RAISING CONCERNS

Facilitator's Guide



Raising Concerns Module

This training session is one of the PLPLG SSSA development modules for Practice Supervisors and Practice Assessors which are intended for use as short training workshops or as part of a team meeting. Altogether, with activities, it will take around an hour for inexperienced staff and 45 minutes for those who are currently mentors..

This facilitator guide provides a lesson plan with approximate timings, content and activity which accompany the PowerPoint presentation. Each slide has additional notes to assist the trainer, where required. These are provided in this guide. Also attached is the activity worksheet which can be copied and distributed to delegates. A copy of the answers is also incuded..

Lesson Plan

Timings	Slide	Activity or Topic	Trainer Notes
2 mins	2	Aims and Learning Outcomes	Introduce the workshop Go through objectives
15 mins	3, 4 & 5	Activity and review	Ask delegates to work in pairs of small groups to identify the symptoms and causes of underperformance. Review with flipchart and go through slides 4 and 5
10 mins	6 & 7	Case study, review and discussion	Give delegates a copy of the case study (attached) and ask them to work in pairs to identify what they should do. Review feedback. Go through slide 7 to consider addressing issues
10 mins	8, 9 & 10	Action planning	Go through process and form. Ask delegates to continue working on case study and complete the action plan (template provided)
5 mins	11	Failing a student	Go through slide and discuss with delegates how they would feel
5 mins	12 & 13	Whistleblowing	Go through slide
5 mins	14	Assessment	End of module assessment – can be done as group discussion
3 mins		Review, questions and close	

Notes for slides:

Slide	Trainer notes			
2	Although it is difficult to address underperformance and the majority of people would rather not address it, it is important that underperformance is identified, reasons recognised and appropriate action put in place as early as possible. Managing underperformance should not be seen as negative. It should be seen as an opportunity to help a learner understand challenges and put in place strategies to improve. Addressed early, it is much easier for the learner and assessor to work together. Where it is not addressed in a time-effective manner, it can be too late for remedial action causing distress to both learner and supervisor / assessor. Assessors are unwilling to fail students or address poor performance as they worry about the consequences This module will help supervisors and assessors to understand the symptoms, the reasons, how to address and the process that should be followed.			
3	Ask students to work in pairs or small groups. Ask them to consider if they have observed underperformance in the workplace and if so, what signs were there? -			
5	 There are many causes of underperformance in nursing students: Unclear expectations – poor induction or lack of understanding about what the student can or should be doing Insufficient support – leaving a student struggling and uncertain what to do resulting in feelings of being under-valued and unable to contribute Working relationships or culture of setting – busy environments often leave students feeling isolated and 'lost'. Where there are cliques and friendships, the student can feel alienated Lack of interest in setting / working environment – it can be that the placement itself is of no interest as the student already knows what he/she wants to do and is less interested Stress and pressure – particularly towards year end and third year when there are added pressures of academic assignments. Many nursing students also balance the responsibilities of a family, work and nursing Insufficient knowledge or skills – asked to perform tasks of which they have no experience can leave them feeling overwhelmed and with feelings of inadequacy Personal problems at home can impact, particularly when working long or unsociable hours to which the student is not accustomed Poor communication amongst staff Insufficient feedback from supervisors and assessors leaving the student wondering how they are getting on and unaware 			

