



Ministry of Health and Sanitation

STUDENT CLINICAL POLICY FRAMEWORK FOR NURSING AND MIDWIFERY EDUCATION PROGRAMMES IN SIERRA LEONE

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NURSES and MIDWIVES COUNCIL of SIERRA LEONE



**World Health
Organization**

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ACRONYMS

CHAI:	Clinton Health Access Initiative
MOHS:	Ministry of Health and Sanitation
NMBSLN:	Nurses and Midwives Board of Sierra Leone
UNFPA:	United Nations Population Fund
WHO:	World Health Organisation

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1.0 INTRODUCTION

Clinical practice is an integral part of the nursing and midwifery curriculum. Students and faculty should anticipate an exciting clinical rotation. As an experiential learning process, evaluation of outcomes is a huge part of the clinical experience.

The goal of the clinical experience is to prepare students for practice as registered nurses and midwives. In addition to providing the didactic portion of the curriculum, the clinical experience gives students the opportunity to develop entry-level competencies.

Melender, Jonsen and Hilli (2013) noted that a positive and supportive clinical practice setting influences integration of theory and practice¹. However, lack of time or poor support of students during the clinical experience leads to detrimental effects on learning (Anthony & Yastik 2011).

In Sierra Leone, clinical challenges include; poor collaboration between hospitals and health training institutions, lack of clinical instructors, inadequate supervision of students by nurse tutors, inadequate formative and summative evaluations of the student's clinical performance, and shortage of nurses and midwives in the wards to supervise students in the clinical area. This entails that students are not adequately supported during their clinical experience. It is for this reason that a Student Clinical Policy Framework has been developed to guide students' effective clinical experience.

2.0 RATIONALE FOR CLINICAL POLICY

The developed Student Policy Framework serves to assist in promoting positive student outcomes, enhancing socialization skills, refining critical thinking ability, and developing interpersonal communication skills. Additionally, it is hoped the instructions set forth will outline expectations,

¹ Melender, H.L., Jonsen, E. and Hilli, Y. (2013) *Quality of Clinical Education—Comparison of Experiences of Undergraduate Student Nurses in Finland and Sweden*. *Nurse Education in Practice*, 13, 256-261.
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improve skills and knowledge development, increase self-confidence, and reduce anxiety and stress during clinical experiences.

The policy framework will guide Nursing and Midwifery training institutions, health facility staff and students on understanding and meeting student clinical education expectations. It will also strengthen collaborative relationship between the Nursing and Midwifery institutions and health facilities staff in the training of nurses and midwives by clarifying roles and responsibilities of the different stakeholders involved in the clinical education of student nurses and midwives.

2.1 Objective of the Policy

The Nurses and Midwives Council has powers to establish and improve standards for the nursing and midwifery professions and safeguard the safety of the public. The objective of the student policy framework is to:

1. Strengthen the clinical education of nursing and midwifery students;
2. Ensure that standards for initial Nursing and Midwifery education are properly complied with and maintained.
3. Facilitate production of proficient and competent nurses and midwives who will uphold professional standards and deliver quality care
4. Strengthen the collaboration among the training institutions, hospitals and other stake holders directly involved in the training of nurses and midwives in the country.

2.2 The Development Process

The development process was rigorous and consultative. It involved literature review and analysis and consensus building on key policy issues by stakeholders. A working draft was produced which was later validated by a larger group of stakeholders from training institutions, service sector, professional nursing and midwifery associations, regulatory body and MOHS at policy level.

2.3 Target Groups/Beneficiaries

The beneficiaries of this policy framework include training institutions, the hospitals management, the nurse- midwife tutors, the preceptors and nursing and midwifery students themselves and other partners in health.

