**Frequently Asked Questions for Non-NHS Placements**

# Can I choose my own off duty?

 Often in a care home or social care nursing PLE there are fewer Practice Supervisors (PS) and Practice assessors (PA) so less scope to work with multiple people on different days. In order to maximise your learning, and meet the NMC requirements, you'll likely need to work your off duty to match your PS for the majority of your PLE

# Can the senior carer really be my practice supervisor?

 Social care nursing works very differently from the NHS and the team is made up of very highly trained, experienced and registered nursing assistants, senior carers, and similar titles, as well as nurses. The NMC Standards for student supervision and assessment (NMC SSSA 2021) state that any suitably prepared health and social care professional can fulfil the role PS. This includes these staff who are registered on the supervisor or manager part of the Scottish social services council (SSSC) register. Your PA must be a nurse however.

# My practice supervisor has asked me to work a week in the next door unit in this care home. Is this OK?

 With fewer nurses in a care home it is highly likely you'll need to work in another floor or unit in order for your PA to "periodically observe" you to make an evidenced based, objective assessment. (NMC SSSA 2021). Working in different areas of the same PLE is highly advantageous to your learning and for demonstrating to others your knowledge, skills, adaptability and leadership and we advocate this in any PLE. Equally, it may be the manager who is your PA and will periodically observe you and discuss your progression with the PS.

# They don't do IV medications or vacuum dressing in this placement and I need these signed off as I'm in part 3. What can I do?

 It is fundamental to your learning, and for achievement of your proficiencies and skills that you have multiple additional learning experiences (ALEs) throughout your training. Ask which ALEs would be appropriate for your needs, as well as related to this PLE and arrange for visits as appropriate. Remember you'll need a separate ALE sheet for every visit you undertake. There is a mind map on the practice education CHEF website which shows the most common ALEs for a care home placement but you can visit anywhere that might help you achieve a specific skill.

# I've been asked to work alongside the carers for my first couple of weeks. This doesn’t seem appropriate?

Care homes are unique clinical environments for everyone working and learning within them. They are the resident's home and thusly we are invited in as guests. They work in a very different way to the NHS with different values, norms and ethos. There is plenty of reading around social care standards and governances on your QMPLE page. It is essential therefore that you learn the different members of the team, different routines and priorities and learn the very complex, individualised and person-centred needs of the residents in the home first. Studying care plans in depth is part of this. Once the residents are comfortable with you, you can build on essential care with nursing and more clinical care delivery. Remember to follow the senior or nurse though, when something more nurse related and less common occurs such as a visiting health professional or a multi-disciplinary meeting. There is an activity in the care home workbook that helps you compare the difference between essential care undertaken by a carer and undertaken by a nurse and how nurses assess multiple aspects during an essential care task.

# I have been given the pharmacology resource workbook, the care home workbook and some "grab bag" activities to complete as these will help evidence achievement of my proficiencies. Can I have study time at the library for this?

 No, it is essential you are present in the clinical area for 2300 hours during your course so that you can register with the NMC. Most of the activities require you to discuss care provision with members of the clinical and management team, as well as accessing residents care records and the internet. It is therefore appropriate to find a quiet corner or use the training room for this work, and you may wish to work alongside the other student(s) to complete this work.

# My practice supervisor is always rushing round to care for residents or complete paperwork and I get left behind. What can I do?

 Your PAD clearly states, based on the NMC SSSA (2021) that you must be empowered and take a proactive approach to your learning. All nurses must develop excellent interpersonal skills so chatting with residents, answering call bells or supporting someone exhibiting stress and distress are all essential activities. If left alone, go help out the team. (Platforms 3,4, &5). There is often only one person in charge of the care of up to 30 residents so you'll need to follow them in order to gain maximum exposure to learning opportunities. Care of residents is their top priority. Similarly, it is your responsibility to schedule time with your PS to discuss the content of your PAD and have proficiencies and skills signed off in a timely manner. We recommend that you mark the aspects in your PAD in pencil, or make a list of everything you think you have achieved in advance of meetings.

# The residents are limited to 3 continence care pads in a 24 hour period. Surely this is neglectful?

Care homes work to the same NHS model that patients in the community cared for by the CPN or District nurses do. All medications, creams, pads , catheters and wound dressings they need are prescribed by their own GP or other prescribers and there are strict rules governing what can and cannot be prescribed. There are no stock cupboards full of supplies like a hospital ward and medical items cannot be shared between residents as they are the residents property. Many residents use their savings to pay for their care in the care home, and have the bulk of their pension removed too. This means that they may have little access to money for clothes, snacks and activities that you might have. Care homes are also private businesses that need to make a profit so you'll likely notice that staff are very careful with staffing levels, food waste, cleaning products and laundry etc. so money is not wasted. This is all very normal, but very different from a hospital ward.