	that they are not performing to required standards
	that they are not performing to required standards
7	Under-performance needs to be addressed as early as possible to provide the student with as time and opportunity as possible to address the problem and improve. Too often, practice assessors may leave it too long before addressing the problem which then gives further problem for student and practice assessor. This can be for a variety of reasons – wanting to give the student an opportunity to develop first, lack of confidence in identifying improvement or giving 'difficult' feedback, fear of consequences and repercussions. The practice assessor should work with the academic assessor to identify problems, root causes and action plans going forward. Feedback needs to be given as soon as possible and in a private area. The student should be given advance notice of the meeting. Feedback must be clear and concise with specific examples and the impact on the service identified. With the student's involvement, an action plan should be completed identifying SMART objectives with timeframes. The under-performing student will need continual support, feedback and coaching to help them to develop.
11	Failing a student is a very difficult decision and should be taken only after the student has been given every opportunity to improve. Although difficult it is vital to remember that patient safety is essential and unsafe staff may have serious repercussions. The practice assessor and academic assessor should work together here to support the student, providing robust evidence and supporting information, including feedback, assessments and results of action planning. This can be very distressing for a student, particularly towards the end of a programme, and it helps to prepare for the impact this will have on the student by understanding and preparing for different reaction. Typical reactions may include anger, denial, sadness, feelings of hurt and being betrayed. For some it may come as a relief as they may have felt they were struggling and this helps to acknowledge their feelings. It is also helpful to anticipate the impact this may have on the team in the setting, as well as on other students. Finally it is important to acknowledge this is difficult for most practice assessors who do not like failing students for fear of upsetting them, or a lack of confidence in themselves or repercussions from team.
12	Highlighted in Francis report. All healthcare works have to abide by code of conduct as well as duty of care to put patients and their safety first as well as staff. Raising a concern of whistleblowing may seem very daunting and some employees may feel disloyal to their team or their manager. A serious concern impacting on patients or colleagues must be addressed and where appropriate, it should be addressed internally wtihin an organisation. All organisations have their own policies about this. However if in doubt NHS England has a whistleblowing helpline - https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/ Concerns may include malpractice, unsafe patient care, safeguarding failure, poor clinical practice, insufficiently trained staff or staff working outside their

scope of practice, unsafe working conditions, poor medicines management, staff who are stressed or unwell, bullying and harassment The Nursing Times Speak Out Safely (SOS) campaign aims to encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice, and to protect them when they do so. Organisations who support SOS encourage staff to report incidents of poor practice impacting on patient care. Patient care is the primary concern for all healthcare organisations and frontline staff are in the best place to observe poor and unsafe practice, however often feel it is difficult to raise concerns because of consequences for their own practice and role. Raising the alarm is about protecting patients and colleagues, it is not disloyalty and should be treated as an opportunity to seek improvement whilst staff feel protected by their organisation		
encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice, and to protect them when they do so. Organisations who support SOS encourage staff to report incidents of poor practice impacting on patient care. Patient care is the primary concern for all healthcare organisations and frontline staff are in the best place to observe poor and unsafe practice, however often feel it is difficult to raise concerns because of consequences for their own practice and role. Raising the alarm is about protecting patients and colleagues, it is not disloyalty and should be treated as an opportunity		
	13	encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice, and to protect them when they do so. Organisations who support SOS encourage staff to report incidents of poor practice impacting on patient care. Patient care is the primary concern for all healthcare organisations and frontline staff are in the best place to observe poor and unsafe practice, however often feel it is difficult to raise concerns because of consequences for their own practice and role. Raising the alarm is about protecting patients and colleagues, it is not disloyalty and should be treated as an opportunity

On the following page there is a case study. This is in two parts and it is suggested part one is used for the activity on slide 6. Part two should be used for the later activity and a template for the action plan is also included here.

Raising Concerns – Case Study

Part One

Lianne has just started her third year of adult nursing. She is three weeks into her placement on a medical ward. The practice supervisor, Patience, has raised a concern with you that Lianne is too familiar with some of the patients, regularly using endearments. She has also become quite lazy and slow to react to patients' requests which has resulted in a verbal complaint from a patient's daughter. As the practice assessor, you have been observing Lianne during her last two shifts and have come to conclusion she is under-performing.

What are you going to do now?

Part Two

Based on the case study above, complete the action plan:

Action Plan An action plan is required when a student's performance causes concern

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The SMART principles should be used to construct the Action Plan.

Placement Name	Date action plan initiated:			
Nature of concern Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the student need to demonstrate; objectives and measure of success (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review (Timed)	Review/feedback Date: Comments:
Student's Name:	Signature:	Date:		Practice Assessor
Practice Assessor's Name:	Signature:	Date:		Name:
Academic Assessor's Name:	Signature:	Date:		Signature: