

ACCOUNTABILITY AND PROFESSIONALISM

7

KAREN ELCOCK

THIS CHAPTER COVERS

- An overview of accountability
- The importance of professionalism in nursing
- Fitness to practise

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The scariest thing about qualifying as a nurse is realising that you can no longer hide behind your mentor; you are totally accountable for your actions. During my course I went to see an NMC fitness to practise hearing and it really brought home to me how important it is to understand the Code and abide by it, but more importantly not to be afraid to ask for advice when unsure.

Julie Rogers, registered nurse

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Becoming a qualified LD nurse scares me – to think that in a few months I could be working in a setting as a nurse with lots of responsibility and remembering nothing. I do wake up sometimes and think: can I really do this; do I know enough to meet everyone's expectations?

Sarah Parkes, LD nursing student

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Visit <https://study.sagepub.com/essentialnursing2e> to access a wealth of online resources for this chapter – watch out for the margin icons throughout the chapter. If you are using the interactive eBook, simply click on the margin icon to go straight to the resource.

INTRODUCTION

Ask students what they worry about most when they qualify and accountability is often cited. There is little doubt that you will find that accountability and professionalism will be discussed throughout your course – a lot! This is because both are fundamental to becoming a registered nurse and underpin both the NMC *Standards for Registered Nurse Education* (2018) and the Code (NMC, 2015). This chapter explores the concepts of accountability and professionalism, starting with what accountability means and who precisely you are accountable to as a student and later as a registered nurse. Being accountable for your actions (or inactions) is only part of becoming a professional. In this chapter, the reasons why professionalism and trust, as one of the four themes in the NMC Code, are so important in nursing will be looked at and related to the NMC's requirements for fitness for practice, not only at the end of your course so that you can register with them, but also throughout your nursing career. Case studies in which nurses have been found to fall below the expected standard will be used to help you understand the consequences of either failing to follow the NMC Code or bringing the nursing profession into disrepute. The aim of this chapter is to help you understand why the expectations, relating to your behaviour, of your university and the people you will work with in practice are so important. Further to this, the chapter outlines the impact of your conduct falling below expected standards on not only your ability to register as a nurse, but also on the trust the public have in nurses.

Before reading this chapter, you may find it helpful to look at Chapter 1, which introduces you to the concept of professionalism.

AN OVERVIEW OF ACCOUNTABILITY

While 'accountability' is a word that will be used repeatedly throughout your course, you will find that it is often used in the context of being a registered nurse, and so may only appear relevant to you after you have qualified. This, however, is not the case, and so it is important to understand what accountability means for you now as a student, and how this changes when you qualify. You also need to understand its relevance for those healthcare professionals with whom you will come into contact, who will be supporting your learning and **delegating** care activities to you when you are in practice. Linked closely with accountability is the concept of responsibility; it is important to understand the difference between the two, as they both have relevance to you as a nursing student.

Responsibility relates to the acceptance and carrying out of a task or duty within a person's sphere of **competence**, whereas accountability can be defined as being required or expected to justify actions or decisions (Sharples and Elcock, 2011). An individual has to 'account' to a person or an organisation for their actions, omissions and decisions in carrying out a duty or task. In nursing, the question of to whom you are accountable will depend on whether you are a registered nurse or a student.

Accountability and the registered nurse

Cornock (2011) suggests that, in order to be accountable, a nurse needs to have the freedom (autonomy) and authority to be able to make a professional judgement on which actions to take, based on their knowledge of the possible options and consequences of each. In making that professional judgement, a registered nurse is accountable to a number of people and organisations:

- their profession (the Nursing and Midwifery Council), through the Standards set out by the NMC in the Code (NMC, 2015) and other standards and guides
- their employer, through their contract of employment
- society, through criminal or civil law
- the individual and public in general, via their **duty of care**.

Should a registered nurse's conduct – in relation to their behaviour, competence or health – raise concerns about their fitness to practise, they could be called to account to one or more of the above. For example, an employer may invoke their disciplinary process or capability process and, depending on their findings, also refer the nurse to the NMC.

A patient or their family could use the civil courts to sue a nurse if they believe that they have been negligent. Criminal law would be used to prosecute a nurse if they have broken the law. There is a memorandum of agreement between the police and the NMC, so where a nurse is convicted of a recordable offence the police will inform the NMC, who may then convene a fitness-to-practise panel. Equally, the NMC may inform the police where a nurse is found to have committed a serious crime (Sharples and Elcock, 2011).

Invariably, a registered nurse cannot deliver all the care required by patients alone, and in those circumstances they will need to make a decision on which tasks or activities can be appropriately delegated to others – including healthcare assistants, nursing students (RCN, 2015) and lay carers (NMC, 2018).

