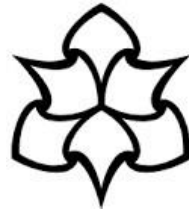


**Greater Manchester  
Long Arm Practice Supervision Guidelines  
for the supervision and assessment of  
Physiotherapy Learners  
undertaking an  
Interprofessional Training  
Care Home Placement**



University of  
**Salford**  
MANCHESTER



**Manchester  
Metropolitan  
University**



University  
of Bolton

**GREATER MANCHESTER**



The University of Manchester



Endorsed by the Chartered Society of Physiotherapists.

## **Purpose**

This document has been designed to provide information about Interprofessional Training Care Home placements, specifically in the context of physiotherapy learners, and the support required to ensure a successful placement experience.

For the purposes of this document, we are using the term '**Interprofessional Training Care Home placement**' to refer to the practice-based area where the learning environment (care home) in which the learner is placed may or may not have a registered clinician from the same profession as the learner.

## **Contributors**

In the spirit of servant leadership and co-operative enquiry these guidelines were developed, written and ratified by the following academics, researchers and health and social care professionals:

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## **Background**

### **IPE Training Care Homes**

Historically, health and social care learners have been educated in isolation, however interprofessional training environments are increasingly seen as key to advancing health and social care systems (World Health Organisation (WHO), 2010).

Interprofessional education (IPE) is a critical approach for improving collaboration and quality of care, by affording learners the opportunity to learn from, with and about each other's roles (Flood et al., 2014).

Interprofessional training wards (IPTW's), first developed at Linköping University in Sweden, have commonly been utilised for learners from different professions to learn to work collaboratively together.

IPTW's generate shared knowledge, an appreciation of others professional's roles and remits and advancement of interprofessional competencies in practice whilst improving patient outcomes (Oosterom et al., 2019).

To date, however, the application of interprofessional training initiatives have been rarely trialed in non-hospital settings and few studies have explored interprofessional training in the care home environment. Those that have highlight that IPE can support the delivery of holistic, person -centered caring practice(s), increase knowledge on the specialty of aged care practice and work to increase the future care home workforce (Damsgård et al., 2018; Seaman et al., 2017).

With the forecasted increase of older people becoming care home residents – and the strategic importance of care homes to the delivery of appropriate health and social care – a team of researchers from the University of Salford wanted to contribute to calls to improve resident outcomes, enhance interprofessional competencies and challenge negative perceptions of aged care (British Geriatrics Society (BGS), 2021).

Since 2021 the University of Salford in collaboration with the University of Bolton, Manchester Metropolitan University and the University of Manchester have conducted two studies (Stephens et al., 2024; Stephens et al., 2022) which provide pre-registration learners from nursing and allied health professions an opportunity to experience an Interprofessional Training Care Home Placement. Learners are assigned to a care home either as part of a full or split site placement, under supervision by a registrant from their own profession via long arm practice supervision (LAPS), and a day-to-day (D2D) supervisor (usually a registered nurse), and work alongside the residents and care home staff.

As part of the care home placement, they attend a weekly multidisciplinary team (MDT) meeting to identify and work with other learners and two residents to work on a goal the residents want to achieve.

Split site learners attend the care home 2 days a week, one day to attend the weekly MDT meeting and another day to assist with care provision within the care home.

All learners work as an integrated team to help achieve the residents' goals. Once the learners have set goals with 2 residents and care home staff, they will then be asked to discuss these goals with their long arm practice supervisor. Once agreed as within their scope of practice care home staff would supervise interventions carried out as appropriate.

The weekly MDT meetings enable interprofessional development and reflection for the learners using an action learning process. This is conducted along with care home staff, residents, and MDT facilitators (who are also care home staff).

The MDT Facilitators provide facilitation, watch attentively, and actively listen to the process of the MDT meeting to assist in the process of action and reflection. This assists with the learner's development, in particular their knowledge, skills, and personal development.

The learners and residents give feedback each MDT meeting on the progress of the goals set, this includes the evidence base from literature the learners have collated and presented, to ensure that theory is linked to practice.

