

TRINITY COLLEGE DUBLIN

The University of Dublin

FACULTY OF HEALTH SCIENCES

SCHOOL OF NURSING & MIDWIFERY



Nursing and Midwifery

Clinical Practice Guidelines 2023

(Supernumerary and Internship Placements)

## Contents

### Contents

|     |  |    |
|-----|--|----|
|     | SECTION 1: General Regulations Nursing & Midwifery Students .....  | 2  |
| 1.1 | <i>General Guidance for the Preceptor/associate preceptor/ Nursing and Midwifery Student on Attendance</i> .....               | 2  |
| 1.2 | <i>General College Regulations</i> .....   | 4  |
| 1.3 | <i>NMBI Links for Information</i> .....  | 5  |
| 1.4 | <i>Student's Responsibility in the Practice Placement Area</i> .....   | 5  |
|     | SECTION 2: General Guidance for Clinical Placements.....   | 6  |
| 2.1 | <i>General Guidance for the Clinical placements Internship year Nursing Students Only</i> .....                                | 6  |
| 2.2 | <i>General Guidance for the Clinical Placements Internship Year Children's and General Integrated Programme Students</i> ..... | 7  |
| 2.3 | <i>General Guidance for Clinical Placements (Midwifery Students Only)</i> .....  | 9  |
| 2.4 | <i>General Guidance for the Preceptor or associate preceptor on Assessment</i> .....   | 10 |
|     | <i>Reflective Writing –Applicable to Nursing Students Only</i> .....   | 15 |
| 2.8 | <i>Guidelines for visiting Erasmus students</i> .....  | 17 |
|     | SECTION 3 <i>Glossary of Terms</i> .....   | 18 |
|     | Appendix 2 <i>Disclosing a practice issue for students</i> .....   | 21 |

## SECTION 1: General Regulations Nursing & Midwifery Students

### 1.1 General Guidance for the Preceptor/associate preceptor/ Nursing and Midwifery Student on Attendance

- a) The student will be allocated their hours (off-duty) of practice placement by a Clinical Placement Co-ordinator (CPC) and/or the manager of the practice placement to facilitate where possible students working with a designated preceptor 40% of the time. Please note requests for off-duty are not permitted.
- b) Compulsory hours of attendance for the student in the practice placement are dependent on the availability of the practice placement usually 35 hours per week including 4 hours of reflective practice. (100% attendance of agreed hours must be achieved for every supernumerary placement)

| Duty Hours       | Supernumerary Bedside | Supernumerary Reflective | Internship Bedside (Including reflection) |
|------------------|-----------------------|--------------------------|---|
| Nursing Year 1-4 | 31 (26 bank holiday)  | 4 (2 bank holiday)       | 37.5                                      |
| Midwifery        | 31 (26 bank holiday)  | 4 (2 bank holiday)       | 37.5                                      |

- c) A total number of hours of interruptions must be repaid to rise with your year (apart from annual leave and public holidays/special NMBI COVID-19 leave). This includes any leave i.e., sick leave, maternity leave, parental leave, compassionate and special leave. During the internship, nursing students are permitted 24 hours of sick leave without time owing consequences. Nursing students cannot exceed 4 weeks of absence (77/81) this includes 24hrs sick leave for Nursing & Midwifery + NMBI COVID-19 leave.
- d) Sick leave entitlements for each internship student are dictated as per local HSP policy. Students must have all interruptions and placements passed and completed by week 52 of any year, failure to do so will prevent the student from rising successfully with their year.
- e) Attendance is recorded in TMS in hours as required by NMBI as is the responsibility of the students to complete. Non-completion of TMS will incur time-owing.
- f) It is the responsibility of the student to have his/her attendance record approved by a Registered Nurse/Midwife or other significant professional whom they are working with. They may also do auto approval depending on the Clinical area. Auto Approval is monitored by the HSP CPC staff using time owing reports. Total hours should include 4 hours of reflection.
- g) It is the student's responsibility to present on day one of clinical placement with all relevant documentation (correct competence Assessment Documents, Learning Outcomes, orientation lists and area Profiles, certificates etc.). Failure to do so may incur time owing as students may not be permitted onto clinical placements without these.
- h) All competency documents and TMS must be completed and submitted online as per instructions by the clinical allocation's office. Failure to do so by the assessment schedule date will incur and non-submission and subsequently a failure grade for your clinical module. All clinical modules must be passed to rise into your next year of study

