MENTOR GUIDE

Frequently Asked Questions

Dispelling Myths for Mentors
INTRODUCTION

This document has been created by NHS Tayside Practice Education Facilitators (PEFs) and academic staff to provide some guidance for mentors and students on a variety of issues/questions that arise time after time whilst students are on their clinical placements. We hope you will find this a useful resource.

As well as our local Universities, the University of Dundee and Abertay University, Tayside can be the host for students from other Universities in particular Robert Gordon University and Napier University. Approaches can vary from one to the other and where possible we have tried to encompass these variations.

Local areas may have guidelines or protocols that denote a different approach for students with regards to their involvement in clinical practice.

If you have any other questions you would like answered please contact the PEF that covers your area who will be happy to try and help.

PEF Contact Details

Dundee
01382 660111 Ext: 36596 or 40257

Angus
01382 660111 Ext: 71444, 71445 or 65511

Perth & Kinross
01382 660111 Ext: 13322
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Section 1 – General Administration Issues

1. Patient Escort Duties

At present the University of Dundee and NHS Tayside are working on Patient Observations and Escort Policies for students. In the interim mentors should consider the knowledge, and skills of the student and the stage they are presently at within their programme prior to asking them to escort patients. It is the mentor, as the registered practitioner, who is ultimately responsible for the patient under their care.

Students should not escort patients who have IV infusions, chest drains or Oxygen therapy in situ or any other medical appliances they would not be able to deal with in the event of a problem arising. If an escort requires a registered nurse, then the student cannot do this unaccompanied.

2 Incident Reporting: Datix System

Any Datix reports relating to or involving students should be sent to:

NM-CFC@dundee.ac.uk.

The University that the student attends requires a copy of each incident for their records and this email address is relevant to students from all the Higher Education Institutions – Dundee, Abertay, Robert Gordon (RGU) and Napier Universities.

Please be advised if a student Nurse or Midwife is involved in an incident, mentors who are completing the report should provide the following information:

- Name of student
- Name of University
- Incident Number
- Date of incident

If a Student Nurse or Midwife reports the incident, they must also notify their Learning Team Facilitator (LTF) about the incident.

3 Process when student is witness to an incident

The mentor should follow the cause for concern process, and contact the student’s LTF.

4 Needlestick Injury

The needlestick injury protocol (see link below) should be followed for all students who sustain a needlestick or related injury. The mentor also needs
to raise a **DATIX** report, a copy of which should be sent to the University of Dundee at: **NM-CFC@dundee.ac.uk** who will forward to the relevant University that the student attends. The student should attend Occupational Health Department locally for an initial assessment. All information should be documented accordingly.


If a student needs to attend any other Occupational Health type referral their LTF will make any necessary arrangements with OHSAS through the University’s Occupational arrangements.

5 Reporting Sickness/Absence

Students are told to inform their placement **and** the University of any absences they have.

Mentors should also contact the relevant University to inform them of the student’s absence. The contact details for this are:

**University of Dundee:** (01382) 388194

**Abertay University:** (01382) 308722

**Napier University**- contact academic support if the student is off for more than one week.

The procedure of contacting the relevant University should be repeated when the student returns to work to ensure that an accurate record is kept of the length of time the student has been absent from their placement.

6 Making Up Sick Time

Students cannot make up any sickness absence whilst on placement. If a student is required to make up placement time in order to be eligible to register with the NMC, this time will be made up at the end of their programme and will be determined and arranged by the relevant University.

RGU has a process in place where student midwives can make up sick time in their placement at the end of Year 1 or 2 as long as the total quantity of days to be made up is not over 5 days in duration. If it is over 5 days duration, RGU shall allocate where and when the time is to be made up. The make-up time and placement for any sick time in 3rd year will be allocated by RGU at the end of the 3rd year.

Napier University – 3rd year students in their consolidation placement have to complete their practice placement hours either at the end or they can work additional shifts to make up their time during the placement providing the hours do not exceed European Working Time Directives.
7 Emailing Notification of Non-attendance

It is not acceptable for students to email to say that they will be off sick. They are required to ensure that the area is aware prior to commencement of shift that they will be unable to attend. If they have emailed this information, the mentor or whoever has been sent this information, may not receive notification until well after the student was due to appear on shift.

8 Changing Study Days

Study days cannot be moved. The notification from the University of Dundee clearly states at the top of the sheet that study days are NOT negotiable whether students are due to attend the University or not. Some of these days are organised for the students to attend and meet with their LTF. Others are set to enable them to complete work that has been set by the University.