Accountability and the nursing student

Learning in practice will usually take place under the supervision of a registered nurse, but at times you may be supervised by other health or social care professionals. Initially, this will be close supervision, but as you develop your confidence and competence this supervision will increasingly be carried out at a distance (Hall and Ritchie, 2013). The registered nurse will assess your level of competence, knowledge and understanding before delegating a task or activity to you. It is very important that you inform the nurse if you feel any task delegated to you is beyond your level of competence. While the registered nurse will remain accountable for the overall care to be delivered, if you accept responsibility for the tasks delegated to you, you will then become accountable for your actions, omissions and decisions in performing those tasks (RCN, 2015). As a student, you can be held to account by:

- the university
- the law, through your duty of care.

This may seem quite scary, but what is key here is being clear about what you feel competent to undertake. The registered nurse is accountable for her decision to delegate and is required to ensure that it is appropriate to delegate it to someone else, that they have the required skills and knowledge and that they understand what is required and have accepted responsibility for the activity delegated (RCN, 2015). If you are asked to do something you have not done before, or don't feel that you have yet acquired the required level of competence and confidence, then you are within your rights to say so. However, once you accept the delegated activity, you have a duty of care to the patient to deliver it to a standard that is considered reasonable for a nursing student at your stage of the course. This is known as the Bolam test and is used in courts of law when looking at standards of care in negligence cases (Griffith and Tegnah, 2017).

Activity 7.1 asks you to look at tasks for which you should not accept responsibility as a student.

ACTIVITY 7.1: LEADERSHIP AND MANAGEMENT



ANSWER:
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 mentor should also be able to tell you. Make a note of what these are.

THE IMPORTANCE OF PROFESSIONALISM IN NURSING

Your ability to demonstrate professionalism is an essential course requirement that will be assessed through theoretical and practical assessments as well as through how you conduct your personal life. This latter part can be quite a challenge to come to terms with, so it is important here to help you appreciate why your conduct has to meet expected standards, both on your course and outside it.

First and foremost, the ability to demonstrate professionalism is essential to ensure public trust in nursing as a profession (NMC, 2015). There have been a number of reports into failings in the quality of care given to patients in recent years, such as *The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013), a report into the abuse of people with a learning disability at Winterbourne Hospital (DH, 2012) and a series of reports called *Patient Stories* by the Patients Association, each of which have caused damage to the reputation of nursing. Nurses care for people when they are at their most vulnerable; children, young people, the elderly, people with mental health problems and those with a learning disability are seen as most vulnerable (RCN, 2013) and these people in particular therefore need to have confidence that the care that they will receive will be of the highest quality. Reports and media stories that describe poor quality care or abuse of patients can cause additional anxieties for patients and their carers when they are using healthcare services, and impact on their trust in nursing as a profession.

The Code (NMC, 2015: 3) makes clear the importance of trust, that good nursing practice 'promotes trust through professionalism' and that failing to comply with the Code may bring your fitness to practise into question and endanger your registration.

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I feel so upset when I hear stories – some are truly horrific and unimaginable, yet it has happened. I do not believe there is any excuse for abuse and poor care. If there is a problem nurses need the courage to stand up and shout out – patients put their trust in us, and we need to protect them, their health and wellbeing.

Siân Hunter, child nursing student

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There is no excuse for poor care. Providing good care should be the number one priority of any healthcare professional. If you witness care that you deem as poor raise it with either your mentor or lecturer. Poor care should not be tolerated by anyone – it is our responsibility to identify areas of poor care and do everything in our power to put a stop to it.

Alice Rowe, NQ RNMH

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FITNESS TO PRACTISE

The NMC defines fitness to practise as ‘having the skills, knowledge, good health and good character to do their job safely and effectively’ (NMC, 2017). The main function of the NMC is to protect the public and ensure that nurses and midwives registered with it maintain the appropriate skills and knowledge to ensure safe and effective practice and uphold the professional standards it sets.

Where a registered nurse’s knowledge, skills, **good health** or **good character** is impaired, this may result in a referral to the NMC, who investigate allegations of misconduct, lack of competence, criminal behaviour or serious ill health, and will make a judgement on whether a nurse’s fitness to practise is impaired.

As a student, you are not accountable to the NMC; however, an ability to demonstrate compliance with the NMC Code throughout your course is essential and this will be monitored by the university. On successful completion of your course, your university will sign a declaration to the NMC that you are of good health and good character sufficient to practise without supervision. This supports your own self-declaration of good health and character when you apply to register with the NMC.