- i) The maximum number of hours, which can be paid back by the nursing students, is an accumulative equivalent of 4 hours per week (supernumerary students only), and 12 hours per week for the midwifery students, this is at the discretion of the HSP; students can work no more than 48 hours per week. This must be arranged with a designated person in your Health Service Provider (HSP). In repaying time in this manner students must ensure they do not repay an entire week, only part thereof. Repayment of a full week will result in students being short on their mandatory NMBI clinical requirements (Please note this is not an automatic entitlement and is subject to the discretion of the HSP).
- j) Hours paid back must be recorded clearly prior to competency document submission and recorded in TMS.
- k) Due to the nature of some practice placements, it may not always be possible to facilitate the repaying of interrupted hours; these will then need to be repaid in the summer months or following week 52 in the internship year as designated by the allocation's office in TCD.
- l) Supporting evidence/progression of competency/achievement of learning outcomes should be documented by preceptors throughout the assessment process. These entries must demonstrate that the student is achieving or not achieving his/her level of competence and should also reflect achievements of their learning outcomes.
- m) Clinical assessments will be deemed incomplete if required attendance & appropriate competency level are not achieved, not completed correctly and not submitted within 48 hours of completion of the placement. Time owing is arranged by the allocation office TCD in partnership with the Allocation Liaison Officer in the relevant HSP. Time owing is not an automatic entitlement and is at the discretion of the college. A 2-week time owing grace period is available for midwifery students only, this period is agreed upon in conjunction with the Student Allocations Liaison Officer in the Coombe/Rotunda and Portlaoise Hospitals.
- n) Personal/Health appointments should be arranged outside working hours to ensure full attendance at practice placement.
- o) If a student chooses not to complete the practice placement as arranged by the allocation's office (including time owing) they will be deemed to have an incomplete practice placement assessment and will incur a failure on the clinical module for that year.
- p) If nursing students fail a clinical placement, they will be recorded as a failure in the annual Court of Examiners (COE) and only at the discretion of the court may be permitted to repeat this placement, one repeat per clinical assessment may be permitted. In JF, SF and JS no failed clinical placements can be repeated until approved by the Court of Examiners at exam result time in the Trinity term.
- q) If a midwifery student (JF/SF JS) fails a clinical placement an action/development plan is developed. This development/ learning support plan is carried to the subsequent core placement. The repeated placement is arranged following the ratification of the annual Court of Examiners, it will take place over the summer. Following an opportunity to repeat, if the student fails the assessment, the student may be asked to exit the programme.

- r) Any absence in the clinical area must be supported with medical evidence (submitted at the front of students' clinical competency documents). Students will not be permitted time owing without medical evidence and may incur a failure in the clinical placement
- s) Nursing students (only) who miss 50% or more of any clinical assessment must repeat their clinical assessment in full, incurring 100% time-owing.
- t) Students are not permitted to attend clinical placements if they hold the following status - withdrawn or withheld in published Annual/Supplemental/Special Court of Examiner results. Additionally, students are not permitted to attend clinical placement if they have not met the following criteria as applicable to their relevant year – satisfactory garda vetting, full attendance at mandatory clinical skills with updated certs, and fully registered on the programme.  
Please contact the Allocations Office TCD if you require further information on these requirements.
- u) Students are requested to inform the Allocations Office TCD directly if they intend on withdrawing from the programme. This is to ensure clinical placements are cancelled or re-assigned as appropriate.
- v) Students are requested to contact the Allocations Office TCD directly at the earliest point should they intend on returning from off books. This is to ensure placements are arranged as appropriate.
- w) The disability service office will support all students who may require assistance. College Calendar Part II 2022/23, states “students with disabilities are encouraged to register with the disability service early in their course to seek support. Students with disabilities are encouraged regarding open disclosure within their clinical placement sites/NPDU departments to gain appropriate levels of accommodations and support whilst in practice. Students availing of support for disabilities must complete a PLENS report with the disability team and disclose this PLENS report to the clinical settings, otherwise, reasonable accommodations cannot be facilitated in the clinical area.
- x) If students are unclear on any of the above guidelines it is their responsibility to clarify them with a college or Health Service Provider representative.
- y) See Guidance for final assessment table 1 (page 11) contained in these guidelines
  - N.B. Please ensure that correction fluid is not used and if corrections are made, please ensure that they are dated and signed.
  - Forgery is a serious offence and will be referred to the Junior Dean.

## 1.2 General College Regulations

- a) Students are required to undergo college Garda/Police vetting upon entry to the programme, additionally, updates may be required if they are 'off books for a period. If, as a result of the outcome of these vetting procedures a student is deemed unsuitable to attend clinical or other professional placements he/she may be required to withdraw from his/her course of study.(College Calendar, General Regulations and information, Garda/police vetting 2016/2017 <https://www.tcd.ie/calendar/undergraduate-studies/general-regulations-and-information.pdf>
- b) The Faculty of Health Sciences is responsible for educating and training health care workers who will work in areas requiring serious responsibilities and trust.

Training includes clinical and other professional practice placements which are often physically, intellectually, emotionally and ethically demanding. In the health sciences, the interests of the patient take precedence over those of the practitioner. Students who, for any reason, are unable to safely participate in clinical or other professional placements and, therefore, could cause harm to themselves or to others in such situations, are required to disclose such reasons to the head of school or his/her nominee. The College fitness to practice procedures will be applied where concerns are raised in relation to a student's fitness to participate in clinical or other placements. (College Calendar 2016-2017 General Regulations)

- c) Students who have not registered as an initial or continuing student by the specified "Last day for late registration" outlined annually in the College Almanack are subject to re-admission rules, and therefore not permitted on placement after the date specified. <https://www.tcd.ie/calendar/general-information/almanack.pdf>
- d) Students who have been off books, with the permission of the Senior Lecturer, may be required to complete a course of professional re-orientation before proceeding to the next year of their course. Several prerequisites must be completed for you to be deemed fit to return to clinical practice following a period of off-books. You are expected to contact [tcdallocations@tcd.ie](mailto:tcdallocations@tcd.ie) the on or before 1<sup>st</sup> August of the year you intend to return. Contacting after this date may prevent you from attending the course in the desired time frame. Students will not be permitted onto the new year of study unless this reorientation and updated skills are complete and submitted as requested prior to week 1 of the year they wish to reenter.