9 Evidence required to accept change of study day

Any change that might be made by an LTF to a study date will be communicated to the students by email. A copy of this email would be considered acceptable evidence for a change of date. The University will avoid arranging any study days for a Monday or a Friday.

10 Students Annual Leave

Students are allocated specific annual leave when they commence their programme and are not permitted to change this.

11 Time-keeping

There is an expectation that students turn up to placement on time to start their shift. If the student needs to travel distances, the student is expected to stay locally. Students can negotiate flexible start/finish times with their mentors but the student’s learning must not be compromised by this.

12 Travel and Accommodation

The cost of accommodation may be able to be claimed back retrospectively. Costs up to £5 per day are included as part of the student’s bursary (if they are funded by SAAS). If travel costs are more than £5, then the difference can be claimed if a receipt is provided and the cheapest mode of transport has been used. Students are given this information at the time of their interview and again once they commence the programme. Further information is available on the SAAS website. Not all students get the SAAS bursary.
13 12 hour shift working

The University of Dundee recognise some placement areas work 12 hour shift patterns. Students are not required to undertake 12 hour shifts, however, if the student is 18 and over, they can opt to do this shift pattern if it is of educational value and results in improved mentor support. The University of Dundee do not generally allow students to work 12 hour shifts in the first semester however there are some areas where it has been agreed that this is allowed particularly for students on the Child programme. If areas feel that the mentor/student time is compromised because of this they may contact the University to discuss and negotiate.

In line with EU Directives and Working Time Regulations students under 18 years of age cannot work 12 hour shift patterns.

In instances where students elect not to undertake this shift pattern, or it is deemed not to improve the educational value of the placement, the student should follow the traditional core shift pattern.

Abertay University prefer their students to work core shift patterns during their first year.

If requesting 12 hour shift pattern to support child care issues this would require to be agreed by the Senior Charge Nurse and the relevant University.

14 Students working shifts and weekend

Normally students would be expected to work no more than two late shifts per week and no more than 2 weekends in a 5-6 week placement or 4 weekends in a 10-12 week placement.

Abertay University: Students are expected to work occasional weekends during their placement time. Students are expected to work the shifts allocated by the practice area.

Nightshifts: University of Dundee: Normally 2 weeks in second year

Abertay University: A total of 2 weeks in either Year 2 or Year 3.

15 Students organising their own off duty

Normally the off duty is planned by the mentor or manager within the placement in line with guidance on shift patterns from the universities. If the student wishes particular days off or a weekend off they should speak to their mentor/manager of the area as soon as they are aware of this and make the request.
16 Are students allowed time-off for interviews?

Yes. Students are allowed negotiated time off their placement to attend an interview.

17 Difference between Direct/Indirect Supervision

**Direct supervision** is where the mentor would normally be in close proximity to the student, either by working directly with them or close enough to directly monitor their activities.

**Indirect supervision** enables students to develop confidence and independence, and should only be provided when students are more senior and where there is evidence that complex activities can be safely and responsibly delegated. With indirect supervision the mentor must be easily contactable and can provide the level of support needed to ensure public protection and maintain the safety of both the patient and the student.

18 Sign-off Mentor is off sick

It is good practice to identify an associate Mentor/Sign-off Mentor at the beginning of the placement who would take over in such circumstances.

If there is a problem please contact your PEF as soon as possible. If the Sign-off Mentor is the only one within the placement, the placement will require to be changed.

19 Uniform Policy

The University of Dundee indicate it is extremely important that a professional image is portrayed by nurses and midwives and therefore all students are required to wear the regulation uniform when attending placement. The University advise the students to follow the policy of the NHS Board they are attending placement on e.g. NHS Tayside or NHS Fife.

Information relating to students dress code from the Abertay University is clearly defined within their OAR book.

20 Tattoos

There is no reference to tattoos in the NHS Tayside Uniform, Work Wear and Professional Appearance Policy. Previous advice from the University of Dundee is that it is not unacceptable for students to have tattoos as such, however if the tattoo was of an offensive nature this could be a different matter.
21 Focused Educational Visits

It is appropriate for nursing students from University of Dundee to undertake Focused Educational Visits e.g. with members of the Ambulance Service including paramedics while on placement within Accident and Emergency.

