Regional Centre of Nursing & Midwifery Education
Midland Regional Hospital
Tullamore
Co. Offaly

PROGRAMME HANDBOOK

Certificate in Application of Mental Health Legislation to Practice 8S15678

QQI Level 8 Special Purpose Award

September 2014
### TABLE OF CONTENTS

#### 1.0 Regional Centre of Nursing & Midwifery Education
- 1.1 Role and Function of the Centre  
- 1.2 Location of RCNME Tullamore  
- 1.3 Programme Co-ordinator Contact Details  
- 1.4 Director RCNME

#### 2.0 Programme Outline & Structure
- 2.1 Rationale for the Programme  
- 2.2 Programme Philosophy  
- 2.3 Programme Structure  
- 2.4 Programme Aim  
- 2.5 Programme Learning Outcomes  
- 2.6 Syllabus/Indicative Content  
- 2.7 Recommended Reading/Learning Resources  
- 2.8 Teaching and Learning Methodologies  
  - 2.8.1 Pre Programme Learning  
- 2.9 Module Descriptor  
- 2.10 Recognition of Prior Learning  
- 2.11 Programme Registration  
- 2.12 Programme Timetable  
- 2.13 Attendance  
- 2.14 Transfer  
- 2.15 Progression  
- 2.16 Exiting Programme  
- 2.17 Educational Resources & Learner Supports  
  - 2.17.1 Programme Co-ordinator  
  - 2.17.2 Sourcing, Appraising & Synthesising the Literature at Level 8  
  - 2.17.3 Library & Information Service  
  - 2.17.4 Health & Safety  
  - 2.17.5 Learner Representation  
  - 2.17.6 Reasonable Accommodation  
  - 2.17.7 Extenuating Circumstances  
- 2.18 Assessment  
  - 2.18.1 Adherence to QQI Assessment & Standards  
  - 2.18.2 Assessment Schedule
2.18.3 Publication of Results 18
2.18.4 Provision of Feedback to Learners 18
2.18.5 Re-check, Review & Appeal Process 18
2.18.6 Re-check 19
2.18.7 Review 19
2.18.8 Appeal 19
2.18.9 Repeat Examination/Assessment 19
2.18.10 Plagiarism 20
2.18.11 Use of Pseudonyms 20

2.19 Complaints 20

3.0 Quality Assurance
3.1 Quality Assurance Policy & Procedures 21
3.2 Programme Evaluation 21

4.0 Academic Referencing
4.1 Referencing Guidelines 22
4.2 Glossary of Terms 22
4.3 Harvard Referencing System 22
1.0 REGIONAL CENTRE OF NURSING & MIDWIFERY EDUCATION, TULLAMORE

1.1 Role & Function of Centre
The Centres of Nursing & Midwifery Education, established by the Department of Health and Children in 2002 as part of a restructuring programme of undergraduate nurse education and training, have a broad range of functions relating to education and training, which include to:

- Provide education and programmes of professional development across all divisions of nursing;
- Identify, in partnership with the Director of Nursing & Midwifery Planning & Development Units, the education, training and development needs to support the delivery of nursing care;
- Provide a comprehensive training and development programme in accordance with annually agreed objectives;
- Ensure that training and development is aligned to national initiatives and to organisational objectives;
- Ensure close working relationship and liaison with between higher education institutions and all health service agencies;
- Promote cross-divisional and interagency educational practices;
- Promote the professional development of staff as integral to the management of the nursing and midwifery resource;
- Source and evaluate internal and external education and training providers;
- Establish and maintain systems to record education, training and development activities in accordance with agreed procedures;
- Evaluate education, training and development activities;
- Encourage and support the research agenda at local and national level;
- Ensure that education, training and development activities are grounded in sound evidence.

(Health Service Employers Agency, 2002)

1.2 Location of Centre
Directions to the Midland Regional Hospital Tullamore can be obtained using the following websites:
- AA Ireland http://www2.aaireland.ie/routes%5Fbeta/
- Route planner Ireland http://www.maps.ie/route-planner.htm

On entering the grounds of the Midland Regional Hospital Tullamore, proceed to the roundabout and take the second exit (straight through). The entrance to the car park is on the left in front of the hospital building. The RCNME is a prefabricated building located directly opposite the front entrance to the main hospital, through the car park. Carparking charges apply in the hospital campus.
1.3 Programme Co-ordinator Contact Details
The Programme Co-ordinator in the Regional Centre of Nursing & Midwifery Education is the primary contact for general support and guidance throughout the programme. Learners may contact the programme co-ordinator by telephone or email or they may make an appointment to have a face to face meeting if required.

Ms. Claire Griffin
Nurse Tutor
Regional Centre of Nursing & Midwifery Education
Midland Regional Hospital
Tullamore
Co. Offaly

Telephone No: 057 9358752/086 3852776
Email address: claire.griffin@hse.ie

1.4 Director, Regional Centre of Nursing & Midwifery Education
The Regional Centre of Nursing & Midwifery Education operates under the overall direction of the Director, who may be contacted by learners, if necessary. The Director of the Centre is Chairperson of the Programme Board and the Board of Examiners.