2.4 How to Use the Document

The document will be utilised by training institutions, health facilities and students to ensure that standards for training of nurses and midwives in Sierra Leone are maintained. This policy framework is developed to provide important policy direction on how to facilitate meaningful clinical experiences for students and enhance their development as nursing/midwifery professionals. The policy statements specifically provide guidance to the training institutions, nurse /midwife tutors, hospitals/facilities and the students on their specific roles and responsibilities in supporting clinical education. The users of the policy will be required to adhere to policy directions during the planning and implementation of clinical education for student nurses and midwives. Training institutions may use the document in its current form or add certain aspects that are specific to their setting. The policies should be given to students at the beginning of their training and monitor their use during students' academic years.

3.0 KEY DEFINITIONS OF TERMS/CONCEPTS

Many experts have defined and described the concepts of coach, preceptor, and mentor. Yet nurses remain confused as to how to apply these concepts in practice. The definitions presented here draw from multiple resources, so the terms can be standardized in training and implementation.

3.1 Nurse/Midwife Tutor: Has formal preparation in nursing/midwifery and demonstrates competency in nursing/midwifery practise, generally accomplished with two (2) years full scope practise and holds a current license/registration or other form of legal recognition to practise nursing/midwifery. In addition she/he has formal preparation in teaching above her/his preparation in general nursing and midwifery.

3.2 Preceptor:

Are experienced and competent staff nurses who may have received formal training to function in this capacity and who serve as role models and resource people to newly employed staff nurses, student nurses, or new graduate nurses (preceptees). They merge the knowledge, skills, abilities, and roles of both coaches and mentors to help preceptees develop and mature into strong practicing professionals within new or different professional practice environments.

Preceptors introduce preceptees to their new roles and responsibilities, coach them on “the basics” (where to park; when to report; where to find supplies and resources; how to find and use unit/area specific equipment, unit/area rules or guidelines, and the organization's strategic plan, etc.), support and shape critical-thinking skills, evaluate performance and give feedback for improvement, and introduce the nurse to a wider network of nurses, frequently recommending preceptees for projects, committees, advancements, and honors within the professional practice environment and community.

Precepting is generally **time-limited and reliant on proximity**. Preceptors orient new nurses and students, help them verify their initial service-specific and unit-specific competencies when they first arrive on the unit or work area, and provide ongoing support and encouragement as preceptees transition into their new roles. Eventually, the preceptorship may evolve into a mentorship as the preceptee matures into his or her new role and responsibilities.

3.3 Mentors

Mentors encourage nurses to move beyond the status quo and help them find ground breaking professional opportunities, such as exploring new leadership roles, accepting speaking or writing engagements, or acquiring advanced learning experiences. They challenge mentees and step into the background, urging the new or experienced nurse forward. Mentors allow nurses to learn through many of their own failures as mentees grow and develop through debate, active listening, and open communication with one another. By acting as a source of intellectual stimulation and encouragement, mentors help nurses develop trust in their own abilities and skills. They push them to search out professional paths that the nurse might not have known about or taken much longer to discover otherwise.

Mentorships can continue for an indeterminate length of time and are not reliant on proximity. They evolve into mutual or shared mentoring behaviors. Some nurses have continued to mentor one another across years and continents, well beyond the initial phase of the mentorship.

3.4 Coaches

Coaches advise and instruct the nurse primarily on job-related activities and tasks—in other words, how to perform and prioritize technical tasks, documentation, nurse and patient safety issues, organizational relationships and etiquette, professional work habits, and how to organize and delegate work assignments and duties. Coaches introduce new nurses or students to the healthcare team and describe the roles of each member. They make suggestions on effective patient care activities; time and stress management; and how to organize, prioritize, and delegate work assignments. Coaching is generally time-limited and reliant on proximity. Coaches often orient new nurses and students and help new nurses verify their initial unit-specific competencies when they first arrive on the unit or work area.

3.5 Preceptorship

A preceptorship is a formal agreement between or among individuals to engage in a time-limited apprenticeship. It is a relationship constructed to link seasoned, experienced nurses (preceptors) with students, new graduate nurses, or new orientees (preceptees) to facilitate their orientation and integration into their new roles and responsibilities in the professional practice environment of care.