The MDT meetings are also designed as a safe space to give feedback and advice on how the learners can work collaboratively to help the resident achieve their goals or identify new goals as required.

The facilitator may ask questions on the robustness and reliability of the evidence base presented at the MDT meetings and refer the learner to their LAPS to discuss their clinical reasoning prior to any action being carried out to achieve the goal. This is to ensure the action is within the learner's scope of professional practice and commensurate with the knowledge, skills and level of study.

On the last session, the learners present a plan of care for the future to help the resident continue to achieve their set goal and provide resources for the care home staff on how to support and continue implementation of care delivered.

The initiative has been and remains very successful. In 2022 the team received the John Horder Team Award by the General Practice with Primary Healthcare Section at the Royal Society of Medicine and The Centre for the Advancement of Interprofessional Education (CAIPE). More recently it was awarded the University of Salford Best Policy and Practice Collaboration 2024 and is a finalist in the Nursing Times Awards 2024 in the Social Care Nursing Category.

The team of researchers, academics, placement leads, programme leads, clinical educators and care home staff involved in developing the IPE training care home placement have created these guidelines to ensure the 5 homes can continue to receive learners from physiotherapy; ensuring support for learners is aligned with professional and academic standards and requirements.

### **Long Arm Practice Supervision**

Long arm practice supervision (LAPS) is a type of placement model whereby a supervisor, who is located at a distance to the practice learning area, takes responsibility for supervising and supporting the learner, with the support of a day-to-day supervisor (DtDS) who may be from another registered profession.

To help to expand placement provision, provide physiotherapy learners with an opportunity to have a social care placement and ensure an upskilled future work force, long arm supervision placements are being implemented by Higher Education Institutions (HEIs).

The LAPS model enables learners to have a placement in areas where there is not currently a physiotherapist based onsite or in the care setting. For example, in care homes.

The LAPS model requires a supervisor to be located at a distance to the clinical practice learning area but is available for support for the placement learner.

Long-arm practice supervision refers to the process of supporting learners in placements in line with professional body requirements. The Chartered Society of Physiotherapy are supportive of this emerging method of supervision for physiotherapy learners and have worked with the four Greater Manchester Universities in the development and endorsement of these guidelines.

This means that the long-arm practice supervisor will not be with the learner on a day-to-day basis so another named member of staff would support the learner. This person is called the day-to-day supervisor.

### **Benefits of Long Arm Practice Supervision**

From the current literature the benefits of long arm practice supervision include:

Giving learners placement independence, to develop their clinical reasoning and collaborative working skills.

Increasing learners' confidence in their own abilities, such as time management, prioritisation of skills, advocacy and autonomy, which can boost future retention and recruitment.

Giving the learners the best experience which includes extra forms of support and supervision from different registered professionals, this includes the long-arm practice supervisor (who is the learner's clinical/practice educator), the day-to-day supervisor (registered nurse or manager in the care home), the practice education facilitator, and the personal tutor/academic progress review tutor.

### **Aim of the placement**

The aim of IPE training care home placements is to provide nursing and allied health professional learners with the opportunity to learn from, with and about each other whilst caring for residents in a social care environment.

### **LAPS Learner Support Model overview**

Long arm practice supervision can be provided through any of the following methods such as a phone call, teams call, or face to face meeting. The LAPS method used should be negotiated between the LAPS, the learner, and the day-to-day supervisor.

Who is available to support the learner:

1. Peer support day-to-day from fellow learners on placement at the same time in the care home.
2. Key worker who is a member of the care staff at the home (these can be therapy and non-therapy based) and will be available on a day-to-day basis.
3. Day-to-day supervisor at the home who is a registered nurse/manager.
4. Long arm supervisor/ assessor on agreed specific days and times (this is dependent upon the learner being on a full or split placement in the care home).
5. Practice education facilitator who links with the care home.
6. Placement lead and administration teams at university.
7. Personal tutor or academic progress tutor.