### 1.3 NMBI Links for Information

The NMBI is the regulatory body for the professions of Nursing and Midwifery in Ireland. Students can access their website with various policies as follows: <https://www.nmbi.ie>:

<https://www.nmbi.ie>

### 1.4 Student's Responsibility in the Practice Placement Area

- a) Value and respect the dignity of each person.
- b) Assume responsibility for his/her learning and the achievement of the learning outcomes, pass & complete all clinical assessments and submit 48 hours following the last day of placement. Complete TMS for all hours of attendance.
- c) Identify and avail of learning opportunities.
- d) Adhere to the standards of the nursing/midwifery profession.
- e) Adhere to the relevant student code of conduct.

- f) Adhere to the policies and procedures of the practice placement.
- g) Work within your own scope of practice.
- h) Appropriate use of social media as outlined on the NMBI website

## SECTION 2: General Guidance for Clinical Placements

### 2.1 General Guidance for the Clinical placements Internship year Nursing Students Only

#### Supernumerary Placements (Years 1-4)

All Practice Placements up to week 16 on the planner of Year 4 must be completed successfully to allow the student to commence the internship component of Year 4. Failure to do so will require the student to complete the same length placement to achieve this, only one attempt to repeat any placement will be permitted. Under no circumstances can students proceed into the internship component until they successfully completed the supernumerary placement and submitted relevant documents to the Allocations Office TCD.

#### Internship placement

- Week 20 onwards: (except students owing supernumerary time) students will be assessed at the relevant NMBI level in each placement. The student must pass each practice placement using core competency documents at the required Level. Students are permitted one fail and one repeat of a single clinical assessment. A failed placement must be passed immediately following the failed clinical assessment. If the repeat placement is not passed the students must exit the programme at that time and will be afforded an appeal at the next available Court of Examiners sitting for their year.
- Students must pass the final placement at the required Level (without a repeat), the students fail the final internship placement they must exit the programme at that time and will be afforded an appeal at the next available Court of Examiners sitting for their year.
- Students must submit a passed & completed clinical competence assessment document for all placements no later than 48 hours following the completion of the placement. Students who have unexplained, missing documents will be recorded as non-submission at the Court of Examiners (COE), incurring an overall failure.
- If a student fails more than one internship placement, he/she will be removed from the internship period at that time and returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.
- Any two consecutive competency fails will result in students failing the entire internship period, they must discontinue the internship and will be returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.

Students will not achieve the clinical component of the Senior Sophister year in BSc Nursing if they incur any one of the following:

- Fail more than one Clinical Competence Assessment at the required Level (CORE).
- Fail the final placement Clinical Competence Assessment at the required Level (CORE).

## 2.2 General Guidance for the Clinical Placements Internship Year Children's and General Integrated Programme Students

### Supernumerary Placements (Years 1-4)

All practice placements including supernumerary and internship (part 1) up to week 52 of Year 4 must be passed at the appropriate level prior to moving into year 5 (internship Part 2) Failure to do so will require the student to complete the same length placement to achieve this, only one attempt to repeat any clinical assessment will be permitted. Under no circumstance can students proceed into the internship (part 1) component of year 4 until they successfully completed all supernumerary clinical assessment placements.

### Internship Placement

- The internship period is broken into Parts 1 & 2. Part 1 is in year 4 and Part 2 is in Year 5. Students must pass year 4 (including the first 9 weeks of internship) in full to move into year 5. The student must pass each practice placement using the NMBI clinical assessment competency documents at the required level as defined by NMBI.
- The student must pass the final placement in part 2 of the internship at the required level. There is no repeat of the final placement permitted. Students must submit a passed & completed, competency assessment document for all placements within 48 hours of completion of the assessment. Students who have unexplained, missing documents will be recorded as non-submission at the Court of Examiners (COE), incurring an overall failure.
- A student who fails their first placement in internship Part 1 – year 4 (9 weeks) in either discipline will be immediately permitted one repeat clinical assessment (9 weeks). If a student fails more than one internship placement, they will be removed from the internship period at that time and returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.



- A student who commences their 18-week placement in adult and fails the second 9-week placement will remain in an adult placement to undertake his/her repeat placement and if successful will move into child placement. If unsuccessful they will be removed from the internship period at that time and returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.
- A student who commences their 18-week placement in Child and fails the second 9-week placement will remain in a Child placement to undertake his/her repeat placement and if successful will move into adult placement. If unsuccessful they will be removed from the internship period at that time and returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.
- No matter what the circumstances if the failed placement is the final placement in Part 2 year 5 regardless of the discipline must exit the programme at that time.

