

UNIVERSITY OF GLASGOW

**Academic Standards Committee - Friday 18 April 2008**

**Departmental Programmes of Teaching, Learning and Assessment:  
Responses to the Recommendations Arising from the Review of the  
Division of Nursing and Health Care held on 5 December 2006**

Ms Helen Clegg, Clerk to the Review Panel

February 2008

**Conclusions and Recommendations**

*Conclusions*

The Panel concluded that the Division's provision was of a high quality overall, and this was particularly impressive given the uncertain conditions under which it had been operating. The Panel was pleased that, without exception, staff and students were committed to the success of the Division and were positive about its future.

*Recommendations*

The recommendations interspersed in the preceding report, and summarised below, are made in the spirit of encouragement in order to enhance the already high standards of the Division of Nursing and Health Care. The recommendations have been cross-referenced to the corresponding sections of the report, and are ranked in order of priority.

*Recommendation 1:*

The Panel strongly **recommended** that careful succession plans needed to be in place for core courses, whilst recognising that some specialist courses may end when a particular member of staff left (*Section C.6.4*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has reached the following conclusions:

Nursing & Health Care accepts that clear succession planning is vital and has taken swift action since the DPTLA exercise to lessen the vulnerability of core and specialist courses and other activities that support its general functioning and development.

The following actions have been implemented towards achieving this:

- A new Admission Officer has been appointed who has a core team of 3 staff members who not only have taken on responsibility for UG admissions but who also will deputise should the need arise. Two further members of staff have been identified to assist as required. The Admissions Committee has been expanded to include the whole undergraduate team, the Administrator and key individuals

from clinical areas. The Admissions Committee meets every 6 weeks and more often if required.

- A Depute Programme Director has been identified for the Undergraduate Programme and also for the Graduate Diploma in Lymphoedema.
- Deputes have also been identified to support the BN co-ordinator for each year of the UG programme.
- The role of Depute Head of School is now more clearly defined involving more specific responsibilities than previous.
- The MSc programme team will be able to deliver the full range of core courses in the event of staff absence.
- Staff are responding to new opportunities to broaden their portfolios so that they are able to undertake teaching across different courses and levels.
- We are increasing the number and utilization of honorary clinical and non clinical staff to support teaching.

*Recommendation 2:*

The Panel **recommended** that priority be given to considering how to fill the Admissions Officer role as a matter of urgency, and to securing the necessary administrative support, prior to the departure of the current post-holder, in order to ensure the admissions process could continue to run effectively (*Section C.5.1*)

**Attention: Head of Division**

***Response:***

See response to Recommendation 1 above.

*Recommendation 3:*

The Panel **recommended** that steps be taken to ensure students have the best possible opportunity to maximise the time spent with their Mentor whilst on placement, in order to achieve the optimum benefit from the placement period (*Section C.3.2*)

**Attention: Head of Division**

***Response:***

To ensure that the student mentorship experience is enhanced Nursing & Health Care has taken the following action in response to recommendation 3:

In the mentor's programme, the Programme Director gives all prospective mentors information on preparing our students to be fit for practice. This includes mentors receiving information on all BN clinical placement learning outcomes for each year of the BN programme. This information not only enables the mentor to plan and to tailor each student's learning experience, it also provides the mentor with a yardstick to measure student performance. Mentors are required to discuss the learning outcomes with the student on their introduction to the clinical area, at midpoint and again at the end of each placement.

We are strongly encouraging mentors to identify associate mentors for student supervision and support, in the event of their main mentor being unavailable for any reason. Moreover, when the students receive their pre clinical briefing at the university, more attention is now being given to discussing how students can maximize the time

spent with their mentor. There is also active encouragement of prompt reporting to the link lecturer if a need for additional support by an associate mentor is perceived. In the small number of situations that this has happened, the issue has been resolved very quickly with liaison between the university and the clinical area.

Students who have a hospital placement receive pastoral visits by a link lecturer or small group supervision sessions. If the students are placed in the community, the link lecturer usually arranges to meet with all students in small group supervision sessions in the University. If problems do arise during the mentorship process, the link lecturer and local practice education facilitator (PEF) are on hand to provide quick resolution.

These processes serve to enhance the foundation on which the close working relationship between mentor and student is built, allowing both parties the opportunity to raise any concerns they may have at an early stage.

