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 Greaves (Mrs)
Lecturer / Deputy Return to Practice Programme Lead
Faculty of Health Sciences
University of Southampton
Building 67
Highfield, Southampton
SO17 1BJ
023 8059 7865
Ext 27865
e-mail: lg1@soton.ac.uk
mobile: 07957449179 [during working hours]

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:

- oral
- sublingual
- buccal
- nebulised
- inhaled
- intranasal
- topical
- trans-dermal
- intramuscular
- subcutaneous
- vaginal
- rectal

Oxygen must be prescribed and students may be involved in the administration of oxygen in accordance with local trust policy.

Students cannot be involved in administering medicines via the following routes:

- Intra-dermal
- peripheral cannula
- central venous cannula
- epidural
- intra-thecal
- intra-osseous
- intra vesicle
- arterial lines

Related activities in which students cannot participate but may observe:

- Verbal orders to administer medicine without a written prescription
- Patient group directives
- Cytotoxic medicine administration.
- Ultraviolet therapy
- arterial cannulation

NB Student Midwives with the direct supervision of a registered practitioner should be involved in administering medicines via:

- epidural

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.
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**


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

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

Appendix 2

Participating NHS Trusts and Private Voluntary Independent Sector

Clare ASPDEN,
Supervised Practice Facilitator,
University Hospital Southampton NHS Foundation Trust
The Integrated Directorate of Education & Learning (IDEAL),
The Education Centre, Level C, South Academic Block,
Southampton General Hospital, Mailpoint 10,
Tremona Road, Shirley, Southampton,
Hampshire S016 6YD.
Telephone: 023 8079 8673
e-mail: clare.aspden@uhs.nhs.uk

Donna BAKER,
Learning Environment Lead,
Isle of Wight NHS,
Education Centre,
St. Mary’s Hospital,
Newport,
Isle of Wight PO30 5TG.
Telephone: 01983 822099 Ext. 5410
e-mail: Donna.Baker@iow.nhs.uk

Gabrielle CLARKE,
Learning Environment Facilitator and Preceptorship Facilitator
Hampshire Hospitals NHS Foundation Trust [Formally Winchester and Basingstoke]
Royal Ham
Hampshire County Hospital
Education Centre
Romsey Road
Winchester
SO22 5DG
01962 824316
Email: Gabrielle.Clarke@hhft.nhs.uk
Jill PALLISTER,
Practice Based Learning Manager,
Portsmouth Hospitals NHS Trust,
Education Centre,
E Level, Queen Alexandra Hospital,
Southwick Hill,
Cosham, Portsmouth,
Hampshire P06 3LY.
Telephone: 02392 286000 Ext. 1186
e-mail: Jill.pallister@porthosp.nhs.uk

Anne PROUT,
Learning Environment Lead,
Development and Training,
Southern Health NHS Foundation Trust (Mental Health & Learning Disabilities)
Fareham Reach, Suite 175,
166, Fareham Road,
Gosport,
Hampshire P013 0FH.
Telephone: 01329.224503
e-mail: Anne.Prout@hantspt-se.nhs.uk

Kathryn SMITH,
Learning & Development Manager for Clinical Skills,
Learning & development Team
Solent Healthcare
2nd Floor, Adelaide Health Centre
Western Community Hospital Site
William Macleod way
Millbrook,
Southampton
SO16 4XE
Telephone: 023 8060 8882
e-mail: kathryn.smith@solent.nhs.uk
Ian WINKWORTH,
Learning Environment Lead,
Development and Training,
Southern Health NHS Foundation Trust (Community Nurses only)
Fareham Reach, Suite 175,
166, Fareham Road,
Gosport,
Hampshire P013 0FH.
Telephone: 01329.224503
e-mail: ian.winkworth@southernhealth.nhs.uk

HAMPShIRE
Liz Taylor
Call to Action Lead
Modern Matron
Children’s Division
Southern Health NHS Foundation Trust
Mob:07919013209
Email: liz.taylor@hchc.nhs.uk

SOUTHAMPTON
Claire Halcrow
Family Community services Manager
Health Visiting & School Nursing Service
Solent NHS Trust
Tel: 02380 71 6658
Email: claire.halcrow@solent.nhs.uk

PORTSmOUTH
Jenny Gilmour
Service Manager for Children and Families
Solent NHS Trust
Children’s Management Offices
2nd Floor Overton Centre
St James Hospital
Locksway Road
Portsmouth
PO4 8LD
Mob: 07720947345
e-mail: jenny.gilmour@solent.nhs.uk

Anne Cato  
Midwife Practice Educator  
Princess Anne Hospital  
Coxford Road  
Southampton  
SO16 5YA  
Tel: 02380 777222 X 8606  
e-mail: Anne.Cato@uhs.nhs.uk

Private Voluntary Sector  
Mary Stringfellow  
Matron  
Nuffield Health [Theatre and Surgical Nursing only]  
Wessex Hospital  
Chandlers Ford  
Southampton  
Telephone: 02380266377  
e-mail: Mary.Stringfellow@nuffieldhealth.com

Thelma Henderson  
Matron  
Nuffield Health  
Chichester Hospital [Theatre and Surgical Nursing only]  
78 Broyle Road  
Chichester  
West Sussex  
PO19 6WB  
Telephone: 01243 753048  
e-mail: Thelma.Henderson@nuffieldhealth.com

Ref: Lulu Greaves  
Return to Practice Programme Lead – 03.01.13