A Student will not achieve the clinical component of the B.Sc. (Cur) if he/she incurs any one of the following:

- Failure to achieve the required level (after one repeat placement) in all the supernumerary placements.
- Fail more than one internship placement.
- Fail first and second attempts at first 9 weeks of Internship (part1)
- Fail to achieve the final placement at the required level of clinical competence assessment on the first attempt.
- **\*\*Students who carry excessive time owing in year 4 (CGIDP) may be at risk of not being able to repeat part 1 (9 weeks) of the internship, as all years, including 4<sup>th</sup> year must be completed and passed by week 52 of that year. Students who fall into this category may apply to complete the repeat Part 1 (9 weeks) off-books and upon successful completion of this repeat (9 weeks) can recommence on year 5 with the following year intake. (Off-books will be for a full academic year)\*\***

## 2.3 General Guidance for Clinical Placements (Midwifery Students Only)

### Supernumerary Years (1-3)

In order to progress to the next year, the midwifery student must successfully complete each clinical placement for that year at the required level for all critical elements. This includes the successful completion of any repeat placements.

In addition, to complete the programme successfully, the midwifery student must have achieved the required level of competence for registration as a midwife.

Where competence/ies have not been achieved, the student will be given an opportunity to repeat the entire practice/clinical placement and assessment. Following an opportunity to repeat, if the student fails the assessment, the student may be asked to exit the B.Sc. in Midwifery honours degree programme/Midwife Registration programme. Regulations in relation to repeat attempts will be agreed and managed as per the Academic Regulations and Procedures of the School of Nursing and Midwifery, TCD.

### Internship (SS) year

In Senior Sophister students will spend one 6-week period in the practice area where students are supernumerary and an additional 36-week internship/rostered placement where the status of the student changes to that of the employee. During the 6-week supernumerary placement, students will gain experience in a variety of practice placements, including core midwifery and specialist placements. During the 36-week internship/rostered placement, students will gain experience in all core midwifery areas (i.e. antenatal, intranatal and postnatal) and must be deemed competent in all of these areas by the end of their Senior Sophister year. All Summative Practice placements will be a minimum of 8 weeks duration and students are required to complete an Assessment of Midwifery Competence (assessed as formative or summative) while on placement. The first 6-week internship placement is formative for all students, all other placements are summative

BSc midwifery Interns complete 1 formative 6-week core placement and 3 summative core placements over the 36 weeks

- Students who are successful on the summative placements are permitted to continue their internship as planned. The failed placement student go on to the next core placement on learning support plan then return to complete the failed placement, (thereby extending the internship placement)
- If students fail a second core placement, they will be removed from the internship period at that time and returned as a failure at the COE. Students can avail of the appeal court following the publication of this result.

## 2.4 General Guidance for the Preceptor or associate preceptor on Assessment

### Principles of Assessment for the BSc Programmes:

Assessment should be student-centered, and student-led, focusing on students learning needs, as they are active participants in the learning process. NMBl clinical competency assessment documents should provide a framework that will facilitate the process of assessment by being user-friendly, accessible, efficient, and effective.

The aim of the clinical assessment framework is to:

1. Clearly identify the student's learning objectives.
2. Highlight areas where more experience or learning opportunities are needed in order to achieve competence.
3. Provide a forum where an agreed 'learning support plan' or 'Development Plan' can be drawn up between the student, preceptor and link lecturer in midwifery to facilitate achievement of expected competencies should difficulties arise.
4. Provide a mechanism to evaluate the learning experience.

### Process:

1. There should be an initial interview, midpoint and final review between the student and preceptor.
2. The initial interview must take place in the first week of the placement.
3. The midpoint interview must take place at the halfway point of a core placement:
  - a. At the end of week 2 of a 4-week placement
  - b. At the end of week 3 of a 6-week placement
  - c. At the end of week 4 of an 8-week placement
4. The final interview ideally should take place in the last week.

### Successful Completion and Progression:

1. Achieve the required level in relevant Clinical Assessment framework.
2. Have completed required attendance for each clinical assessment placement. (midwifery only includes grace period)

## Structure of the Assessment Document:

Each Clinical Competency Assessment has a series of assessment criteria and associated skills that are specific to each year of the programme and outlines what is expected of the students in clinical placements. This facilitates the incremental progression of the student throughout their programmes. These competencies are as follows:

### MIDWIFERY ONLY:

1. The Midwife's practice is underpinned by a philosophy that protects and promotes the safety and autonomy of the woman and respects her experiences, choices, priorities, beliefs and values. Principle 1 – Respect for the Dignity of the Person.
2. The midwife practices in line with legislation and professional guidance and is responsible and accountable within their scope of midwifery practice. This encompasses the full range of activities of the midwife as set out in the EC Directive 2005/36/EC and the adapted Definition of the Midwife (ICM, 2011) as adopted by NMBI (2016). Principle 2 – Professional Responsibility and Accountability.
3. The midwife uses comprehensive knowledge, skills and professional behaviours to provide safe, competent, kind compassionate and respectful care. The midwife keeps up to date with current midwifery practice by undertaking relevant continuing professional development. Principle 3 – Quality of Practice.
4. The midwife works in equal partnership with the woman and her family and establishes a relationship of trust and confidentiality. Principle 4 – Trust and Confidentiality.
5. The midwife communicates and collaborates effectively with women, women's families and with the multidisciplinary healthcare team. Principle 5 – Collaboration with Others.

### Year One (Junior Fresh)

Direct Supervision: Defined as the Preceptor/Associate Preceptor (Co-preceptor) working with the student on a continuous basis whenever care is being provided to women and their babies. The student is expected to have observed and participated in practice with the Preceptor/Associate Preceptor (Co-preceptor) and be able to describe the care provided.