These services are provided by the NHS and as such students are covered for vicarious liability by the University of Dundee and NHS Tayside. The supervision of these students while visiting other places and teams lies with that area e.g. visits with members of the ambulance service- the student is the responsibility of the ambulance crew. The agreement of the learning outcomes for such a visit is the responsibility of the mentor and the student.

The purpose of these visits is to enhance the student’s educational experience and should be “observation” only, as while out of the department they are not under the supervision of their mentor.

22 Student involved in unsafe practice or misconduct of serious nature

The mentor should follow the Cause for Concern process. This process is available in the students OAR documents. Placement areas should also have a copy of this which can be found in the Quality Learning Environment Toolkit. Mentors can contact their PEF if unsure.

23 Supernumerary status

Please note that in line with NMC/NHS Education for Scotland (NES) guidelines students are not employees or registered nurses/midwives and therefore cannot be used to “fill gaps” in the planned off duty or replace a member of staff. Students are supernumerary throughout all stages of their programme.

24 Competencies not achieved due to sick time

Mentors should contact the student’s LTF for advice and guidance. If the student is absent for a long period of time they cannot expect to achieve the required level of competence.

Abertay University state that students must complete a minimum of 80% of practice hours associated with a particular practice placement before they can undertake the practice assessment in that placement. This is to ensure the robustness of the assessment.
Section 2 - Clinical Skills

1. Vital Signs Recording (NEWS)

As a mentor you would expect a Year 2 student nurse to be able to accurately undertake and record vital signs on a patient who had recently undergone an intervention/procedure, and report to you if the results are outwith normal limits. The student will have had the module on Skills and Practice in respect of this. As a mentor however, it is your responsibility to ensure that the student does have the knowledge and skills to accurately undertake this. You must never assume they do.

The students are taught that they should report the score back to the mentor and ask the mentor to countersign the recording.

The University would like mentors to discourage Year 1 students from using a dynamap to measure blood pressure. Please encourage them to use a manual sphygmomanometer to help them to develop this skill.

2. Administration of Medicines

As a mentor you should adhere to NHS Tayside policy on the Safe and Secure Handling of Medicines which can be accessed here:

http://www.nhstaysideadtc.scot.nhs.uk/SSHM/MAIN/Front%20page.htm

NMC Standards for medicines management (2010) Standard 18 (page 33) relates to Nursing and Midwifery Students and states:

“Students must never administer or supply medicinal products without direct supervision”

It goes on to give the following guidance:

Guidance

In order to achieve the outcomes and standards required for registration, students must be given opportunities to participate in the administration of medication but this must always be under direct supervision. Where this is done, both the student and registrant must sign the patient or woman’s medication chart or document in the notes. The registrant is responsible for delegating to a student, and where it is considered the student is not yet ready to undertake administration in whatever form, this should be delayed until such time
that the student is ready. Equally a student may decline to undertake a task if they do not feel confident enough to do so. The relationship between the registrant and the student is a partnership and the registrant should support the student in gaining competence in order to prepare for registration. As students progress through their training, their supervision may become increasingly indirect to reflect their competence level.

https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/

Students receive the theoretical component of medicines management in Year 1 Semester 2 and must not participate in this until after they have done this at University. They also have to complete their Medicine Administration Workbooks from the University of Dundee in Year 1 and Year 3. From this point onwards they can, under the direct supervision of their mentor, be involved in the administration of medicines.

Abertay University Year 1 – By Start of Summer they will have had administration of medicines theory, Misuse of Drugs, and drug calculations. Students have undertaken 3 tests on drug calculations

3. Assisting patients to take their medication

Students can be involved in assisting patients to take their medication if they have undertaken their theory relating to administration of medicines, and they are involved in the whole process from start to finish and under the direct supervision of a registered practitioner.

If asked to assist with medication which has been sitting on the patient’s bedside cabinet they should not give it as they are not aware of what the medication is and have not been involved in the correct procedure for administering medication.

4. Controlled Drugs – Administration and checking of controlled drugs

The NMC Standards for medicines management (2010 p7) -see link above states:

In respect of controlled drugs:

- These should be administered in line with relevant legislation and local standard operating procedures. (NHS Tayside Safe and Secure Handling of Medicines – see link above)

- It is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings.
• In a patient’s home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.

• Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For guidance, go to www.dh.gov.uk and search for safer management of controlled drugs: guidance on standard operating procedures.

• In cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.

• You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

Within Paediatric areas again it must be two registered practitioners. The student can be involved as the third person to gain experience in this process.

