

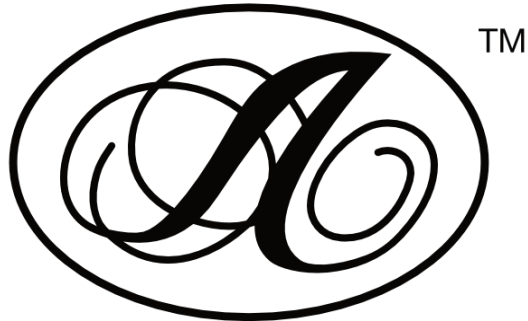


ARWYP TRAINING INSTITUTE

ARWYP TRAINING INSTITUTE

**STUDENT HANDBOOK
R169
ATI 27(1)**

Issue: 1
Rev: 1
Date: 12/12/2019



ARWYP TRAINING INSTITUTE

**STUDENT HANDBOOK
HIGHER CERTIFICATE IN AUXILIARY
NURSING
R.169**

ATI 27(1)

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Dear Learner

Welcome to the Arwyp Training Institute!

Thank you for choosing us as your education provider. We hope that your time with us will be a fruitful journey of self-development, growth as a health care practitioner and learning in a motivating positive atmosphere.

Please ensure that you read this handbook, your contracts and the introductions to your study material with attention. The information contained in these is important for your success in your chosen programme.

May you enjoy every moment of the journey.

Dr A de Villiers
PRINCIPAL: ARWYP TRAINING INSTITUTE

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The compilation and input to the document was obtained from experts within the ATI. Any changes and alterations can only be made with the approval of the ATI Principal.

Reference to one gender can be interpreted to imply as belonging to either gender.

All documents for programmes offered by the ATI are under the management of the ATI. Studies conducted with the ATI are subject to the provisions of and requirements set out in the Nursing Act and regulations as it applies to learner nurses.

For comments and suggestions, please e-mail the principal of the ATI annelize.devilliers@arwyp.com

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ACRONYMS AND DEFINITIONS

Academic Staff: Persons employed to conduct theoretical and clinical facilitation. This includes educators/ clinical facilitators and clinical facilitators.

Academic year: This is a minimum of 44 weeks of education and training.

Administrative staff: Non-academic support staff.

AMC: Arwyp Medical Centre.

Applied Competence: Means an integration of the knowledge, the skills, the attitudes and the applications that a learner is able to perform in a way that suits the learning context. It is described as the foundational (knowledge), the practical (skills) and the reflexive (application in context) competence which the learner needs in order to be judged fully competent (SAQA GLOSSARY OF TERMS, www.saqa.org.za).

Assessment: A structured process for gathering evidence and making judgments about a learner's performance in relation to the prescribed requirements of the programme (SANC No. R. 169, 2013) (SAQA, 2001).

Assessor: A person (normally a subject matter expert) who is registered by the relevant ETQA to measure the achievement of specified NQF standards or qualifications (Criteria and Guidelines for Assessment of NQF Registered Unit standards and Qualifications, 2001).

ATI: Arwyp Training Institute.

Block: Shall mean the theoretical or clinical component period of training which runs for a stipulated period of time and which consists of at least one week of training.

Board of Examiners: Consists of the principal and all academic staff, who meet to determine entrance into summative assessments and failures, passes and distinctions following summative assessments (Form 017 series).

CHE: Council on Higher Education.

Clinical Assessment: A systematic, sequential, planned process of evaluation of the learner's clinical abilities demonstrating the achievement of the learning objectives for a programme.

Clinical Facilitator: A person employed by the ATI to facilitate the work integrated learning of the learner through facilitated practical activities, bedside facilitation, assessment, education and mentoring.

Clinical Facility: The hospital / health care institution / clinic which the learner utilizes to gain work integrated learning. This facility may be any private or public health care facility accredited by SANC and CHE for use by ATI for this purpose.

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Clinical Practica for Learning (CPL): Shall mean facilitated practical training as stipulated per individual programme. This may take the form of simulated practice, facilitation at the bedside, assessment, projects and education and teaching and mentoring.