Long arm practice supervisors will be allocated physiotherapy learners on the following basis:

1. The LAPS is a registered physiotherapist with the HCPC.
2. The LAPS works in a service which is local to the care home in which the learner is allocated. This can also include registered physiotherapists in non-clinical roles for example in combination with a leadership placement.
3. The LAPS has attended the LAPS IPE care home training event.
4. The LAPS feels comfortable supporting learners in a care home environment.
5. The LAPS has capacity to support the learner.
6. The LAPS will supervise learners from the following programmes on an IPE care home placement (split site or full time): BSc (Hons) Year 2 and Year 3 learners, MSc Year 1 and 2 learners.

### Essential components to long arm supervision of a learner on an IPE Care Home Placement

Prior to commencing an IPE care home placement, the learner and those supporting them should have knowledge of the essential components to ensure continued support and communication between the learner, the long arm supervisor and the day-to-day supervisor in the care home. Here is a diagram of the components required for supporting physiotherapy learners on either full-time or part-time/split site placements.



### **Long Arm Practice Supervisor (Practice or Clinical Educator) Expectations and Responsibilities**

The Long arm practice supervisor (LAPS) must use their professional judgement when selecting appropriate learning opportunities for the learner, and work with the day-to-day supervisor (DtDS) in the care home to accommodate this within the learners' scope of professional practice, knowledge, skills and level of study.

This should consider the:

- intended learning outcomes of the practice experience.
  - learning opportunities available.
  - availability and level of competence of care home staff.
  - understanding and agreement of which competencies can be signed off by the day-to-day supervisor (on-site in the care home) e.g. manual handling, communication etc.
- 
- ❖ Pre-placement visits can be arranged to allow a discussion between the LAPS and DtDS around the expected skills the physiotherapy learner can carry out with care home staff. This also allows the LAPS to develop a relationship with the care home staff and meet the other registered and non-registered staff working in the home or providing support to the home.
  - ❖ Learners will be expected to work with care home staff and residents existing care plans to ensure that they are working safely and within scope of practice and residents' abilities.
  - ❖ Any skills that need profession specific supervision can be arranged to be undertaken with the LAPS in attendance during one of the formal supervision meetings.
  - ❖ If at any time the long arm supervisor or day-to-day supervisor is concerned about the learner they are supervising, they can consider the following steps (in line with the GM Escalation of Concerns Policy).
    - Address this with the learner and the other supervisor (LAPS/DtDS) and set a specific action plan.
    - Contact the practice education facilitator, placement lead or personal tutor.
    - Consider more frequent meetings and touch points.

### **Long arm supervision practice process**

Prior to the learner commencing on placement there should be contact via email between the long arm practice supervisor (LAPS), the day-to-day supervisor (DtDS) (from the care home) and the learner. This should include the usual welcome induction information to the placement(s), the shift pattern(s), the start and finish times, and the day of the week the MDT meeting will take place (where the learner will work with the residents and other learners). This will also include a link to the online IPE Training Care Home Module. If the learner is on a split site placement the information provided should clearly highlight which days of the week the learner is working with the LAPS and the care home accordingly. The email will also include information of the date and time of initial meeting between the LAPS, DtDS and learner to:

- Discuss the learning plan and complete the learning contract.



- Agree dates of future meetings with the LAPS which should be a minimum of 1 hour and include a range of activities to enable the LAPS to assess competence of the learner.
- Agree how the LAPS, DtDS and learner will communicate, to support them so they can participate in the IPE scheme and have opportunity to achieve their professional practice competencies in a timely manner.
- Agree on the process of any escalation of concerns, who to and by whom.

Once a week the LAPS and DtDS should allocate time to check in on the learner's progress towards achieving the placement competencies, individually. The LAPS may use this time to review the learning contract if required.

All discussions between the learner, LAPS and/or DtDS must be documented in the PARE document according to programme/pathway requirements. This allows a transparent process.

In the last week of completion of the placement all parties are to meet and complete all necessary documentation.

### **Learners' Expectations and Responsibility**

#### **Learners' expectations**

Learners are expected to work alongside care staff and help with washing, dressing, toileting, hoisting, transferring, walking with residents, helping with eating, and drinking at mealtimes. They are expected to record activities as the care staff do and act as an additional resource for the team. The day-to-day supervisor will counter sign any documentation in the resident's records.