The NMC requires each university to have its own processes to manage concerns regarding a student’s fitness to practise (see Activity 7.2). Should any concerns arise regarding your health or professional behaviour (character), the university will use these processes to make a judgement on your fitness to practise. The outcome of these will depend on the seriousness of the concerns raised, the evidence to support them and the student’s response to and insight into the concerns raised.

ACTIVITY 7.2: REFLECTIVE PRACTICE

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

- Does it identify the types of concerns that may lead to a student being referred to them?
- What are the penalties should any allegations be upheld?
- Does it identify where you can get support and advice should you ever be called to a fitness-to-practise panel?



ANSWER:
ACTIVITY 7.2

Until 2015, the NMC published a guide for students which listed actions and behaviours which could cause concerns regarding a student’s fitness to practise, however this was replaced by the Code (2015) which is now THE guide on professional conduct for students as well as registered nurses and midwives. Table 7.1 offers some examples of the more common reasons why a student may be referred to a fitness-to-practise panel at their university.

Some of the below will very obviously be a cause for concern, but you may feel some are less serious or do not seem to impact directly on patients. However, while some may not relate directly to patient care, they can bring into question a student’s honesty, integrity and trustworthiness and therefore raise doubts about how that individual may act when caring for patients.

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The idea of a nurse breaching confidentiality and sharing information about me and other patients online is quite scary. What if it went viral and everyone knew private things about my health that I wouldn’t even tell my closest friends? I want to feel I can be honest when talking with a nurse, so if I was afraid that I might be mocked on Twitter for something I said, it would definitely affect how openly I would describe issues.

Chris, patient

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Table 7.1 Potential areas of concern for 'fitness to practise'

| Area of concern | Examples |
|----------------------------------|---|
| Cheating or plagiarism | Whilst this may relate primarily to your exams and assignments, it could also include forging a mentor's or academic's name or signature on your practice assessment document |
| Unprofessional behaviour | Aggressive, violent or threatening behaviour Misuse of the internet or social media/networking sites Breaches of confidentiality |
| Dishonesty | Failure to disclose criminal convictions on your application or after starting your course Forging timesheets Fraudulent claims for money, e.g. benefits |
| Health concerns | Drug or alcohol abuse Failure to seek medical treatment or other support where there is a risk of harm to other people by not doing so |
| Criminal convictions or cautions | Whilst not all criminal convictions will necessarily lead to a fitness-to-practise panel, failing to disclose any you receive will |

The NMC publishes the outcomes of all investigated cases that lead to actions to ensure that trust of the public in the profession is maintained and to safeguard the public from nurses or midwives whose fitness to practise is found to be impaired. It is important to note that only a very small number of nurses have allegations made against them. During 2015–16, concerns were raised about 0.8 per cent of nurses and midwives on the NMC register (NMC, 2016a). The types of allegations reported to the NMC during 2014–15 are shown in Table 7.2.

WHAT'S THE EVIDENCE?



WEBLINK:
TYPES OF
ALLEGATIONS

Table 7.2 Types of allegations made as new referrals to the NMC in 2014–15

| Types of allegations | Percentage |
|---|--------------|
| Misconduct | 80% |
| Lack of competence | 5% |
| Criminal | 11% |
| Health | 3% |
| Fraudulent entry | Less than 1% |
| Determination by another body (for example, Irish Nursing Board, Health and Care Professions Council) | Less than 1% |
| Total | 100% |

Source: Nursing and Midwifery Council (2015) *Nursing and Midwifery Council Annual Fitness to Practise Report 2014-15*. Read the full report on the NMC website and read more about how the NMC handles concerns and complaints about nurses and midwives on its web page, 'Concerns about nurses or midwives'.

- Reflect on how the Code provides guidance that clarifies your responsibilities with regard to the examples of misconduct, competence, ill health and criminal behaviour.
- If you had concerns regarding the conduct of a nurse or nursing student, how does the NMC guidance assist you in deciding whether you need to raise your concerns more formally?

As you can see in Table 7.2, misconduct is the most common reason for referral to the NMC. The NMC (2016b) defines misconduct as ‘conduct which falls short of what would be proper in the circumstances’ and can include the conduct of a nurse or midwife in their personal life as well as at work. Since January 2016, a new area of concern that the NMC will now consider is ‘not having the necessary knowledge of English’ (NMC, 2016a).

