
Module NRMW 2201
Nursing Adults in the Community Setting

Module Guide

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Welcome to the Module

Welcome to a specialist module of your nursing programme. This aim of this module is enable you to develop an understanding of care in the community, acquire skills and practice development within the primary care setting and also develop the ability to function effectively in a team in the multi-professional delivery of care. It aims to provide you with opportunities to care for patients / clients, carers and families and to develop an understanding of this changing context of health care. You are also encouraged to explore the wide range of diverse service provision which helps to support clients, patients and families to maintain individual and community health within your placement.

The module also facilitates the application of evidence based practice and the practice of interagency and interdisciplinary care to meet the needs of patients / clients, carers and families in a variety of settings. The team would like this opportunity to wish you all the very best wishes for your future.

Programme: BSc (Hons) Nursing / Diploma Nursing (HE)

Adult Nursing

Credit value: 30

Credit level: 2

Semesters: Rotating in 6, 7 and 8

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Module Aims:

This module explores knowledge, practice and attitudes that underpin the principles of nursing individuals requiring community nursing care by promoting assessment, planning, implementation and evaluation resulting in the enhancement of health care. The module facilitates the practice of inter and multi professional working to meet the patient's/clients needs and its carers within a multicultural society.

Learning Outcomes:

Upon completion of this module the student should be able to:

1. Recognise the importance of promoting equity in patient care by utilising anti-discriminatory, fair and professional practice and behaviour.
2. Apply knowledge of legal, ethical and other health and social policies relevant to nursing practice to ensure safe nursing practice.
3. Identify potential and actual risks and hazards in practice and respond appropriately to work towards a safe outcome for patients and carers.
4. Create and utilise opportunities to promote the health and well-being of patients, carers and families by utilising a range of evidence based clinical skills.
5. Participate in a comprehensive, systematic and accurate nursing assessment of patients, carers, families and communities, whilst demonstrating an understanding of the prioritisation of care needs.
6. Contribute to the implementation, review and evaluation of programmes of care under the supervision of registered practitioners utilising best available evidence.
7. Utilise effective inter-professional learning and working situations in order to develop respect for the contribution of others in the health and social primary care team.
8. Demonstrate literacy and numeracy, and utilise relevant information technology opportunities. Identify and take action to meet knowledge and skills deficits through reflection on and in practice

Teaching and Learning Strategies:

A range of appropriate strategies will be used as dictated by factors such as the size of the group, the topic being addressed, the learning environment and the available resources. Strategies may include:

- Lectures and discussions to provide the knowledge to underpin practice and to promote student participation and the sharing of views
- Demonstration and experiential learning to promote the acquisition of practical skills
- Computer based learning/internet facilities to access web based information
- Practice based learning under the guidance of a mentor to facilitate the application of the taught component to patient/client care
- Tutor led seminars to promote reflection, clinical learning, academic progress and to provide opportunities to address student issues
- Student led seminars to promote reflection, participation and independent study
- Independent learning to develop the skills necessary for student centred life long learning

Timetable

The timetable for this module will be handed out at the start of the module. The timetables handed out apply to the module NRMW 2201 sessions only. Please be aware that this may be subject to change from the cohort copy, depending on Visiting Lecturer availability. Any changes will be announced on Blackboard. Other sessions such as Personal tutor briefings, mandatory training etc should be taken from the timetables issued by reception as these sessions are centrally arranged.

Assessment Details:

ASSESSMENT

There are two parts to the assessment of this module.

1. Achievement of all practice outcomes in the Continuous Assessment of Practice document (CAP)
2. Achievement of a pass grade of a nursing care study assignment.

The module written assessment explores learning outcomes 1, 2, 3 and 5.

The Continuous Assessment of Practice document explores a selection of NMC outcomes which have been identified as being relevant to the module learning outcomes.

Purpose of the Assignment

To allow the student the opportunity to demonstrate an understanding of the theoretical and practical links in caring for individuals or groups in the community.