Ms. Pauline Coughlan
Director
Regional Centre of Nursing & Midwifery Education
Midland Regional Hospital
Tullamore
Co. Offaly

Telephone No: 057 9358752/086 3852774
Email address: pauline.coughlan@hse.ie
2.0 PROGRAMME OUTLINE & STRUCTURE

2.1 Rationale for the Programme
The need for this programme, to support implementation of mental health policy, was identified through the Office of the Assistant National Director for Mental Health in the Health Service Executive. The focus of this multidisciplinary programme of education is the application of mental health legislation to practice and the enhancement of safe, person-centred care which is responsive to the needs and interests of service users in the mental health services. A recent report by the Mental Health Commission (2010) identifies key areas necessitating greater emphasis on programmes of education relating to mental health. These include mental health legislation, involvement of the service user in all stages of programme development, delivery and evaluation, risk management processes, and ethics and human rights.

The case for multidisciplinary team working and inter-professional education and training is supported in numerous Health Service Executive and Mental Health Commission policies and reports including Teamwork within Mental Health Services in Ireland (Mental Health Commission 2010), Education, Training & Research (HSE 2009), Medical Education Training & Research (HSE 2007); Quality Framework: Mental Health Services in Ireland (Mental Health Commission 2006), Vision for Change: Report of the Expert Group on Mental Health Policy (Government of Ireland 2006) and Current Education/Training Available for Professionals Working in Mental Health Services in the Republic of Ireland: A Scoping Study (Mental Health Commission 2010). An inter-professional approach to education, where professionals learn from and about each others’ roles and contributions, promotes the concept of multidisciplinary collaboration within practice. According to the Mental Health Commission (2010), a multidisciplinary team approach within the mental health services contributes to improved clinical and social outcomes for service users.

The Certificate in Application of Mental Health Legislation aims to further develop learners’ knowledge and understanding of mental health legislation, and its application to practice, thus enhancing the provision of safe, person-centred care which is legislation compliant and responsive to the needs and interests of service users in mental health services.

2.2 Programme Philosophy
Individuals requiring mental health services have the right to receive the highest quality, safe, person-centred, evidence based care that is legislation compliant, and that respects their uniqueness and dignity. Professionals who successfully complete this Certificate in Application of Mental Health Legislation to Practice education programme will be more knowledgeable about mental health legislation, and its application to practice, which will enable them to provide a service that is more responsive to the needs, rights and interests of service users thereby contributing to a more positive experience for service users.
The principles of adult education, reflection and experiential learning underpin programme delivery, with an emphasis on facilitating learners to critically evaluate their own learning needs and to take responsibility for their continuing professional development. This is an important consideration given the complex, dynamic and evolving nature of the healthcare system in which professionals practice, and the mandate for ongoing maintenance of competence. It is acknowledged that learners enter the programme with a wide range of previous professional and educational experiences and that these experiences represent a valuable educational resource (Institute of Medicine of the National Academies, 2010). Learning is viewed as a lifelong collaborative process best achieved when learners are actively engaged in the process. Teaching strategies and learning activities are predominantly learner centred and foster a reflective, problem solving, critical thinking and self-evaluation approach to practice (Mantzoukas, 2007). Teaching and learning methodologies are organised to enable learners acquire the knowledge, attitudes and professional values specified by the programme curriculum. The role of the teacher is one of facilitator of learning helping in the acquisition of new knowledge and its subsequent transfer and integration to the learner’s professional practice.

The successful delivery of this multidisciplinary education programme on mental health legislation applied to practice requires multi-professional support and input. Collaborative practice, advocated as a means of enhancing quality of care and health outcomes by synergistically maximising each professional group’s contribution (Curran et al, 2007 and Hoffman et al, 2008 cited in Mental Health Commission, 2010), is underpinned by interpersonal, organisational, and inter organisational relations, and the processes of professionalism. Collaborative learning by programme participants from varying professional groups, and with facilitators of learning from the multidisciplinary team, will help to develop a mutual understanding of professional roles and contributions, and promote collaborative practice. The need for healthcare professionals who understand and respect each other’s role, and who can collaboratively co-ordinate service user and family care effectively as part of a multidisciplinary mental health team, is viewed as a critical element in the advancement of the recommendations made in A Vision for Change (Department of Health & Children, 2006). Inter-professional education on this programme will occur in a way that supports the professional identity and unique perspective of each professional group participating on the programme, while promoting a shared commitment to multidisciplinary team working for the benefit of service users.

Service user input to programme delivery, membership of the Programme Board and involvement in programme evaluation is viewed as a critical success factor for this programme. Meaningful involvement of service users in programmes of education for mental health staff is advocated by the Department of Health & Children (2006) and the Mental Health Commission (2010), in line with international trends. This increased involvement is part of a wider commitment to service user involvement in all aspects of health care (Department of Health, 2012). It is argued that if an ethos of partnership which values the expertise of service users is to underpin service delivery, then such partnerships must also be central to all mental health education programmes (Mental Health Commission, 2010).
The programme philosophy provides a framework to guide curriculum development, teaching and learning activities, assessment methods and evaluation strategies.

### 2.3 Programme Structure
Learners are required to register for the programme no later than five weeks prior to the scheduled start date. This enables the circulation of ‘Pre-Programme Learning’ to learners, by the Programme Co-ordinator, at least one month prior to programme commencement. The contact element of the Certificate in Application to Mental Health Legislation programme consists of five theoretical days to be delivered in the Regional Centre of Nursing & Midwifery Education, Tullamore, over an eight to ten week period. On successful completion (full attendance and pass all elements of assessment) of the programme, the participant is eligible for a ten credit Special Purpose Award at Level 8 on the National Framework of Qualifications, by the Quality and Qualifications Ireland (QQI).