Preceptorships are intentional, individualized, inspired, and transformational. They occur in multiple formats that may be used for new-employee orientation, monitoring student nurses, or integrating new graduate nurses into the culture of the organization and nursing service. They differ from coaching partnerships, shadowing experiences, or buddy systems where new nurses or students are also assigned to experienced or seasoned nurses. In these, the relationship is loosely organized, coaches or buddies may change frequently, and they do not usually have the training or experience to manage a formal preceptorship.

Although preceptorships may extend beyond the orientation or integration phase, they generally do not facilitate preceptees' career development beyond their present positions on their assigned units or work settings. If a preceptorship evolves into formal or long-term career advancement, it has become a mentorship.

3.6 Nursing and Midwifery Student: An individual enrolled in an approved Nursing/Midwifery education program. The nursing/midwifery student may perform tasks that would constitute the practice of nursing/midwifery as part of her/his learning process.

3.7 Clinical Facility/Hospital: Any location in which the clinical practice of Nursing and Midwifery occurs to provide learning experiences for a Nursing and Midwifery education program as specified in a written agreement between the clinical facility and the Training Institutions.

3.7 Clinical teaching:

A process of assisting students to acquire the required knowledge, skills and attitude in practice settings to meet the standards of the nursing and midwifery profession

4.0 ACCOUNTABILITY

4.1 Student-preceptor relationship

1. The student does not work on the preceptor's license. No one works under another's license
2. The student is exempt by law to practice nursing and midwifery incidental to the educational process. The standard of care must be the same as rendered by the Registered Nurse and Midwife.
3. The preceptor has the responsibility to delegate according to the student's abilities and to supply adequate supervision.
4. Under the law, each person is responsible for his/her own actions.

4.2 ROLES, RESPONSIBILITIES AND EXPECTATIONS OF EACH TARGET GROUP

4.2.1 The Training institutions Responsibilities

1. Ensure that nursing and midwifery tutors and clinical preceptors meet qualifications and practice requirements (licensure) as prescribed by the nurses and midwives council of Sierra Leone to effectively guide the clinical education processes.
2. Ensure availability of written agreements in the form of memorandum of understanding (MOU) with clinical facilities/ hospitals and the Nursing education program which should be signed and current to guide student clinical education.
3. Ensure that the Nursing/midwifery education program is providing appropriate clinical supervision to the students, either by nurse/midwife

tutors or clinical preceptors, and is not relying only on the facility/hospital staff to provide supervision to the students.

4. Ensure that clinical experiences occur only after the students have received applicable theory and clinical skills laboratory experiences necessary to safely provide care to patients and clients as appropriate.
5. Select clinical preceptor from the clinical sites where students are placed for their clinical experience.
6. Train preceptors from the hospitals/facilities where they send their students for the clinical placements in collaboration with the hospitals;
7. Orient the preceptors and ward staff to the curriculum, course, clinical objectives and clinical evaluation tools of the nursing and midwifery education programs.
8. Provide students with necessary counselling services in accordance with individual needs of the students to promote positive learning experiences.
9. Ensure student compliance with standards on immunization (Hepatis B etc), screening, standards, and current liability insurance coverage, as appropriate.

4.2 .2 The Tutors/Faculty Responsibilities

1. Selects clinical sites that best meet the objectives of a particular course/module covered in a given block.
2. Inform clinical staff in advance before sending the students for clinical placement.
3. Send clinical allocations to the health facilities/hospitals two months in advance before the clinical placement.
4. Inform students in advance of their clinical placement and objectives.
5. Provide an orientation to clinical staff which includes: written objectives, methodology, and evaluation procedures for a specified period of time.
6. Accompany each group of students during their clinical placement to introduce them to the hospital matron and the in-charge.