Assignment title and guidelines:

“A report which critically analyses the health needs of an individual in the community”

Write a report utilising a holistic assessment, which critically analyses the health needs for either

- ***an individual patient or***
- ***A group of patients with a defined need in common.***

Presentation:

- Neatly hand-written or typed on one side of A4 with margins of 1.00 inch using recommended report style structure
- Double space if presenting in type
- All pages should be numbered and securely fastened in a folder
- Word limit is 3000 words + 10%. The word count for the report includes the introduction, main body and conclusion, but not the abstract, reference list, bibliography list or appendices.
- 5 Marks will be deducted for each additional 10% excess
- The assignment should be properly referenced according to the department's guidelines using modified Harvard style
- A front sheet, correctly completed and signed by the student must be included when the assignment is submitted to the module leader.

Submission:

Assignments should be handed in via Student Advice Centre at Charles Frears Campus and marked on the cover sheet for the module leader, Ruth Rojahn, as well as the marking Tutor.

All work should be handed in at the Charles Frears Campus by the 12 midday deadline stipulated on your module timetable, Blackboard and at the Launch of the module, with the correctly completed submission coversheet. The pink copy is given to you as your proof of submission – please keep it safe

Unratified results will be released at Charles Frears reception on the date stipulated both on the timetable and posted on Blackboard.

Practice component**Submission date and details**

All work should be submitted no later than 1200 hrs on the stipulated date, which can be found on the module timetable, Blackboard and will be identified at the module launch.

All Continuous Assessment of Practice booklets must always be submitted on the submission date. Late submissions will not be accepted, and will be deemed to have FAILED for non-submission.

Theoretical component**Submission date and details:**

All work should be submitted no later than 1200 hrs on the stipulated date which can be found on Blackboard and will be identified at the module launch.

Unratified results will be released at Charles Frears reception 4 weeks after the hand in unless you have been granted an extension.

It is important that you ensure that you meet all deadlines.

Extensions

An extension is for a maximum of two weeks. Students requiring an extension to the submission date must request this from the module leader at least 2 weeks in advance of the submission date.

Extensions will not be granted in the last 2 weeks prior to the submission date except in exceptional circumstances and with the additional agreement of the Programme leader.

Any student requiring longer must use form PC1675 'Extension to Coursework Application' (See **University regulations handbook**)

Unauthorised Late Submission of Coursework

Where coursework is submitted later than the agreed deadline without an application for an extension or deferral being approved by the appropriate member of staff using the procedures described above, then the following tariffs apply:

Work which is submitted unauthorised up to 14 calendar days after the original submission date will receive a mark that is capped at 40%.

Work which is submitted unauthorised more than 14 calendar days after the original submission date will receive a mark of 0%.

The above applies only to a student's first attempt at coursework. Work submitted late without authorisation which constitutes reassessment of a previously failed piece of coursework will always receive a mark of 0%.

Assignment Guidelines

The assignment of 3000 words (+10%) words will need to consider the following points:

- Negotiation of a patient care study with your community mentors and supervisors, ensuring confidentiality to all concerned.
- Focus on assessment of health needs as part of the nursing process but not on the assessment process itself.
- Demographic factors such as age/class structure of the local community.
- Relevant epidemiological factors.
- The social and kinship support networks of the individual patient or the characteristics and support networks of the group.
- The role of the nurse and other service providers in relation to assessing needs of the patient/group.
- The impact of current legislation on the overall care provided to the individual patient or group.

Note: Confidentiality

It is imperative that there are no breaches of confidentiality. Patient, staff and GP/ Practice names must not be disclosed. If an assignment reflects any breaches of confidentiality, your script will be returned to you to remove any details before proceeding with the rest of the assessment process. This could affect your progression.

Guidelines for submission

- The report should demonstrate an ability to discuss nursing practice concepts studied in the module and should be based on relevant reading and research
- All sources of supporting evidence must be correctly and clearly referenced within the body of the essay using the modified Harvard referencing system. (See DMU guidelines for referencing). Reference list and bibliography (if used) is included at the end of the essay placed before any appendices. The reference list will contain authors cited in the body of the essay, and the bibliography will list authors and titles of all other consulted, but not cited.
- It is your responsibility to make an appointment to see a tutor for any further guidance. It is essential to bring your documented patient assessment/essay plan/ proposed structure to all tutorials.
- The essay should have a title page with name of module, report title, student name and date of submission.