Mentors should be confident that the student possesses the required knowledge, skills and competence to be involved as the second person checking the controlled drug prescription and administration.

5. Blood Glucose Monitoring

All pre-registration nursing students are given their own Bar Code for the Roche System in Year 2. Registered Practitioners should not give out their Bar Codes to anyone.

If students do not have their own code within the acute setting they should NOT undertake this skill. They can undertake the finger prick, and observe the rest of the procedure carried out by the registered practitioner.

Within the community setting students can be involved in blood glucose monitoring using hand held glucometer under the supervision of a registered practitioner.
6. Blood Transfusion

The training that Year 2 student nurses receive does not allow them to participate in the process of the administration of a blood transfusion. The student can only be an observer of the whole process.

Student Nurses working within NHS Tayside must NOT collect blood. All staff involved in the process of collecting blood must have completed the Safe Transfusion Practice Module 1 and been assessed as competent.

7. Clinical Skills- Various

It is essential to remember as a registered practitioner you are ultimately responsible for the delivery of care to patients. Under the direct supervision of the registered practitioner (mentor) the student can be involved with the following as they have undertaken the theoretical component of these skills at the stages as indicated. Note that this is a guide only, and attending a theoretical skills session does not imply competence in the clinical environment.

a. Insertion of a naso-gastric tube - Year 2 Semester 1

b. Feeding patients via gastrostomy (PEG) route – Year 2 Semester 1. As a Registered Practitioner you must ensure that this has been prescribed and the student is supervised throughout the process and the nurse must sign for this.

c. Checking and hanging intravenous fluids as prescribed – Students should not be involved in the checking and administering of Intravenous Fluids, and should not connect and/or disconnect, or change bags of Intravenous Fluids as prescribed. In Year 2 Semester 1 they obtain the theory of checking IV Fluids and can practice running through a bag of fluid.

d. Administering medications via PEG tube/Naso-gastric tube Year 2 Semester 1

e. Catheterisation of patients – Year 2 Semester 1- theory is taught and simulation of practice undertaken. The students receive the same training as a Registered Practitioner based on the NHS Tayside Clinical Skills Pack. Female students are taught to catheterise male or female patients, and Male students are taught to catheterise female and male patients. Practitioners should make students aware of the NHS Tayside Intimate Personal Care and Chaperoning Policy.

f. Removal of urinary catheter – Year 2 Semester 1
g. **Removal of a venflon** – Year 1 Semester 2

h. **Wound dressings** – Year 1 Semester 1- students are taught aseptic technique and in Year 1 Semester 2 they are taught the physiology of wound healing so by then they could undertake a basic simple dressing. Year 2 Semester 2 they are taught about leg ulcers and the principles of compression bandaging.

i. **Specimen collection** –Year 2 Semester 2, CSU, MRSA Swab – taught principles of infection control in Year 1 Semester 1 (students are not actually taught how to do this therefore the mentor would require to demonstrate to the student). This is the same for taking a wound swab.

j. **Suture removal** – taught in Year 1 Semester 2

k. **Oxygen therapy** – Year 1 Semester 2. As a registered practitioner you must ensure this is prescribed and that the student is supervised throughout the process. The same applies to nebulisers.

l. **CPR- Basic Life Support** – Year 1 Semester 2

m. **Undertake an admission of a patient** - In year 1 the students receive a clinical skills session about admission but it really is in relation to communication. They receive more around this in Year 2, so it should not be expected that the student can undertake this process until towards the end of year 2, and it is advised that this process is broken down into stages to allow them to build their confidence, and learn how to gather the important information required.

n. **Thickening Fluids**. This is something the student would be shown how to do by the registered practitioner then follow the instructions thereafter.

o. **MUST Tool Scoring** - Students in Year 1 can undertake BMI, however they do not have the knowledge about other conditions which may have an impact on the scoring, and are advised by the School to seek the guidance of their mentor. Students by the end of Year Two progressing into Year Three would be able to do this. It is however the responsibility of the mentor to assess the student to ensure the student has the knowledge and skills to do this.

p. **Z Tracking for Depot Injection** – would not be expected to undertake this until end of Year 2 into Year 3.

q. **Administration of oxygen and nebulisers**- Students can participate in administering oxygen and nebulisers to patients once they have completed the theory in relation to administration of medicines (Year
1 Semester 2) and administer this as per administration of medicines policy, again under the supervision of a Registered Practitioner.

