

Centre for Rural Health Sciences

## **BSc Nursing Practice Learning Handbook**

Academic year 2025/26

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## Introduction

Welcome to the BSc Nursing Practice Learning Handbook, which provides information about practice learning experiences and the roles of all involved, including students, practice supervisors, practice assessors and academic assessors. Practice learning experiences are an integral part of the BSc Nursing programme, making up half of the programme hours. As per the NMC standards, students will assume supernumerary status during all practice learning, meaning they **MUST NOT** be counted as part of the staffing required for safe and effective staffing in that setting (NMC 2023a). They are however expected to work as a team. Along with learning during theory blocks, practice learning experiences help students to gain the knowledge, skills and experience required to enable them to meet the NMC Standards of Proficiency for Registered Nurses (NMC 2018a).

## Contact information

General information about the university and the BSc Nursing programme can be found using the following resources:

 UHI website: <https://www.uhi.ac.uk>

 BSc Nursing programme: <https://www.uhi.ac.uk/en/courses/bsc-nursing/>

## Social media



[Facebook](#)



Twitter: @uhicfrhs



UHI Instagram: @thinkuhi

The BSc Nursing programme is delivered from two campus sites:

- **Highland campus**, UHI House, adjacent to Raigmore Hospital, Inverness
- **Western Isles campus**, UHI North, West and Hebrides, Stornoway

General practice learning queries should be directed to [nursing.ple@uhi.ac.uk](mailto:nursing.ple@uhi.ac.uk)

The university has staff on both campuses who fulfil the role of academic assessor. The contact details for the academic assessors are provided here:

### Academic assessors contact details

Area	Academic assessor	Email
Western Isles	Angela Woodley	<a href="mailto:angela.woodley@uhi.ac.uk">angela.woodley@uhi.ac.uk</a>
Highland	Angus Reid	<a href="mailto:angus.reid@uhi.ac.uk">angus.reid@uhi.ac.uk</a>
Highland	Danielle Woods	<a href="mailto:danielle.woods@uhi.ac.uk">danielle.woods@uhi.ac.uk</a>
Western Isles	Dana Riller	<a href="mailto:Dana.riller@uhi.ac.uk">Dana.riller@uhi.ac.uk</a>
Highland	Eve Eadie	<a href="mailto:eve.eadie@uhi.ac.uk">eve.eadie@uhi.ac.uk</a>
Western Isles	Fiona Wood	<a href="mailto:Fiona.wood@uhi.ac.uk">Fiona.wood@uhi.ac.uk</a>
Highland	Franklyn Gbakinro	<a href="mailto:franklyn.gbakinro@uhi.ac.uk">franklyn.gbakinro@uhi.ac.uk</a>
Highland	Hannah Hollinger	<a href="mailto:hannah.hollinger@uhi.ac.uk">hannah.hollinger@uhi.ac.uk</a>
Highland	Heather Bain	<a href="mailto:Heather.bain@uhi.ac.uk">Heather.bain@uhi.ac.uk</a>
Highland	Megan Dickson	<a href="mailto:megan.dickson@uhi.ac.uk">megan.dickson@uhi.ac.uk</a>
Western Isles	Michael MacPhee	<a href="mailto:michael.macphee@uhi.ac.uk">michael.macphee@uhi.ac.uk</a>
Highland	Michelle Beattie	<a href="mailto:michelle.beattie@uhi.ac.uk">michelle.beattie@uhi.ac.uk</a>
Highland	Pamela McKay	<a href="mailto:pamela.mckay@uhi.ac.uk">pamela.mckay@uhi.ac.uk</a>
Highland	Roland Preston	<a href="mailto:roland.preston@uhi.ac.uk">roland.preston@uhi.ac.uk</a>
Highland	Sam McPhail	<a href="mailto:sam.mcphail@uhi.ac.uk">sam.mcphail@uhi.ac.uk</a>

## Key practice contact details

The University of the Highlands and Islands works closely with our two main NHS partners, NHS Highland and NHS Western Isles. That close working relationship is facilitated by a team of Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs). The contact details for our PEFs and CHEFs, and the areas they cover, are provided below.

Area	PEF/CHEF	Contact
Western Isles	Kathryn Macleod	<a href="mailto:kathryn.macleod@nhs.scot">kathryn.macleod@nhs.scot</a>
Argyll and Bute	Lora White	<a href="mailto:lora.white@nhs.scot">lora.white@nhs.scot</a>
Argyll and Bute, Lorn & Isles Hospital, Oban	Kaleidh MacLeod	<a href="mailto:kaleidh.macleod@nhs.scot">kaleidh.macleod@nhs.scot</a>
Skye & Lochalsh and Wester Ross	Fiona Randle	<a href="mailto:fiona.randle@nhs.scot">fiona.randle@nhs.scot</a>
Lochaber Belford Hospital	Fiona Randle	<a href="mailto:fiona.randle@nhs.scot">fiona.randle@nhs.scot</a>
Lochaber Community	Michaela Pickard	<a href="mailto:michaela.pickard@nhs.scot">michaela.pickard@nhs.scot</a>
Caithness & North Sutherland New Craigs Hospital	Kara Fraser	<a href="mailto:kara.fraser@nhs.scot">kara.fraser@nhs.scot</a>
Children's Services and Lead PEF	John Sinclair	<a href="mailto:john.sinclair3@nhs.scot">john.sinclair3@nhs.scot</a>
Midwifery, NNU, Osprey House, RNI & Inv West DN, National Treatment Centre, Inverness Drug and Alcohol Team, MacMillan Team	Julie Backhurst	<a href="mailto:julie.backhurst@nhs.scot">julie.backhurst@nhs.scot</a>
Raigmore Hospital: 3c, 4a, 4b 4c, 5a, 5c 6a, 6c, 7a, 7b, Angio Theatre, Dermatology, A&E, Endoscopy, GC, Theatres, Outpatients, Pre-Op Ass, Sexual Health, Cardiac Lab, Haematology, urology	Julie Backhurst	<a href="mailto:julie.backhurst@nhs.scot">julie.backhurst@nhs.scot</a>
Raigmore Hospital: HDU, CCU, ITU, Renal, SHDU, 2A, 2C.3A, 3C,	Kara Fraser	<a href="mailto:kara.fraser@nhs.scot">kara.fraser@nhs.scot</a>
East Highland Sutherland to Strathspey in c Nairn & all DN (except Lochaber & Inv West)	Barbara Kennedy	<a href="mailto:barbara.kennedy1@nhs.scot">barbara.kennedy1@nhs.scot</a>
Care Homes & Highland Hospice (across North Highland)	Michaela Pickard	<a href="mailto:michaela.pickard@nhs.scot">michaela.pickard@nhs.scot</a>

## Programme structure

The BSc Nursing programme is a three-year full-time programme, during which students will experience both shared learning and field-specific learning. The programme is split into **six semesters** over the three years, as follows, and can be seen in the academic year planner (appendix 1) at the end of this handbook:

Year One, Semester One; Year One, Semester Two

Year Two, Semester One, Year Two, Semester Two

Year Three, Semester one; Year Three, Semester Two

## Theory modules

Students undertake four theory modules in each year, two per semester. All theory modules for the first three semesters are shared learning modules. This ensures all students are provided with the knowledge and skills required to care for individuals in a range of settings. For the latter three semesters students will have one shared learning module and one field-specific module per semester, reflecting their chosen field of practice. Appendix 2 shows the learning outcomes and indicative content of each theory module. Students have sessions with their personal academic tutor /academic assessor both before and after each placement for preparation and debrief.

## Clinical practice (CP Modules)

All students will undertake eight clinical practice modules across the three years of their programme, as follows:

Semester	CP Module(s) (and number of weeks)
Year One, Semester One	CP1 (7 weeks)
Year One, Semester Two	CP2 (9 weeks)
Year Two, Semester One	CP3 (9 weeks)
Year Two, Semester Two	CP4A (6 weeks) and CP4B (5 weeks)
Year Three, Semester One	CP5A (5 weeks) and CP5B (7 weeks)
Year Three, Semester Two	CP6 (10 weeks)



## Attendance and absence reporting

The NMC mandate that student nurses must complete a minimum of 2,300 hours of practice learning hours in order to be allowed entry to the NMC register (NMC 2023b), meaning that attendance in practice is extremely important and must be carefully monitored and recorded. Therefore, **all** practice learning experiences are **mandatory** for **all** students. Practice learning time 'lost' due to any circumstances by an individual student will require to be retrieved (i.e. 'made up') before the student can successfully complete the programme.

Although no student wants to miss out on practice experience, a student can be absent for many reasons e.g. sickness or compassionate leave. It is **vital** to follow the correct procedures for notifying the practice learning environment and the centre about any absence. Students with sickness/absence during practice can make this time up during the practice or future practice experience (if they do not exceed 48 hours per week on average, or 40 hours per week for students under 18 years of age). Although the NHS are working to a 37-hour week, the average time recorded should be 40 hours a week which would include 3 hours a week reflection negotiated with their Practice Supervisor and Practice Assessor.

***Overall, a minimum of 2300 hours is required over the programme as part of practice learning experience.***

If a student is absent from practice:

- They **must telephone** their practice learning environment or alternatively under exceptional circumstances, a relative or friend can telephone e.g. their practice supervisor/practice assessor or manager regarding their inability to attend **as soon as possible, and ideally before the start of the shift.**
- **All Students** must also click on the Report an Absence by Email tile in their MyDay portal, and follow the instructions, or e-mail [nursing.support@uhi.ac.uk](mailto:nursing.support@uhi.ac.uk) in order to also notify the university of their absence.