Competence: The ability to complete a given task correctly, obtaining a minimum mark, with the required knowledge and insight within a given time period.

Complaint: A written statement, alleging a violation of the code of learner conduct or other published rule applicable to learners at the ATI, provided to an ATI staff member.

CPCA: Comprehensive Patient Care Assessment.

Credit: That value assigned by SAQA to ten notional hours of learning.

Critical Cross-Field Outcomes: Those generic outcomes that inform all teaching and learning e.g. working as part of a team.

Day Release: Shall mean the period of training which consists of at least one full day of training.

Exit Level Outcomes: Those defined points of learning in a qualification at which the learner may leave the programme with recognition of learning achieved.

External theoretical assessment by the South African Nursing Council: Summative written theoretical assessment conducted by the South African Nursing Council.

FET: Further Education and Training.

Final Mark: The mark is made up by adding the semester/year mark and the summative assessment mark, the semester/year mark constituting 40% and the summative assessment mark constituting 60% of the final mark. The learner must have achieved a semester/year mark of at least 40% and a summative assessment mark of at least 40%. The combined pass mark is 50%.

Formative Assessment: Assessment done throughout the learning programme to improve learning and to give feedback to learners on progress made, which serves needs intrinsic to the educational process (SANC Circular No.8/2013).

HET: Higher Education and Training.

Integrated Assessment: That form of assessment which permits the learner to demonstrate applied competence and which uses a range of formative and summative assessment methods (SANC No. R169, 2013).

Invigilator: A designated person who is physically present in the area where the theoretical and/or clinical assessment takes place, oversees the assessment process and ensures that all assessment rules are adhered to.

Learner: An individual registered for any education and training programme offered by the ATI.

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Learning for Role Taking (LRT): Shall mean learning that takes place in the accredited clinical facility where the learner is supervised and mentored.

Learning Programme: A structured set of learning opportunities with related assessment and attainment requirements within a particular field of learning which leads to a qualification.

Midyear: The academic period is divided into two periods of equal duration.

Moderation: The process of ensuring that assessments of the outcomes prescribed for the nursing programme have been conducted in line with agreed practices, and are fair, reliable and valid (SANC No. R. 169, 2013).

Moderator: A person who is recommended by the board of examiners and is an independent expert in his/her field, with qualifications at least on the same level as the qualification being assessed (HEQC Criteria for Programme Accreditation, 2004).

NQF: National Qualifications Framework.

Nursing Services Manager: A Registered Nurse who manages the nursing staff and patient care of the clinical facility.

Nursing Unit Manager: A Registered Nurse who manages the staff and patient care in a particular unit/ ward.

OHSA: Shall mean the Occupational Health and Safety Act, 85 of 1993, as amended.

Outcomes Based Assessment: Assessment in Outcomes Based Education and Training emphasizes the assessment of outputs and end products. These are expressed in outcomes and competence. The assessment of the achievement (or non-achievement) of outcomes and competence is done against assessment criteria. The statement of outcomes, competence and assessment together, is a statement of the standard that the learners are expected to achieve, and are therefore assessed against (SAQA Criteria and Guidelines for Assessment of NQF Registered Unit standards and Qualifications: 2001).

POE: Portfolio of Evidence.

Principal: The person responsible for the management of the ATI.

Recognition of Prior Learning (RPL): RPL means the evidence based assessment comparison of previous learning and experience against the learning outcomes required for a specific programme and the acceptance of such previous learning for the purpose of accessing a programme (SANC No. R. 169, 2013) or advancement or accumulating credits.

Registered Standards: Standards or qualifications registered on the National Qualifications Framework.

SANC: South African Nursing Council.

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SAQA: South African Qualifications Authority.

Semester mark: The average mark obtained for assessments done throughout the semester that allows the learner entrance into the summative assessment at the end of a semester. A semester mark of at least 40% is required for entrance into the summative assessment. The semester mark contributes 40% to the final mark.