*Recommendation 4:*

The Panel **recommended** that consideration be given to the possibility of reorganising the order of placements to enable the Care for the Elderly placement to be offered later in the programme, particularly in the light of student statements that this, being the first placement experienced in the programme, was having an impact on student withdrawals (*Section C.6.1*)

**Attention: Head of Division**

*Response:*

In reaching the following conclusion, Nursing & Health Care has considered the above recommendation and has also taken into account the findings of the BN student end of placement questionnaire:

The reasons given by students which underpin the recommendation, that having the Care of the Elderly placement as the first experience of clinical nursing was having an impact on student withdrawals, differs from our own evaluation of the BN programme. In marked contrast the evaluation findings indicated that students would feel more stressed if their first placement was in an acute medical or surgical ward than in a Care of the Elderly environment. In fact we found that 95% of 1<sup>st</sup> year students valued and enjoyed their Care of the Elderly placement.

The Care of the Elderly placement offers advantages to students by being the first placement that they experience. For example, students report that they are able to put the key skills of caring into practice in a non acute, less stressful, setting which gives them more time to practice the fundamentals of essential nursing care.

Student preparation for their 1<sup>st</sup> placement has been further strengthened by the provision of sound theoretical and practical input on communication skills, essential nursing care and moving and handling. Students are also given every Monday of their placement as a day of relevant theory (e.g. lectures on Parkinson's Disease and Stroke), reflection and feedback, where they meet with the lecturers at the university and with their fellow students to share experiences. Students are now actively being encouraged to feedback on their experience of the previous week so that any concerns may be identified and addressed at the earliest possible opportunity. Throughout their clinical placement, students have the opportunity to articulate any concerns with their mentor, their link lecturer who visits them on placement or the local PEF to enable resolution at the earliest possible stage and enhance a quality learning experience. Increased effort has resulted in closer links with clinical staff and mentors.

The use of MOODLE, as a platform for discussing experiences with peers whilst out on placement, has proved very acceptable for years 2 and 3 of the programme. This will be extended to year 1 of the programme this year.

We will continue to monitor student perception of the Care of the Elderly experience and its appropriateness as the introductory placement, by means of the end of placement questionnaire and by exit interview, should any student decide to discontinue.

*Recommendation 5:*

The Panel **recommended** that more emphasis be placed on the importance of dedicated research time, and on ensuring this was borne out in practice. This was of particular importance in the light of the Division's intention to increase the number of staff with Doctorate-level qualifications (*Section C.6.8*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has considered this recommendation and recognizes the need for dedicated research time for University Lecturers. We also wish to ensure that there is dedicated time for scholarly activity for University Teachers.

In response to DPTLA recommendation 5, Nursing & Health Care's Policy on Research and Scholarly activity has been revised and formally approved by staff. It has been agreed that the equivalent of one day per week pro-rata should be the entitlement for such activity. However staff members consider that the application of this must be flexible, so that time may be taken when it is required for specific activity. Planning for research and scholarship activity is therefore negotiated on an individual basis as part of the Professional Development Review (PDR) Process and then agreed amongst colleagues who may be affected. Initiating informal PDRs at intervals of 3-4 monthly intervals is facilitating this process.

*Recommendation 6:*

The Panel **recommended** that the Division clarify the role of the Adviser of Studies and make clear the responsibilities of the Adviser and the student, in line with standard University procedure, in order to alleviate any student confusion and to balance out the workloads of staff (*Section C.5.2*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has reviewed the role of the Student Adviser and sought to clarify the roles and responsibilities. A member of academic staff is also currently representing the School in a University-wide review of this role, which will offer opportunity to ensure that the School and wider institutional procedures are in alignment. However this is an evolving process.

Currently the following has been agreed in respect of undergraduates within the School:

The Student Adviser will provide support and monitor the progress of a group of students' throughout their programme of study. He / she will also follow the students' general progress and develop a professional relationship for the four years of study.

The student will be notified of his/her Adviser's name by the Programme Director, and will be informed that a list indicating their Adviser's name will be placed on the relevant student notice-board during the first week of session 1.

The responsibilities of the Student Adviser will be to invite the students to meet with him/her once each term and to follow the students' academic progress. It is expected that he/she will offer the students pastoral support when appropriate and inform the students of other avenues of academic or pastoral support when a need is identified or requested.

The Adviser will also offer each student:

- advice when requested on study skills
- other skills necessary to support student academic work,
- guidance where appropriate on course choices within the degree programme.
- confidentiality with regards to content of each student interview.

Once the student is informed of their Adviser, he/she is invited to make an appointment to meet.

The responsibility will be on the student to meet with their Student Adviser once each term at the arranged times. Students will ensure they know how to contact their Adviser at short notice in the case of emergencies. They will also be expected to keep the Adviser informed of any relevant circumstances which may have an effect upon your studies.