If a student is absent from practice **and they have not informed the practice learning environment** that they are going to be absent:

- The practice supervisor should notify the Centre for Rural Health Sciences of the student's absence. They should do so by e-mailing the student's academic assessor.

### Absence certification

If a student is absent from practice due to sickness they should follow the guidance in their student handbook.

General enquires or issues about attendance in practice should be directed to the academic assessor/personal academic tutor.

### Attendance requirements

Successful completion of a practice learning experience is also dependent on completion of the student's practice assessment documentation (PAD). A student normally needs to have attended practice for a minimum of 4 weeks (160 hours) before a practice supervisor/practice assessor can complete the practice assessment documentation and provide a final assessment (there is an exception with the final practice learning experience CP6). All outstanding hours will be required to be made up. The student and staff should always have access to the PAD for recording their ongoing progress. Should the student not be able to meet the minimum 4-week requirement for assessment due to sickness/absence, the placement will be deferred to the allocated time within the programme flowchart.

### Attendance records

During practice, **all** students are required to complete an attendance record and those using a hard copy PAD, **must** be uploaded to Brightspace with all relevant documentation by the deadline outlined in the guidance for each CP module after they complete a practice learning experience. For students using the EPAD, time sheets will be completed within the online document.

Attendance records must be signed by the student's practice supervisor/practice assessor in the hard copy PAD and **must be accurate**. For students using EPAD attendance will be confirmed in the online document. If there are any issues raised, checks will be made by academic staff to ensure students have been in practice for the hours they have claimed. Any amendments should be initialled and dated by the practice supervisor/practice assessor. Attendance records should NOT be completed/signed off in advance of the practice hours undertaken but should be completed/signed off at least weekly.

See Nursing and Midwifery Council (NMC) (October 2018b):

[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates](#)

**Any attempt to defraud an attendance record counts as serious professional misconduct and constitutes grounds for programme dismissal and referral for Fitness to Practice.**

### Support, supervision and assessment in practice.

During the practice learning experience students will be supervised and assessed by two key members of staff. They will be supervised by a nominated **practice supervisor** who, in collaboration with a nominated practice assessor will support, supervise and provide feedback on their performance. The student will also spend time with other members of the team to broaden their experience and individual support needs. The practice supervisor will be a registrant with a regulatory body such as the NMC, HCPC or SSSC. **Practice assessors** are registered nurses who have been prepared for this role and who will conduct the final assessment in practice informed by feedback sought and received from practice supervisors. The practice supervisor and practice assessor for a student must be different people in the BSc Nursing programme.

The NMC (2023a) [Part 2: Standards for student supervision and assessment](#) document provides detailed guidance on the supervision and assessment of students in practice, including the roles of the practice supervisor, practice assessor, and academic assessor. The NES (2019a) [Practice Learning Handbook](#) and the NES (2019b) [National Framework for Practice Supervisors, Practice Assessors and Academic Assessors in Scotland](#) provide

additional useful information. You should refer to these additional documents if you require further information about supervision and assessment in practice.

Students are required to be supervised at all times when giving direct care in practice. This supervision may be given by a registered health and social care professional. Supervision and assessment in practice requires that practice supervisors and practice assessors work together with the student to facilitate their learning. This, combined with the input of the academic assessor, will help to ensure a robust assessment process for each part of the programme, and at the point of professional registration.

During each practice learning experience, the practice assessor will assess the student's performance based on specific components which have been determined by the Nursing and Midwifery Council (2018a) Future Nurse: Standards of Proficiency for Registered Nurses. These proficiencies are grouped under 7 Platforms which are listed below and outlined in your PAD. Evidence of this achievement of the proficiencies will be in line with the Participation in Care Framework as detailed in your PAD.

- **Platform 1 – Being an accountable professional** – 20 proficiencies to be achieved.
- **Platform 2 – Promoting health and preventing ill health** – 12 proficiencies to be achieved.
- **Platform 3 – Assessing needs and planning care** – 16 proficiencies to be achieved.
- **Platform 4 – Providing and evaluating care** – 18 proficiencies to be achieved.
- **Platform 5 – Leading and managing nursing care and working in teams** – 12 proficiencies to be achieved.
- **Platform 6 – Improving safety and quality of care** – 12 proficiencies to be achieved.
- **Platform 7 – Coordinating care** – 13 proficiencies to be achieved.

In addition to the 7 Platforms and proficiencies, there are skills and procedures which must be safely demonstrated, and these relate to 'communication and relationship management skills' (NMC Annexe A) and 'nursing procedures' (NMC Annexe B). These are detailed in the PAD, and it is important that they are reviewed at the start of each practice learning experience as part of the supervision/assessment process, to determine which ones the student could potentially work towards safely demonstrating in each practice learning

environment. The platforms and proficiencies and skills annexes may also be signed off via a targeted discussion if there is not an opportunity to demonstrate the skill practically.

It is the responsibility of the practice supervisor and practice assessor to discuss the student's progress together, and with other staff, including consideration of feedback from service users and carers and, through this collaborative dialogue, determine whether the student has achieved each of the platform proficiencies at the required level of performance. The outcome of this assessment will then be reviewed and confirmed by the practice assessor and academic assessor at the end of each PART (that is the end of each year) and at the end of the programme for entry to the NMC Register.

### UHI student skills schedule

At UHI students are taught a range of clinical skills and procedures throughout the three years of their programme, and the timing of this theoretical learning dictates when a student can start practising the related skill/procedure in the practice learning environment.

The table on the next page indicates clinical skills that should **NOT** be practiced by UHI nursing students on practice learning until **after** theory has been taught by UHI and any associated competency process initiated.

All other clinical skills **may** be performed in clinical placements at the discretion, and under the supervision, of experienced and competent practitioners. If practice supervisors/ practice assessors require further clarification regarding when students can practice a specific skill, please contact the student's Academic Assessor.

Stage	Skills permitted
Year 1 Semester 1 (CP1 Onwards)	All aspects of basic care; oral drug administration (directly supervised); vital signs, including manual BP (students are required to practice manual BPs); completion of NEWS2 charts; weight/height/BMI measurement
Year 1 Semester 2 (CP2 onwards)	<ul style="list-style-type: none"> <li>• NG tube insertion</li> </ul>

	<ul style="list-style-type: none"> <li>• Catheterisation (male/female)</li> <li>• IM, SC and ID injections</li> <li>• Blood Glucose Monitoring</li> <li>• Intravenous Infusions:</li> <li>• They can check a prescribed bag of fluids with a registered nurse <b>but only when no drug has been added to the bag - both signatures required on prescription chart.</b></li> <li>• They can run a bag of prescribed fluids through an IV line but must not connect the line to the patient- that needs to be carried out by a registered nurse - <b>but only when no drug has been added to the bag.</b></li> <li>• They are allowed to put up a second bag of fluids after checking this and with supervision of a qualified nurse if the line is already connected- <b>but only when no drug has been added to the bag and registrant must commence the infusion and set rate.</b></li> </ul> <p><b>Students should have NO role in IV drug administration at this stage - only to observe.</b></p> <p>Direct supervision required at all times.</p>
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Year 2 (CP3 onwards)	<ul style="list-style-type: none"> <li>• Venepuncture</li> <li>• Blood transfusion – completion <a href="#">SNBTS national undergraduate transfusion education programme</a></li> </ul> <p><b>Once this module has been completed:</b> students can check blood products with a registered nurse who has the blood transfusion training, so can be a second checker. Students can do pre administration checks and pre/post monitoring. Students <b>cannot</b> collect, connect, or disconnect blood products.</p>
Year 2 Semester 2 (CP4B onwards)	<ul style="list-style-type: none"> <li>• Cannulation - <i>Students who have successfully completed NHSH/ HEI PVC training programme, may prepare, check, and administer the intravenous 0.9% sodium chloride flush. This will only be on insertion of a cannula to assess patency and <b>always be under direct supervision of a competent registrant – please refer to Page 8 of NHSH PVC Policy and page 24 of the NHS Western Isles IV Drug Administration Policy. Only once qualified and having done PGD can a nurse do this without supervision.</b></i></li> </ul>
Year 3 Semester 2 (CP6 only)	<ul style="list-style-type: none"> <li>• IV drug administration (including use of pumps).</li> </ul> <p><b>Students should have NO role in the administration of IV drugs into PICCs or other types of Central Lines-only to observe.</b></p> <p><b>Please refer to page 14 of NHSH IV Drug Policy and page 24 of the NHS Western Isles IV Drug Administration Policy)</b></p>

### Roles and responsibilities

The roles of the practice supervisor, practice assessor, and academic assessor have been defined by the NMC, and a summary of these roles and responsibilities is provided here.

## Practice supervisors

These are registered Health and Social care staff working in the practice learning environments where students are based during their practice learning experiences. Practice supervisors can be NMC registered nurses, midwives or nursing associates, but can also be other registered health and social care professionals, as appropriate to the needs of the student in the specific practice learning environment. A student will have one nominated practice supervisor for a practice learning experience. There may be more than one person acting as named practice supervisor depending on working patterns and although there are named practice supervisors, the student will work with many to gain a wide range of experiences. They will also spend time with other members of the team depending on the practice learning environment and their needs during the practice experience. Working with all members of a team will give the student more opportunities and feed into the assessment of the student. Students should be notified of their supervision arrangements on commencement of a practice learning experience.