Learners are also expected to participate in the following activities:

1. The weekly MDT meeting.
2. The social activities and class activities provided by the care home activity and exercise coordinators.
3. Other actions that have been allocated to the learner as part of the MDT meeting and agreed by the DtDS and LAPS.

This is with the aim of assisting the two residents from the MDT to achieve their goals and also to be able to participate in other opportunities such as running exercise or similar classes themselves.

Here is a list of activities that a physiotherapy learner may be expected to participate in whilst on the care home placement within their scope of practice and in agreement with LAPS under supervision. This list is not exhaustive.

- Reading the residents notes and medication charts to develop an understanding and awareness of their physical and mental health.
- Reviewing the residents care plans and notes and after discussion with LAPS make recommendations.
- Interviewing the residents about their life and likes/dislikes with other learners
- Exploring what equipment, the resident and staff use for activities of daily living
- Working with the care home staff who care for the residents

- Shadowing other professionals such as the general practitioner or social worker
- Looking at pathologies and medications and then examining evidence-based care.
- Any intervention that would be what is normally provided by the care home staff or external registrants and therefore would be available in the day-to-day supervision of learners.
- Already prescribed activities conducted by general practitioner, practice nurse, community nurse, advanced clinical practitioner, activity coordinator, care home gym instructor, community physiotherapist, care home's own occupational therapist, resident's privately purchased therapist.
- Attend and participate in classes in the home such as balance, strength and conditioning, exercise and enrichment.
- Participate in physiotherapy assessments (subjective and objective) such as sleep, mobility, equipment, posture and seating, range of movements.
- Making every contact count conversation.
- Developing MDT Care Treatment plans with the other learners, care home staff and LAPS.
- Develop case studies on the residents from the MDT meetings and report/present findings.
- Developing knowledge and skills of evidence-based practice for interventions including critical appraisal.
- Equipment provision including assessing and measuring appropriateness of equipment, audit and order replacement/new equipment.
- Provide peer support to other learners in the home.
- Develop and enhance manual handling skills.
- Develop and enhance communication and interpersonal skills with other learners, care home staff and residents with complex comorbidities.
- Collaborative and team working skills.
- Share knowledge and skills.
- Continuous delivery of treatment plans and facilitation of goals.
- Develop empowerment skills.
- Develop and provide training to care home staff.
- Falls prevention and backward chaining knowledge and skills.
- Person centred goal setting for independence and pleasure.
- Exercise programmes.
- Reflective practice skills and continuous professional development.
- Clinical reasoning skills.
- Allied Health Professional signposting and collaboration.
- Presentation skills.
- Risk assessment skills.
- Coproduction skills.
- End of life care.

### **Learner responsibility**

It is the learner's responsibility whilst in the practice area:

- To liaise appropriately with their long arm practice supervisor (practice educators), day-to-day supervisor, other care home staff and personal tutor.

- To ensure they contact the day-to-day supervisor, long arm supervisor (practice educator), practice education facilitator or personal tutor (academic staff) if they have any concerns regarding their practice experience.
- To follow the university policy on reporting any sickness and absence to LAPS, DtDS and university personnel.
- To be familiar with the HSPC Standards of Conduct Performance and Ethics and to adhere to the HCPC Guidance on conduct and ethics for students.
  - <https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf>
  - <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/revised-standards/>

**Week by Week Guide**

Preparation for and during placement is important. Here is an exemplar that could be used to assist the long arm practice supervisor, day-to-day supervisor and learner to plan the dates and times of supervision and activities. This could include how long the meetings might take and purpose of the meetings. This is to manage expectations of all involved with the supervision, assessment, and support of learners.

