraged to make an appointment to meet with her Practice Assessor before the placement started and to discuss her LSP-Practice.

# Review

Following the placement, Kate met with her personal tutor to review the LSP-Practice. She had enjoyed the clinical experience. Initially, she was uncertain about having her LSP-Practice as she had wanted to be seen as ‘normal’ but on sharing her LSP-Practice with her supervisors and assessor she was relieved to find out that her assessor also had dyslexia and was very supportive of the plan that had been identified.

She had found herself to be more confident and had begun to worry less about being ‘slower’ in writing and keeping records. The use of the smart phone had been widely accepted in the clinical setting, and the electronic form of the BNF was seen as a useful tool. Kate had found that it was easy to use and made assisting with medication administration more effective.

Using the grid helped her to organise her time well, and also provided her with a framework to ensure that things were not missed and relevant information was captured in the handover.

**Activity 7**

* Review the Learner Case Study (Year 2) below
* Make suggestions regarding how you could support and make reasonable adjustments for Minnie

# RCN Peer Support Service with the University of Brighton Reasonable adjustments for students on placements Case study 2: Minnie – depression and anxiety(adapted for midwifery)

Nice (2011) suggest that between 4-10% of people will experience major depression in their lifetime and it is recognised that mental health problems are common among students.

Minnie had disclosed on her UCAS application form that he had depression which was managed with medication and counselling.

# Getting support At the University

On starting her programme, Minnie made contact with the University support services, and a learning support plan had been produced she applied for the Disabled Students Allowance through Student Finance England. This funding provided 1:1 tutorial support. Academic support from the University was identified in the form of a learning support plan (LSP) that identified reasonable adjustments including modified deadlines for the submission of course work, additional time in all examinations and OSCEs

Minnie met with the Disability Liaison Tutor, and her support package was discussed. She declined any additional support for her clinical placements as she felt that it would not be an issue there. She did not want her placement or her supervisors and assessor to know that she had depression.

During her first placement, her supervisors and assessor raised concerns about her time keeping because she was frequently late for the start of her shift. Initially, she had said this was due to public transport, but the supervisors and assessor felt that there was more to it than this. The supervisors had also noticed that over time she was less engaged with her clients or with the team. The assessor raised concerns with her academic assessor who met with Minnie and advised her to seek further support through student services and the Disability Liaison Tutor.

On meeting the DLT, Minnie described how her mood had started to dip soon after starting the programme. She said that the first weeks had been fine and she had made a lot of friends. She had taken a break from her counselling because she had felt so well and also it had been difficult to keep the appointments due to her university timetable and then going into practice. Her counsellor was located at her home location, over 50 miles away from the University. She had not got around to registering with a local GP. She thought she was just a bit low because of moving away from home as initially, it had not felt like her normal ‘depression coming back’. At first, she had just missed a few lectures but had not worried because other students also did this. She was drinking more alcohol than normal just to perk her up a bit, but over the last few weeks that had not worked and she had taken to spending a lot of time alone. Minnie said she was feeling increasingly tired and often slept through her alarm or woke not feeling able to attend her clinical placements or the University.

# Getting more support

The DLT advised that Minnie returned to student services for further support and to access the

University counselling service. Also, she was advised to register with the campus-based Doctors Surgery and enquire about re-engaging with counselling with a local counsellor. Information regarding local support groups within the town was given. Minnie followed this advice, and an updated LSP was produced. Minnie agreed to having an LSP-Practice and for this to be within her assessment of practice documentation.

1

# In clinical placements

Minnie met with her personal tutor and the Disability Liaison Tutor and based on her LSP, a learning support plan was identified. The learning support plan was discussed with the practice education facilitators within the local MH Trust, and they agreed that the adjustments to practice were appropriate.

The learning support plan included

* Minnie was struggling with her energy levels and coped better when 1working 8-hour shifts. It was agreed that she would complete 8-hour shifts with no more than two consecutive shifts at a time.
* Minnie would inform the placement of her regular counselling sessions, and her attendance would be planned around these dates.
* Minnie was given a total of 5 independent study days during the academic year that she could use to manage her long-term health condition. Before taking a day Minnie had to inform her placement area, assessor and inform the Disability Liaison Tutor who would authorise the day. The placement was asked to provide a consistent 3 named supervisors and1assessor to support Minnie to maintain her attendance and give verbal and written feedback as to her progress.
* Minnie would follow the process for informing her placement and the University if she was unable to attend

A six-week review date was set, and Minnie was encouraged to make an appointment to meet with her assessor before the placement started and to discuss her LSP-Practice.

# Review

At the review date, Minnie met with the DLT. Her attendance in practice had improved considerably, and although she had struggled to attend on occasions, she had not needed to use one of the five independent study days. Her supervisors and assessor had been more supportive and had come up with other suggestions about how Minnie could manage her wellbeing. Minnie had had regular sessions with the counselling service based at the University and was on a waiting list for counselling through the GP. She had decided not to look into any groups within the town as she was uncertain about how she could manage this especially if she met people who had been in her care.

# Outcome

* The LSP was maintained, and a further review date was scheduled. The next review would be with her academic support tutor

Suggestions

**ACTIVITY 8:**

Make a list of the things that matter to you, when you are trying to learn a new skill

1.

2.

3.

4.

5.

6.

7.

8.

**Activity 9**

Name one thing

* You will do differently following this course?
* You are looking forward to?
* You will tell your colleagues