

RETURN TO PRACTICE PROGRAMME

GUIDANCE FOR SIGN OFF MENTORS

MODULES NQCG 2032/3112/3113

January 2014 cohort

Thank you for agreeing to undertake the role of Sign-Off Mentor for a Return to Practice student (RTP). Your student has been recruited to the Return to Practice Programme by your Trust Return to Practice Facilitator (see appendix 2). Should you incur any problems in your mentoring role please contact your Return to Practice Trust Facilitator in the first instance. If you have any problems contacting this named person please contact me.

You may be mentoring a former Level 1 or Level 2 nurse, a midwife whose professional registration has now lapsed; or a former EU nurse seeking UK registration where the NMC has directed this applicant to undertake a Return to Practice Programme. All students will have met the Programme pre-requisites ahead of recruitment by your Trust. The length of time your student has been out of practice can vary from a student presenting with a recently lapsed PIN who does not meet the NMC Prep standards to a student who has been out of practice for 20 years.

For most, the return in the initial stages will be daunting. Less daunting, perhaps, if your student has been recently employed as a Health Care Support Worker. Even here, however, the role change might well present natural new concerns. **The Return to Practice student must be mentored as if a 3rd year pre-registration student on placement 6; they should have supernumerary status.**

The Return to Practice Programme takes place over a 20 week period. The summative assessment requires the achievement of a 'pass' outcome in both theory and practice. The theoretical component is a 2500 word reflective case study assignment which has to be submitted on the final Study Day:

Nursing Student - The academic tutor for nursing students will be Lulu Greaves (Return to Practice Lead). Each nursing student is required to undertake 150 hours of mentored clinical practice. These 150 hours should be undertaken

spread out over the 20 week period. This is because concurrent with practice the students attend a weekly Study Day; theory can then run in parallel with practice. Your student should negotiate with you how best these clinical hours can be undertaken – it approximates to 10 hours per week. 3 weeks' holiday is programmed around Easter and the School Half Term although a student may elect to work during these periods.

Midwifery Students - The academic tutor for midwifery students is Lisa Montgomery. Each midwifery student is required to undertake 450 hours of mentored clinical practice. The trust requires that midwives work at least 22.5 hours practice/week.

The clinical hours achieved should be recorded in the student's Assessment of Practice document on the 'Evidence of Clinical Hours Worked' pages and signed for by a registered practitioner: absence recording does not apply. Nurses submit the Assessment of Practice document, like the assignment, on the final Study Day.

In the first two weeks of the Programme your student will undertake moving and handling, basic life support and general clinical skills updating and a formative drug calculation assessment. It is only when these skills have been undertaken that they will enter the clinical area.

Attached to this Information Sheet is the Faculty of Health Sciences 'Guidelines for Student Nurses and Midwives on the Management of Medicines'. Your student will be undertaking a drug calculation formative assessment during the second week of the programme and students are required to obtain 100% pass mark. A record of practice is included on the back page of that document.

The Return to Practice 'Assessment of Practice' document enables students to meet the: Return to Practice Standards for the reactivation PIN (NMC 2011).

If you have identified areas of concerns/for development at the interim assessment stage (or before) **you must devise** a learning contract for your student which identifies how the student can achieve the desired outcome. If you require support in this area you may contact your Return to Practice Trust Facilitator

If there are any problems in the student not being able to be assessed against any of the proficiencies and skills please contact your Trust Return to Practice Facilitator in the first instance.

Along with your Return to Practice Trust Facilitator I am available to help at any time. We have found working with the Return to Practice students a very rewarding professional experience and we hope that your experience will be similarly enjoyable.

With thanks, again, for your support.

Lulu

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Appendix 1

Guidelines for student nurses and midwives on the management of medicines

**These guidelines do not replace local trust policy which takes precedence.
Local policy must be adhered to at all times.**

All student nurses and student midwives must observe and participate in the administration of medicines during their programme of education. These guidelines and local medicine administration policies should be discussed at the beginning of each practice experience.

Registered practitioners and students must be aware that whenever a student is involved in the administration of medicines, the registered practitioner maintains the responsibility and accountability for all related activity including: the ordering, receipt, storage, preparation, administration and disposal of medicines and the maintenance of all associated documentation.