- The work should be neatly hand written or typed on A4 paper, using one side only of each numbered sheet and incorporating adequate left and right hand margins. It should be presented in a folder or bound with a comb binder.
- **DO NOT PUT YOUR SHEETS IN PLASTIC COVERS.**
- A De Montfort University cover sheet must be attached to the essay, with all the relevant details completed, including your final word-count.
- CAP booklets should be completed in full, and need to be checked thoroughly to make sure all professional / practice outcomes are signed and dated by yourself and your assessor. A cover sheet must be attached and the document should be handed in by the agreed date following the end of the placement.
- Do not forget to hand in timesheets to student advice centre from CAP book before submission. Failure to do this may lead to loss of practice hours.
- The assessment criteria conform to the University modular scheme grading schedule. Consult your copy for a reminder of the requirements.
- Unless an extension has been agreed prior to submission date, the essay must be handed in by the stated deadline.

Teaching and Learning strategies

This theory/ practice module will use a variety of teaching and learning strategies. These will include involvement in nursing practice in primary care teams, formal lectures, reflective seminars and clinical workshops delivered by specialist community practitioners.

Each student can expect a planned programme of community experiences, which will be reinforced and related to specific local practices.

Tutorials.

Time for tutorials has been allocated within the module timetable. These will be in the form of 2 x 30 minute individual tutorials with an allocated tutor, and group tutorials to discuss the report in detail. You are strongly advised to avail yourself of tutorial support from the module team.

Practice Visits.

You will be visited once in practice by one of the module academic team. Further visits will be made at the request of your mentor or yourself if a problem is identified. You are required to ensure your mentor is aware of this arrangement so he/she can be present.

Evaluation.

The module leader conducts formal qualitative evaluation of the module at the end of the semester. Students are encouraged to seek assistance from the module team if they have concerns or comments before this time. Evaluation of practice experience is also collated formally and relayed back to mentors by the Community Practice Facilitators.

Professional Issues

Uniforms

You are expected to wear *student nursing uniform* when you are working with *community nurses who wear uniforms* for patient care

i.e. White uniforms / black/ brown outside low heeled shoes / cardigan/ dark coat

Named badges are required for all practice placements as all staff and students in the community need to be able to recognise your status.

Sickness/ absence

It is very important that you make contact **as early as possible** in the morning with your community placement team if you are unable to get to work due to sickness/ unforeseen circumstances. You must also keep your mentor informed of your intention to return to work. It would also be useful to phone the module leader to let them know of any long term problems.

On return from sickness/ absence it is important to fill out the pink sickness form which can be obtained from student services.

Students must not be absent from the University without good cause. For absences due to illness, lasting up to six consecutive calendar days, students must inform tutors, whose classes they are missing, of the reasons for their absence. For absences of seven consecutive days or more due to illness a medical certificate must be submitted to the Faculty Office responsible for the student's programme. If the student wishes the illness to be taken into account in relation to an assessment of work, s/he must follow the procedures set out in Chapter 5 of the Student Regulations.

Use of classrooms.

Food and drinks are not permitted in the classrooms, except in exceptional circumstances and with the permission of the lecturer. Students are responsible for ensuring that all litter, waste paper is deposited in the litter bins provided and not left on desks at the end of the lecture.

Late arrivals.

Students are expected to arrive at classes on time and with the necessary equipment. In exceptional circumstances, students may be allowed to arrive late for lectures but must ensure that permission is granted from the lecturer prior to the start of the lecture.

Students arriving more than 15 minutes late to any lecture without permission will not be admitted and will be marked as absent, with the usual time making back consequences.

If you have been given permission to arrive late, you are expected to enter the lecture unobtrusively and ensure there is minimal disruption to the lecture. Late attendance will be noted on the register. Students who are consistently late will be asked to discuss this with the Module leader.

Working Day

Community Nursing covers 24 hours/day/ seven days a week patient care and you may be able to negotiate to work at times other than the weekly day shift in order to explore the variety of services in the community. The working day therefore covers the entire 24 hour period. You will be expected to work a range of day shifts with your mentor which reflects this. The shift pattern will vary depending on your allocated placement. However there may be times when flexibility will allow you more learning opportunities and you can negotiate your "off duty". **All working hours MUST be recorded and signed off by a**

Registered Nurse who is professionally accountable for making sure you have the opportunity to ensure your Practice Training hours are completed.

Travel to Work/Delegated Care

Most students who are funded by an NHS bursary can claim their travel expenses, but please check if you can. Information about this can be found on Blackboard, on the Health and Life Sciences shell, under Charles Frears tab. *Please note - it can take up to 8 weeks from when the NHS Grants Unit receives your travel claim form to getting paid.*

Blackboard.