Sickness/ Special Substitute Assessment: An assessment awarded to a learner who was unable to do the scheduled formative or summative assessment due to illness or other circumstances, e.g. ill health or death of a close family member. This will only be awarded if the learner provides proof in the form of a valid sick note or copy of death certificate as required and completes Form 0125 to which the proof is attached.

Specific Outcomes: The knowledge, skills and values (demonstrated in context) which support one or more Critical Cross-Field Outcomes.

Standard: The registered statements of desired education and education outcomes and their associated assessment criteria.

Summative Assessment Mark: The mark the learner achieves during the summative assessment. The pass mark for a summative assessment is 40%. The summative mark contributes 60% to the final mark.


Summative Assessment: A formalized assessment which is done at the end of a semester, year or programme of learning and is used to certificate the attainment of a certain level of education (SANC No. R169, 2013) (SAQA, 2001).

Supplementary Assessment: Awarded to a learner/s who obtained a final mark of between 40% and 49% in a summative assessment as determined by the Board of Examiners. The mark is made up by adding the semester / year mark and the supplementary assessment mark, the semester / year mark constituting 40% and the supplementary assessment mark constituting 60% of the final mark. The combined pass mark is 50%. Irrespective of the mark obtained, the maximum mark for a supplementary assessment will be 50%.

Unit Standard: Registered statement of desired education and training outcomes and its associated assessment criteria together with administrative and other information as specified in the regulations.

Work Integrated Learning: Refers to learning that takes place at an accredited clinical facility where workplace supervision and mentoring of learners takes place for the purpose of acquiring knowledge, skills and abilities to reach the exit level outcomes of a specific programme.

Year Mark: The average mark obtained for assessments done throughout the year that allows the learner entrance into the summative assessment at the end of a year. A year mark of at least 40% is required for entrance into the summative assessment. The year mark contributes 40% to the final mark.

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INTRODUCTION TO THE ARWYP TRAINING INSTITUTE

Contact details

2 nd Floor Customer Support Centre	1620
4 Blockhouse Street	Website: www.arwyp.com
Cnr. of Blockhouse and Central Streets	Telephone number: 011 922 1235
Kempton Park	E-mail address: ati.adminofficer@arwyp.com
PO Box 3452	
Kempton Park	Fax number: 011 922 1383

Vision

The vision of the ATI is to be the private training provider of choice for nursing programmes by providing accessible, high quality education and training.

Mission

The ATI is to advance, transmit and sustain knowledge and understanding through the conduct of teaching, clinical practice and research at the highest standards for the benefit of the local and national community.

Philosophy of ATI

The ATI believes in preparing learners to become competent graduates who provide quality nursing care to diverse populations. Personal and professional characteristics of the graduates are developed to form a basis for continuous growth to enable the graduate to meet the needs of an ever-changing society.

ATI's beliefs about the metaparadigm of nursing are discussed below:

Nursing is based on the concepts of caring for a patient as a whole and encompasses professional integrity, effective communication, and active inquiry. Nursing is practiced by a person registered with the South African Nursing Council, which supports, cares for and treats a health care user to achieve or maintain health. Where this is not possible provides palliative care with dignity. Nursing is both an art and a science. The science of nursing includes Evidence Based Practice and Best Practices to improve the standard of practice.

The responsibility of nurses is to utilize the nursing process to assist people to meet health care needs and to attain health related goals. As members of the nursing profession, nurses collaborate with members of other disciplines to achieve these goals.

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ATI embraces the Patient Rights Charter and Legal Ethical Framework of Nursing as a base for Nursing Practice.

We believe that competency relates directly to nursing efficacy and a healthy self-esteem. We believe that excellent nursing care is of the utmost importance in the prevention, promotion & maintenance of health. We believe that it is possible to teach nurses to care for their community as if it were their family.

Health is a dynamic state of physical, mental, and social well-being, requiring constant adaptation to internal and external environmental stressors. Each person experiences varying states of health while progressing through the life span. Health decisions are an individual responsibility influenced by knowledge, culture, family structure, society, and personal choice.