### Year Two (Senior Fresh)

Close Supervision: Defined as the Preceptor/Associate Preceptor (Co-preceptor) being present or in close proximity with the student whenever care is being provided to women and babies. The student is expected to safely and effectively perform the skill and provide care with an underpinning rationale

### Year Three (Junior Sophister)

Indirect Supervision: Defined as the Preceptor/Associate Preceptor (Co-preceptor) being accessible whenever the student is taking the lead in providing care to women and their babies. The student can safely and effectively perform the skill and provide care and can support care with evidence.

### Year 4 (Senior Sophister)

Distant supervision: Defined as the student safely and effectively performing the skill and providing care and accepting responsibility for the provision of this care. The student is expected at all times to recognise when they need assistance from the preceptor and seek assistance in a timely manner.

### NURSING ONLY:

#### Domains of Practice:

Domain 1: Professional values and conduct of the nurse competences Knowledge and appreciation of the virtues of caring, compassion, integrity, honesty, respect and empathy as a basis for upholding the professional values of nursing and identity as a nurse.

Domain 2: Nursing practice and clinical decision making competences Knowledge and understanding of the principles of delivering safe and effective nursing care through the adoption of a systematic and problem-solving approach to developing and delivering a person-centred plan of care based on an explicit partnership with the person and his/her primary carer.

Domain 3: Knowledge and cognitive competences Knowledge and understanding of the health continuum, life and behavioural sciences and their applied principles that underpin a competent knowledge base for nursing and healthcare practice. Nurse Registration Programmes Standards and Requirements 19

Domain 4: Communication and interpersonal competences Knowledge, appreciation and development of empathic communication skills and techniques for effective interpersonal relationships with people and other professionals in health care settings.

Domain 5: Management and team competences Using management and team competences in working for the person's wellbeing, recovery, independence and safety through recognition of the collaborative partnership between the person, family and multidisciplinary health care team.

Domain 6: Leadership and professional scholarship competences Developing professional scholarship through self-directed learning skills, critical questioning/ reasoning skills and decision-making skills in nursing as the foundation for lifelong professional education, maintaining competency and career development.

### Nursing Only Competency:

The level of competence required for each year of the programme During each practice placement, nursing students have to achieve all domains and all indicators at the stated minimum level. In cases where the level is identified as 'and/or' the HEI will have a local policy identifying which level of competency is required. This level may vary according to the practice placement learning opportunities. In cases where students may not be exposed to a specific learning opportunity to meet a required indicator, the preceptor must contact the CPC and/or Academic Link to put a plan in place to meet the learning outcome of this indicator. For example, the student and Preceptor, through simulated learning and discussion, can achieve the required learning outcomes.

**Please see below the level of competence required for each year:**

| <b>Year</b>                      | <b>Benner</b>            | <b>Steinaker and Bell</b>                   | <b>Level of Supervision</b> |
|----------------------------------|--------------------------|---|-----------------------------|
| <b>Year 1</b>                    | <b>Novice</b>            | <b>Exposure and/or participation</b>        | <b>Direct supervision</b>   |
| <b>Year 2</b>                    | <b>Advanced beginner</b> | <b>Participation and/ or identification</b> | <b>Close supervision</b>    |
| <b>Year 3</b>                    | <b>Advanced beginner</b> | <b>Participation and/or identification</b>  | <b>Indirect supervision</b> |
| <b>Year 4<br/>Supernumerary</b>  | <b>Advanced beginner</b> | <b>Identification</b>                       | <b>Distant supervision</b>  |
| <b>Year 4/4.5<br/>Internship</b> | <b>Competent</b>         | <b>Internalisation and dissemination</b>    | <b>Distant supervision</b>  |

### Supervision for Undergraduate Nursing Students:

Existing standards for undergraduate nursing education programmes Supervision requirements of undergraduate nursing students by Preceptors throughout the four/four-and a-half years of the programme are explicitly defined within the Nurse Registration Programmes Standards and Requirements (NMBI, 2016) document.

The Explanation of Terms (page 135) describes indirect and direct supervision within the context of the Scope of Nursing and Midwifery Practice Framework. Supervision is defined by NMBI as 'the provision of oversight, direction, guidance or support by a nurse or midwife to nursing students. Supervision may be direct or indirect (NMBI, 2016). 'Direct supervision means that the supervising nurse or midwife is actually present and works with the nursing student undertaking a delegated role or activity. Indirect supervision implies that the nurse or midwife does not directly observe the nursing student undertaking a delegated role or activity. Both direct and indirect supervision can include oversight, direction, guidance and support and evaluation' (NMBI, 2016).

Year 1 Junior Fresh: This level recognises that the undergraduate nursing student is a novice to the world of nursing and requires exposure to and participation in all aspects of practice. It is expected that a Registered Nurse will directly supervise the nursing student when participating in the care provided to people in the practice setting across the life continuum. Direct supervision is defined as the Preceptor being present and working continuously with the undergraduate nursing student while providing delegated nursing care to children/persons/service users. It is further expected that the nursing student will have a basic understanding of the broad concepts underpinning such care. The undergraduate nursing student may require continuous prompting in the provision of person-centred nursing care and considerable direction in identifying their learning needs.