This module is supported by the University Virtual Learning Environment in Blackboard, so that learning material can be accessed on-line. Students are encouraged to access this opportunity to facilitate their learning. A brief tutorial on accessing this type of learning is given within the timetable and further support can be obtained from the Library.

Blackboard (Bb) Virtual Learning Environment (VLE)

Blackboard (Bb) is the virtual learning environment used by staff and students at De Montfort University, and contains relevant information to NRMW 2202/3202 Consolidation of Professional Practice. The Blackboard (Bb) site is continually updated, so please use it throughout the module duration to access new information and discussion topics.

To log onto Blackboard (Bb):

1. Open your web browser, and type in the following address:
<http://www.blackboard.dmu.ac.uk>
You will be directed to a Blackboard (Bb) user welcome screen
2. Enter your username (**P number**) and password. (If this is your first login, your password will be your date of birth (**dd/mm/yy**). You will then be provided with the opportunity to change your password to a memorable word



Once logged in, you will see your personal entry page, as above.

If you cannot log on, wait 24 hours for the system to update, and then try again. If you are still experiencing problems, contact the Faculty Office to check that your enrolment details are correct.

Guide to Plagiarism and Collusion

What are plagiarism and collusion?

Accurate citation and referencing are an essential part of good academic writing and practice. Presenting the work of others as your own, without clear referencing, is known as plagiarism. Whereas, copying work from fellow students is known as collusion. These are both treated as academic offences and further details are found in the University regulations "General Regulations and Procedures Affecting Students", chapter 4 "Academic Offences"

[see: http://www.dmu.ac.uk/Images/Chapter%204%200910_tcm6-49678.pdf]

To learn about citation and referencing, the Library has a number of self-study booklets including "Information Citation" and "Plagiarism" which are available on-line and in the library. [See <http://www.library.dmu.ac.uk/Support/Selfstudy/index.php?page=89>]. These will enable you to improve your academic skills. Your module team will also have support materials to help you, and along with your personal tutor will be able to provide you with specific guidance.

What is Turnitin?

Turnitin is a web-based plagiarism detection tool widely used in UK universities and schools/colleges. It searches current and archived internet documents, and papers submitted by other students, both in this institution and others, to identify any similarities between texts. This tool is available through Blackboard to help detect plagiarism in text-based assignments.

How will Turnitin be used in this Module?

You will be advised how to submit your work to Turnitin through Blackboard by module staff. For all text-based assignments, you will be **required** to submit an electronic copy to Turnitin via the module Blackboard shell. This will be in addition to the paper copy that you are required to submit for assessment purposes. The process for submitting work is very simple:

- In the Blackboard shell for the module, find the button for *assignments*
- Click on the area marked *View/complete*
- Follow on-line instructions; it's similar to attaching a file to an e-mail!

You will receive an e-mail receipt of submission from Turnitin which should be printed and included with the paper based submission. Depending on the module, you may be able to submit once, or more than once to Turnitin.

How can I use the information from Turnitin?

You will receive a report every time you submit work to Turnitin. This is called an *Originality Report*, which gives both an overall index of similarity with other work (either published, on-line or from other students) and also the break-down of sources for each component. For example, the overall similarity index may be 10%, with ten instances of 1% from a selection of sources. However, if you find that you had a high overall similarity index, especially if there are high scores from individual sources, you may want to consider looking closely at how accurately you reference material and your style of academic writing. Please note that lecturing staff on the module have access to these reports for each student via Blackboard.

NB: Failure to submit a text-based assignment via Turnitin will result in an automatic failure of that part of the assessment, even if a paper copy is submitted!

Reading list

Mandatory Reading: these are sources that are central to the module. You might wish to think seriously about buying one or more of the listed books.