Practice supervisors are required to have current knowledge and experience of the area in which they are providing support. The role of the practice supervisor includes serving as a role model for the student, supporting the student to meet their proficiencies/programme outcomes, supervising the student and providing feedback on their progress. The level of supervision required will depend on the student, the nature of the practice learning environment, the work being undertaken, and the year of the programme the student is in. Practice supervisors should document the progress of the student in the PAD and should liaise with the practice assessor (and academic assessor as required) to inform assessment and student progression decisions.

Practice supervisors are expected to raise concerns about a student's conduct or competence as required and may be involved in any Fitness to Practise processes that are required, or any Development Support Plan that is put into place to support the student's progress. The practice supervisor, practice assessor, academic assessor, and practice education facilitator (PEF) or care home education facilitator (CHEF) will usually work together to support the student, as per the relevant policy/process, should any concerns be raised.



### Practice assessors

Students will be allocated to a nominated practice assessor for each practice learning environment. Students should be notified of their practice assessment arrangements on commencement of a practice learning experience. Practice assessors are registered nurses with appropriate equivalent experience for the student's field of practice and the practice learning environment. The practice assessor will conduct and document assessments to confirm the student's achievement of the required proficiencies and programme learning outcomes and provide appropriate feedback to the students on their performance in practice. This assessment is informed by feedback from the practice supervisor(s) and might also be supported by direct observation of the student, information from the student's PAD, student's self-reflection, and any other appropriate sources of information including feedback from service users and carers. The practice assessor, and the academic assessor are responsible for making decisions regarding the student's progression for each part (year) of the programme.

Practice assessors are expected to raise concerns about a student's conduct or competence as required and may be involved in any Fitness to Practise processes that are required, or any development support plan that is put into place to support the student's progress. A collaborative process, as described above, will be used to support the student should any issues be raised.

### Academic assessors

Students will normally be allocated the same academic assessor for parts 1 and 3 of their programme, however this will be a different person for part 2. Academic assessors are registered nurses with appropriate equivalent experience for the student's field of practice. Academic assessors assess the students based upon information recorded in the student's PAD by practice supervisors and practice assessors, and discussion/communication with the practice assessor as required.

Academic assessors are expected to raise concerns about a student's conduct or competence as required and will be involved in any Fitness to Practise processes that are

required, or any development support plan that is put into place to support the student's progress. A collaborative process, as described above, will be used to support the student should any issues be raised.

### Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs)

The principle aims of the PEF and CHEF role are to:

- enhance the Quality Management of the Practice Learning Environment (QMPLE) through sign posting and supporting adherence to the NES Quality Standards of Practice Learning (QSPL) and educational audit.
- identify and support the development of new PLEs, increasing capacity to effectively support nursing and midwifery students.
- in accordance with the NMC (2023a) Standards for Student Supervision and Assessment, support the development of both new and experienced practice supervisors and practice assessors, and those in wider practice education support roles.
- contribute to and enhance the quality of the practice learning experience through encouraging, evaluation, feedback and collaborative working with staff and universities.
- provide support, educational input and development activities for staff and students within practice learning environments and contribute to the development of pre-registration and post-registration education programmes - reflecting the needs of the future nursing/midwifery workforce.
- as a registered nurse, midwife or health care support worker, evidence is required of continuing professional development. The PEF / CHEF helps facilitate this for staff, by signposting them to learning and development resources available locally and nationally, such as Flying Start.
- collaborate on various work streams to ultimately enhance the quality of the practice learning experience and positively contribute to the future nursing/midwifery workforce (e.g., development of a student resource to support digitally enhanced placements).

The PEF / CHEF role includes providing support in accordance with policies and standards such as those below:

NMC (2023a) Realising professionalism: Standards for education and training Part 2: Standards for student supervision and assessment - [Standards for student supervision and assessment - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

NES (2021) Quality Standards for Practice Learning (QSPL) - [Quality Standards for Practice Learning \(QSPL\) \(scot.nhs.uk\)](#)

Turas Learn: Future nurse and midwife - [Future Nurse and Midwife | Turas | Learn \(nhs.scot\)](#)

Should a concern be raised about a student in the practice learning environment, the PEF/ CHEF will work alongside, the practice supervisor and/or practice assessor, academic assessor and student to ensure that staff are supported throughout the process, and that the issue raised is resolved via the development support plan or Fitness to Practice process as appropriate.

### Progression in practice

In addition to academic progression requirements, students must also satisfy the competency requirements of the NMC to progress to the next year of study. The NMC requires that recommendation for progression should be made when the student comes to the point at which they will progress from one part of the course to the next. For the University of the Highlands and Islands a “part” is equivalent to an academic year, and as such, progression points will take place at the end of year one and the end of year two.

Practice assessors (in conjunction with practice supervisors) have responsibility for assessing students in practice and ensuring that at the point of exit from the programme, final progression, they can sign-off the student’s achievement leading to a qualification that is recordable on Part 1 of the NMC register. Importantly, as students move through the progression points, they will be required to demonstrate increasing independence and responsibility for their own learning and practice as identified in the PAD.

### Practice assessment document (PAD/E-PAD)

A PAD/E-PAD is a record of the student’s progress through the pre-registration undergraduate nursing programme. It is an essential component of the practice learning

assessment and includes comments from practice supervisors and practice assessors. The paper PAD is kept by the student and taken to each practice learning environment to enable assessments to be made of the student's progress. The E-PAD is accessed through the student's TURAS account. The paper PAD should always be available when the student is in practice. The student is expected to keep a record of their learning experiences, identifying evidence to support achievement of NMC proficiencies (NMC 2018a) and outlining where further support and supervision is required. The student can expect support and guidance to help with this process from the academic staff at UHI.

The full PAD document needs to be made available to the practice supervisor at the start of a new practice learning experience so they can discuss the identified practice learning plan and record the discussion, enabling identification of the student's strengths and areas for improvement. Practice Assessors and Practice supervisors will be given access to the E-PAD by the student.

As the student is required to make their full PAD available to their practice supervisors and practice assessors in different practice areas, they need to consent to the sharing of this information between successive practice supervisors/practice assessors. Students are required to sign a consent form to this effect prior to their PAD document being issued. Should a student not give consent allowing the sharing of this information, then such refusal would be incompatible with ensuring Fitness to Practise and they would therefore be unable to meet the programme requirements for successful progress. This includes the inclusion of any development support plans where these have been required.

The purpose of sharing the contents of the PAD with practice supervisors and practice assessors is to enable ongoing appraisal of student progress and Fitness to Practise and to ensure the student demonstrates safe and effective practice, as required by the *Standards for student supervision and assessment* (NMC 2023a).

If a student loses their paper PAD, the centre will make a charge to the student of £10 for a replacement to be provided.

### Development support plan process

Where a student is deemed to not be meeting the expected standard of practice then this will be highlighted by a practice supervisor or practice assessor, initiating a development support plan to address the specific areas of concern. There is a national approach in Scotland to this process as identified in the PAD and can be seen within appendix 3. The student will normally have the remainder of the practice learning experience to achieve the development support plan, however if the student does not achieve the development support plan, then they will have failed and need to repeat the practice learning experience. If a placement is being repeated, the student will normally have 4 weeks to achieve the development support plan and in doing so they will pass and be able to progress on the course, this may or may not be in the same practice learning environment. A student will have a maximum of 2 attempts to pass a practice learning experience. Hours accumulated in these repeated placements will not contribute to reducing the number of hours required for CP6. CP6 needs to be completed in its entirety as outlined in the programme specification for the student to be assessed competently to be signed off on to the NMC Register.

As described above, practice supervisors, practice assessors and academic assessors will work together to support and assess the student in practice to ensure that they meet the NMC proficiencies and programme learning outcomes to enable progression through the programme, and eventual entry onto the NMC register. Appendix 5 of this handbook outlines the process and different options for repeating failed practice learning experiences. Students who cannot be assessed due to not meeting the 4-week minimum requirement as a result of absence or sickness will follow the same process outlined in Appendix 5, however will not carry forward a DSP. Any outstanding hours will be calculated and there is allocated time in the programme flow chart for this to be made up.

### Portfolio development

As part of the student's personal professional development, they will be encouraged to develop a *Portfolio of Development and Achievement* throughout their programme. This will have clear articulation to their PAD. Within the student's practice outcomes, they must

document student activity to demonstrate achievement of the outcomes and students will be encouraged to utilise their portfolio to demonstrate this achievement.

Students will be given guidance on portfolio development as part of the personal and professional development theme of the programme.

If a student is on a practice learning environment where a public holiday will affect their hours, or in the event of adverse weather, and the student is unable to attend, the practice supervisor may consider alternative experiences such as within appendix 4 which they will oversee. These activities are for this purpose only and should not be used for any extended periods of time.

#### Practice learning hours.

Whilst in a practice learning environment, students will normally be required to work a range of shift patterns, which might include patterns of 8 hours or 12.5/13 hours. The NMC require that these hours are worked during the week and/or at weekends and can include night shifts (except for students under 18 years):

The average placement duration is 40 hours per week. Hours recorded on the student's attendance record include a period of reflection, i.e. if the student works from 7am to 3pm (8 hours) five days per week or 7-7.30 (12.5 hours) 3 or 4 days per week, but not exceeding the working time directive. For those students where shifts are 8.30-5, and staff have extended breaks, students will still only claim 40 hours so as not to disadvantage students who are not allocated these practice learning experiences. The Scottish position in nursing programmes was a decision reached collaboratively after reflection on discussions with Practice Partners and drawing on insights from clinical colleagues within those organisations.

Please note that if trying to make up time due to absence, **practice hours/week should not exceed 48 hours on average (40 hours for under 18s) not including breaks** as this follows the working time directive.