### 2.4 Programme Aim
The aim of the Certificate in Application of Mental Health Legislation to Practice education programme is facilitate participants to further develop their knowledge and understanding of mental health legislation, and its application to practice, thus enhancing the provision of safe, person-centred care which is legislation compliant and responsive to the needs and interests of service users in mental health services.

### 2.5 Programme Learning Outcomes
Upon successful completion of the programme, and following a period of self directed learning, the learner should be able to:

- Critically examine Mental Health Legislation, including Regulations, Rules, Codes of Practice and Addenda.
- Apply knowledge of mental health legislation to the admission of persons to approved centres.
- Critically examine the protection of the rights and interests of the service user, as identified under mental health legislation.
- Critically evaluate the risk management process required to ensure the safety of the patient, staff and other stakeholders involved in the admission of a patient to an approved centre.
- Critically appraise the professional and legal requirements pertaining to documentation and patient records, including all communication and consultation with other members of the multidisciplinary team.
- Critically review national and international policy developments underpinning contemporary mental health services.

### 2.6 Syllabus/Indicative Content
- Mental health policy including strategies and framework documents.
- Mental Health Legislation (Adult & Child); Regulations; Rules; Codes of Practice; Addenda; Involuntary admission of persons to approved centres; Independent review of detention: Mental Health Commission; Inspectorate of Mental Health Services; Consent to treatment; Approved centres.
• Application of Mental Health Legislation to Practice (using case scenarios, vignettes, simulation, seminars, case reviews and reflection on practice).
• Health care risk management; Systematic approach incorporating assessment, planning, implementation and evaluation; Risk assessment tools; Safety of patient, staff and other stakeholders; Policies, procedures, protocols and guidelines; Rules governing use of seclusion and mechanical means of bodily restraint; Code of practice on use of physical restraint in approved centres.
• Communication and collaboration with patient, family/carer and other stakeholders; Multidisciplinary teamworking; Professional roles and responsibilities; Cultural awareness; Documentation and record management.
• Ethical issues; Human rights; Protection of rights and interests of service user; Codes of professional conduct and ethical practice; Professional guidance documents; Person centred care; Service user involvement; Advocacy; Empowerment; Choice; Right to self determination; Provision of information; Complaints procedures.

2.7 Recommended Reading / Learning Resources


Health Service Executive (2010) Memorandum of Understanding between An Garda Síochána and the HSE on Removal to or Return of a person to an Approved Centre in accordance with Section 13 & Section 27, and the Removal of a person to an Approved Centre in accordance with Section 12, of the Mental Health Act 2011. HSE: Dublin.


**Websites**

- [www.gov.ie](http://www.gov.ie)
- [www.mhcirl.ie](http://www.mhcirl.ie)
- [www.courts.ie](http://www.courts.ie)
- [www.hse.ie](http://www.hse.ie)
- [www.hseland.ie](http://www.hseland.ie)
- [http://mhc.thelearningcentre.ie](http://mhc.thelearningcentre.ie)
- [http://www.nsue.ie/](http://www.nsue.ie/)
- [www.hselibrary.ie](http://www.hselibrary.ie)

**2.8 Teaching & Learning Methodologies**

The principles of adult education underpin programme delivery, with an emphasis on facilitating learners to critically evaluate their own learning needs and to take responsibility for their continuing professional development. This is an important consideration given the dynamic and evolving healthcare system in which identified health care professionals practice. Participation in lifelong learning is critical in order to maintain professional standards of care.

A variety of teaching and learning strategies to promote active learning and engagement with the topic area will be utilised throughout the programme, with an emphasis on problem based learning and reflection. Discussion groups, seminars, reflection, case studies, vignettes and problem based learning scenarios will be used to promote learners’ critical thinking and problem solving skills and to facilitate the integration of theory with practice and practice with theory. This is particularly evident on Days 4 and 5 of the programme where learners are required to apply mental health legislation to practice. Learner seminars are formalised on Day 3 of the programme to provide evidence of learning, as reflected in the assessment strategy.
Acknowledging that learners who participate in this programme of education bring a wealth of knowledge and experience from various professional backgrounds, reflective practice will enable the group to engage in the process of critical and creative thinking. Reflective practice and experiential learning will be utilised widely throughout the programme to facilitate learners to make fundamental connections between their daily practice with people with mental health needs, and underpinning legislation and policy. It is anticipated that learners will engage in discussions and dialogue which will enlighten the complexities associated with evidence based problem solving in practice. Reflective practice activities will form part of directed learning at the end of each day of the programme, with learners expected to bring examples of both ‘reflection in action’ and ‘reflection on action’ to the next scheduled programme day.

Service users will be actively involved in aspects of programme delivery to enhance the integration of theory and practice and to get their unique perspective and ‘lived experience’ of the application of mental health legislation in practice. This is line with Department of Health (2006) and Mental Health Commission (2008 & 2010) policy, and with international trends advocating the involvement of people who use the mental health services in the development, delivery and evaluation of education programmes for mental health practitioners.

2.8.1 Pre Programme Learning
Pre-learning is a critical element of this Level 8 programme of education, enabling the learner to enhance his/her knowledge and understanding of the Mental Health Act 2001, and related contemporary mental health policy documents. The identified pre-programme learning takes approximately 25 hours to complete. Learners are required to provide documentary evidence to the Programme Co-ordinator, on the first day of the programme, of having successfully completed the specified e-learning programme. Time is allocated on the morning of Day 1 for group work and discussion on ‘Pre-Programme Learning’. In addition, an informal pre-test on aspects of the Mental Health Act 2001 will be included, which will give learners an indication of their current knowledge base and help them to identify further learning needs in this key topic area.
2.9 Module Descriptor

<table>
<thead>
<tr>
<th>Stage</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester</td>
<td>N/A</td>
</tr>
<tr>
<td>Module Title</td>
<td>Certificate in Application of Mental Health Legislation to Practice</td>
</tr>
<tr>
<td>Module Number</td>
<td>8S15678</td>
</tr>
<tr>
<td>Module Status</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Module ECTS credit</td>
<td>10</td>
</tr>
<tr>
<td>Module NFQ level</td>
<td>Level 8</td>
</tr>
<tr>
<td>Pre-requisite Module Titles</td>
<td>N/A</td>
</tr>
<tr>
<td>Co-requisite Module Titles</td>
<td>N/A</td>
</tr>
<tr>
<td>Is this a capstone module?</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Hours</th>
<th>Non-contact Hours</th>
<th>Total Effort (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Practicals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutorial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Programme Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directed Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Learning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Allocation of Marks

<table>
<thead>
<tr>
<th>Continuous Assessment</th>
<th>Final Examination</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner Seminars (20%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Choice Questionnaire (40%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage contribution</td>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

2.10 Recognition of Prior Learning
Programme applicants must be working within professional grades in the mental health services. The programme is designed as a post registration professional development module. The professional grades identified i.e. registered nurses, registered medical practitioners, clinical psychologists, occupational therapists, social workers, and other relevant professionals as identified under the Health and Social Care Professionals Act 2005 (e.g. speech and language therapists; physiotherapists), can directly access the programme. Documentary evidence of learners’ professional registration is required.
2.11 Programme Registration
Learners are required to complete a *Programme Registration Form* on the first day of the programme. Each learner is required to provide his/her PPS number for registration with QQI. Learners are also required to provide original proof of active registration with their professional body. Registration Personal Identification Number (PIN) will be used by the RCNME as the unique identifier for each learner for the duration of the programme. Learners are responsible for informing the Programme Co-ordinator, in writing, of any changes to contact details.

2.12 Programme Timetable
The programme timetable will be distributed to each learner on the first day of the programme. A copy of the timetable will be displayed on the designated notice board in the RCNME. Classes commence at 09.00 hrs.

2.13 Attendance
Learners are required to have 100% attendance on the five theoretical days of the programme. A record will be maintained of the learner’s attendance at all sessions.

2.14 Transfer
The HSE is a public body and a not for profit organisation and, as such, it is not envisaged that programme provision would cease. However, in the very unlikely event that the Regional Centre of Nursing & Midwifery Education is unable to provide the programme, arrangements will be made with another HSE Centre of Nursing & Midwifery Education, with QQI accreditation, to provide the programme. This will be operationalised through the Office of the Nursing & Midwifery Services Director in the HSE.

2.15 Progression
The credits awarded to a learner who successfully completes this Level 8 programme may form the basis for progression into more broadly based major awards at the same level, thus facilitating progression on to higher awards in accordance with Part 4 Section 56 of the Qualifications and Quality Assurance (Education and Training) Act (2012). Following successful completion of the programme, the RCNME will provide an academic reference, following request by the relevant awarding educational provider.

2.16 Exiting Programme
A learner who wishes to exit the programme at any stage prior to programme completion is required to discuss the situation with the Programme Co-ordinator and subsequently complete a *Learner Exit Form*, outlining his/her intention to exit the programme and the reason/s for the decision. The completed form must be submitted
to the Programme Co-ordinator who will inform the relevant line manager of the learner’s exit from the programme.

2.17 Educational Resources and Learner Supports

2.17.1 The Programme Co-ordinator
The Programme Co-ordinator in the Regional Centre of Nursing & Midwifery Education is the primary contact for general support and guidance throughout the programme. Learners may contact the programme co-ordinator by telephone or email or they may make an appointment to have a face to face meeting, if required.

2.17.2 Sourcing, Appraising & Synthesising Literature at Level 8 Study Day
A study day will be facilitated in advance of the programme to assist learners with the process of academic writing. The Programme Co-ordinator will provide details of this study day in the ‘Letter of Offer’. This programme is optional, but advisable, for learners who may not have undertaken formal academic study in the recent past.

2.17.3 Library and Information Service
The Library and Information Service aims to provide access for all HSE staff to a comprehensive range of evidence-based, up to date information for professional, educational, research and management purposes. It also provides access to the following resources and services:

- Internet access;
- Computers, printers, scanners, digital cameras, data projectors and laptops;
- Videoconferencing service for education and training purposes and for meetings.