Year 2 Senior Fresh: This level recognises that the undergraduate nursing student is an advanced beginner and has had some exposure and participation in the provision of care in the practice environment. The undergraduate nursing student needs both the assistance and close supervision of the Registered Nurse while participating in the provision of person-centred nursing. Close supervision is defined as the presence or close proximity to the undergraduate nursing student while providing delegated nursing care to patients/service users and supports family members. Frequent prompting may be required to support the nursing student in the provision of person-centred nursing and in the identification of its underpinning evidence. The nursing student begins to identify learning needs through discussion with the Preceptor/Associate Preceptor. 2 Chief Education Officer, 14.04.16, Addendum to Standards and Requirements for Nursing Undergraduate Education Programmes NMBI Guidelines for Completing the National Competence Assessment Document 10

Year 3 Junior Sophister: At this level, the nursing student is an advanced beginner under the indirect supervision of the Registered Nurse. The nursing student can identify the needs of persons and primary carers in practice and begins to adopt a problem-solving approach to the provision of safe nursing care. Indirect supervision is defined as the Preceptor being accessible to the undergraduate nursing student for guidance and support while providing delegated nursing care to children/persons/service users and supports family members. The undergraduate nursing student actively participates in the assessment, planning, delivery and evaluation of person-centred nursing and is able to provide a rationale for actions. It may be difficult for the nursing student to prioritise care in particular or complex situations.

Year 4/4.5 Senior Sophister: At this level, the undergraduate nursing student will be expected to competently apply a systematic approach to the provision of person-centred practice to an allocation of patients/service users under the distant supervision of a Registered Nurse. Distant supervision is defined as the undergraduate nursing student providing safe and effective delegated nursing care to children/persons/service users and supporting family members. The undergraduate nursing student accepts responsibility for the provision of delegated care and recognises when the guidance and support of the Preceptor and Registered Nurse is required and seeks such assistance in a timely manner. The nursing student must demonstrate the evidence-based practice and critical thinking. The nursing student is capable of supporting the person and their primary carers and to work collaboratively with professional colleagues within the clinical environment. The nursing student also possesses many attributes including practical and technical skills, communication and interpersonal skills, organisational and managerial skills and the ability to perform as part of the healthcare team, demonstrating a professional attitude, accepting responsibility and being accountable for one's own practice.

## Reflective Writing –Applicable to Nursing Students Only

Reflective practice Reflection is a process of knowledge acquisition originating in practice and best suited to solving complex practice-based problems (Schön, 1987). Reflection is about reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice in a positive way (Bulman, An Introduction to Reflection, 2008). It involves opening one's practice for others to examine, and consequently requires courage and open-mindedness, as well as a willingness to take on board, and act on, criticism. Ultimately and importantly, reflection in nursing is connected with professional motivation to move on and do better within the practice in order to learn from experience and critically examine 'Self' (Bulman, Lathlean, & Gobbi, The Concept of Reflection in Nursing: Qualitative Findings on Student and Teacher Perspectives, 2012).

The Gibbs model of reflective practice is used in the National Competence Assessment Document to guide nursing students on the process of reflection. Reflection must relate to situations encountered by nursing NMBI Guidelines for Completing the National Competence Assessment Document 19 students in their practice placement whereby learning is of value to the enhancement of professional nursing practice. Particular situations may include a positive experience where something went well or a negative experience where the nursing student needs to think and reflect about what has happened and how to deal with the situation effectively if it occurs again in the future. Following each part of the Gibbs reflective cycle, the nursing student must integrate learning from the experience with theory to further inform their professional practice in the practice placement setting. Reflection provides the opportunity to enhance clinical reasoning while having a positive impact on patient care (Caldwell & Grobbel, 2013).

The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives encourages the use of reflective practice in the development of understanding for professional responsibilities in caring for a patient in a safe, ethical and effective way (NMBI, 2014). Being safe, ethical and effective is being mindful of doing what is right and good. It is being aware of the consequences of one's decisions and actions on the other. To realise effective healthcare practice the practitioner must necessarily develop ethical competence (Johns, 2013). Ethical practice requires ethical or moral courage. It demands constant reflection and awareness of one's own practice and the effect it can have on others and the importance of advocating for what is needed to make the moral community strong (Canadian Nurses Association, 2010).

The nursing student who engages in reflection as part of their learning can create an objective view of their progress and see what is going well and what needs to be developed further. Regular or daily reflection helps after an event such as carrying out a clinical procedure, engaging with patients/staff, critical incidents or just a difficult day. Clinical learning is also enhanced when nursing students are empowered to reflect on their experiences of the practice placement setting. As a nursing student, it is not enough to only engage in reflection after the experience has occurred, known as reflection-on-action.

Reflective practitioners must also develop the ability to reflect-in-action which will allow them to solve problems more effectively when facing uncertainty and novel situations (Stoner & Cennamo, 2018). Reflection-on-action is the retrospective analysis and interpretation of practice in order to uncover the knowledge used and accompanying feelings within a particular situation. It occurs after



the event and therefore contributes to the continuing development of skills, knowledge and practice. Reflection-in-action is the process whereby the nursing student recognises a new situation or problem and thinks about it while still acting.