Students cannot accumulate hours with the purpose of reducing the number of weeks of practice learning. For example, where the practice learning period is 10 weeks, students are required to attend for 10 weeks.

Annual leave is scheduled throughout the programme and **cannot be taken at any other time. Authorised absence for annual leave at any other time will not be provided.**

Any queries about working hours and the pattern of working hours during practice should be discussed in the first instance with the student's Academic Assessor.

## Student feedback and QMPLE

Students are encouraged to give professional and constructive feedback to their practice learning experience via QMPLE. They can submit this feedback on their last week of the practice learning experience and will be provided protected time to do this. The feedback is signed off for release by the PEFs/CHEFs and Practice Learning Leads. There is a tick box in the PAD at the end of each placement to remind the students to complete their QMPLE feedback.

## Supporting students who have a disability.

Within the Centre for Rural Health Sciences there are key disability contacts whose role is to work closely with the university's Disability Support Coordinator to support students and take a proactive and strategic approach to ensuring that student's entitlement to reasonable adjustments is being facilitated.

We have an anticipatory approach in the provision of reasonable adjustments for students who have declared a disability. The centre's approach to the commitment to disability equality is vital for a successfully integrated approach to the provision of anticipatory reasonable adjustments. Under current disability legislation, it is permissible to treat a disabled student more favourably than a non-disabled student.

All students with a disclosed disability will be assessed by a university's Disability Advisor regarding their support needs, and in addition, students with a declared or suspected

learning difficulty might also receive an Educational Psychology Assessment. Once assessment is complete a Personal Learning Support Plan (PLSP) is produced in collaboration with the student and put in place. These are kept in the students' personal file. Additionally, to support learning in practice, a Disability Disclosure and Agreement of Reasonable Adjustments in Practice (DDARAP) form might also be completed by the Department Disability Contacts, which focuses directly on adjustments suitable for clinical practice. It is the student's responsibility to notify placement if they have either of these plans in place and to notify the university of any changes so as the plan can be updated.

This process is monitored by the centre's Disability Contacts based at Highland Campus who can be contacted at: [disability.crhs@uhi.ac.uk](mailto:disability.crhs@uhi.ac.uk)

#### Supporting students in practice who have a disability.

Programme providers are bound by the general duties of the Equality Act 2010 and will have determined the nature of any reasonable adjustments to support achievement of programme requirements. The learning environments in practice and academic settings should enable students to be confident that disclosure of their specific needs will not lead to discrimination.

Practice learning environments have a responsibility to make reasonable adjustments for students with a declared disability. Some students with a disability may request a Disability Disclosure and Agreement of Reasonable Adjustments in Practice (DDARAP) form as referred to above, which provides tailored adjustments specific to clinical practice. The student and practice supervisor/practice assessor should discuss and agree within 5 days of commencement of practice if the reasonable adjustments can be met. If the reasonable adjustments cannot be met, another placement area may be considered where they can be and where the student will be able to achieve the NMC proficiencies.

Practice Supervisors and Practice Assessors can seek further support and advice in relation to supporting students with disability via the centre's Disability Contact.



## Information services

The centre works closely with IT and Digital Infrastructure (ITDI) to ensure students can access and utilise the library and information technology facilities available to best effect to support their learning. Staff from ITDI are introduced to students in the induction phase of the programme and inform and orient students to the multitude of resources available to assist them in their learning.

Students on the BSc Nursing programme have access to libraries across the two campuses, and to all of the UHI academic partner library spaces, so they can utilise these while studying from home, remotely from the campuses and whilst on placement. Students also have access to almost all of the university libraries in Scotland, under the SCONUL (Society of College, National and University Libraries) Scheme.

## Fitness to practise

The university and centre have an important role in the preparation of students for entry to the register of nurses; the university is responsible for the programme to the point where the NMC can be informed students have met the education and practice standards. It is also imperative that each student who applies for entry to the NMC register is of good health and character. This means that student conduct throughout the programme must satisfy us that the student is honest, trustworthy and that they are capable of safe and effective practice.

NMC (2019): [Guidance on health and character](#)

From time to time a student may do something that causes their 'good character' to be questioned; this may be something a practice supervisor/practice assessor brings to attention, or it may be something that happens within or out with the university. When this happens, the centre's Fitness to Practise Policy will be instigated.

When this policy is instigated, the NMC guidelines on professional conduct in their decision-making are used. The sorts of behaviour that might bring a student to be involved in this process includes:

- causing significant risk to themselves or others
- falsifying a practice supervisor or practice assessor's signature in the PAD;
- cheating in examinations or coursework;
- bullying;
- misrepresentation of qualifications;
- alcohol consumption that affects work;
- failure to accept and follow advice from the university or practice supervisor/  
practice assessor;
- non-attendance, clinical or academic;
- breach of confidentiality;
- misuse of social networking sites, e.g. to discuss patients, practice  
supervisors/practice assessors or practice areas. See the NMC [Guidance on using  
social media responsibly](#)

At the point of professional registration, students are expected to deliver nursing care in an individualised, insightful, safe, professional, and competent manner. They are expected to identify, assess, prioritise and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Students are also expected to meet the appropriate standards in elements of health and safety. At all times students are expected to adhere to [The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates](#) (NMC 2018b)

## Whistleblowing procedures

Should students have a cause for concern of their own whilst on placement there is guidance available in the placements tile on the cohort page in the virtual learning environment on the process they should follow as a UHI student. There is also national specific guidance for nursing and midwifery students:

[Speaking up – national whistleblowing guidance for nursing and midwifery students on NHS placements in Scotland.](#)

The named course advocate is Eve Eadie or alternatively you can contact Dr Heather Bain.

## Incident reporting

If a student is involved in an incident or near miss, this should be reported via the process that the practice learning experience uses. It is the students' responsibility to report the incident to [nursing.ple@uhi.ac.uk](mailto:nursing.ple@uhi.ac.uk) and their academic assessor, including a description of the incident and any reference number. Should the practice learning experience not use a recognised process, there is a process to follow and form to fill out

## Guidance for risk assessment of student nurses as young workers

Students under the age of 18 years on commencement of the programme are subject to certain protections as Young Workers. Such students should contact their campus Practice Learning Team as soon as possible after starting the programme to discuss such arrangements with them. Further information is available in the placements tile on the cohort page in the virtual learning environment.

## New and expectant mother protocol – students

There is also information available in the placements tile on the cohort page in the virtual learning environment which provides guidance about the processes to be followed if a student nurse is:

- a) Pregnant
- b) Has given birth within the previous 6 months (delivered a living child. After twenty-four weeks of pregnancy, a stillborn child)
- c) Is breastfeeding (no specified time limit. (Health and Safety Executive 2017).

It refers to NEMs who are student nurses in the university, and whilst undertaking clinical placements.

## Bank/external working.

Students undertaking practice learning should not agree to take on additional bank shifts in that practice learning area. In addition, students should act in a professional manner and

not work more than the 48 hours on average (40 hours for under 18s) between practice learning and any external work.

## Uniforms

### **Practice learning environments.**

Uniform might not be required in some areas, in this instance, students should be smartly dressed; casual wear is usually **not** appropriate. Students must contact the practice learning environment prior to commencement to gain advice regarding dress when uniform is not worn.

Uniforms are the property of the university and must be returned on completion of the programme.

**Uniforms cannot be worn for purposes other than university practice learning experience. They should not be worn out-with the practice learning environment or for travelling to and from the area.**

### Uniform policy

- You must display your identification card.
- Jewellery should be kept to an absolute minimum, and a plain wedding ring and plain stud earrings (one in each ear) are the only permitted jewellery.
- Visible body piercings should be removed if possible. If they cannot be removed, a small plain stud style piercing or invisible plastic piercing is permitted. Again, these should be kept to an absolute minimum.
- Wrist watches should not be worn (but may be carried in a pocket).
- Hair must be neat and tidy and worn above the collar.
- Low, rubber-soled, fully enclosed, wipeable footwear must be worn. Fabric footwear is not acceptable, and neither are Crocs (or similar).
- Black, navy or white shoes or trainers (not fabric) of **plain** design (all one colour) are acceptable.
- False eyelashes (the glue on, removable type) should not be worn.

- Nails must be short, neat and clean and nail varnish is not permitted.
- Advice in relation to changing facilities should be sought from practice learning environment.

**NB:** It is unacceptable to change into/out of uniform in a toilet.

It is not permissible to smoke or vape whilst in uniform.

The uniform policy is underpinned by principles of health and safety.

Failure to comply with the uniform policy is regarded as a disciplinary matter.

## References

NHS Education Scotland (NES), 2021. *Quality standards for practice learning*. Edinburgh: NES

NHS Education Scotland (NES), 2019a. *Practice learning handbook: for practice supervisors and practice assessors*. Edinburgh: NES.

NHS Education Scotland (NES), 2019b. *National framework for practice supervisors, practice assessors and academic assessors in Scotland*. Edinburgh: NES.

Nursing and Midwifery Council (NMC), 2023a. *Realising professionalism: standards for education and training. Part 2: standards for student supervision and assessment*. London: NMC.

Nursing and Midwifery Council (NMC), 2023b. *Realising professionalism: standards for education and training. Part 3: standards for pre-registration nursing programmes*. London: NMC.

Nursing and Midwifery Council (NMC), 2019. *Guidance on good health and character*. London: NMC

Nursing and Midwifery Council (NMC), 2018a. *Future nurse: standards of proficiency for registered nurses*. London: NMC.