Nurse Educator is a clinical facilitator of learning in the theoretical and/ or clinical component of the nursing curriculum. His/her responsibility is to socialize learners into the profession using a variety of learning - and assessment strategies to establish learning progress. His/her roles include: quality improvement/ change agent, leader and researcher.

Learning is the process of constructing meaningful representations, and making sense of one's experiential world. It seeks to engage learners in the teaching/ learning process and encourages personal and collective responsibility. Both academic staff and learners take responsibility for successful learning.

Values like caring, integrity; honesty and professionalism are internalized by learners whilst the ethics of nursing are established in evidence-based practice, management and leadership.

Learners are prepared through active involvement to become competent entry-level practitioners who are able to assess, plan, implement, evaluate and coordinate care for clients in a variety of health care settings.

We believe each learner is a unique person with needs, abilities and potential to achieve the outcomes of the programme. ATI provides learners with educational opportunities and support to acquire knowledge, affective, cognitive, conceptual skills and practical techniques within a legal and ethical framework to develop into competent nurse practitioners. ATI supports learners to realize their full potential.

Through education, articulation, and experience, graduates are socialized into the nursing profession to practice within a legal ethical framework as competent practitioners who embrace and pursue lifelong learning.

Learning environment is a combination of social and physical qualities that create the classroom experience. It includes classroom management procedures, as well as the way the space is organized, furnished and maintained. The learning environment provides the context for the development of individuals, the identification of health needs, and the evolution of nursing.

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Through an on-going interactive process the environment and nursing influence each other. A caring environment is conducive to growth through creative, flexible learning opportunities and effective communication.

Education and Training is a process shared by ATI and the learner. Learning is the responsibility of each person and is accomplished through self-motivation, active inquiry, and participation in the educational process.

ATI supports the preparation of learners to become competent practitioners. We believe that nursing education is the systematic guidance of the learner toward acquiring professional skills in communication, clinical practice, management, and critical thinking. Learners are viewed as adult learners, who are treated fairly and with respect and dignity and who have a right to be treated equally.

ATI provides for education and training that develops professional knowledge, critical thinking, ethical decision making, leadership and management skills, and interdisciplinary teamwork of the highest standards in health care.

Based on Transformational Outcomes Based Education principles, teaching approaches are utilized to achieve interactive learning that may include reciprocal teaching, peer collaboration, problem-based instruction, and other approaches that involve group learning.

Research is central to knowledge creation, evidence based practice and elevation of the status of professional nursing.

Assessment is a dynamic process, assessing the true potential of learners against clearly defined outcomes as outlined for the National Qualifications Framework (fairness, transparency, reliability, validity, currency, authenticity).

We strive towards enabling learners to find balance in life and meaning in the work setting. We strive to produce lifelong learners who value their profession and who would accept the role of leader, researcher and mentor with passion.

Legal status

THE ARWYP TRAINING INSTITUTE (PTY) LTD Company Registration number: Reg. No. 2009/015166/07

South African Nursing Council Reference S1546

The Arwyp Training Institute is provisionally registered with the Department of Higher Education and Training to offer the Higher Certificate in Auxiliary Nursing (HEQSF-Aligned, NQF Level 5, 120 Credits: Contact Mode), under the Higher Education Act, 1997, until 31 December 2022, DHET No. 2018/HE07/006.