Although the NMC publishes the outcomes of its fitness-to-practise hearings on its website, providing full details of the allegations, the decision-making process and the sanctions decided on, details related to health concerns regarding a nurse or midwife are not made public. The sanctions that the NMC can levy against a registrant are:

- *A caution order* (1–5 years) – the registrant’s NMC record will show that they are subject to a caution order and any enquirers about their registration will be informed about the Order.
- *Conditions of practice order* – the NMC sets conditions under which the registrant may continue to practise (e.g. under supervision, restricted from working in certain settings, further training, engaging with occupational health) for up to three years.
- *Suspension order* – registration as a nurse is suspended for up to one year, after which it can be extended, replaced, confirmed or revoked.
- *Striking-off order* – the nurse is removed from the register and cannot apply to be restored for five years. At that point, they would need to demonstrate that they are fit to practise and would usually need to complete a Return to Practice course before being able to register with the NMC again.

Apply what you have learned about referrals by reading the NMC case studies at <https://study.sagepub.com/essentialnursing2e>. Social media is widely used by students and by organisations: your university may have a Facebook page or a Twitter account, for example. If you use a social network, you can adjust the privacy settings so that the public cannot see what is written; however, anything you post or share on a social network that is available to view by a friend or colleague can be easily shared with others and therefore become public.

To uphold your professional ‘online’ profile as a nurse, it is important you carefully consider what you are uploading and writing online and that you think before you post. Cross (2014: 134) reminds us of the importance of being proactive in managing what we share, stating: ‘there’s a common belief that once something is on the Internet, it’s there forever. The permanence of social media requires you to accept that once data is released online, it may be available forever’. While not necessarily true, it may seem like it, especially if the data is embarrassing. Remember, once it’s out there, it’s out there. So, if in doubt, don’t put it out there!

It is very important that you consider your behaviour when utilising any online form of communication. Your conduct will be judged in the same way whether in the ‘real world’ or online, and if it is judged to raise concern regarding your fitness to practise or bring the profession into disrepute (NMC, 2016c), your continuance on the course or your ability to join the **NMC register** could be put at risk.

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Use your common sense. Do not discuss anything on a social networking site in terms that could be viewed as derogatory towards your staff members or patients. Maintain confidentiality and professionalism at all times. The easiest method to avoid a tricky situation is to not post anything work-related on a social networking site.

Alice Rowe, NQ RNMH

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Social networking sites can be difficult – as much as it is easy to keep in touch with friends and family, I find it is not always easy to monitor what they put on a status. I always make sure that I am careful who I accept as a friend and mindful of what I write so I do not offend anyone.

Sarah Parkes, LD nursing student

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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 which show 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 programme. Jenna is also informed that should she request a reference from the university, it may be required to disclose that she has been subject to a fitness-to-practise hearing.

- Read the NMC (2016c) 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.



ANSWER:
CASE STUDY 7.1

As a nurse, you will be involved in both clinical and **therapeutic interventions** for patients. The nature of these interventions, coupled with the patient's dependency on the nurse, mean that patients are seen as vulnerable, as they are less able to protect themselves and may have difficulty

recognising appropriate boundaries (Council for Healthcare Regulatory Excellence, 2008). Patients and carers therefore need to be able to trust the nurse to maintain professional boundaries at all times, to prevent exploitation or abuse which can cause them significant harm (Halter et al., 2007). As a student, managing professional relationships can be challenging; therefore, if at any time you find yourself in a difficult situation with a patient, it is important to seek guidance from your mentor or a member of staff at the university.

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?



ANSWER:
CASE STUDY 7.2

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.

(Continued)

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 seek 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: CASE STUDY 7.3

There were two issues here: one around the failure of the health visitor to act to safeguard the child concerned; the second around a breach of confidentiality. As a nurse, you will come into contact with children and vulnerable adults where you may have concerns regarding safeguarding issues. What this case identifies is the importance of making your concerns known immediately where you believe a child or an adult may be at risk.

The breach of confidentiality issue is a reminder that you must always be aware that people around you may be familiar with the person you are discussing – particularly on community placements or in community hospitals, which serve the local community.

The common theme in each of the case studies is the issue of trust. The importance of trust is made clear in the NMC Code (2015: 15), with the theme 'promote professionalism and trust'. Trust is essential to the nurse–patient relationship (Feo et al., 2017) – without it, an effective relationship cannot be established, and this can impact on the patient's confidence in sharing information with you that may be important to their care and on their willingness to comply with therapeutic interventions, which could have serious consequences for their wellbeing.

Apply what you have learned about accountability and professionalism by reading Georgina's case study, at <https://study.sagepub.com/essentialnursing2e>.