Nursing and Midwifery Council (NMC), 2018b *The Code Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. London: NMC

## Appendix 1 Academic year planner

**Academic Year: 2025- 2026**

2025 Cohort																																																			
Year 1 - Semester 1																				Year 1 - Semester 2																															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14				14	15	16	17	18	19	20	1	2	3	4	5	6		7	8	9	10	11	12	13	14	15	16	17	18	19	20				21	22	23
Induct: 1 Wk	Theory 14 weeks														Annual Leave 3 weeks	Practice 7 Weeks						Theory 6 Weeks						1 Wk AL	Practice 9 Weeks						Theory 5 Weeks					Annual Leave 3 weeks	Independent Study 3 Weeks										
	UB707305 + UB707303															UB707301						UB707306							UB707302						UB707304																
																Clinical Practice 1													Clinical Practice 2																						
Completion 03/09/2028																																																			



## Appendix 2 Theory module learning outcomes and indicative content.

Year/Module	Learning Outcomes	Indicative Content
<b>Year 1 Sem 1 – Introduction to Professional Practice 1</b>	<p><b>LO1</b> - Discuss the application of professional, ethical, legal and policy frameworks to nursing practice</p> <p><b>LO2</b> - Describe the importance of the NMC “Code” and how it influences and guides nursing practice.</p> <p><b>LO3</b> - Describe the changing demographics, health inequalities, diversity, power and vulnerability in our society, and how this can impact on physical and mental health and health outcomes.</p> <p><b>LO4</b> - Explain the concepts of health and illness and describe the determinants of health.</p> <p><b>LO5</b> - Produce a short piece of writing that conforms to academic writing standards, uses appropriate evidence to support its assertions, and includes accurate in-text citations and a formatted terminal reference list</p>	NMC Code; responsibility; accountability; privacy and dignity; ethical principles; Duty of Candour; professional role; evidence based practice; research; digital literacy/information skills; health literacy; numeracy; health behaviours and their impact; public health/population health; determinants of health; health inequalities; biopsychosocial model of health and wellbeing (to include child and adult perspective); health promotion; strength-based approaches; introduction to early years/ACEs from a public health perspective; psychological responses to ill health; changing demographics; epidemiology; diversity/power/vulnerability in society – impact on health; history of Nursing; integration of health/social care; informed consent; capacity; reflection; anticipatory care; health and wellbeing; academic writing; referencing; learning disability; person-centred care; introduction to patient safety; introduction to risk assessment; leadership styles; introduction to the law and nursing; introduction to health and social care policy
<b>Year 1 Sem 1 – Foundations in Science, Skills, and Practice for Nurses 1</b>	<b>LO1</b> - Describe the anatomy and physiology of a range of body systems and apply knowledge of health and behavioural science to nursing practice.	Models of nursing care; continuum of care (wellness, prevention, management, enablement; end of life); nursing process; biopsychosocial model of health; introduction to behavioural science; anatomy and physiology of body systems (cardiovascular/respiratory/endocrine/digestive/urinary/integumentary); homeostasis; introduction to medicines management/administration (oral route)/drug calculations (SafeMedicate); cell biology; microbiology; biochemistry; anatomical terminology; introduction

	<p><b>LO2</b> - Explain the theory behind a range of nursing skills and be able to safely carry out those skills in a clinical setting.</p> <p><b>LO3</b> - Explain the concept of a continuum of care, and how this applies across the lifespan.</p> <p><b>LO4</b> - Define and apply the basic principles of nursing assessment, diagnosis, planning, interventions, and evaluation.</p> <p><b>LO5</b> - Describe the key characteristics of a range of mental health conditions</p>	<p>to pain assessment; mental health first aid (introduction to common mental health conditions); mindfulness; resilience; emotional intelligence; introduction to personality development; 10 shared capabilities; infection prevention and control (PPE, hand hygiene, aseptic non-touch technique, decontamination); cycle of infection; nutrition and hydration; weight/height/BMI; introduction to continence; specimen collection; bed making; sleep/sleep hygiene; stress; clinical/diagnostic tests; risk assessment; falls risk; personal care (oral care, skin care/SSKIN, foot care, hygiene, pressure care); basic skin/wound assessment; BLS/first aid (including seizures/choking/infant/child); vital signs/4AT/sepsis; principles of assessment (IPPA and whole-person approach) and reporting; introduction to child development; care planning; SMART goals; basics of clinical documentation; safe communication (including introduction to SBAR); open and closed questions; person-centred and values-based communication; active listening; basic counselling skills; solution-focussed approaches; terminology in health settings; introduction to the deteriorating patients/NEWS; moving and handling; violence and aggression; dementia/DEEPE programme</p>
<b>Year 1 Sem 2 – Introduction to Professional Practice 2</b>	<p><b>LO1</b> - Recognise and describe various approaches to effective communication and discuss when these might be used.</p> <p><b>LO2</b> - Describe the role of the nurse as part of the wider multi-disciplinary team (MDT), and the importance of team working in the care context.</p> <p><b>LO3</b> - Define what is meant by the terms “duty of candour” and “advocacy” and discuss how they apply to the role of a student nurse.</p> <p><b>LO4</b> - Describe how values-based practice can help nurses to work positively with difference and diversity.</p>	<p>Person and family-centred approaches to equal health; learning disability; understanding and applying evidence; identifying, sourcing and evaluating evidence; risk and assessment tools (safety/improvement focus); risk and reliability; public health approaches to health and wellbeing (epidemiology, patterns of health, genomics, public health strategies, screening programmes, vaccinations, communicable disease surveillance); person-centred approaches to health and wellbeing; child (importance of early years, UN convention on rights of the child, Children and Young People legislation in Scotland, GIRFEC); discrimination and inequality in health and social care; professional responsibilities; managing and understanding relationships; values and ethics; ethical principles; effective use of evidence; literature searching; literacy/numeracy; leadership in practice; leadership styles in practice; role of the student nurse in the MDT; human rights and health/social care; building relationships; communication (translator services, reinforcement strategies, difficult conversations, breaking bad news, resilience and emotional intelligence); Values Based Reflective Practice (VBRP).</p>

	<b>LO5</b> - Recognise what is meant by “appropriate evidence” in the context of academic writing, and locate and use sources of appropriate evidence to support their writing	
<b>Year 1 Sem 2 – Foundations in Science, Skills, and Practice for Nurses 2</b>	<p><b>LO1</b> - Describe the anatomy and physiology of a range of body systems and apply knowledge of health and behavioural science to nursing practice.</p> <p><b>LO2</b> - Explain the theory behind a range of nursing skills and be able to safely carry out those skills in a clinical setting.</p> <p><b>LO3</b> - Interpret a range of assessment information, and describe the appropriate actions to be taken, and the level of urgency of the actions.</p> <p><b>LO4</b> - Apply the principles of nursing assessment, diagnosis, planning, interventions, and evaluation to person-centred care.</p> <p><b>LO5</b> - Explain the principles of mental health first aid, and discuss how they apply to both self-care and the care of patients/clients</p>	Continuum of care (wellness, prevention, management, enablement; end of life); palliative care; nursing process (continued); cognitive/behavioural psychology; family systems approaches; anatomy and physiology of further body systems (musculoskeletal/nervous/reproductive/immune system/lymphatics/special senses); homeostasis; drug administration (SC/IM/ID)/drug calculations (SafeMedicate); pharmacology; pharmacokinetics; pharmacodynamics; pain physiology and pathways; cellular adaptation and oncogenesis; genetics; trauma informed practice; adverse childhood experiences; introduction to CBT; solution focussed conversations; gender and the impact on MH; thinking about family management of illness 1; mindfulness (continued); psychoeducation; mental health first aid (continued); intravenous infusions; enteral/parenteral feeding; urinary catheterisation; oxygen therapy; inhaled medications; the deteriorating patient; principles of assessment (IPPA and whole-person approach) and reporting (NEWS - built upon); clinical assessment tools (continued); communication (person-centred, introduction to motivational interviewing); maternity care; moving and handling; violence and aggression; dementia
<b>Year 2 Sem 1 – Enhancing Knowledge and Skills for Nursing Practice 1</b>	<p><b>LO1</b> - Apply the pathophysiology, epidemiology, aetiology and diagnostic process of a range physical and mental health conditions to the nursing process.</p> <p><b>LO2</b> - Relate pharmacological and non-pharmacological interventions to the treatment and management of a range of health conditions.</p>	Pathophysiology, epidemiology, aetiology and diagnostic process of the cardiovascular, respiratory, renal, digestive, endocrine and integumentary systems; acute pain- assessment and management; mental health conditions- anxiety, depression and psychosis; pharmacology applied to analgesics/NSAIDs, antihypertensives, antithrombotic, antimicrobials, diuretics, drugs to treat anaphylaxis, anaesthetic and neuromuscular blocking agents, hypoglycaemic agents, anti-ulcer and anti-emetics, statins, laxatives and anti-diarrhoeal; interactions between prescribed and non-prescribed medications in the mental health context; antimicrobial stewardship; safe and effective communication in complex care situations- application of SBAR;