<b>Placement weeks</b>	<b>Plan</b>	<b>Date/ Time</b>	<b>Expectations/Activities</b>
<b>Preplacement</b>	Arrange a meeting to prepare LAPS, DtDS, Learner's expectations		Introduction to the supervisors and learning environments, agreeing days of the week spent in the care home and days when the MDT meetings occur, go through welcome pack. Set date of induction meeting.
<b>Week 1</b>	Placement and Care home inductions and first MDT		Complete PARE initial interview with LAPS and DtDS, set learning objectives, agree dates of midpoint and final assessments. Agree methods of communication across supervisors. Meet other learners and 2 residents. Attend first MDT meeting and work on actions given by facilitator and develop reflections/notes/presentation with other learners. Work with resident and other learners. Discuss actions and reflections with LAPS.
<b>Week 2</b>	Reflections on actions at MDT via presentation		Attend 2 <sup>nd</sup> MDT, report/present actions and reflections. Be given further actions and develop reflections/notes/presentation. Work with resident and other learners. Discuss actions and reflections with LAPS.
<b>Week 3</b>	Reflections on actions at MDT via presentation		Attend 3 <sup>rd</sup> MDT, report/present actions and reflections. Be given further actions and develop reflections/notes/presentation. Work with resident and other learners. Discuss actions and reflections with LAPS. Have midpoint assessment with LAPS and DtDS. Develop action plan/objectives as required.
<b>Week 4</b>	Reflections on actions at MDT via presentation		Attend 4 <sup>th</sup> MDT, report/present actions and reflections. Be given further actions and develop reflections/notes/presentation. Work with resident and other learners.

LAPS final ratified and approved 6/09/2024

			Discuss actions and reflections with LAPS.
<b>Week 5</b>	Reflections on actions at MDT via presentation		Attend 5th MDT, report/present actions and reflections. Be given further actions and develop reflections/notes/presentation. Work with resident and other learners. Discuss actions and reflections with LAPS.
<b>Week 6</b>	Reflections on actions at MDT and care plan handover		Attend final MDT, report/present actions and reflections and final group care plan/achievement of resident's goal. Discuss actions/care plan/achievement of goals and reflections with LAPS. Have endpoint assessment with LAPS and DtDS. Develop action plan/objectives as required.

## Frequently asked questions

### **1. What assessment forms do long arm supervisors and day-to-day supervisors use to assess the learners on IPE Training Care Home Placement?**

Long arm practice supervisors will use the Common Placement Assessment Form (CPAF) to assess the learners. CAPF is located on PARE.

Long arm practice supervisors can use a mixture of activities including but not exclusively.

- Observation
- Clinical case discussion
- Notes review
- Reflections
- Feedback from care staff, residents, and university staff
- Learners can also show evidence of the learning domains from actions and reflections from MDT meeting.
- End of placement presentation on achievements at the care home and sharing of collaborative care plan.

### **CPAF domains**

#### Learning Domains

There are 10 learning domains;

<b>Personal Development</b>	<b>1. Independent learning</b>
	<b>2. Seeking, reflecting on and responding to feedback</b>
	<b>3. Organisation and prioritisation</b>
<b>Interpersonal Skills</b>	<b>4. Communication</b>
	<b>5. Working with others</b>
	<b>6. Individuals, communities and populations</b>
<b>Decision Making and Implementation</b>	<b>7. Gathering and analysing information</b>
	<b>8. Evidence-based practice</b>
	<b>9. Reasoning and intervention</b>
	<b>10. Recording information</b>

### **2. Is the learner fully aware/conscious of what their level of competence is at an undergraduate/post graduate pre-registration programme level?**

It is the role of the personal tutor/academic progress review tutor, long arm practice supervisor and learner to develop the learner's knowledge and skills in assessing and mapping their level of competence against the 4 pillars of practice. This can be documented within the PARE document in order to develop personal development goals for the learner with actions and resources to help them achieve these goals.

### **3. Where is the learner's assessment and treatment documentation obtained and stored in the care home? How does the clinical educator read them? Are they electronic, is training required for both the educator/ learner?**

In the 5 care homes the residents care plans are electronic and can be accessed with support from the day-to-day supervisor. The long arm practice supervisor is only assessing the learner; therefore, they will not have access to the resident's records. However, if the learner does document any care provided this will be countersigned by the day-to-day supervisor who is a registered nurse. IT access and training will be provided to the learner by the care home manager.

