Supportive Mechanisms for
Student Learning: Guidelines

1. Additional Support
2. Additional Supportive Interview
3. Supportive Learning Plan

BSc Nursing and BSc Midwifery

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Amendments History

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Supportive Mechanisms for Student Learning

1. ADDITIONAL SUPPORT

Every effort is made to support and guide a student in achieving their Clinical learning outcomes (CLOs), Competencies and Clinical skills however, some students may require additional support. The need for additional support does not mean that a student will not achieve or is more likely not to achieve their clinical requirements but quite the contrary, in that, the earlier a preceptor/associate preceptor or indeed the student themselves may see that more support is needed in a specific area then the more likely they are to achieve their clinical requirements. Furthermore, the earlier this is addressed by either party also the more time there is to set out specific objectives to support a student with achieving their identified requirements. Additional support is provided by way of an Additional Supportive Interview or a Supportive Learning Plan.

2. ADDITIONAL SUPPORTIVE INTERVIEW

The Additional Supportive Interview section should (where possible), be implemented prior to the initiation of a Supportive Learning Plan (SLP). This can be done at any time e.g. before, during, or after the mid interview or at any time in a practice placement. The Additional Supportive Interview page is located in the student’s Clinical Booklet in the Student Interviews section. See page for specific requirements to complete.

Process for conducting an Additional Supportive Interview

The Preceptor/Associate preceptor/CPC and/or other relevant personnel request a meeting with the student as soon as possible to address this concern. Depending on the nature of the concern the Link Lecturer (LL) may also attend. The purpose of this meeting is to:

- Ascertain the student’s view of their practice and progress
- Highlight to the student by giving specific examples of the concerns which the Preceptor/CPC and/or relevant personnel have in relation to their CLOs, Competencies, skills, professional nursing practice/other.
- Give constructive feedback and direction by giving 2 - 3 specific guidelines to the student on what they need to do or work on to address the identified issue(s) or concern(s).
- Specify a date to review the learning/practice/concern with the student/Preceptor/other
- The nature of the concern, feedback and direction given with review date of next meeting or other outcome of meeting must be documented in the Additional Supportive Interview Section.

It is essential that the Preceptor/Associate preceptor/CPC or other member of staff document any concerns in the student’s clinical booklet in an objective and factual manner, providing examples from student’s practice.

The student should be provided with a reasonable timeframe (pending length of placement) to address performance/learning issues identified (two days to one week where possible). This record, including “decisions reached” must be signed and dated by both the student and
preceptor. If after this time the original concern(s) remain, a Supportive Learning Plan (SLP) or other mechanism\(^1\) may be introduced in advance of their final interview.

If an Additional Supportive Interview remains open at the end of a clinical placement then this (Additional Supportive Interview) is carried forward to the student’s next clinical placement area. The student, on commencing their next placement must inform his/her Preceptor/CPC/CNM/CMM, if an issue raised in the Additional Supportive Interview is still ongoing. The student must then be assessed and evaluated during the 1\(^{st}\) week of placement in relation to issues/actions identified in the Additional Supportive Interview. A decision is then made to either close the Additional Supportive Interview or to progress to opening a Supportive Learning Plan (SLP).

At this meeting (Additional Supportive Interview) however, depending on the nature of the concern and following some discussion, there is a possibility that the need for an SLP or other mechanism may be suggested to the student to assist with their practice/learning issues or to address professional matters. The LL, if not present at the Additional Supportive interview must be informed by the CPC that an Additional Supportive interview has occurred. If an SLP/other mechanism is suggested, then the L.L. and Practice Module Leader/Programme Leader are informed of the need to arrange a meeting as appropriate.

\(N/B:\) [In exceptional circumstances however, and pending nature of event, an SLP/other mechanism may need to be introduced immediately without an Additional Supportive Interview e.g. student performing outside their scope of practice and/or patient safety concerns].

The Clinical Placement Co-ordinator (CPC) / Link Lecturer (LL) will inform CPC/LL for next placement as appropriate.

3. SUPPORTIVE LEARNING PLAN

\(NB – \) See section on “Additional Support” and “Additional Supportive Interview” above prior to initiating a Supportive Learning Plan.