	<p><b>LO3</b> - Apply the requisite clinical and communication skills required to deliver safe, effective and person-centred care to patients with a range of health conditions.</p> <p><b>LO4</b> - Examine the impact of a range of common health conditions on quality of life and the benefits of an interdisciplinary approach to the delivery of person-centred care.</p> <p><b>LO5</b> - Examine the impact of health behaviours on body systems within the clinical context</p>	<p>mental health stepped care approach; venepuncture and interpretation of blood results; ECG/ cardiac monitors- management and interpretation; manage and monitor blood transfusion; capillary blood glucose testing and interpretation; wound management; management of pyrexia and hypothermia; implementation of isolation procedures; chest auscultation and interpretation; administration of enemas and suppositories; rectal examination and manual evacuation; ostomy care; principles of surgical nursing care; BLS and airway adjuncts</p>
<p><b>Year 2 Sem 1 – Developing Professional Practice 1</b></p>	<p><b>LO1</b> - Describe and apply a public health approach to health and wellbeing, including the principles of health promotion, protection and improvement.</p> <p><b>LO2</b> - Recognise the importance of utilising a life course approach when co-ordinating and delivering care.</p> <p><b>LO3</b> - Compare and contrast approaches to address health inequalities experienced by disadvantaged sections of society.</p> <p><b>LO4</b> - Distinguish the concept and contexts of vulnerability utilising a biopsychosocial approach and identify the nurse's role in supporting an individual at risk.</p> <p><b>LO5</b> - Demonstrate and apply an understanding of research methods, ethics and governance in order to promote and inform evidence-based nursing practice.</p>	<p><b>Health and Wellbeing across the lifespan</b> - Life-course approach; biopsychosocial approach; health and wellbeing in vulnerable groups; anti-natal/postnatal mental health; mental health; ACE's; child development, child protection training; supporting people with learning disabilities; recognising &amp; responding to adversity; meeting health needs in diverse populations (disability, BME, LGBT); genomics, pharmacogenetics and pharmacogenomics</p> <p><b>Health Promotion</b> - health &amp; social care policy; resilience; strengths-based approaches to health &amp; wellbeing; factors which promote social inclusion; health behaviours – smoking, substance use, sexual health, physical activity; behaviour change theories – applied to practice; health literacy; impact of health behaviours (sexual health behaviours); assets based approached; motivational interviewing</p> <p><b>Evidenced based practice and Research</b> - appreciation of the research process, application of research for best practice</p>

<p><b>Year 2 Sem 2 – Enhancing Knowledge and Skills for Adult Nursing Practice 2</b></p>	<p><b>LO1</b> - Apply the pathophysiology, epidemiology, aetiology and diagnostic process of a range of physical and mental health conditions to the nursing process.</p> <p><b>LO2</b> - Relate pharmacological and non-pharmacological interventions to the treatment and management of a range of health conditions.</p> <p><b>LO3</b> - Apply a problem-solving approach to assessing, planning, implementing and evaluating care and support needs.</p> <p><b>LO4</b> - Recognise the impact of health behaviours on body systems within clinical context.</p> <p><b>LO5</b> - Apply the requisite clinical and communication skills required to deliver safe, effective and person-centred care to patients with a range of health conditions.</p>	<p>Pathophysiology of the neurological, musculoskeletal, immune, reproductive and special senses systems; genetic and oncologic disorders; chronic pain-assessment and management; mental health conditions; pharmacology applied to relevant pathophysiology; medicines optimisation; application of the whole care trajectory; continuum of care; principles of wellness, prevention, management, self-enablement and end of life care (family, carers, individuals); living with loss and grief, theories of loss and grief; realising effective palliative care (communication skills, dignity, family support); prescribing policy and legislation; care of IV and vascular access devices; IV cannulation; systematic assessment- neurological system; screening programmes</p>
<p><b>Year 2 Sem 2 – Enhancing Knowledge and Skills for Mental Health Nursing Practice 2</b></p>	<p><b>LO1</b> - Apply the pathophysiology, epidemiology, aetiology and diagnostic process of a range of physical and mental health conditions to the nursing process.</p> <p><b>LO2</b> - Relate pharmacological and non-pharmacological interventions to the treatment and management of a range of health conditions.</p> <p><b>LO3</b> - Apply a problem-solving approach to assessing, planning, implementing and evaluating care and support needs.</p>	<p>Biopsychosocial theories related to depressive disorders, anxiety disorders, psychotic disorders such as Schizophrenia, Bipolar Disorder, Schizoaffective Disorder (including but not restricted to the lived experience, differential diagnosis, applied interventions such as Cognitive Behavioural Therapy, Family Interventions, Mindfulness Based Cognitive Therapy, Exposure therapy, Behavioural Activation); across the life span and whole care trajectory: principles of wellness, prevention, self-management, self-care, enablement and end of life care; Loss and grief theories, bereavement through suicide and the impact on the family; disorder specific pharmacology; engagement processes; working with the individual and the wider family; collaborative assessment techniques, goal setting, care planning, interventions and evaluation; principle led MH care; Models of recovery; Clinical care guidelines/pathways of care</p>

	<p><b>LO4</b> - Recognise the impact of health behaviours/ACEs on mental health and wellbeing.</p> <p><b>LO5</b> - Apply the requisite clinical and communication skills required to deliver safe, effective and person-centred care to patients with a range of health conditions.</p>	<p>The role of the MH nurse within Mental Health (Care and treatment) (Scotland) Act 2003 and Mental Health (Scotland) Act 2015; De-escalation strategies; Care of IV and vascular access devices; Screening programmes; Medicines management and Safe Medicate</p>
<p><b>Year 2 Sem 2 – Developing Professional Practice 2</b></p>	<p><b>LO1</b> - Compare and contrast approaches to address health inequalities experienced by disadvantaged sections of society. Demonstrate the principles of effective team working, within both the nursing and the wider multidisciplinary team, in delivering safe and effective person-centred care.</p> <p><b>LO2</b> - Demonstrate the application of root cause analysis processes in responding to adverse health events.</p> <p><b>LO3</b> - Apply the principles of safeguarding legislation and procedures for adults, children and young people at risk of harm.</p> <p><b>LO4</b> - Apply aspects of communication skills across a range of contexts and populations to enable constructive engagement and shared decision making.</p> <p><b>LO5</b> - Interpret the influence of legal, ethical and professional frameworks on contemporary nursing practice and research</p>	<p><b>Quality Improvement</b> - Introduction to quality improvement methodologies; Health &amp; Safety work legislation; improving quality &amp; safety for staff &amp; patients, record systems; risk assessment.</p> <p><b>Law and Ethics</b> – professional roles and standards; safeguarding adults/children &amp; young people at risk; domestic violence, capacity legislation in Scotland (adults/children); people with learning disabilities with specific health needs; equality and diversity (legislation); protected characteristics; reasonable adjustments; rights-based approaches; ethical dilemmas, conducting research ethically.</p> <p><b>Communication</b> - leadership styles; appreciation of the research process; ethics in research; complex communication in different contexts; constructive feedback; supporting people in distress; joint decision making, resilience and emotional intelligence in decision making</p> <p>Preparation for practice supervision- modules 1 and 2 (TURAS)</p>
<p><b>Year 3 Sem 1 – Transition to Professional Practice 1</b></p>	<p><b>LO1</b> - Critically apply an improvement methodology to an aspect of nursing care.</p>	<p>Learning disability (human rights, equal health); research/EBP (generating primary evidence); quality improvement methods; health behaviour change;</p>

	<p><b>LO2</b> - Critically appraise and integrate relevant evidence to clinical practice.</p> <p><b>LO3</b> - Examine the factors that may affect the implementation of evidence-based practice and apply this to the role of the nurse in quality improvement.</p> <p><b>LO4</b> - Apply a critical understanding of the practical and ethical implications of patient and public involvement in healthcare improvement/research</p>	<p>impact of health behaviours; PPI; play therapy; ethics &amp; governance for best research practice; performance management in nursing (time management, effective delegation); applying capacity legislation; vulnerability and risk; the triangle of care and six senses framework; record keeping; managing complaints; preparation for practice supervision; presentation skills</p>
<p><b>Year 3 Sem 1</b> - Assessment and Management of Complex Care Needs in Adult Nursing 1</p>	<p><b>LO1</b> - Identify and assess complex care needs in adults and formulate safe, effective, person-centred plans of care.</p> <p><b>LO2</b> - Recognise the challenges of complex care needs in individuals and their significant others, coordinate care delivery, including medicines management, and support wellbeing and comfort in patients on a palliative care pathway.</p> <p><b>LO3</b> - Critically explore evidence-based interventions that promote recovery and autonomy for long-term health issues in collaboration with people, their family and significant others.</p> <p><b>LO4</b> - Analyse the potential impact of polypharmacy in patients with multimorbidity and explore ways in which this risk can be mitigated.</p>	<p>Effective contribution to interdisciplinary teams; end stage disease &amp; organ failure; diabetic ketoacidosis and HHS; frailty; assessment &amp; management of pain in complex situations; polypharmacy, prescribing errors, prescribing practice and OTC usage; multimorbidity; safe, effective and person centered care – provision of complex care; House of Care Model; organisation &amp; coordination of care (Care Programme Approach - CPA / NCT – Neighbourhood Care Teams); creative therapies; organ donation, tissue donation, DNA – CPR, PoA – Legislation; environments &amp; assistive technology for people living with dementia using virtual environments; evidence-based interventions to support dignity; wellbeing and comfort; physical, psychological, social and spiritual interventions and support in palliative care; professional, legal and ethical frameworks to protect and promote people’s rights and safety in the context of palliative and end of life care (<i>inclusive of POA, ReSPECT, DNACPR</i>); moving &amp; handling;</p>