Donaldson L. J. Donaldson R. J., Scally, G. (2009) Essential Public Health Third edition

Hawtin M., Hughes G., Percy Smith J. (2007) Community Profiling: Auditing Social Needs, Second Edition Buckingham, Open University Press

Moon G., Gould M. (2000) Epidemiology: An Introduction Buckingham, Open University Press

Naidoo J., Wills J. (2009) Health Promotion: Foundations for Practice Third Edition Edinburgh, Balliere Tindall

Sines D., Appleby F., Raymond E., (2009) Community Health Care Nursing Fourth Edition London, Blackwell science

Recommended Reading: these materials enhance core reading. It is expected that students will read at least some material from this category

Department of Health (DOH) (2000) The NHS Plan: A Plan for Investment London HMSO

Fowler J (2006) (ed.) Fundamental aspects of Community Nursing. Wiltshire. Quay Books, MA Healthcare Ltd. London

McVeigh H (2010) (ed.) Fundamental aspects of Long-term conditions. Quay Books. MA Healthcare Ltd. London

Watson, N. Wilkinson, C. (2001) Nursing in Primary Care: A Handbook for Students Palgrave. London

Further Reading: These are a broader range of background materials which may allow you to explore the subject in greater depth

Antai-Otong D. (2007) Nurse-client communication. A life span approach. Jones and Bartlett Publishers. London.

Baggott, R. (2004) Health and Healthcare in Britain. (3rd ed.) Palgrave Macmillan. Basingstoke.

Cutcliffe, J. Ward, M. (2007) Critiquing Nursing Research Second Edition MA Healthcare Lt, Wiltshire

Department of Health (2005) National Service Framework ; Long Term Conditions HMSO, London

Dowling, B. and Glendinning, C. (Eds) (2003) The New Primary Care - Modern, Dependable Successful? Open University, Milton Keynes

Jones-Devitt S. and Smith L (2007) Critical thinking in health and social care. Sage publishing. London.

Larkin M. (2009) Vulnerable groups in health and social care. Sage publishing. London.

Payne, S. and Ellis, H. (2001) Chronic and Terminal Illness: New Perspectives on Caring and Carers Oxford University Press, Oxford

Reeves, M. and Orford, J. (2002) Fundamental Aspects of Legal, Ethical and Professional Issues in Nursing Mark Allen Publishing Ltd, Wiltshire

Rothman K. J. (2002) Epidemiology: An Introduction. Oxford, Oxford University Press

Taylor, R.J., Smith, B. H. and Van Teijlingen, E. R. (2003) Health and Illness in the Community Oxford University Press, Oxford

Thompson, N. (2006) Antidiscriminatory Practice Fourth Edition Macmillan, London

Wilson, A. and Williams, M. (2000) Research Approaches in Primary Care Radcliffe Medical Press, Abingdon

CD Rom

Rashid A., (2002) Awareness of Diversity within Healthcare Spike systems, Leicester HAZ.

Journals

Journal of Advanced Nursing

Primary Health Care

Journal of Community Care

Nursing the Elderly

Community Nurse

British Journal of Community Nursing

Web pages

<http://www.doh.gov.uk/>

<http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance>

<http://www.rcn.org.uk/>

<http://www.lnr-prescribing.nhs.uk>

Electronic databases and AV Materials

BNI / RCN

Cochrane Library

CINAHL

MEDLINE

Mark Descriptors

Mark Range	Criterion
80-100%	Work of outstandingly high quality.
78-79%	The qualities of a first class mark but with substantial originality and insight; very few minor limitations.
73-77%	An authoritative grasp of the subject, significant originality and insight, some minor limitations. Ability to sustain an argument, to think analytically and/or critically and to synthesise material effectively. Evidence of extensive study where appropriate. A clear first class mark.
70-72%	The qualities of a first class mark but with more limitations.
68-69%	The qualities of an upper second mark but revealing greater insight and more originality.
63-67%	A sound and above average understanding of concepts, methodology and content. Clear evidence of critical judgement in selecting, ordering and analysing content. Demonstrates some ability to synthesise material and to construct responses, which reveal insight and may offer some originality. Draws on an appropriate range of properly referenced sources. A clear upper second mark.
60-62%	Most of the qualities of an upper second mark but where the critical judgement is less developed and there is less insight and originality.
58-59%	The qualities of a lower second mark but with a greater degree of critical analysis and insight.
53-57%	A grasp of relevant material and key concepts and an ability to construct and organise arguments. Accurate, clearly written/presented and including some critical analysis and a modest degree of insight. No serious omissions or irrelevancies. A clear lower second mark.
50-52%	Many of the qualities of a clear lower second mark but less critical analysis and insight.
48-49%	Competent and suitably organised work demonstrating a reasonable level of understanding but lacking sufficient analysis and interpretation to warrant a lower second mark.
43-47%	Covers the basic subject matter adequately and is appropriately organised and presented but is rather too derivative and insufficiently analytical. There may be some misunderstanding of key concepts and limitations in the ability to select and present relevant material. The work may be flawed by omission and irrelevance. Study may be limited and narrowly focussed. A clear third class mark.
40-42%	The qualities of a third class mark but with limitations that justify only a minimum, or threshold, pass.
30-39%	Achieves many of the learning outcomes required for a mark of 40% but falls short in one or more areas. Not a pass grade but sufficient to warrant compensation. [Note: For compensation rules see Chapter 3.]
0-29%	Falls substantially short of the learning outcomes for compensation. A fail.