CONCLUSION

This chapter has explored the concepts of accountability, professionalism and fitness to practise as they relate to both the registered nurse and to you as a student. Considering these issues will help you gain a clear understanding of why your university and the people with whom you come into contact in clinical practice constantly talk to you about the importance of your conduct and behaviour both when in practice and at university, as well as in your personal life. Nurses are in a privileged position and the public need to be able to trust that your conduct will always be of the highest standard.

CHAPTER SUMMARY

- Both students and registered nurses can be held accountable for their actions, but whom they are accountable to differs.
- Students who accept a delegated activity are then responsible for their actions.
- As a nursing student, you are part of a profession where your behaviour both at work and in your personal life will be judged against the NMC Code.
- The public need to have confidence and trust in individual nurses and nursing as a profession if effective therapeutic relationships are to be developed.
- It is the role of the NMC to protect the public, and they set clear guidance for students and universities on areas that may cause concern about a student's fitness to practise.
- Students whose character or health raises concerns regarding their fitness to practise may be referred to a fitness-to-practise panel, which could lead to their removal from the course.

CRITICAL REFLECTION

Holistic care

This chapter has highlighted the importance of ensuring you follow the NMC Code and act professionally at all times when providing holistic care for your patient. Think about a patient for whom you have cared recently and consider how you ensured that their trust in you was well founded. Consider how generating trust might be different with patients from different fields of practice. Make a note of your thoughts; refer back to this next time you care for a patient and then write down your own reflections of that experience.

GO FURTHER

Books

- Avery, G (2016) *Law and Ethics in Nursing and Healthcare: An Introduction*. London: Sage. Covers key concepts that you need to understand in exercising accountability in your practice.
- Griffith, R. and Tengahan, C.A. (2017) *Law and Professional Issues in Nursing* (Transforming Nursing Practice Series), 4th edn. Exeter: Learning Matters. Covers a range of topics that will help you to understand how to deliver safe and effective practice within the law and the NMC Code.
- Sellman, D. (2011) *What Makes a Good Nurse: Why the Virtues are Important for Nurses*. London: Jessica Kingsley. A thought-provoking book that explores the importance of the virtues that underpin nursing, many of which also underpin professional practice.

SAGE journal articles

- Copeland Smith, G. and Knudson, TK (2016) 'Student nurses' unethical behavior, social media, and year of birth', *Nursing Ethics* 23(8): 910-918. An interesting article that looks at the use of social media by students and how it links with ethical conduct.

Go to <https://study.sagepub.com/essentialnursingpractice2e> for free online journal articles for this chapter. If you are using the interactive ebook, simply click on the book icon in the margin to go straight to the resource.

Other journal articles

David, T.J. and Lee-Woolf, E. (2010) 'Fitness to practice for nursing students: Principles, standards and procedures', *Nursing Times*, 106(39): 23-6.

Ellis, J., Lee-Woolf, E. and David, T. (2011) 'Supporting nursing students during fitness to practice hearings', *Nursing Standard*, 25(32): 38-43.

Two really useful articles which explain the process and provide guidance for students who may be referred to a fitness-to-practise panel.

Sprinks, J. (2015) 'Updated Code stresses nurses' accountability for delegation of tasks to competent colleagues', *Nursing Children and Young People*, 27(2): 7-8. Explores the NMC Code from the perspective of a children's nurse.

Weblinks



FURTHER
READING:
WEBLINKS

www.nmc-uk.org - the NMC provides a range of guidance documents on good conduct and good character, fitness-to-practise issues, raising concerns, social media guidance and guidance for students.

www.rcn.org.uk/professional-development/accountability-and-delegation - this RCN web page provides guidance on accountability and delegation, a useful guide for you to download and a video to watch.

www.rcn.org.uk - the RCN website provides a range of guidance for registered nurses as well as useful information for students around professional issues.

Go to <https://study.sagepub.com/essentialnursingpractice2e> for weblinks related to this chapter. If you are using the interactive ebook, simply click on the book icon in the margin to go straight to the resource.

Video Links

Accountability and Delegation by the Royal College of Nursing

<https://www.rcn.org.uk/professional-development/accountability-and-delegation>

A useful guide to understanding these key concepts in nursing.

Professionalism in Practice

<https://www.nmc.org.uk/standards/professionalism/professionalism-in-practice/>

You will find three animations on this website to show you how to use the NMC framework *Enabling professionalism in nursing and midwifery practice*

ACE YOUR ASSESSMENT



ONLINE
QUIZZES

Review what you have learned by visiting the book's online resources at: <https://study.sagepub.com/essentialnursing2e> If using your interactive ebook, just click on the icon in the margin to go straight there.

- Test yourself with multiple-choice and short-answer questions.
- Revise key terms with the interactive flash cards.

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