The actual Library holdings include a collection of nursing/midwifery books, reports and journals covering all aspects of general and specialist nursing and midwifery practice. An extensive range of electronic journals, books, reports and databases, subscribed to by the library, is available to access remotely at [www.hselibrary.ie](http://www.hselibrary.ie)

An Athens username and password is required to access full-text and bibliographic online resources. All persons employed by the Health Service Executive are eligible for an Athens username and password. Learners undertaking the Certificate in Application of Mental Health Legislation to Practice programme provided through the Regional Centre of Nursing & Midwifery Education, and not employed by the HSE, are eligible for an Athens account for the duration of the programme. Library staff will provide information on the Library & Information Service at the outset of the programme and ensure all learners are registered to access the service. Library staff will be available throughout the education programme to support learners with literature searching and information retrieval. Photocopying facilities are available to learners in the Central Library.
2.17.4 Health & Safety
The Regional Centre of Nursing & Midwifery Education has a departmental Safety Statement in compliance with the HSE Healthcare Risk Management Policy incorporating the Corporate Safety Statement (latest version). A Health & Safety Committee oversees all aspects of health and safety in the Centre. The Programme Co-ordinator for the Certificate in Application of Mental Health Legislation to Practice programme will inform learners, on the first morning of the programme, of the main requirements of the Safety Statement.

Learners are expected to co-operate fully with the Safety Statement of the Regional Centre of Nursing & Midwifery Education while on the premises. Any accident, dangerous occurrence, defective equipment or potential safety hazard must be reported to the Programme Co-ordinator, or other member of staff, without delay. Learners must comply with the Smoke Free Policy of the HSE Dublin Mid-Leinster, to protect learners, staff, and other users of the building from environmental tobacco smoke. Smoking is prohibited as this is a smoke free campus. Learners must read all notices regarding fire prevention and must familiarise themselves with the location of fire exists, fire extinguishers/appliances and means of raising the alarm on detecting a fire. Fire protection systems are provided to ensure the safety of all learners, staff, and other users of the building.

2.17.5 Learner Representation
Learners undertaking the Certificate in Application of Mental Health Legislation to Practice education programme will have representation on the Programme Board to bring forward any learner issues or concerns.

2.17.6 Reasonable Accommodation
The Regional Centre of Nursing & Midwifery Education is committed to accommodating, within reason, the needs of learners with a learning difficulty, or a disability, or a medical condition, who might otherwise be excluded from demonstrating their achievement of the standards being assessed on the programme. Learners are required to take personal responsibility for informing the Programme Co-ordinator, in writing, on the first day of the programme, of any learning difficulty, or disability, or medical condition they may have which might impact on their learning and progress on the programme. Such learners will be required to then complete a Reasonable Accommodation Request Form and submit it to the Programme Co-ordinator in the RCNME.

2.17.7 Extenuating Circumstances
Extenuating circumstances are serious unforeseen circumstances beyond the learner’s control which prevent him/her from attending an examination, or submitting all or any part of any continuous assessments by the due date. Such unforeseen circumstances could include events like an accident, a crime, immediate family bereavement, serious illness or serious personal or emotional circumstances. Learners are required to complete an Extenuating Circumstances Form and submit it to the Programme Co-ordinator with supporting documentation. If a learner needs to make a retrospective statement of extenuating circumstances, he/she should contact the Programme Co-ordinator.
2.18 Assessment

2.18.1 Adherence to QQI Assessment and Standards
The RCNME have formally adopted the QQI Assessment and Standards (2013), for the Certificate in Application of Mental Health Legislation to Practice programme. This document provides for the requirements and responsibilities for examinations and award classification, programme schedules, grading systems and internal and external programme examiners. A copy of the Assessment and Standards (QQI 2013) document is available in the Library and Information Service in the Centre. A copy of the Assessment and Standards (QQI 2013) document is available at http://www.hse.ie/eng/about/Who/ONMSD/eductraining/CentresofNursingMidwiferyEduc/dubmidleinster/tullamore/HET_Ass,Stds_2013.pdf

2.18.2 Assessment Schedule
The assessment methods for this programme are identified in Section 2.9 Module Descriptor. The Programme Assessment Schedule will be provided to learners on the first day of the programme. Learners are advised that Oral Presentations ( Learner Seminars) will be audiotaped for the purpose of external authentication by the External Examiner. Failure to attend at scheduled examination(s) and/or submit assignment(s) by identified date(s), in the absence of certified extenuating circumstances, is considered an attempt.

2.18.3 Publication of Results
Learners are notified of their results by post, by the Programme Co-ordinator. All results are provisional, pending approval by the Board of Examiners. Information pertaining to results will not be communicated to learners by telephone or other electronic means. Learners’ results will not be communicated to a third party.

2.18.4 Provision of Feedback to Learners
Provision of consistent, high-quality feedback is a basic and crucial component of the programme, enabling each learner to reflect on, and enhance his/her performance. Following issue of provisional and final results, the Programme Co-ordinator is available to meet individual learners to review their assessment material. The Programme Co-ordinator:
   o Provides formative feedback to learners, which is mandatory for any learner who must repeat any element of assessment;
   o Explains the basis of the learner’s grade/mark against the Specification Grid for Assessment of Theoretical Competence.