With the direct supervision of the registered practitioner, the student should participate in:

- identifying the correct service user
- selecting the prescribed medicine
- calculating the required dosage
- preparing and administering medicine

The student must demonstrate understanding of the action of the medicine, the reason for the prescription, awareness of adverse effects and the ability to recognise such effects. (see student assessment of practice document).

During each practice experience in the programme the mentor should assess the student's proficiency in administering medicines. The student's level proficiency must be recorded in the appropriate columns in the assessment of practice document.

The student should increase their level of proficiency in all aspects of medicine administration including the signing of the prescription sheets but always under the direct supervision of the qualified practitioner. The prescription sheet must be countersigned by the registered practitioner.

Controlled Medicine

Return to Practice, nurses and midwives Student midwives, will be involved in the administration of specified controlled medicines. The supervising midwife/ signoff mentor maintaining responsibility for this activity.

The RTP nurse and student midwife should:

- "Sign out" controlled medicines in the controlled medicine register as the second person
- Participate in the administration of controlled medicines

Students must not order, receive or dispose of controlled medicines

With the direct supervision of a midwife or first level nurse the student should be involved in administering medicines via the following routes:	Students cannot be involved in administering medicines via the following routes:	Related activities in which students cannot participate but may observe:
<ul style="list-style-type: none"> • oral • sublingual • buccal • nebulised • inhaled • intranasal • topical • trans-dermal • intramuscular • subcutaneous • vaginal • rectal 	<ul style="list-style-type: none"> • Intra-dermal • peripheral cannula • central venous cannula • epidural • intra-thecal • intra-osseous • intra vesicle • arterial lines 	<ul style="list-style-type: none"> • Verbal orders to administer medicine without a written prescription • Patient group directives • Cytotoxic medicine administration. • Ultraviolet therapy • arterial cannulation
<p>Oxygen must be prescribed and students may be involved in the administration of oxygen in accordance with local trust policy.</p>	<p>NB Student Midwives with the direct supervision of a registered practitioner should be involved in administering medicines via:</p> <ul style="list-style-type: none"> • epidural 	<p>NB Student Midwives with the direct supervision of a registered practitioner should be involved in</p> <ul style="list-style-type: none"> • Patient group directives • Ultraviolet therapy

Guidelines for specific situations

Administration of Fluids

Student may administer prescribed, pre-prepared 0.9% sodium chloride or dextrose saline via an existing intravenous or subcutaneous line. This activity must be checked and the connection supervised by a midwife or first level nurse who has deemed the student competent to perform this skill.

This is the only situation where the student can participate in the administration of intravenous or subcutaneous fluid.

Keys

Under no circumstances are students permitted to be responsible for the practice experience's medicine keys.

Oral Suspensions

Students may participate in the preparation / reconstitution of oral medicines such as suspensions with the direct supervision of the midwife or first level nurse.

Return to practice nursing students (RTPS)

RTPSs attend a study day on medicine administration early in their course. Following attendance at the study day, RTPS's should be involved in the administration of medicines in accordance with the guidance in the RTPS assessment of practice document.

Other policies to be read in conjunction with these guidelines:

- Medical devices (related to infusion devices).
- Vena-section
- Central venous line monitoring
- Blood transfusion
- Complementary medicines/therapies

References

National Prescribing Centre (2007) 2nd Ed. A guide to good practice in the management of controlled medicines in primary care (England). National Prescribing. Centre. Liverpool

Nursing and Midwifery Council (2008) Standards for medicine management. NMC. London

Royal College of Nursing. (2005) Standards for Infusion Therapy, RCN. London

Royal Pharmaceutical Society of Great Britain (2005) The Safe and Secure Handling of Medicines, A Team Approach; A Revision of the 'Duthie Report 1988'. Royal Pharmaceutical Society of Great Britain.

Appendix 2

Participating NHS Trusts and Private Voluntary Independent Sector

Clare ASPDEN,
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University Hospital Southampton NHS Foundation Trust
The Integrated Directorate of Education & Learning (IDEAL),
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Private Voluntary Sector

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Return to Practice Programme Lead – 03.01.13