	<b>LO5</b> - Apply communication strategies relevant for interprofessional dialogue within a multidisciplinary team to manage complex care needs within the relevant legal and ethical frameworks.	
<b>Year 3 Sem 1</b> – Assessment and Management of Complex Care Needs in Mental Health Nursing 1	<p><b>LO1</b> - Identify and assess complex care needs in adults and formulate safe, effective, person-centred plans of care.</p> <p><b>LO2</b> - Recognise the challenges of complex care needs in individuals and their significant others, coordinate recovery-orientated care, and support well-being and comfort in patients on a palliative care pathway.</p> <p><b>LO3</b> - Critically explore evidence-based biopsychosocial interventions that promote recovery and autonomy for long-term health issues in collaboration with people, their family and significant others.</p> <p><b>LO4</b> - Apply communication strategies relevant for interprofessional dialogue within a multidisciplinary team to manage complex care needs within the relevant legal and ethical frameworks.</p> <p><b>LO5</b> - Analyse the potential impact of polypharmacy in patients with multimorbidity, and explore ways in which this risk can be mitigated</p>	<p>Multimorbidity; complex care needs; long-term health conditions and disability; personality disorders; anxiety disorders-OCD &amp; PTSD; psychological trauma; Psychosis- hearing voices assessment; dementia care; care interventions and management – psychosocial interventions and therapies (IPSRT for Bi-polar, trauma interventions- safety and stabilisation, physical activity in schizophrenia, etc.); 5 P's of formulation; Trieste model of recovery; care approaches and coordination (CPA); multidisciplinary team working; assessment and management of pain in complex situations across different environments; medicine management - polypharmacy, pharmacogenetics (generic module), and mental health polypharmacy; psychotropic medication side effects and emergencies (MH only); Prescribing errors, prescribing practice; dying well - end of life care; legislation – power of attorney – do not resuscitate –organ donation.</p> <p>Decider Skills Training (2-day MH only and dependent on training capacity to deliver)</p> <p>Management of violence and aggression – control and restraint training (MH students only 3 days).</p> <p>Moving and handling</p>
<b>Year 3 Sem 2</b> – Transition to Professional Practice 2	<b>LO1</b> - Analyse the key attributes required for effective leadership and management.	<p>Personal and professional reflection on application of EBP in clinical practice; healthcare leadership (major incidents, managing risk/uncertainty); safe staffing/skill mix/patient outcomes; workforce planning; developing resilience</p>



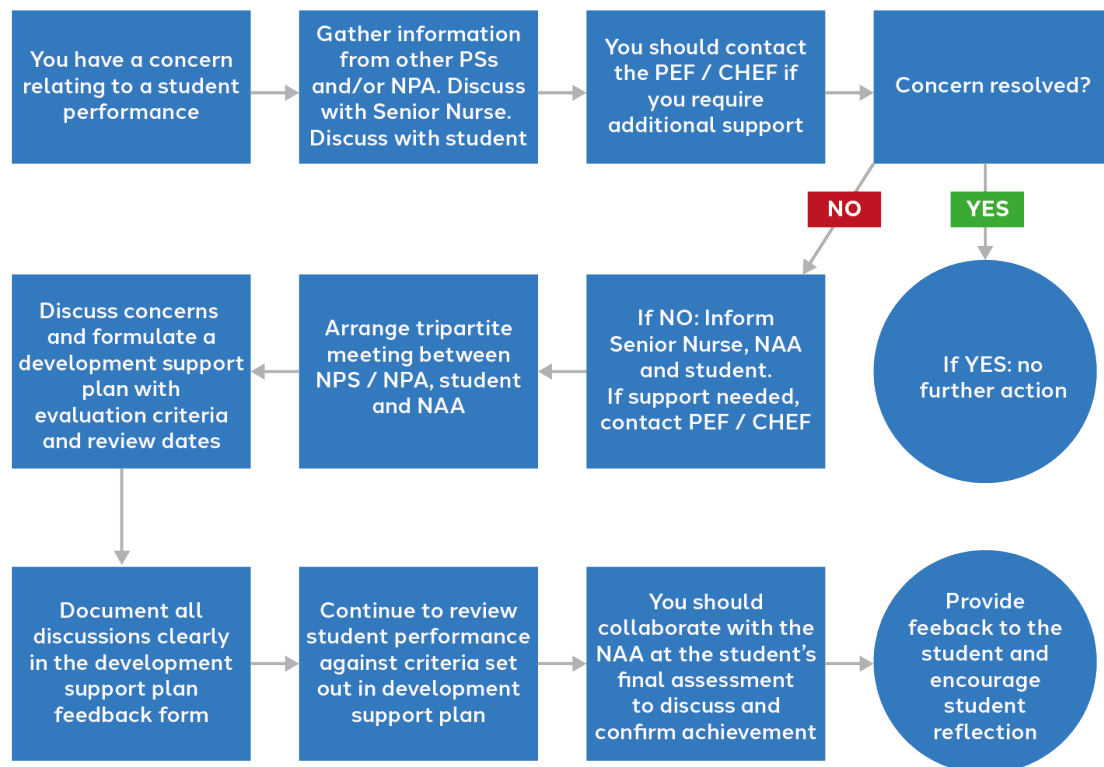
	<p><b>LO2</b> - Compare and contrast various approaches to managing risk and uncertainty in the healthcare context.</p> <p><b>LO3</b> - Apply knowledge of political, economic, policy, and organisational influences on the discussion of patient care and health outcomes.</p> <p><b>LO4</b> - Examine the impact of staffing levels and skill mix on nurse morale and health outcomes</p>	for quality/safety ( including mindfulness); health economics; distribution of resources; preparation for practice supervision; performance management (build on from sem 1); role of trade unions/professional organisations & influence on policy and practice; politics and organisational change/public policy; realistic medicine; preparing for professional practice; CVs and interview skills
<b>Year 3 Sem 2 – Assessment and Management of Complex Care Needs in Adult Nursing 2</b>	<p><b>LO1</b> - Evaluate changes in clinical status and apply consolidated learning to prioritise care in complex scenarios.</p> <p><b>LO2</b> - Analyse evidence supporting care for individuals in a variety of complex care situations.</p> <p><b>LO3</b> - Evaluate and apply interventions to address common symptoms experienced in the last days of life.</p> <p><b>LO4</b> - Apply knowledge and skills to facilitate safe administration of parenteral medicines</p>	Complexity; Multi-morbidity; Palliative and end of life care; holistic care and symptom control in the last days of life; clinical reasoning, decision making and prioritisation in complex scenarios; Communication in complex scenarios; Learning Disability; Numeracy; Pharmacology – SafeMedicate; addiction and drugs of addiction; eating disorders; onward referral of complex MH issues; suicide prevention- ASSIST certification; preparation for NMP- prescription generation, principles of safe and remote prescribing; IV drug administration; use of syringe drivers, pumps and infusions; recognition of clinical deterioration; life support update- ILS certification; dementia
<b>Year 3 Sem 2 – Assessment of Complex Care Needs in Mental Health Nursing 2</b>	<p><b>LO1</b> - Evaluate complex care needs and prioritise and deliver safe effective person-centred care.</p> <p><b>LO2</b> - Analyse evidence supporting care for individuals in a variety of complex care situations.</p> <p><b>LO3</b> - evaluate and apply interventions to address complex care needs.</p>	Drug and alcohol dependence (Biopsychosocial approach, Psychopathology of addictive behaviour Physical health complications); Care and treatment of drug and alcohol dependence (Undertaking a drug and alcohol history, Recognising and responding to withdrawal, Recovery interventions); Eating disorders (Types of eating disorders and assessment, Understanding associated risks to health and wellbeing, interventions); Children and adolescents; Anticipatory care planning (Staying well plans, Monitoring and recognising early signs of relapse, relapse prevention, Developing self-care and self-management skills, Supporting people in crisis); Cognitive remediation for schizophrenia; Suicide

	<p><b>LO4</b> - Recognise and apply clinical risk management strategies in relation to complex care needs.</p>	<p>prevention and interventions to reduce risk of suicide and self-harm; Assessing and managing clinical risk in mental health; Forensic nursing care (Criminal Procedure (Scotland) Act 1995); life support update; clinical skills (cannulation, IV drug administration, syringe drivers). (Prescription generation, unlicensed off label use, principles of safe and remote prescribing-shared with adult), Complexity in care of people with learning disabilities (shared with adult).</p> <p>STORM suicide assessment and risk management training (NHS delivered).</p>
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## Appendix 3 Development support plan flowchart

Practice learning support protocol: Nominated practice supervisor/practice assessor/academic assessor flowchart.





### **Centre for Rural Health Sciences – Nursing Programme**

#### **Practice Learning Activities.**

The following learning activities can be undertaken during practice learning environments and contribute to practice learning hours.

#### **The following agreed principles must be applied:**

- Students can normally be credited hours up to a maximum of 37.5 hours during the programme with these activities.
- A locally agreed set of practice learning activities will be given to students to undertake relevant to their practice learning environment.
- The activities within the set of practice learning activities must be applied to the current practice learning environment and link with the student's learning development plan.
- The Practice Supervisor / Practice Assessor will review and consider, the students completed practice learning activities as part of the practice learning environment.
- The student will complete a timetable of their activities and that must be representative of those hours of work being credited. The student's attendance sheet can be signed off for those hours following both the completion and presentation of completed activities and timetable.

#### **How should the practice learning activities be presented?**

The practice learning activities should be presented by the student as a portfolio of evidence. Examples of evidence that can be included in the portfolio.

- NMC reflective account templates [Link here](#)
- Care plans
- Power point presentation
- Information leaflet

### What happens if a student is absent from placement?

If a student is absent from placement due to illness the absence should be marked as such and no alternative work should be given.

### What activities should the student undertake?

At the end of this document there is a table of potential practice learning activities, the activities that the student undertakes should be agreed upon between the Practice Assessor/Practice Supervisor and the student.