The nursing student is able to select and remix responses from previous experience when deciding how to solve a problem in practice. NMBI Guidelines for Completing the National Competence Assessment Document 20 Protected time for reflection In order to guide a nursing student, Preceptors/Supervisors, CPCs and Link Academic Staff must have a sound knowledge of reflective practice, its concept, its foundational theories, influences and values (Parish & Crookes, 2014) to be able to support and facilitate nursing students to develop effective reflective practice. All the key people involved in the clinical learning environment should devise innovative and effective ways to maximise the opportunity for nursing students to reflect on and learn from their clinical experience and that specific period of protected time must be identified for reflection during supernumerary and internship placements (Nurse Education Forum, 2000). NMBI (Nurse Registration Programmes Standards and Requirements, 2016) requires a minimum of four hours of reflective time per week.

Guidelines for reflective writing as part of the nursing student's Competence Assessment, the nursing student is required to complete ONE piece of reflective writing per placement, regardless of duration.

1. The purpose of reflective writing is to demonstrate learning.
2. The reflective writing provides one source of evidence relevant to the learning that has been achieved and must be linked to the practice placement learning outcomes in a particular domain.
3. The nursing student should follow the template provided in the competence assessment document.
4. The nursing student, Preceptor/Supervisor /CPC/Link Academic Staff must ensure the content of the reflective writing piece is anonymised.

## 2.8 Guidelines for visiting Erasmus students

Erasmus Student Exchange: Semester 1 JS Year.

- Students are expected to work 35 (4 reflective) hours per week, student may work a variation of long days (up to 13 hours) and short days, these working times are dictated by Trinity College Dublin and the relevant health service provider.
- Students will receive a one-day orientation in the School of Nursing and midwifery prior to commencement in clinical placements.
- Students will be expected to use the current learning models used by Irish nursing students including reflective practice and verbal feedback sessions with CPCs.
- Students are encouraged to always speak English in the clinical areas and should address any difficulties in this area with their ward preceptors and CPC.
- Students must adhere to the local sick leave policy as per Irish nursing students.
- Students are expected to record their own hours for their home university, they will not be on the online TMS system used by Irish students.
- Students are expected to record their own assessments for their home university, they may be asked to complete clinical assessment documentation as used by Irish students.
- Students are expected to adhere to all policies and procedures as per Irish nursing student nurses. Students should familiarise themselves with these policies in the relevant health service providers.
- Students are expected to take an active role in their own learning.
- Students should make themselves familiar with the Irish regulatory body NMBI and read all relevant documentation in relation to nurse training, especially the scope of practice document. These are available on the NMBI website. [www.nmbi.ie](http://www.nmbi.ie)
- Students must provide their own uniform, and provide evidence of the following prior to commencement of placement – garda vetting, immunization records and evidence of relevant clinical skills
- Students must provide all documentation in English.
- Annual leave is at the discretion of the student's placement area/hospital and must be agreed upon in advance

## SECTION 3 Glossary of Terms

Assessment - Determining the extent to which an individual has reached the desired level of competence in skill, knowledge, understanding or attitudes in relation to a specific goal (Neary 2000).

Assessment measures the integration and application of theory to patient/client care learned throughout the programme and requires the student to demonstrate proficiency within practice through the achievement of learning outcomes in both theory and practice.

BSc Student Cases Committee – Subgroup of BSc Management Group that monitors students' progression through the course.

BSc Management Committee – TCD staff who manage the daily running of the BSc nursing and midwifery courses.

Clinical Placement Co-ordinator - A skilled clinical Nurse/Midwife whose role is to guide and support students in assigned clinical areas and ensure that the clinical placements meet the requirements of the education programme regarding planned experiences and outcomes.

Competence - Competence is a multidimensional phenomenon and is defined as the ability of the Registered Nurse or Registered Midwife to practice safely and effectively fulfilling his/her professional responsibility within his/her scope of practice.

Court of Examiners – a meeting of Academic external examiners and Clinical staff to ratify and award results.

Domains of Competence / Principles - Domains of competence / Principles are broad categories or values that represent the functions of the Registered Nurse/Midwife in contemporary practice.

All five Domains of Competence represent the level the student must reach on completion of the educational programme for entry to the Register held by NMBI (Nursing and Midwifery Board). (NMBI (Nursing and Midwifery Board) November 2016)

Erasmus Students – Nursing and Midwifery Students, who visit Ireland from other EU countries to partake in some element of the Irish training system, may be clinical or academic.

### Indicators

Indicators provide evidence of competence. The indicators are subdivided into critical elements.

JF – Junior Freshman (1<sup>st</sup> Year)

SF – Senior Freshman (2<sup>nd</sup> year)

JS – Junior Sophister (3<sup>rd</sup> Year)

SS – Senior Sophister (4<sup>th</sup> Year)

### Negotiated Goals

Negotiated Goals are the competencies to be achieved and assessed, as identified through discussion and agreement between the student and the preceptor at each assessment of the practice placement.

Practice Placement - An approved learning experience that provides nursing and midwifery students with the practice elements of the nursing degree programme.

### Practice Learning Environment

The environment in which the clinical learning takes place.

### Preceptor / associate preceptor

A preceptor / associate preceptor is the registered Nurse/Midwife who has completed a registration education programme and is registered in the division of the register maintained by NMBI (Nursing and Midwifery Board) pertinent to the practice placement and is practising in that discipline/Profession.

### Internship Practice Placement

The element of the Nursing Degree Programme during which the nursing and midwifery student is employed by the service provider.