**Definition**
A Supportive Learning Plan (SLP) is a structured process to provide additional support to a student in the achievement of agreed clinical learning requirements during a practice placement. The process is a supportive mechanism undertaken by UCC and respective HSP personnel. All personnel involved will demonstrate respect for the dignity of the student and their colleagues, and will maintain confidentiality at all times during the process.

**Indicators for a Supporting Learning Plan**
The need for a SLP may reflect:

- When a student has not achieved requirements using the Additional Supportive Interview section
- A requirement for additional support for a student in order to achieve agreed clinical learning requirements at the required rate with respect to the BSc programme and reasonable for that clinical area.
- Explicit loss of a student’s earlier level of achievement

\(^1\) Other mechanism for example may include disciplinary procedures, fitness to practice, occupational health etc.
• The student’s own wishes for additional support because they are not achieving clinical learning requirements relative to their identified learning needs
• Where a student could benefit from support in relation to professional behaviour (for example, interpersonal relationships)
• Support for a student to practice within their agreed/signed Practice Placement Agreement.

Please note: Placement duration should have no bearing on the need to initiate an SLP.

Timing of Opening an SLP
In the absence of exceptional circumstances (P.3), an SLP must not be initiated on last day of placement. A Supportive Learning Plan (SLP) can only be initiated during allocated clinical placement time and SLP meetings can only take place during allocated clinical placement time. A student must not be called out of theory (study leave or any other leave) for an SLP meeting.

Setting up a Supportive Learning Plan Meeting
The Preceptor must liaise with the Clinical Placement Co-ordinator (CPC) who will contact the area specific Link Lecturer (LL) regarding the need to initiate an SLP. The CPC must liaise with the LL to arrange a meeting of the relevant personnel, consisting of a minimum of four and a maximum of five people. This must include the student, preceptor, LL, CPC and/or the CNM/CMM. The CPC/LL, in advance of the meeting will provide the student and other personnel with the details of the meeting (the process, purpose, date, time, venue and persons to be present).

In the event of the unavailability of a LL for a specific clinical area (ideally the LL should arrange their own cover for SLP meetings), and to avoid an unnecessary delay in the scheduling of an SLP meeting, the CPC or LL are required to inform the Practice Module Leader, Programme Leader if LL (or cover) is unavailable. The Practice Module Leader/Programme Leader will then take responsibility for allocating a replacement LL to attend SLP meeting.

The Process of Conducting and Documenting the SLP Plan Meeting

INITIAL MEETING
The CPC/LL or CNM/CMM will chair the meeting and the LL or CPC will record the process that includes the student’s specific learning requirements. All parties, or their representatives, must be present at all meetings relating to the SLP.

First, the student is invited to give a view of his/her progress.

Secondly, the preceptor is asked to comment on the following: (using specific examples/incidents)
• why he/she considers it necessary to implement an SLP

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2Where CPCs are not in place, the preceptor must liaise with the Clinical Development Coordinator or LL.
3 If no CPC linked to a clinical area the LL arranges the SLP meeting of the relevant personnel, consisting of a minimum of three and a maximum of five persons and must include student, preceptor, LL and a CNM/CMM where possible.
• identify the student’s clinical learning requirements needing attention (See indicators for SLP above).

The student is given the opportunity to respond to the preceptor’s comments/concerns.

Thirdly, any other evidence that supports the preceptor’s concerns in relation to the student can then be presented e.g. from a CPC/CNM/CMM or LL where relevant. The student is given the opportunity again to respond.

Fourthly, the steps the student needs to take towards achieving their learning requirements must be clearly identified and documented as Agreed Goals. The Agreed Goals must reflect the associated Domains, and outcomes specified in the Clinical Learning Booklet. The SLP should also identify methods of achieving the Agreed Goals. For example, provide a maximum of three measurable outcomes (measured by observation, problem-solving exercises, regular communication or other evaluation methods), using active verb statements (e.g. report, plan, document, demonstrate, communicate etc.) to give the student specific direction of how to achieve their clinical learning.

Finally, a reasonable review date must be agreed and set to provide the student with an opportunity to discuss/demonstrate progress by that date or for further supports to be put in place. The SLP must be signed and dated by both the Preceptor, student and all others present at the meeting.