Section 3- Specific Area Issues

A: Community Issues

1. Taking a caseload

A Year 3 student nurse can have a small caseload following assessment from their mentor that they have the knowledge, skills and attitude to undertake this.

2. Student has no car

It is not a requirement of the programme for a student to have access to their own personal transport. When on placement the key element is to afford the student the opportunity to achieve the appropriate learning outcomes for the stage of their programme. The mentor is required to provide the student with appropriate support and supervision, therefore local arrangements should be considered to overcome the fact that a student does not have access to their own transport.

Suggestions to help manage this situation include:

- Is it possible to let the student have clients within walking distance or is it easily accessible via public transport. These can be from your caseload or a colleague.

- Another strategy is to allow the student to accompany you or a colleague on a visit, allowing the student to ‘take charge’ under supervision. This can be followed by the student reflecting on their experience and feedback from the mentor/nurse. Ideally the student would be permitted to ‘take charge’ with the same case several times to get the feel of caseload management.

3. Students responsibility for car insurance

If a student has a car and is using it to travel to practice placement or to undertake a caseload when on a community health care placement it is the student’s responsibility to check that they have the appropriate car insurance. The student can do this by checking their policy and contacting their insurance company.

4. Student claiming for travel in relation to work

Students will be required to make a claim via SAAS (Students Awards Agency for Scotland) for any travel expenses incurred due to work. It is
essential that the students detail their claim clearly on the Travel Form. The School will then sign the form. The student should also submit a detailed note of their journeys to accompany this making clear the reasons for the claim as SAAS are clamping down on travel expenses.

5. **Public Holidays when student is out on placement**

Students do not have public holidays. If it can be arranged for the student to spend the day with another colleague or health care professional this should be arranged. Alternatively students should be asked to engage in an aspect of work based learning related to the remit of the practice placement. Mentors can then ask to see the evidence of their work based learning following the public holiday. This should be recorded as a study day (7.5 hrs) in their OAR.

6. **Patient Group Directives**

Student nurses/midwives cannot supply or administer medication under a Patient Group Direction (PGD) but would be expected to understand the principles and be involved in the process (NMC 2010).

The School of Nursing and Health Sciences sought clarification on this matter from Scottish Government and in light of the NMC guidance “The law states only registered nurses/midwives who have been assessed as competent can supply and administer a PGD, this cannot be delegated to any other person, including students”, therefore students cannot administer medication covered by a PGD.

NMC Circular 05/2009 - Supply and/or administration of medicine by student nurses and student midwives in relation to Patient Group Directions (PGDs).


**B: Midwifery Issues**

1. **Supervision of student midwife**

It is always the registered practitioner who is the responsible and accountable professional when it comes to decision making. Year 1 students should not be carrying out examinations of women/babies without supervision. Year 1 students should have direct and constant supervision, in accordance with RGU policy.
C: Mental Health Issues

1. **Students involved in patient observations**

   The student observation policy is currently under review but it is accepted that this is a skill that students need to learn and so it is something they should be involved in.

   All mental health nursing students should be involved in the provision of general observations. No students should be involved in the provision of special observations. Discussion with members of staff who are involved with special observations would provide a helpful learning experience. The provision of constant observation should be in harmony with the updated policy. However in the interim period the following general principles should be taken into consideration.

   - Mental health nursing students are given the theory and simulated practice of Enhanced Observations in semester two of second year.

   - As with other clinical skills, if a mentor wishes a student to be involved, prior to the theoretical teaching, they should assess the student’s knowledge, skills and values in association with the task, and if satisfied, then ensure the student is appropriately prepared and supported as noted in section two, prior to engaging in the task.

2. **Preparation and follow-up required to undertake patient observations**

   In preparation for undertaking patient observations the student should be familiar with:

   - The person: their diagnosis, history and behaviour.
   - The reasons that observations are being carried out, e.g. risk of absconding, risk of self harm/suicide, risk of aggression/violence.
   - The procedure for accessing assistance if required.
   - The length of time for which they will be observing the patient. This should be no longer than 30 minutes at a time unless otherwise discussed and agreed.
   - How the skill is undertaken. The student needs to know how close they need to be to the patient, e.g. would they go into the toilet with them or can they wait outside. They also need to be aware of any specific concerning behaviours to look out for.
   - The student should be given the opportunity to complete the appropriate documentation following their experience and invited to reflect on their learning and any concerns with their mentor afterwards.