### Semester

Terms in which students attend college, either theory or clinical: Semester 1 - prior to Christmas and Semester 2 - following Christmas, followed by exam period in May/June.

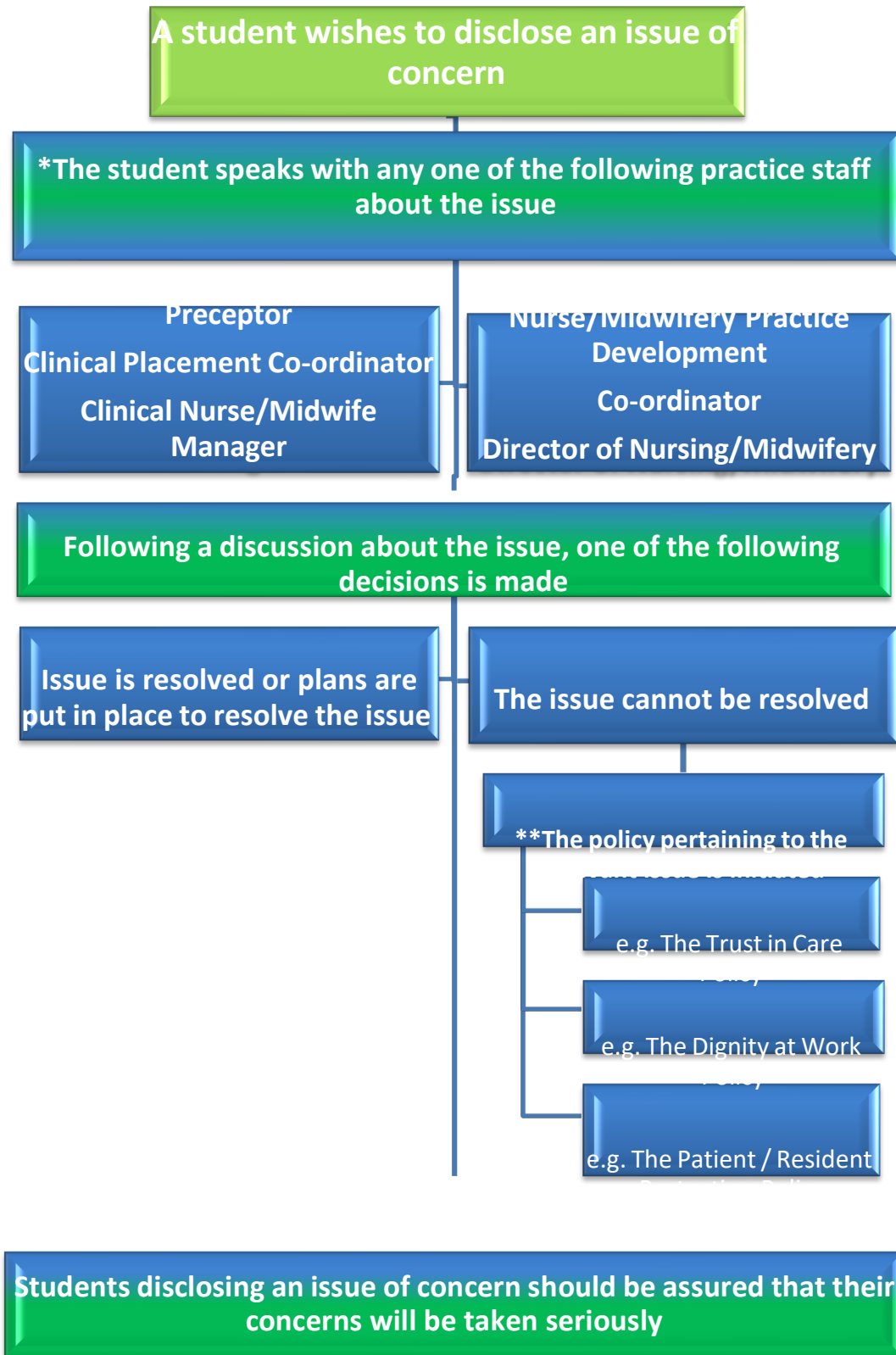
## Supernumerary Status

Clinical Placements provide learning opportunities, which enable the achievement of the learning outcomes. Supernumerary status of the student during the period of clinical placement is an important factor in enhancing the educational value of the experience.

### The key features of supernumerary status are:

1. Allocation to clinical placement is driven by educational needs enabling the student to achieve stated learning outcomes.
2. The student actively participates in giving care appropriate to the student's level of knowledge and practical experience under the supervision and direction of a registered nurse/midwife
3. The student is surplus to the roster complement of nurses/midwives.
4. The clinical placement allows for purposeful/focused learning where the student applies the theoretical knowledge to health care practice and develops the integrated knowledge and skills essential to a professional practitioner.
5. The student takes an active role in achieving the learning outcomes whilst acknowledging the interests/rights of the patient/client

Appendix 2 Disclosing a practice issue for students



\*Where a student feels that she/he cannot disclose a clinical issue to practice staff then she/he may speak directly to the Director of Undergraduate Teaching & Learning (DUTL), School of Nursing & Midwifery, Trinity College Dublin

\*\* Nurse/Midwife Practice Development will inform the DUTL, School of Nursing & Midwifery, Trinity College Dublin, when policy is initiated.  
Joint Working Group (May 2015)