2.18.5 Re-check, Review and Appeal Process
Learners can reasonably expect that:
   • The Regional Centre of Nursing & Midwifery Education follows its published assessment procedures;
   • Those procedures are fair and consistent and fit for purpose;
   • The Regional Centre of Nursing & Midwifery Education complies with its legal obligations in the conduct of its assessment procedures.
2.18.5.1 **Re-check**
Re-check is the administrative process of checking and ensuring that all elements of the examination have been properly recorded and that no error occurred in the recording, collating or combining of marks, which determined that result. Learners requesting a re-check of results will be required to submit a written application to the Programme Co-ordinator, on the Application for Re-check / Review form, within five working days following issue of results. The process is carried out by the Programme Co-ordinator and the Director of the Centre. The Programme Co-ordinator is responsible for notifying the learner of the findings, in writing, within four working days of receipt of the application.

2.18.5.2 **Review**
Review is re-consideration in detail of all, or part of, the learner’s existing assessment material by the internal examiner(s). A review will automatically include a re-check of calculations. Learners requesting a review of results will be required to submit a written application to the Programme Co-ordinator, on the Application for Re-check / Review form, following receipt of Final Results letter. The Director of the Centre will nominate a Registered Nurse Tutor, not directly involved in programme delivery, to conduct the review of the learner’s assessment scripts, within five working days of receipt of the learner’s application, using the agreed criterion-referenced marking scheme and relevant answer plans. The External Examiner will be consulted by the reviewing nurse tutor(s) in the event of a change in classification. The Programme Co-ordinator is responsible for notifying the learner, in writing, of the outcome of the review within seven working days of receipt of the application.

2.18.5.3 **Appeal**
An appeal means an appeal against the outcome of a re-check or review. Learners wishing to appeal a re-check or review decision will be required to submit a written application to the Programme Co-ordinator, within five working days of the issue of re-check/review decision, on the Application for Appeal form stating the grounds for the request. An Examination Appeal Board will consider any matter referred to it by the Director of the Centre on receipt of an Application for Appeals.

2.18.6 **Repeat Examination/Assessment**
Learners who are unsuccessful at assessment will be notified, in writing, by the Programme Co-ordinator, of arrangements for repeat assessment, following the Board of Examiners’ Meeting. Learners who fail a module will be offered no more than three repeat attempts. Failure to attend at scheduled examination(s) and/or submit assignment(s) by identified date(s), in the absence of certified extenuating circumstances, is considered an attempt.

2.18.7 **Plagiarism**
‘Each learner is expected to strive for academic integrity, and to undertake assessment tasks honestly and truthfully, shunning plagiarism and other forms of academic dishonesty and impropriety’ (QQI 2013: 6).
Plagiarism refers to using someone else’s work as your own by copying it without acknowledgement. Plagiarism is considered a serious offence, which is deemed a breach of examination regulation. Offences of plagiarism may result in a fail grade and/or disciplinary action including removal from the programme. Plagiarism includes:

- The act of taking and using another person’s thoughts or work as your own;
- Inadequate referencing and reproducing the work of another from books, journals, articles, television programmes, the internet and/or lecture notes;
- Copying another person’s work, with or without his/her consent;
- Collusion, where a group of people collaborate or collude to present an assessment, or a substantial part thereof, when an individual submission is requested;
- Accepting unwarranted support from others (e.g. colleagues, professionals) in preparing continuous assessment elements which are submitted as one’s own work.

To ensure that plagiarism does not occur, learners are advised to cite all sources correctly and adhere to the Harvard Referencing System included in this Programme Handbook. All episodes of plagiarism will be brought to the attention of the Board of Examiners and the External Examiner.

2.1.8.8 Use of Pseudonyms
In relation to all elements of assessment, pseudonyms must be used to protect the identity of patients, work colleagues and work places.

2.19 Complaints
Learners who wish to make a formal complaint regarding any element of the programme should contact the Programme Co-ordinator or Director of the Centre.
3.0 QUALITY ASSURANCE

3.1 Quality Assurance Policy & Procedures
The RCNME has developed a Quality Assurance Policy and Procedures (2009) manual detailing quality assurance policies and procedures in compliance with QQI requirements. A copy of this document is available at the following link:

3.2 Programme Evaluation
Ongoing monitoring and evaluation of the Certificate in Application of Mental Health Legislation to Practice programme is a critical quality assurance activity to ensure that quality and standards are maintained, quality improvements are made, and the programme remains relevant to learners needs, including academic and workforce planning needs. The RCNME is committed to ongoing monitoring and evaluation of the programme with the aim of continuous quality improvement. At the end of each programme cycle, the Centre will engage in formative evaluation by seeking feedback from learners and teaching staff. Learners undertaking the programme will be afforded the opportunity to complete an anonymous written evaluation of the programme indicating their satisfaction with the quality of teaching and the programme overall. Recommendations for improvement will be used to inform ongoing quality development of the programme.
4.0 ACADEMIC REFERENCING

4.1 Referencing Guidelines
Acknowledging the sources of information and ideas that you use when producing a piece of academic work is known as referencing. Referencing helps to:

- Avoid plagiarism;
- Enable the reader to quickly locate the sources mentioned in assessment work if they so wish;
- Demonstrate that learner has read from a wide variety of sources.