7. Assume overall responsibility for clinical supervision, teaching and evaluation of the nursing and midwifery students during their placement.
8. Meet periodically with clinical preceptor and nursing/midwifery student and ward staff to determine student progress.
9. Engage in clinical practice which will help in keeping up to date with current nursing and midwifery practice.
10. Conduct regular and planned visits to the clinical sites to conduct clinical teaching and supervision.
11. Be readily available via telephone for consultation when students are in the clinical area.
12. The designated nursing/midwifery tutor should be available to provide assistance or supervision of the student at the clinical site, should a problem arise that cannot be resolved by telephone.
13. Discuss student expectations, skills performance, and methods of evaluation with ward staff.
14. Conduct both formative and summative assessment for students in collaboration with ward staff and give students timely feedback.
15. Conducts Clinical assessments in conjunction with clinical preceptor and ward staff.
16. Inform students and ward staff about dates for assessment during the first week of the clinical allocation.
17. Ensures that students are assessed as stipulated in the curriculum and according to student assessment policies.
18. During the clinical orientation the nurse and midwifery tutor is responsible for informing the students about safety procedures against hazards in the clinical.

4.2.3 The Preceptors Responsibilities

The preceptor agrees to:

1. Provide learning experiences for the student in the following areas: provision of quality care, leadership, and management;

2. Retain ultimate responsibility for the care of the patients in a given clinical setting.
3. Participate in an orientation to the precepted/observation experience;
4. Orient students to the physical layout, staff, policies and procedures on the first day of clinical placement.
5. Provide direct supervision and learning experiences for the student to meet objectives in order to develop knowledge, skills and abilities in the role of the registered nurse.;
6. Guide and supervise the student's performance of skills and other Nursing activities to ensure patient safety.
7. Provide evaluation of the student's performance at the end of the precepted/observation experience.
8. Provide the nursing/midwifery student with feedback on his/her progress, based on the clinical preceptor's observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation.
9. The preceptor has the responsibility to delegate according to the student's abilities and to supply adequate supervision.
10. Maintain open communication between student, preceptor and faculty;

4.2.4 Hospital /Health Facilities Responsibilities

1. Ensure that the Nursing/midwifery education institution is providing required clinical supervision to the students, either by nurse/midwife tutors or clinical preceptors, and is not only relying on the facility/hospital staff to provide supervision to the students.
2. Retain ultimate responsibility for patient care and safety.
3. Provide required hospital resources and policy direction that students require for their clinical practice.
4. Ensure safe working environment for its clinical workforce which includes students in clinical placement.

4.2.5 Student (s) Responsibilities

During the precepted/observation experience, the student will:

1. Participate in an agency and unit orientation.
 - a. Comply with agency/university policies regarding matters of professionalism and confidentiality.
 - b. Provide safe and effective care to assigned clients.
2. The student shall accept the student status and form part of the health care team while in the clinical area.
3. Take own responsibility for her/his actions;
4. Take responsibility to master competencies expected at his/her level therefore she/he must prepare for each clinical experience as needed.
5. Provide safe Nursing and midwifery care at the highest level of the student's knowledge and level of training.
6. Must ensure high standard of professionalism including confidentiality of patients' information at all times and in line with professional code of conduct for nurses and midwives in Sierra Leone
7. Respect the confidential nature of all information obtained during the clinical experience. Students are **not allowed to discuss patients' illnesses, medical conditions, or personal information online or in any other form.**
8. Maintain accountability for safe performance of those direct patient care tasks to which the student has been assigned.
9. Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the clinical experience.
10. Maintain a chain of command of open communications with the preceptor, ward staff and faculty.
11. Fulfil all clinical hours allocated to them during the period of training for optimal care experiences. Students must attend all clinical sessions in order to meet the course objectives.
12. Must respect each member of the health team. Students are part of the clinical team.
13. The duty roster for student must be adhered to.