The Link lecturer informs the Practice Placement Module Leader, Programme Leader and Director of Practice Education of the implementation of an SLP. The Link lecturer must place a copy of the SLP in the student’s file in G03, School of Nursing & Midwifery, UCC. The original copy must remain in the student’s Clinical Booklet.

REVIEW MEETING
At the review meeting, the CPC/CNM/CMM or LL will either chair the meeting or record the process. Similar to the Initial meeting (as outlined above) the student is asked to comment on his/her progress. Then the preceptor responds to the student’s comments. Others present at meeting may comment on the student’s progress where relevant. A judgment will be made by the preceptor following discussion (at the meeting) with all parties present whether to continue or close the SLP on the basis of progress made by the student. The section “Review of student’s progress and further recommendations” in the Clinical Booklet is intended for use at the review meeting.

The SLP review meeting record must be signed and dated by the preceptor, student and all others present at the meeting. The LL informs the Practice Placement Module Leader, Programme Leader and Director of Practice Education of the outcome of the SLP review meeting. The LL must place a copy of the SLP review meeting in the student’s file in G03, SONM, UCC. The original copy must remain in the student’s Clinical Booklet.

4 Students can also work to achieve clinical learning outside of identified learning within the SLP during their Clinical Placement if deemed appropriate.
The Process of Notification

Student Responsibilities. The student must:
- On commencing their next placement, inform his/her preceptor/CPC\(^5\) either verbally or via e-mail that they are carrying an **OPEN SLP** forward from a previous placement or previous academic year.

The Clinical Placement Coordinator (CPC) Responsibilities. The CPC must:
- Inform the Nurse/Midwife Practice Development Coordinator if a student has an **open SLP**.
- Inform the CPC/CDC for the next practice placement of the **open SLP**\(^6\).
- Liaise with the student at the commencement of the next clinical placement.

The Link Lecturer (LL) Responsibilities. The LL must:
- Inform the Practice Module Leader, Programme Leader, Director of Practice Education and LL in the student’s next placement of a student having an **open SLP**.
- Liaise with the external hospital sites, in relation to a student going to or leaving a placement with an **open SLP**.

The Programme Leader/Practice Module Leader in consultation with the Allocations Officer (AO), Allocations Liaison Officer (ALO) may consider the suitability of the next placement in order for the student to achieve the learning requirements outlined in the SLP. This is in context of a general or specialist placement. Whilst some re-organisation may be achievable for years one, two or three of the BSc programme however, students must complete the entire 18 weeks of their specialist placements prior to internship placements in year four as stated by ABA, 2005)

“All theory, supernumerary core placements and the specialist placements must be completed prior to students undertaking the final placement of 36 weeks internship which consolidates the completed theoretical learning and supports the achievement of clinical competence within the learning environment” (ABA, 2005, p.20).

Therefore, SLPs may be carried over to specialist placements.

Process for Carrying an Open SLP to the Next Academic Year

Students are required to meet the pass and progression requirements for the respective years. However, if an SLP is initiated during an academic year and remains open at the end of that year, then on commencement of their next clinical placement for the next academic year, a meeting must be held to review the **open SLP**. Follow guidelines for review meeting and student responsibilities outlined above.

Student Refusal to Engage with the SLP process

The SLP is initiated with the agreement of the student. If a student refuses an SLP, the CPC must arrange a meeting with the student, preceptor, CPC and LL. to discuss the matter. This

\(^5\)Where CPCs are not in place, the student must liaise with the Clinical Development Coordinator or LL.

\(^6\) BSc Integrated Children’s programme only: Child and Adult specific learning requirements must be achieved in the relative disciplines whereas shared can be achieved in either child or adult placements. These principals remain relevant during the SLP process.
can be done at mid interview or as an additional interview. Here the student’s reasons for refusing an SLP must be documented as well as advice given and signed by all present. The student is made aware of the implications of this i.e. they may not achieve Pass and Progression requirements for their clinical module.