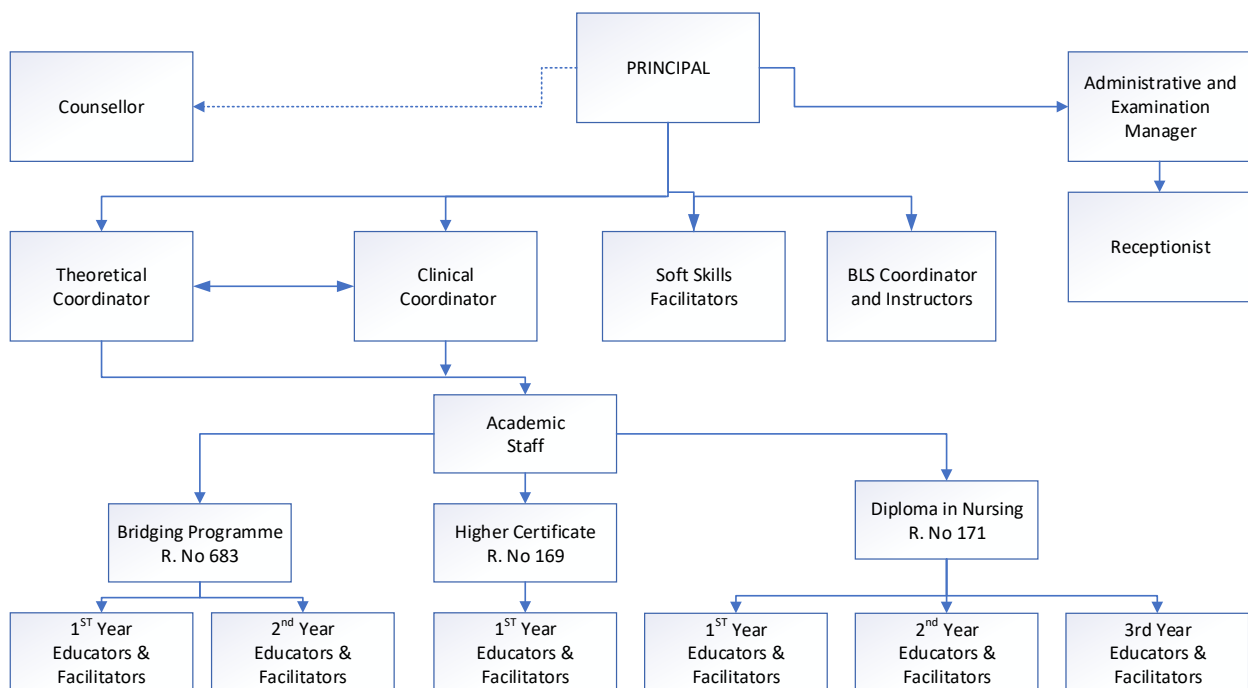
Language policy

The official language of the ATI is English. All documentation, communication, lectures, assessments, memorandums etc. are conducted in English.

Mode of instruction

The mode of instruction is contact.

Channels of communication



HEALTH, SAFETY AND SECURITY

Disaster plan & Evacuation procedures

The ATI health and safety representative is: Mrs E. Kleynhans. Should learners have any queries they may contact her via the receptionist.

All learners will be orientated to the disaster plan which includes the escape routes and cue card system during their first block.

One learner will be elected for every 30 learners or part thereof as a health and safety representative for the duration of the academic year. The learner health and safety representatives will be orientated to their responsibilities by the ATI health and safety representative.

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In case of an emergency all learners must know what to do and where to go. The floor plan indicating the escape routes and cue cards for evacuation are displayed in each venue closest to the exit. Each learner must familiarise him/ herself with the evacuation routes. The assembly point during an evacuation is situated at the pedestrian gate. It will be expected that all learners participate in an evacuation practice drill.

Fire training

All learner health and safety representatives receive firefighting training.

Access control

All learners will be issued with learner identification and access control cards on commencement of training.

No learner is allowed to hand over their access card whether an employee or non-employee. All access cards are linked to an IMPRO system and can be traced back to the user in case of any security breach the learner will be held responsible.

Access control is applicable to Arwyp Medical Centre nursing units and the ATI.

Loss of a learner identification card must immediately be reported to the ATI administrative officer and to the security manager and access to the card will be deactivated. The learner will pay for the re-issue of an access card.

On completion of training the learner identification and access cards must be returned to ATI and signed off.

LEARNER SUPPORT SERVICES

Academic support

Learners' progress will be monitored throughout the training programme by means of informal and formal assessment by the educator / clinical facilitator / unit manager of the clinical facility which will enable them to identify learners who might require remedial / supplemental instruction.

