Answer Guidance

# Chapter 7: Accountability and professionalism

## Activity answer guidance

### Activity 7.1

There are certain tasks/activities that nursing students cannot undertake until they are qualified. These may be listed in your course handbook; your practice educator supervisor/assessor should also be able to tell you. Make a note of what these are.

Answer guidance:

*The 2018 NMC Standards now require students to become proficient in a wider range of skills than in the past. Skills you may not do as a student will depend on the stage of your programme and local Trust policies, it is, therefore, important to check locally, but your list may include:*

*• Administer a drug under a patient group directive (PGD)*

*• Skills such as cannulation, checking blood transfusions, using a glucometer, and male catheterisation may only be possible if you have attended the relevant training session run in the placement or at university depending on agreements between the university and practice partners.*

*• Lone visiting of patients/clients in their own homes particularly for a 1st or 2nd-year student.*

### Activity 7.2

Take a look at your university’s fitness to practise policy.

Q. Does it identify the type of concerns that may lead to a student being referred to them?

*A. These may vary between universities but may include concerns such as:*

*Acquiring a criminal conviction or caution whilst on the course*

*Submitting a fraudulent application*

*Academic misconduct*

*Sharing patient or service user information*

*Inappropriate use of social media*

*Poor health (physical or mental) or disability that calls into question your fitness to practice*

Q. What are the penalties should any allegations be upheld?

*These may vary between universities but could include:*

*• Formal written warning*

*• A reflective piece of work*

*• A written apology*

*• A fine*

*• Suspension from the course*

*• Discontinuation from the course*

Q. Does it identify where you can get support and advice should you ever be called to a fitness to practise panel?

*A. The policy should suggest you contact The Student Union or your professional/Trade Union for advice and guidance.*

## Case study answer guidance

### Case Study 7.1: Social Networking

Jenna is not enjoying her placement and posts a series of comments on Twitter about how bored she is and makes some derogatory comments about the staff she is working with. In the final week of her placement, she posts pictures of herself at a party that shows her drinking alcohol and looking dishevelled. She then tweets in the morning how she has a major hangover and is going to be late for work but at least it’s her last day.

A student at university who is a Facebook ‘friend’ and Twitter follower is concerned by what she has seen and informs her personal tutor. Following an initial investigation, Jenna is referred to the university fitness-to-practise panel. The panel finds that her fitness to practise is impaired as her actions have failed to uphold the reputation of her profession; however, based on the remorse Jenna shows and her insight into how her actions were not in keeping with the Code, the panel decides to impose a condition rather than discontinue her from the program. Jenna is also informed that should she request a reference from the university, she may be required to disclose that she has been subject to a fitness-to-practise hearing.

• Read the NMC (2019c) guidance on using social media responsibly.

• Consider what action you might take if a nursing student or other healthcare professional posted something that you felt was inappropriate on a social networking website.

• Reflect on your online persona, your web presence, and posts you have made in the past. What information ‘about you’ is available publicly? What photos have you posted? What does it say to others about you? Consider where there may be areas for improvement.

Consider what action you might take if a nursing student or other healthcare professional posted something that you felt was inappropriate on a social networking website.

#### Answer guidance:

*How you respond may depend on the nature of the postings made by the student. If they are inappropriate but not breaking confidentiality or bringing an organisation into disrepute you could discuss with the student concerned to see if she would consider removing them from the site. Otherwise, your first point of contact is to discuss this with your Personal Tutor or member of staff at the university.*

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### Case Study 7.2 Sexual Boundaries

This case centred on a registered nurse (LD) and his relationship with a female patient. Following the investigation, he was proven to have:

• inappropriately touched a patient on her bottom

• given the patient his personal telephone number

• suggested to the patient that they should meet socially by offering to accompany her to a parent-and-child group.

Outcome: Fitness to practise impaired.

Sanction: A striking-off order with an interim suspension of 18 months (this allowed the registrant time to appeal if they wished to).

• Consider your experience so far and how you would respond to a patient who wished to cross the professional boundary of the nurse-patient relationship.

• Would you have any additional concerns if the patient had a learning disability?

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#### Answer guidance:

*It is essential that you are very clear that you are required by the NMC to maintain a professional relationship at all times. If the patient does not accept this, it is important you talk to your practice supervisor/assessor or personal tutor on how to manage the situation.*

*A patient with a learning disability may find it more difficult to understand your response. Again, a discussion with your practice supervisor/assessor or personal tutor is important in order to look at how you can manage the situation.*

### Case Study 7.3 Safeguarding and Confidentiality

Sarah is a nursery nurse at a clinic who is concerned that a child, whom we shall call Betty, may have sustained non-accident related injuries, and has referred Betty and her mother to a health visitor. The health visitor met with Betty and her mother, who gave an explanation for Betty’s injuries. The mother also mentioned that she had spoken to her social worker (who had been allocated to the family as Betty had been identified as a “child in need”). The health visitor contacted social services the following day. Social services raised concern that they had not been informed on the day that the health visitor saw Betty. It was revealed that the mother had not actually been in contact with her social worker; as a consequence, Betty had to undergo a more intrusive medical examination than would have been the case if she had been referred on the day she’d been seen by the health visitor.

In the same month, the health visitor was at a case conference with a family, where she mentioned the first names of another family whom they also knew. This constituted a breach of confidentiality. In light of these events, the health visitor referred herself to the NMC.

The charges were that the health visitor:

• did not immediately report the matter to Betty’s social worker

• did not establish whether Betty’s mother had already contacted Betty’s social worker

• did not see

ek advice from a colleague at the trust

• did not arrange for Betty to receive a medical examination without delay in order to establish the nature of the condition or injury

• on 30 September 2010, disclosed confidential information during a case conference where the name of one family was revealed in the presence of another family.

Outcome: Fitness to practise impaired.

Sanction: Caution order— three years.

• Look at the NMC Code and identify which sections you believe the health visitor breached and reflect on your responsibility for responding to a safeguarding concern.

#### Answer guidance:

*You may have identified that Health Visitor was in breach of the following:*

• *act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care.*

• *respect a person’s right to privacy in all aspects of their care*

• *8.5 work with colleagues to preserve the safety of those receiving care*

• *8.6 shares information to identify and reduce risk*

• *17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection*

*To achieve this, you must:*

• *17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect, or abuse*

• *17.2 share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information,*

• *17.3 have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*

• *20.1 keep to and uphold the standards and values set out in the Code*