**4. Who would take overall for responsibility for a learner if they were potentially failing?**

Overall responsibility for grading the learner is with the long arm practice supervisor, however whilst the learner is on placement in the home, the day-to-day supervisor is responsible for the learner. The responsibility for a failing learner would need to be a shared responsibility between the LAPS, DtDS, PEF and personal tutor, as normal practice in this instance will apply. The types of activities being undertaken in the care home may not be 'physiotherapy specific' e.g. mobilising already assessed patients by the homes moving and handling coordinator, researching equipment, enhancing communication skills which can all be supported by care home staff. Through regular planned meetings between the LAPS, DtDS and the learner, the learner's objectives could be adjusted accordingly to ensure that they are working within their current scope of practice, level of competence and can be managed appropriately on both sites. The LAPS should be 'meeting' formally with the learner three times a week when on a split site placement anyway. Escalation of concerns would follow normal GM practice.

**5. Who is responsible for the resident as they are not on the caseload of the long arm supervisor?**

The care home is responsible for the resident and therefore liability falls with the care home should an incident occur.

**6. Will the learner be asked to do work which is outside their scope of practice or unsupervised?**

There would be no delegation of a task to a learner that is outside their scope of practice. The learners would not be delegated tasks to be carried out unsupervised. Most care is delivered by non-registered staff so would be commensurate with the level of the learner. There will be no independent introduction of new interventions by the learner. Each week there is opportunity for the LAPS to discuss with the learner their actions and reflections in the care of the 2 residents to provide clinical and professional guidance and supervision.

**7. What governance and risk assessments are there in a care home to ensure learners are delivering safe high-quality care?**

Care homes must follow the national minimum standards for care homes in England, set out by their regulatory body Care Quality Commission. Based on these standards, care homes can develop quality assurance systems to ensure they adhere to regulations and provide care in accordance with best practice. The CQC inspects care homes to ensure that they do not fall

below these standards, and if they do, they take action to improve.

The fundamental standards state that care homes must:

- Provide person-centred care.
- Make it possible for residents to have visitors and go out on visits.
- Treat residents with dignity and respect.
- Acquire consent before giving any care or treatment.
- Ensure they do not give unsafe care or treatment, and that staff have the qualifications and skills to keep residents safe.
- Safeguard residents from any form of abuse or improper treatment.
- Provide food and drink which keep residents in good health.
- Keep premises and equipment clean, suitable, and looked after.
- Offer a complaints system, investigate incidents thoroughly and take action.
- Have plans in place to ensure they can meet above standards and systems to check quality and safety of care.
- Have enough suitably qualified, competent, and experienced staff to meet standards.
- Only employ staff who can provide care and treatment appropriate to their role.
- Be open and transparent about care and treatment.
- Display their CQC rating clearly and make their latest report available to you.

There are approximately 72 risk assessments conducted in care homes to maintain quality of service provision. This offers opportunities for learners to spend time learning more about governance and quality standards in social care. For example, each care home has a moving and handling coordinator who will assess each resident and their needs/equipment and will review accordingly. Learners can work closely with this person, so they work within standards/guidance of the home.

The care homes involved in this placement scheme have all signed the educational contract, have an educational audit in place, and all relevant learner information is prepared.



**Contact details**

Please complete this information personally to the locality in which you work.

<b>Contact</b>	<b>Details</b>
<b>Care home(s) involved</b>	
<b>Day-to-day supervisors at each home</b>	
<b>Long arm practice supervisor</b>	
<b>Practice Education Facilitator</b>	
<b>Placement Lead from the university</b>	

**Resources**

**1. How To - Long Arm Supervision:**

<https://vimeo.com/659608128>

**2. CPAF Resources:**

<https://www.csp.org.uk/professional-clinical/practice-based-learning/cpaf>

**3. Escalating Concerns:**

**Process for the Management  
of Incidents in Practice (IP) Involving Learners Across  
Greater Manchester  
Provider Organisations**