NB The compensation rules do not apply to midwifery or nursing programmes.

Extract from **Handbook and Regulations for Undergraduate Awards 2006/7**
GUIDELINES INDICATING AN AUTOMATIC FAILURE FOR UNSAFE PRACTICE
IN BOTH PRACTICE AND ACADEMIC ASSESSMENT

Rationale for the Guideline

All students (pre and post-registration) are expected to be familiar with the principles of safe practice and are expected to perform in accordance with these requirements. Whilst it is usually the case that students recognise safe practice issues in placements experiences this is not always reflected in academic work. Feedback from external examiners indicates that there are variations in the application of judgements regarding the demonstration of unsafe practice in assessments. It is important to ensure, as far as is possible, equity of decision making in respect of assessments. Thus this guideline will apply to assessments in practice as well as for academic assessments.

This guideline is intended as a supplement to and not a replacement for the University's marking criteria. It is not possible to construct strict rules regarding what constitutes unsafe practice in all circumstances and professional judgement still has a role to play. The guideline is aimed at assisting in making judgements and providing a basis for resolving cases where a difference of opinion might occur.

Definition of Unsafe Practice

Unsafe practice is described as a "... behaviour that places the client or staff in either physical or emotional jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional jeopardy means that the student creates an environment of anxiety or distress which puts the client or family at risk for emotional or psychological harm. Unsafe clinical practice is an occurrence or pattern of behaviour involving unacceptable risk" (Scanlan et al 2001 p1).

Unsafe practice includes:

- An act or behaviour of the type which violates the Nursing and Midwifery Council's Code of Professional Conduct (NMC 2008) or the Health Professions Council's Standards of Conduct, Performance and Ethics (2003);
- An act or behaviour which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of the client, a family member, or substitute familial person, another student, a university member or other health care provider;
- An act or behaviour (commission or omission) which constitutes practice for which a student is not authorised or educated at the time of the incident.

In addition in respect of academic assessments unsafe practice includes:

- Expressing practice that if acted on would constitute unsafe practice as identified above.
- Omission of an essential element of care in an academic piece of work that if the omission occurred in practice would constitute unsafe practice as identified above.
- Failure to recognise or acknowledge an act or behaviour that has been recounted in an academic assessment constitutes unsafe practice.

Consequences of the Demonstration of Unsafe Practice in Assessments

Any student judged to have demonstrated unsafe practice in an assessment will be judged to have failed that complete assessment. Thus where, for example, an unseen written examination has a requirement for several questions to be answered the **demonstration of unsafe practice in a single question will result in a fail for the whole examination**. Where a student is judged to have demonstrated unsafe practice for a single outcome in a practice assessment a fail is recorded for the practice element of the module. The student will consequently be required to retrieve the failed outcome in a subsequent placement.

References

Health Professions Council (2003) Standard of conduct, performance and ethics: Your duties as a registrant. HPC, London.

Nursing and Midwifery Council (2008) The NMC Code of professional conduct: standards for conduct, performance and ethics. NMC, London.