This guidance will be included in the undergraduate programme handbook.

For postgraduate students the programme director functions as the Student Advisor, which is feasible given the relatively small numbers of students involved. However this will also be reviewed in light of the ongoing University review.

#### *Recommendation 7:*

The Panel **recommended** that the new administrator arrange a meeting with the other support staff and representative members of the teaching staff to determine if support activities could be done more efficiently and if any activities could be discontinued (*Section C 6.6.*)

**Attention: Head of Division/Administrator**

#### ***Response:***

Nursing & Health Care has considered the above recommendation with regards to the streamlining of support activities and has reached the following conclusion.

This mainly referred to work carried out by the undergraduate secretary with regard to external speakers. Following discussions with members of staff in the Undergraduate team it was agreed that the individual members of staff would identify and contact the external speakers directly but then the secretary would write formally to confirm details with the speakers if required.

Also a new postgraduate secretary will commence at the beginning of January 2008. This post has been regraded at Grade 4 (previously Grade 3) – it is therefore hoped that the extra skills required at this grade will better support the activities of the postgraduate curriculum and the Programme Director.

*Recommendation 8:*

The Panel **recommended** that a clear protocol be devised and communicated to the students with regard to the role of the Placement Supervisor and the arrangement of visits, in order to alleviate any student confusion and to ensure there is a clear communication channel available for students requiring assistance whilst on placement (*Section C.5.2*)

**Attention: Head of Division**

***Response:***

The panel recommends a clear protocol be devised and communicated to the student with regard to the 'Placement Supervisor'. In the documentation and protocols of Nursing & Health Care this person is called the Link Lecturer. Nursing & Health Care has a protocol for clinical placements which has now been updated to include information on the roles of the mentor, the link lecturer and the student. This protocol is given to the students at a pre-clinical briefing which is timetabled prior to every clinical placement throughout the programme. The protocol is discussed with the students at each and every pre-clinical briefing so that they are aware of what their responsibilities are and who they can contact if they are having any difficulties.

In light of recommendation 8, the protocol has been reviewed to make the role of the link lecturer more explicit. This has been done in order to emphasise the usual contact the student will have with their link lecturer and to encourage the student to contact the link lecturer as early in the placement as possible should the student have any concerns or be experiencing any difficulties.

*Recommendation 9:*

The Panel **recommended** that the possibility of including several assessed essays into the BN programme be investigated, to ensure that students are sufficiently prepared for the Honours dissertation requirement (*Section C.3.5*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has considered the inclusion of several assessed essays into the undergraduate curriculum and has reached the following conclusion:

In light of recommendation 9, a decision has been taken to enhance the preparation of students for essay writing from year 1 to year 4. In year 1 a formative essay has been introduced to prepare the students for their summative assignment. This will ensure that students have an opportunity to receive feedback on essay structure and writing skills and referencing. A formative assignment has also been introduced to years 2 and 3 to provide further opportunities to develop writing skills and integration of references. Students undertaking the Honours year have also been given the opportunity to provide an early proposal for their dissertation. This enables the supervisors to consider the feasibility of the proposals and provide constructive comments and guidance on the written work at a pre-dissertation stage.

Students are offered opportunities in each year to submit practice essays as additional formative work for written feedback.

*Recommendation 10:*

The Panel **recommended** that steps be taken to ensure all members of staff were familiar with current clinical practice as well as current research activity, and did not spend time teaching practices which were no longer in practical use (*Section C.4.3*)

**Attention: Head of Division**

**Response:**

Nursing & Health Care has considered the above recommendation with regards to updating the clinical skills and current research activity of staff. To facilitate staff in maintaining a sound knowledge of current clinical skills each member of the Undergraduate programme is allocated specific areas of clinical practice as Link lecturer. All staff members are responsible for updating their knowledge and skills for their area of practice as per recommendations of the NMC.

In response to recommendation 10, some staff are undertaking practice updates in relevant clinical areas, but staff resources limit this. Staff members always ensure that when teaching clinical skills that they have confirmed with clinical experts that the teaching reflects current clinical practice. Special effort is always made to ensure that whenever possible practitioners from within highly specialized topic areas are not only invited to lecture to students but are also involved in curriculum development. The recommendation will also be addressed by the ongoing recruitment of honorary clinical staff. Every effort is also made to ensure that theoretical teaching is in line with clinical practice. However we are aware that sometimes the practice in the clinical area does not reflect best practice. For example, we include teaching on the use of care plans which are endorsed by the NMC, but are not always used in practice.