### Practice Learning Activities.

Activity 1 - Case study	Links to NMC PAD platforms
<ul style="list-style-type: none"><li>• Select a service user that you have worked with during this most recent PLE.</li><li>• Provide an overview of the persons presentation, diagnosis, and any underlying conditions relevant to their care. Maintain confidentiality throughout.</li><li>• Select one aspect of their care and provide an evidence-based care plan relevant to this care need.</li><li>• Consider any relevant treatments, medications, interventions and provide information on efficacy, side effects, interactions, supporting with relevant literature.</li><li>• Consider how this service users' family/ carer's have been involved in their care, could this have been enhanced?</li></ul>	Platform 1 Platform 2 Platform 3 Platform 4
Activity 2 – Covid- 19 portfolio	Links to NMC PAD platforms
<ul style="list-style-type: none"><li>• Provide an overview of Covid-19 including signs and symptoms, disease progression and the impact upon the individual, risk factors and diagnosis.</li><li>• Consider the impact of long covid on a service user with complex health needs in your placement area, maintain confidentiality throughout.</li><li>• Based on one aspect of nursing care for that person provide an evidence-based care plan relevant to that care need identified.</li><li>• Consider how this service users' family/ carer's have been involved in their care, could this have been enhanced?</li><li>• Consider the ongoing impact of covid-19 on NHS provision and impact on the communities.</li></ul>	Platform 1 Platform 2 Platform 3 Platform 4
Activity 3- Bus travel- mobility insight	Links to NMC PAD platforms

<ul style="list-style-type: none"> <li>• Take a short bus ride in your local community and take notes on the following.</li> <li>• How accessible is the bus stop for people with mobility issues? Are their ramps for wheelchairs, bus shelter? Seating? Bus signs? Bus timetable? How would a blind person manage at this bus stop? Are there public toilets nearby?</li> <li>• When you get onto the bus think about the ease of going from the pavement to the bus for someone with mobility issues. Is there a ramp on the bus for wheelchairs or for someone with a walking aid? Is there a grab handle as you go into the bus? Are the doors wide enough for a wheelchair?</li> <li>• Are there spaces on the bus for wheelchairs? How many wheelchairs could you fit on that bus? If there aren't any spaces for wheelchairs, how do you think a person would be feeling at not being able to access that bus after waiting at the bus stop? How narrow is the walkway to the seats on the bus? Would a walking aid such as a stick or a frame get down the aisle if there were no available seats at the front?</li> <li>• Is there a verbal call out when arriving at stops? How would someone who is visually impaired know when they reach their destination?</li> <li>• What other issues have you noticed whilst on the bus trip that could hinder the experience for someone with mobility issues or visual/hearing impairments?</li> <li>• How might this experience impact your nursing care?</li> </ul>	Platform 1 Platform 2 Platform 3 Platform 4 Platform 6 Platform 7
<b>Activity 4 – Community walk</b>	<b>Links to NMC PAD platforms</b>
<p>Walk around your community and study the neighbourhood in relation to health and well-being. You may wish to consider some of the following (please make notes).</p> <ul style="list-style-type: none"> <li>• Types of housing</li> <li>• Schools</li> <li>• Local economy-industry, employment etc</li> <li>• Health &amp; social care provision- GP, Health centre, dentist etc</li> <li>• Facilities- shops, community centre, school, post office, library, etc</li> <li>• Accessibility of facilities and resources</li> <li>• Traffic, transport etc</li> <li>• Epidemiology, demography etc</li> <li>• Lifestyle, leisure</li> <li>• Safety</li> </ul>	Platform 1 Platform 2 Platform 3 Platform 4 Platform 6 Platform 7

<p>Based on your findings.</p> <ul style="list-style-type: none"> <li>• Are there any areas within your community that could hinder a person's health and well-being?</li> <li>• Are there any areas within your community that could enhance a person's health and well-being?</li> <li>• If you were tasked with making improvements to areas/services within your community to increase the health and well-being of the public, what would you improve?</li> </ul>	
<b>Activity 5 – Mind map</b>	<b>Links to NMC PAD platforms</b>
<ul style="list-style-type: none"> <li>• Select a commonly used medication or treatment from your placement area.</li> <li>• Research the medication/treatment looking at its uses, pros and cons, potential side effects, indications, contra indications, mechanism of action.</li> <li>• Present your findings on a mind map (concept map)</li> </ul>	Platform 1 Platform 3 Platform 4
<b>Activity 6 – Critical thinking</b>	<b>Links to NMC PAD platforms</b>
<ul style="list-style-type: none"> <li>• Consider the impact of being short staffed on a shift in your current placement area. Write the answers to the following questions imagining that you are the staff nurse on shift. <ol style="list-style-type: none"> <li>1. How will patient care be affected by having fewer staff nurses on a shift?</li> <li>2. What kind of strain will this place on the other nurses working that shift?</li> <li>3. What solutions could be put in place during that shift to help mitigate the impact of being short staffed on patient care?</li> <li>4. What are the pros and cons to each of your proposed solutions?</li> <li>5. What does the literature say regarding staff nurses being overstretched when understaffed?</li> </ol> </li> </ul>	Platform 1 Platform 4 Platform 5 Platform 6 Platform 7
<b>Activity 7 – Staff well-being</b>	<b>Links to NMC PAD Platforms</b>
	Platform 1



<ul style="list-style-type: none"> <li>• Create a poster or leaflet for staff within your placement area, the poster/leaflet should include:</li> <li>• some bitesize information/ tips on promoting positive well-being including physical and mental wellbeing.</li> <li>• What you might notice if wellbeing is being impacted upon</li> <li>• Signposting to resources / services when staff are struggling.</li> </ul>	Platform 2 Platform 6
<b>Activity 8 – Quality Improvement</b>	<b>Links to NMC PAD Platforms</b>
<ul style="list-style-type: none"> <li>• Identify an area of care / process within your PLE area that needs to be improved upon</li> <li>• Why do you/ others feel it needs to be improved upon?</li> <li>• What potential changes/ ideas are there that could improve this area/process?</li> <li>• How will you know that change is an improvement?</li> <li>• How would you plan to measure the change?</li> <li>• What other areas would you need to consider if you were to run a small quality improvement project for your change idea?</li> </ul>	Platform 1 Platform 2 Platform 5 Platform 6 Platform 7

## Appendix 5 Making up time for referred or deferred placements.

PLE	Duration	Student Options for PLE Fail / Personal Issues Causing Absence
PLE1	7 weeks	<ul style="list-style-type: none"> <li>➤ Undertake deferred PLE1 in first 4 weeks of PLE2.</li> <li>➤ SOS and join new cohort on return repeating PLE1</li> </ul>
PLE2	9 weeks	<ul style="list-style-type: none"> <li>➤ If required, first 4 weeks (160 hours) can be used to retrieve PLE1 fail.</li> <li>➤ PLE2 then becomes 5 weeks.</li> </ul> <p><b>Progression Point:</b></p> <ul style="list-style-type: none"> <li>➤ If fail to pass PLE2 – can undertake a 4-week placement utilising annual leave &amp; independent study weeks at end of Year 1 or go on SOS and join new cohort on return</li> </ul>
PLE3	9 weeks	<ul style="list-style-type: none"> <li>➤ Undertake in PLE4a and continue with deferred placements for remainder of Year 2 utilising annual leave/independent study weeks for deferred PLE4b</li> </ul>
PLE4a	6 weeks	<ul style="list-style-type: none"> <li>➤ Retrieve in first four weeks of PLE4b timeslot and use annual leave/independent study weeks to undertake PLE4b and progress to Year 3</li> <li>➤ SOS returning to new cohort.</li> </ul>
PLE4b	5 weeks	<p><b>Progression Point:</b></p> <ul style="list-style-type: none"> <li>➤ 1 week of annual leave and 3 weeks of independent study can be used to retrieve and pass to progress to Year 3</li> <li>➤ Continue on from 4-week deferred PLE4a and have annual leave at end of 4-week 4b placement in independent study weeks.</li> <li>➤ SoS joining new cohort on return.</li> </ul> <p><b><i>For continuity to placement area, where possible, the PLE4b placement often continues directly after the deferred PLE4a, moving the annual leave to the end of the two 4-week periods (8 weeks total) and independent study weeks then become the annual leave weeks.</i></b></p>
PLE5a	5 weeks	<ul style="list-style-type: none"> <li>➤ Undertake deferred PLE5a in PLE5b timeslot.</li> <li>➤ SOS joining new cohort on return</li> </ul>
PLE5b	7 weeks	<ul style="list-style-type: none"> <li>➤ Undertake PLE5b (first 4 weeks 160 hours) in PLE6.</li> <li>➤ SoS and join new cohort on return</li> </ul>
PLE6	2022 – 11 weeks 2023 onwards – 10 weeks	<ul style="list-style-type: none"> <li>➤ First 4 weeks (160 hours) can be used to retrieve PLE5b fail and PLE6 will then be completed in full, extending your completion date.</li> </ul>

		➤ Failure of PLE6 requires the full placement hours to be repeated to allow to be assessed as competent for NMC sign off.
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### **Development Support Plan**

Where a student has a development support plan in place for retrieval of a failed placement, the plan will run for the length of the placement.

**Students get 2 attempts to pass a placement and after this are withdrawn from the programme.**

**Where a student has been unable to be assessed due to personal reasons causing absence and not undertaken at least 4 weeks (160 hours) of practice, they will have the same options as outlined above but will not carry a DSP to the repeat placement.**