If a student refuses to engage with the SLP processes and/or refuses to sign the SLP, in the interest of patient/client safety the student will be notified by the CPC/LL that this refusal to engage with the SLP process may be in breach of the Practice Placement Agreement for example

“I confirm that I shall endeavour to recognise my own limitations and shall seek help/support when my level of experience is inadequate to handle a situation (whether on my own or with others), or when I or others perceive that my level of experience may be inadequate to handle a situation”.

“The student is advised that this may have implications for their pass and progression to the next academic year.

The student will also be notified by the CPC/LL that they may be removed from placement as deemed appropriate. In the event of a student refusing to engage with the SLP processes and / or refusing to sign the SLP, the LL/CPC (if applicable) must organise a meeting to review this situation within a maximum timeframe of 2 weeks with the relevant personnel in the Health Service Provider & School of Nursing & Midwifery, UCC. This meeting must include the student, CPC, Nurse/Midwife Practice Development Co-ordinator (N/MPDC), Programme Leader and Director of Undergraduate Practice Education.

**Student with Continuous or high volume of SLPs**

If a student has continuous open SLPs or has a high number of SLPs within an academic year, the LL/CPC (if applicable) must organise a meeting to review this situation prior to completion of the student’s clinical placement for that academic year. A review meeting with the relevant personnel in the HSP and SONM, UCC will be held. This meeting must include the student, CPC, LL, Nurse/Midwife Practice Development Co-ordinator (N/MPDC) and Programme Leader.

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7 In the event of a student being removed from placement the AO in UCC and ALO in the HSP must be notified immediately by the CPC/LL. Any time missed from clinical practice by the student must be repaid in full as per the NMBI requirements and standards.
SUPPORTIVE LEARNING PLAN (SLP) ALGORITHM

Planning the SLP

- Review outcome of Additional Supportive Interview
- Preceptor/CNM/CMM/CPC/LL identifies that a student is not achieving their clinical learning requirements, is not conducting themselves in a professional and responsible manner and/or not working within their agreed Practice Placement Agreement (PPA).
- Preceptor/CNM/CMM liaises with CPC/CDC to discuss the ongoing concerns in relation to a student’s failure to progress following Additional supportive interview.
- Student is informed by the preceptor/CNM/CMM/CPC or LL in advance of the proposed/scheduled SLP meeting and of their preceptors/CNMs concerns.
- CPC/CDC/LL liaises with all relevant personnel (student, preceptor/CNM/CMM, CPC, LL) to arrange a meeting, giving details of the purpose, date, time and venue.

Initial Meeting

The CPC/LL or CNM/CMM will chair the meeting and either the LL/CPC will record the process. First, the student is invited to give a view of his/her progress. Secondly, the preceptor is asked to comment on the following: (using specific examples/incidents)

- why he/she considers it necessary to implement an SLP
- to identify the student’s clinical learning requirements needing attention (See indicators for SLP above).

The student is given the opportunity to respond to the preceptor’s comments/concerns. Thirdly, any other evidence that highlights a student’s learning deficits is then presented/discussed e.g. from a CPC/CNM/CMM or LL where relevant. The student is given the opportunity again to respond. Fourthly, an appropriate plan with Agreed Goals and support mechanisms are identified to help the student to achieve the learning/practice concern(s).

Finally, a time frame is agreed and review date set. SLP is signed and dated by all present. The SLP is documented in the student’s Clinical Booklet and a copy must be placed in the student’s file in the School of Nursing and Midwifery, GO3, UCC.

Review Meeting

The student’s progress is reviewed. Follow procedure as for Initial meeting (outlined above)

- Student is invited to give a view of his/her progress.
- Preceptor/CNM/CMM/CPC/LL gives his/her feedback.
- If learning/practice concern(s) has been achieved - SLP is signed off and closed.
- If the student is not achieving the Agreed Clinical Goals, a revised plan is formulated with a new review date within a reasonable timeframe. (Refer to ‘notification’ section above if student with open SLP moving to a new placement area)
- The section “Review of student’s progress and further recommendations” in the Clinical Booklet is intended for use at the review meeting.
- The SLP review meeting record must be signed and dated by all present at meeting. LL must place a copy of the SLP review meeting in the student’s file in G03, SONM, UCC.

On closure of an SLP, there is no requirement to notify future placement areas of the prior existence of an SLP, thus upholding confidentiality.