14. Clinical experiences may be scheduled on varying shifts during the week, including nights and weekends. Student nurses/midwives are expected to do both day and night duties. Day duty is divided into two shifts
- a. First day duty shift starts at 8 am and ends at 2pm
 - b. Second day duty shift starts at 2pm and ends at 8 pm.
 - c. Night duty shift is for 12 hours starting at 8pm until 8 am.
15. The students on night duty must work for five (5) nights a week followed by two days night off which will be determined by the nurse in charge designing the duty roster.
16. Student on night duty must be allowed to have one-hour tea break. The time for break to be determined by the in-charge nurse or midwife on duty.
17. Must be timely and punctual at all times. Students must arrive 15 minutes before the start of the shift as follows
- a. 7:45 Am for the first day duty shift
 - b. 1:45 PM for the second day duty shift
 - c. 7:45 PM for the night duty shift
18. Students must do three night duties for the three-year programme. One-month night duty every year as prescribed by the regulatory body.
19. Student must participate in comprehensive handing over reports at the start and end of the shift.
20. Use of any electronic gadgets is prohibited in the clinical area. Students are not allowed to use phones during clinical placement unless during break time. Taking of photography of any kind is not permitted during clinical time.
21. Student on duty must always be at the bedside of patient rendering care
22. Should never leave the clinical area without permission from the In-Charge, the preceptor or the clinical tutor.

23. Should at all times adhere to professional conduct as prescribed in the code of ethics.
24. Students should never drink alcohol when on duty. Student found drunk must write a detailed report and appear before a disciplinary hearing of the training institution.
25. Must bring all necessary equipment to the clinical area, as required such as a stethoscope and nurse's watch, etc.
26. Students must wear their uniforms when going and returning from health facilities
27. In the wards, students must wear scrub suits which colour resembles that of their uniform as prescribed by the NMCSL
 - a. Bachelor of Science – White,
 - b. State Registered Nurse – Pink,
 - c. Midwives – Purple,
 - d. State Enrolled Community Health Nurses (SECHN)- Blue
28. Students should not be seen wearing their uniforms or scrub suits in public places, offices etc.
29. Student must wear caps with uniform which should indicate their level of training as prescribed by the NMCSL
30. Students must have stripes and name tags on the left breast pocket for identification
31. Student should always wear either black or brown leather shoes, covering their feet completely. Sandals should never be worn at any time.
32. Students shall not wear a wrist watch while performing procedures.
33. Female students shall not wear heavy make-up while on duty.
34. A student is not allowed to have personal appointments to be taken during the time of clinical practice without prior knowledge of in - charge, Preceptor or the ward Tutor.
35. A student shall be disciplined accordingly if she/he engages himself/herself in conduct that brings the name of the training institution, hospital and the nursing/midwifery professions disrespect.

5.0 Occupational Health and Safety

The Nurses and Midwives Council believes that all health workers including nursing and midwifery students have the right to work in a safe and healthy workplace environment and to perform their work without risks to their physical and psychological health and safety. Therefore employers;

1. Must provide employees and students with safely designed premises, work environments, fixtures, fittings, equipment and systems of work.
2. Must inform employees and students of the hazards they are or may be exposed to at work, the risks associated with those hazards, and the measures taken by the employer to protect their health and safety.
3. Must provide adequate information, instruction, education, and training, staffing levels, skill mix and supervision so that employees and students can perform their work safely.
4. In case of outbreaks like Ebola, students should not be allowed to go to the clinical area unless a student volunteers on their own

6.0 Summary

Clinical learning is an indispensable component in nursing and midwifery education. The effort by the Nursing and Midwifery Council of Sierra Leone to regulate clinical experiences for nursing and midwifery students is in the right direction as it will address numerous challenges that the council faces in the past. The challenges reflect that nursing and midwifery students were not gaining much from their clinical placements due to inadequate regulation and supporting structures. This document therefore, has given detailed guidelines to facilitate both reinforcement of regulation and support for nursing and midwifery students in clinical setting to ensure effective learning experiences in Sierra Leone.

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