Should a learner have learning needs it is the responsibility of the learner to approach the academic staff for assistance, and to optimally utilize the opportunities for support and remediation which are made available.

Staff of the ATI offers academic proficiency training to learners within the first semester of all training programmes.

Psycho-social support

An ATI counsellor is available for learners who are experiencing personal difficulties for support, therapy or guidance.

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The Learner Representative Council members are available to support learners who are experiencing challenges in either theoretical or clinical environments.

Health-related support

All learners are offered Hepatitis B vaccination.

Learner representative council (LRC)

The goal of the ATI LRC is to ensure growth and development of all learners at social, physical and professional level in order to introduce knowledgeable, skilled, well rounded nurses into the healthcare industry.

Objectives:

- To serve as a communication channel between learners, ATI staff and staff of the ATI's affiliated clinical facilities.
- To be the voice for all learners regarding all matters concerning their education and training.
- To ensure uniformity amongst all learners.
- To create a stable learner environment that is conducive for learning.
- To create a forum for learners to deal with compliments, complaints, and grievances.

A member of the ATI academic staff will be appointed to oversee the functioning of the LRC and serve as liaison with the ATI principal and staff of affiliated clinical facilities. The LRC will consist of learners that are enrolled at the ATI and that will form a representative body of all learner groups in accordance with the LRC Constitution.

The LRC shall elect the president, vice president, secretary, deputy-secretary, treasurer, health & safety officer, social officer and public relations officer. The remaining representatives may choose which portfolio they would like to assist, based on the principle of equal distribution of portfolios.

Learners are elected from each group to serve on the ATI LRC and will be required to sign a LRC Appointment Letter. The term of office will be one academic year. Attendance of monthly LRC meetings will take place during learners' normal clinical/class hours. If the LRC member is in clinical practice, he/she must be scheduled on duty to attend the LRC meeting during on duty time.

It is the LRC member's responsibility to arrange these duty times with the applicable unit manager well in advance.

Code of conduct

LRC Members shall conduct themselves in a professional manner at all times and uphold the ethical and moral code of conduct of the nursing profession.

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Members shall commit themselves to:

- Attend at least 90% of the scheduled meetings.
- Offer an apology in writing to the president at least one day prior to the meeting.
- Be adequately prepared for meetings and contribute during meetings.
- Be fully representative of and liaising with the learners.
- Give feedback to the learners regarding the decisions taken at the meetings.

Learners will be given the opportunity to rate their satisfaction of the LRC by means of a questionnaire.

Social investment (community engagement)

ATI identifies a social investment project annually to assist the learners to learn how to give back to the community in the surrounding area. This is an important aspect of the Learner Representative Council duties. All learners are expected to take part in such projects.

Professional indemnity insurance

The ATI requires of its learners, on behalf of itself and all its accredited clinical facilities where learners are placed for work integrated learning, to purchase professional indemnity insurance from DENOSA or any other legitimate professional indemnity body.

The ATI arranges for a representative of a professional indemnity body to address learners during the orientation period at the beginning of all nursing programmes, regarding the benefits of and processes involved in indemnity cover and claims.

Learners who wish to do so, complete application forms and pay the membership fee to ATI, who will coordinate the submission of forms and payment to the professional indemnity body.

Learners who already have professional indemnity insurance must sign a Declaration of Indemnity form (F 0135) and attach the proof of Indemnity to the form and submit both at commencement of training. Each learner receives a membership card which should always be carried with them during the nursing programme. Learners must maintain indemnity cover for the full duration of the training programme.

INDEMNITY AGAINST LOSS

The learner indemnifies ATI against any loss or destruction of cash, valuables or any other property or personal injury or harm whilst on the premises of ATI or any of its accredited clinical facilities during the period of training by completing and submitting an indemnity form (F 063) at commencement of training.

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The ATI indemnifies itself from the loss of money or extension of training period that a learner may suffer due to the learner not upholding their SANC registration in their professional capacity. Indemnity cover will lapse during the period in which the learner's SANC registration is not upheld.