**Section A Notification / Learner Details / Risk Rating**

**Section B Minor Risk (Only)**

**Section C Moderate & Severe (Only)**

Risk Level Descriptor/Management Pathway Risk Categories	Minor	Moderate	Severe
Clinical Incidents affecting Learner e.g. Needlestick Injury Slips, Trips & falls Witnessing stressful/traumatic events	The Learner witnessed a clinical incident but was not involved and may/may not have required some psychological support.	The Learner was involved in a clinical incident and were affected either physically or mentally and University/Organisation/Trust processes are followed and is reported via relevant systems.	The Learner was involved in a clinical incident and suffered life changing injuries and/or mental distress and the University/Organisation/Trust is required to complete relevant internal reporting systems.
Clinical Incident affecting patient / Client e.g. Errors in Nursing/Prescribed Care Working Outside of Scope of practice Near Misses	The Learner witnessed a patient clinical incident but was not involved and the patient did not require additional observation	The Learner was involved in a clinical incident and the patient required some additional prescribed observation	The Learner was involved in a clinical incident and the patient required medical intervention and/or resulted in life changing injuries
Health & Well Being of Learner e.g. Safeguarding issues such as Signs of neglect, verbal, and/or physical abuse Signs of deteriorating Mental Health	A health and wellbeing concern regarding a learner has been identified as an issue and this has been observed by a staff member but has been addressed with no further action required.	There has been increased concerns regarding a learner's health and well-being/mental health and/or this has been observed by a staff member and support was required.	The learner has been observed by a staff member that their health and well-being has been compromised and intervention /action was required or resulted in life changing injury and/or mental distress
Professional Issues e.g. Fraudulent activity Inappropriate use of social media Concerns regarding professional values/behaviours/boundaries	The learner has been observed/reported as minimally breaching their professional values/behaviours/boundaries	The learner was identified as breaching their professional values/behaviours/boundaries, this has been reported/observed and support was required	The learner was observed/reported as significantly breaching their professional values/behaviours/boundaries and intervention /actions were required to prevent or address harm and/or mental distress
Learning Environment e.g. Concerns have been raised about the care delivery within the learning environment. Witnessing poor practice	There are some concerns with the learning environment which have been addressed internally.	The learner has witnessed some concerns with the learning environment and some support was required.	The learning environment has required intervention / action due to concerns raised and as a result may ultimately have required removal of learners.

## Section A – Learner Details / Notification / Risk Rating

<b>Learner's Name</b>	<b>COHORT</b>	<b>HEI</b>	
<b>Date of Incident</b>	<b>TRUST</b>	<b>PERSONAL TUTOR</b>	
<b>Notification summary of the incident</b>			
<b>Incident Number /Datix Number</b>			
<b>Location of Incident</b>			
<b>Reported by</b>			
<b>Investigator Lead Name &amp; Title</b>		<b>Email Contact</b>	
<b>Assessed Risk level:</b>	<b>Date &amp; time Assessed.</b>	<b>Assessment of risk level completed by:</b>	
<b>Please Cross relevant:</b>	<b>Risk Level</b>		
<b>Minor</b> <b>Moderate</b> <b>Severe</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>Name of PEF</b>			
<b>Name of Service Manager/Head of Service</b>			
<b>Name of Academic Advisor / Academic Assessor</b>			
<b>Name of Programme Lead/Lead Midwife for Education</b>			
<b>Communication with &amp; name/date</b>			

## Section B – Action & Assurances (Minor Risk only)

### Summary of Actions

1	<u>Internal incident report completed.</u>  Date: Time:	<u>Incident recorded in organisation practice incident log.</u>  Date: Time:
2	<u>Summary of Action Taken by provider Organisation</u>	
3	<u>Summary of Action Taken by HEI</u>	
4		
5		

### Closure Of Actions (Minor Only)

Service Manager/Head of Service Assured by actions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>
HEI Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>
Incident closure date:			

**Section C – Action Plan & Assurances (Moderate / Severe Risk only)**

Internal incident report completed.		Date:	Time:	Recorded in organisation incident log.		Date:	Time:
Summary of Immediate Actions				Date Agreed	Date to be Achieved	Responsibility of	
1							
2							
3							
4							

<b>Closure Of Actions (Moderate / Severe)</b>							
Service Manager/Head of Service Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>	HEI Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Signature &amp; Date</u>
Incident closure date:							

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