Consistency and accuracy are important when identifying the sources used to support your academic work and the same set of rules must be used throughout your work. The referencing system required by the RCNME is based on the Harvard Referencing System which is a simple and straightforward referencing system. The reader should be easily able to locate a reference cited in the body of the text by referring to the alphabetical list of references at the end of the text. Footnotes, numbered reference lists or chapter references are not used.

4.2 Glossary of Terms
Citing is referring to an author’s work within the text of assessment.
Reference is the detailed description of the cited item and must be included within the text and in an alphabetical list at the end of assessment work.
Bibliography is a list of all sources you have read but may not have cited in text.

(Allen 2005)

4.3 Harvard Referencing System
Examples of how to reference different sources of material, both in the body of assessment work and in the reference list, using the Harvard Referencing System, are included as follows:

Referring to an Author’s Work within the Text
When citing sources within the text (books, journals, websites), use the author’s surname followed by the year of publication.

If the author’s name occurs within the text, the year is presented in parentheses (brackets).

Example 1:
Loh (2004) implies that theorists often use…

If two authors or less have written the article or when two different articles are being referenced in the same sentence, all names are included in the text (examples 2 & 3).
Example 2
As suggested by Pope & Mays (1995), a quantitative methodology can be used …

Example 3
Speck (1998) and Rousseau (2000) agree that …

If there are more than two authors then only the first author’s name followed by et al. (in italics) is to be included (example 4).

Example 4
According to Hek et al. (2000) ….

Works published by the same author(s) in the same year or different authors with the same surname in the same year are differentiated using letters of the alphabet in ascending order (example 5).

Example 5
Narayanasamy (2006a, 2006b) has suggested that…..

If the authors name does not occur within the text, both name & year are presented in parentheses.

Example 1
A recent study indicated that …. (MacLaren 2004).

Example 2
Many researchers have highlighted ……… (Bradshaw 1994, MacLaren 2004, Henery 2003).

**Using Quotations**
Avoid overuse of direct quotations and never begin a sentence with a quotation. When using direct quotations, use quotation marks and give the relevant page number.

Example 1
Ellis & Narayanasamy (2009, p. 886) are of the view that “spirituality in nursing is not easily defined, interpreted or understood”.

A longer quotation should be set apart from the main text so that it is easily identified. Indenting the quotation with single line spacing and use of a smaller size font will achieve this.

Example 2
“The inner, intangible dimension that motivates us to be connected with others and our surroundings….the guiding force behind our uniqueness (that) acts as an inner source of power and energy, which makes us “tick over” as a person” (Narayanasamy 2006a, p. 195)
Using Primary & Secondary Sources
A primary source is the original piece of work by an author. A secondary source is work cited within the literature you are reading. Secondary sources should only be used when primary sources are not available.

Secondary source in the text
A study by Keonig (1997), as cited by Ellis & Narayanasamy (2009, p. 887) provides insight into ….

Secondary source in the reference list

Writing a Reference List
Your reference list must contain full details of all works cited within your text. This list must be arranged alphabetically by author’s surname, and chronologically by the date where more than one work by the same author is cited. Numbering or bullet points are not used.

Title Case is used when writing Book/Journal titles – capitalise the first letter of each word except small words (and, in, of etc.). In addition all titles must be italicised.

Example 1
The Research Process in Nursing

Example 2
Journal of Advanced Nursing

Sentence Case is used when writing the title of a journal article – capitalise the first letter of the first word only, except where a word would normally have a capital letter (e.g. name of a country).

Example 1
Understanding the research process in nursing
Example 2
The research process in nursing from an Irish perspective

Referencing a Book – (please note punctuation used in examples)
- Author(s) surname and initial(s) in full (all authors must be listed).
- Year of publication (if reprint – give original publication date).
- Title of book in italics (use title case) and full stop.
- Volume Number (if more than one volume).
- Edition Number (if more than one edition).
- Publisher’s name (use the following format - Publisher, Place).
- Place of publication (if more than one place then use the first one).
Example 1 in the text:
Speck (1998) implies that …

In the reference list:

Example 2 in the text:
As suggested by Randall & Downie (2006), palliative care can be …

In the reference list:

Example 3 in the text:
According to Polit *et al.* (2001) …

In the reference list:

**Referencing a Chapter in a Book– (please note punctuation used in examples)**
- Author(s) surname and initial(s) in full (all authors must be listed).
- Year of publication of Chapter (if unavailable – use publication date of the book).
- Title of chapter (use sentence case) and full stop.
- In:
- Surnames of editors followed by initial(s) in full and (ed) or (eds)
- Year of publication of book (if different from chapter)
- Title of book in italics (use title case) and full stop.
- Volume Number (if more than one volume).
- Edition Number (if more than one edition).
- Publisher’s name. (Use the following format - Publisher, Place).
- Place of publication (if more than one place then use the first one).
- Page numbers including first and last pages.

Example in the text:
Conner & Kaplan (1986) suggest that…

In the reference list:
Referencing a Journal – (please note punctuation used in examples)

- Author(s) surname and initial(s) in full (all authors must be listed).
- Year of publication.
- Title of article (use sentence case) and full stop.
- Title of journal in italics (use title case).
- Volume Number (in bold).
- Issue Number (in brackets) and comma.
- The page numbers of the first and last pages of the article.

Example 1 in the text:
A recent study indicated that …. (Bradshaw 1997).