Scanlan J, Care WD and Gessler S (2001) Dealing with the unsafe student in clinical practice. Nurse Educator 26(1):23-27

GUIDELINES INDICATING AN AUTOMATIC FAILURE FOR UNSAFE PRACTICE IN BOTH PRACTICE AND ACADEMIC ASSESSMENT

KEY	Action Plan Required	This is not considered unsafe practice for students at this level and so does not constitute an automatic fail of the assessment, but an action plan is required to be contracted by the module leader and/or mentor with the student
		Shaded boxes indicate that the unsafe practice behaviour is covered elsewhere e.g. within the CAP booklet for pre-registration

UNSAFE BEHAVIOURS	PRE-REGISTRATION YEAR 1	PRE-REGISTRATION YEAR 2 & 3	POST-REGISTRATION
LACK OF ACCOUNTABILITY, UNPROFESSIONAL PRACTICE	Deliberately covers up errors	Does not admit mistakes, deliberately covers up errors	Does not accept responsibility for own actions, does not admit mistakes, covers up errors
	Is dishonest	Is dishonest	Is dishonest
	Does not recognise potential for doing harm, lack of insight ACTION PLAN REQUIRED	Does not recognise potential for doing harm, lack of insight.	Does not recognise potential for doing harm, lack of insight.
	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work ACTION PLAN REQUIRED	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work	Breaks confidentiality i.e. identifies a patient/client/woman/staff member, and/or names the placement or place of work
INCONSISTENT COMMUNICATION AND LACK OF RESPECT	Aggressive with clients and/or staff	Aggressive with clients and/or staff	Aggressive with clients and/or staff

LACK OF JUDGEMENT	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol	Evidence of misuse of drugs and/or alcohol
PROFESSIONAL MISCONDUCT			Evidence of breaking the Code of Professional Conduct e.g. NMC or HPC

NRMW 2201 NURSING ADULTS IN THE COMMUNITY SETTING

APPENDIX: DELEGATED CARE

Overview.

Students can undertake patient care delegated by your mentor but this must meet the following criteria

- The Patient consents to treatment being given by a student
- The mentor remains professionally accountable, and delegates the care being undertaken by the student officially in the patient records
- The student is confident, and consents to undertaking the care
- The student has been assessed as clinically competent by the mentor and has the underpinning knowledge to provide care safely and professionally and the task is deemed suitable for a student to do within Trust policy (ie not medication etc)
- The student is able to contact a qualified member of staff in the event of a query

Undertaking delegated care is not a requirement of the module however it will enable you to demonstrate your learning outcomes to your mentor and most students thoroughly enjoy it. You will be able to claim back your excess mileage in the usual way by completing an expenses form. Your practice can include any procedure which falls within the criteria as listed above.

Preparation:

For 8 weeks of the placement, the student must be directly supervised. The purpose of this is for the student to familiarise themselves with their new environment and the patient caseload. This also provides time for mentors to assess the competence of the student nurse in relation to undertaking delegated care.

Prior to the implementation of delegated care activities, the student and mentor MUST be aware of the following points:

- The student must have appropriate business use insurance if using own transport
- The mentor must ensure that the student/team have contact numbers and the student has an agreed communication mechanism of who to contact if they experience any difficulties or have any concerns (N.B students should NOT be expected to use their own mobile phones)
- The student must have access to and be aware of the implications of local placement providers policies on: lone working; delegation of tasks, relevant local clinical policies, as well as the NMC Guidelines on Record Keeping (2009) and Medicine Management (NMC, 2008) Students must also be aware of and understand the implications of complying with the DMU Programme Handbook and DMU Regulations for Students
- The student nurse will be required to wear their DMU identification badge at all times bearing their name, their photograph and designation
- Delegated care activities MUST only be undertaken where a qualified nurse is available within a suitable time frame (e.g. within half an hour) and during daylight hours

- Student nurses must not gain entry into a patients home or provide care without the prior consent of the patient
- The mentor holds responsibility and accountability for delegated care, and must plan appropriate monitoring visits

At all times the student must remain supernumerary and they are not to be included in team numbers or as part of the caseload management (NMC 2008)

Participation:

Prior to delegated care taking place, the assessment process must include the completion of the delegated care checklist which is held in the students Continuous Assessment of Practice document (NRMW 2201 CAP). This must be signed and agreed with the mentor and student.

- **N.B. An additional photocopy of the completed checklist must be submitted to the module leader by the end of week 8**

In the event of an untoward incident, the student MUST make contact with their mentor as well as undertaking any appropriate emergency action. The incident should also be reported to the module leader at the earliest opportunity. The student nurse and mentor must follow the process of De Montfort University's Incident/Accident/ Near Miss flow chart (2007). The student nurse should report the incident to:

- Placement provider
- Placement facilitator
- Module leader

NOTES