*Recommendation 11:*

The Panel **recommended** that consideration be given to the implementation of a tutorials system now that student numbers had increased to the point where this would be beneficial to students (*Section C.6.1*)

**Attention: Head of Division**

**Response:**

Nursing & Health Care has considered the above recommendation with regards to the introduction of a tutorial system and has reached the following conclusion:

We have explored the issue of tutorials and recognize that they form a valuable part of student learning. Students have perceived the greatest need for tutorials to be within the science subjects. Science subject tutorials are currently provided and will now be more formalized within the programme structure, with students being reminded of their compulsory nature. We are planning a structured programme of tutorials across all 4 years, however in view of limitations of staff resources, these will be limited to 1 per term during the students clinical placement, as this is the only time that staff are free from teaching commitments.

Students are always seen on a one to one basis if they are struggling with any of the course material.

*Recommendation 12:*

The Panel **recommended** that discussions be initiated within the Medical Faculty in order to ensure Nursing students were afforded the same rights of access and support within the Wolfson building as medical students (*Section C.6.3*)

**Attention: Head of Division; Dean of Faculty**

*Joint Response:*

Nursing & Health Care has considered the above recommendation with regards to parity of access to the Wolfson building and has reached the following conclusion:

Much planning and discussion has taken place to ensure nursing students are afforded the same rights of access and support as medical students within the Wolfson building including the study landscape centre.

BN students:

- are timetabled to have their skills development sessions in the Wolfson building which are proving to be very effective.
- have indicated that the support of the administrator in the Wolfson is greatly valued.
- have full access to the study landscape 24 hours per day on purchasing an access card, just as medical students do.
- have the same opportunities as medical students to book additional practice sessions in the clinical skills lab.

The School acknowledges that there has been a difficulty in accessing clinical skills labs for teaching and that occasionally bookings have been cancelled at short notice because undergraduate medical students have priority. This issue has been brought to the attention of the Medical Faculty as it clearly has an impact on the quality of clinical skills provision. However the structure of the academic year is undergoing change and at present it is unclear what impact that may have on room utilization. Once the structure is confirmed the intention is be more flexible with regard to the timetabling of clinical skills teaching and to negotiate access at periods that are less busy where possible. The Dean and the Faculty recognise the importance of good access to the Wolfson Medical School Building (including the clinical skills area) for nursing students and will work with the Division to maximize this. The recently appointed Deputy Director of the Clinical Skills area is from the Division of Nursing & Health Care.

The situation will be monitored over the 2008/9 session when the new academic structure is implemented as it is unclear as to what impact this may have on access to the clinical skills lab.

*Recommendation 13:*

It was **recommended** that the Division make initial investigations into the feasibility of offering advanced entry/acceleration, bearing in mind the potential obstacles and competition (*Section C.5.1*)

**Attention: Head of Division; Dean of Faculty**



***Joint Response:***

Nursing & Health Care has considered the above recommendation with regards to advanced entry/acceleration to the BN programme and has reached the following conclusion.

An option appraisal with regards to the feasibility of implementing recommendation 13 will be taken within Nursing & Health Care during 2008.

***Recommendation 14:***

The Panel **recommended** that efforts be made to emphasise the Division's main strengths in its marketing efforts, particularly concentrating on the employability and distinctiveness of its graduates and on the strong scientific base of the BN degree (*Section B*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has considered the above recommendation with regards to marketing the strengths of the BN programme and has reached the following conclusion

In response to the DPTLA recommendation 14, all Nursing & Health Care's web pages are currently undergoing a major overhaul. This process has involved accessing expert technical assistance which has resulted in the redesigning and transformation of all Nursing & Health Care webpages to ensure that the strengths of the undergraduate and postgraduate programmes are well publicised. A senior member of staff is co-ordinating this activity and supporting staff in developing the content of the site.

***Recommendation 15:***

The Panel **recommended** that opportunities for exchange schemes, including those within England or Wales, be examined (*Section F.3*)

**Attention: Head of Division**

***Response:***

Nursing & Health Care has considered the above recommendation with regards to exploring opportunities to enable students to participate in exchange schemes and has reached the following conclusion.

In response to the DPTLA recommendation 15, Nursing & Health Care is currently exploring the possibility of student exchanges with partner U21 Universities such as University of Nottingham. There is also the possibility of a similar arrangement with the University of Lund in Sweden taking place. WE are also in the early stages of exploring a 'virtual exchange' between students from several partner Universities in U21, which would involve students from different universities taking part in on-line activities.

*Prepared by: Janet Fleming, Senate Office*

*Last modified on: Thursday 21 February 2008*