In the reference list:

Example 2 in the text:
As suggested by Seymour & Ingleton (1999), ethical issues are …

In the reference list:

Referencing a Government/ other Organisation Publication – (please note punctuation used in examples)

When referencing a government publication name the department or body that produced the publication in both the text and the reference list.

Example 1 in the text:
The Department of Health and Children (DoHC) (2001) suggest that it is essential to inform the long term development of the public health system.

In the reference list:

Example 2 in the text:
In Ireland, the *Report of the Commission on Patient Safety & Quality Assurance* points to adverse events in 4% to 16% of hospitalised patients and consider half of these to be preventable (Government of Ireland 2008).

In the reference list:
Referencing a Dictionary/directory/encyclopaedia – (please note punctuation used in examples)
Example In the text:
See referencing a book.

In the reference list:

Referencing a Video/DVD/CD ROM– (please note punctuation used in examples)
Example In the text:
See referencing a book/journal article.

In the reference list:

Referencing an E-learning programme– (please note punctuation used in examples)
Example In the reference list:

Referencing Unpublished Sources / Thesis/ Dissertations – (please note punctuation used in examples)
Use sparingly and only for information not already published.

Example in the text:
See referencing a book/journal article.

In the reference list:

Referencing Unpublished Sources Conference paper – (please note punctuation used in examples)
Use sparingly and only for information not already published.

Example in the reference list:
Referencing a Newspaper – (please note punctuation used in examples)
In as much as is possible newspaper articles are referenced similar to a journal article in both the reference list and in the text.

- Name of journalist (if known).
- Date of paper (by year).
- Title of article (use sentence case) and full stop.
- Title of newspaper in italics (use title case).
- Date of Publication.
- The page numbers of the first and last pages of the article.

Example in the text:
See referencing a book/journal article.

In the reference list:
Donnellan E. (2010) Regrets, I’ve had just a few. The Irish Times. 24th July, pp. 3

Referencing the Internet or Other Electronic Resources – (please note punctuation used in examples)

Referencing a Journal Article from the Internet
In the reference list:

- Author(s) surname and initial(s) in full (all authors must be listed).
- Year of publication.
- Title of article (use sentence case) and full stop.
- Title of journal in italics (use title case).
- Type of medium in brackets (use ‘Electronic’ if unsure).
- Volume Number (in bold).
- Issue Number (in brackets) and comma.
- The page numbers of the first and last pages of the article.
- Site/Path/File/Accession Number
- Retrieved date

All of these details may not be applicable to every electronic source however, site/path/file can be found at either the bottom or top of each downloaded page.

Example in the text:
See referencing a book/journal article.

In the reference list:

Referencing a World Wide Web (www) Page
Example in the text:
Clinical Indemnity Scheme (2009)
In the reference list:

Databases
Example in the text:
In a systematic review of the literature relating to advances trauma life support training, Jayaraman & Sethi (2009) found that….

In the reference list:

Referencing Tables and Figures – (please note punctuation used in examples)
Table developed by the Author
Table 4.2 Sources of Medication Error

<table>
<thead>
<tr>
<th>STUDY</th>
<th>METHODOLOGY</th>
<th>SAMPLE</th>
<th>RESPONSE RATE</th>
<th>LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayo &amp; Duncan (2004)</td>
<td>Mixed methods</td>
<td>Random Sample (5000 RNs)</td>
<td>20% (n=983)</td>
<td>Low response rate</td>
</tr>
<tr>
<td>Osborne et al. (1999)</td>
<td>Mixed methods</td>
<td>Convenience Sample (92 RNs)</td>
<td>61.9% (n=57)</td>
<td>Small convenience sample One hospital</td>
</tr>
<tr>
<td>Taxis &amp; Barber (2003)</td>
<td>Observational study</td>
<td>1042 prescribed medications</td>
<td>41% (n=430) were observed</td>
<td>Possible observer bias</td>
</tr>
</tbody>
</table>

Example in the text:
Refer to table as Table 4.2

In the reference list:
The original sources used in the table must be included in full in the reference list. See referencing a book/journal article.

Table or Figure taken from Other Sources
Example in the text:
<table>
<thead>
<tr>
<th>Teaching in Clinical Practice</th>
<th>Teaching in the Classroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any context in which the teacher, student and patient are involved and situations in which the patient is not present but is the focus of the teaching session</td>
<td>Mainly involves the students and the teacher</td>
</tr>
<tr>
<td>Uncontrolled learning environment that is unpredictable</td>
<td>Controlled environment with available resources to assist in the teaching and learning</td>
</tr>
<tr>
<td>Resources for clinical teaching include: Problem-based learning; case conferences; clinical rounds; reflective diaries; learning contracts; psychomotor skills; and service users.</td>
<td>Resources for classroom include: lectures; tutorials; group work; clinical skills laboratory; experiential learning; and so on.</td>
</tr>
<tr>
<td>More personal teacher student relationship</td>
<td>Less personal student teacher relationship.</td>
</tr>
<tr>
<td>Teaching strategies include: role-modelling; direct observation of practice and debriefing interviews; and the use of higher order questioning.</td>
<td>Teaching strategies include: higher order questioning; concept maps; role play; simulation; and demonstration</td>
</tr>
</tbody>
</table>


In the reference list:
See referencing a book/journal article

**Example of Reference List**