INSURANCE COVER AGAINST OCCUPATIONAL EXPOSURE TO BLOOD BORNE DISEASES

Learners are covered against occupational exposure to blood borne diseases through ATI insurance. Exposure will be managed in accordance with the Policy on the Management of occupational exposure to blood borne pathogens (AMC INF 06).

ACADEMIC MATTERS

SANC registration

It is the learners' responsibility to uphold their registration with the SANC for the category they are qualified in. This registration is separate from the registration with the SANC as a learner which is required for the duration of the training programme.

Fees, charges and refunds

APPLICATION HANDLING FEE

An application handling fee as determined by the Principal of the ATI and as indicated on the ATI application form (F 001) must be paid into the ATI's bank account by direct bank deposit or EFT and proof of such payment in the form of a copy of the bank deposit slip or proof of electronic transfer must accompany all applications for training at the ATI. No applications will be processed without proof of payment of the required fee.


REGISTRATION FEE

Private Applicants:

Once a candidate has been selected for any of the courses offered by the ATI, the course fees are immediately payable. Should the learner not be able to pay the full course fee, a registration fee of at least 50% of the course fee as determined by the ATI Principal must be paid to secure his/her entry into the program. Payment must be made into the ATI's bank account by direct bank deposit or EFT. Proof of payment in the form of a copy of a bank deposit slip or proof of electronic transfer of the full course fee or the registration fee must be submitted to the ATI administrative officer on the day of registration. Candidates who do not pay at least the registration fee will forfeit their place in the program.

Sponsored Applicants:

Those candidates who received private sponsorship or a study loan from a bank for their studies must supply a letter of approval of a loan or proof of payment of fees into the ATI bank account

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or of electronic transfer on the day of registration. Should the sponsor fail to settle course fees the learner will be liable for payment.

No registration fees are payable by learners sponsored by ATI partner institutions. The learner is responsible for any shortfall in the payment of the course fee by the ATI partner institution, should there be any.

BALANCE OF COURSE FEES

Private learners:

Learners who did not pay the full course fee on registration, must pay the balance of the course fee in monthly instalments, which payment will commence within one month after commencement of the course.

Proof of monthly payments must be provided to the ATI administrative officer not later than the 7th day of the next month in the form of a copy of a bank deposit slip or proof of EFT. The balance is paid off over a period of no longer than half of the duration of the course.

The administrative officer will update the learner's payment record on computer and will issue the learner with an updated statement with every proof of payment received. An electronic record of payments is kept by the ATI administrative officer and is compared with statements received from the finance department on a monthly basis.

Sponsored and Learnership learners:

ATI partner institutions that sponsor learners and employers of learners who have learnership grants are exempted from interest.

Payment processes

Each learner must supply the ATI with proof of payment of the registration fee and every subsequent payment made in the form of a copy of a bank deposit slip or proof of electronic transfer. An electronic record of payments is kept by the ATI administrative officer and is compared with statements received from the finance department on a monthly basis.

The learner will be supplied with an updated statement on receipt of proof of payment. Any learner who is in arrears with monthly payments will also be furnished with an updated statement by the ATI administrative officer at the end of each month of non-payment.

Should a learner be in default with payment of course fees, the ATI may suspend the learner for a period not longer than the period stipulated in the relevant regulation for the respective course, and so prevent the learner from attending lectures or further training until the outstanding balance has been settled in full.

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Should the learner remain in default with her/his fees the learner will forfeit the moneys paid and the ATI may further withhold any results and/or required documentation for the learner and/or refuse permission for the learner to write the required examinations.

Should the learner wish to terminate his/her further participation in the course, all amounts owing to the ATI shall become immediately due and payable as set out in the learner's study agreement – failure to do so will lead to legal action against them.

Partner institutions are invoiced for the amount sponsored by the institution. The ATI Principal is informed by the Finance Department as soon as payment is received and it will be reflected on the monthly ATI income statement. The administrative officer updates the learner statement accordingly.

For any cash transactions of less than R100.00, e.g. for purchase of learner distinguishing devices, the money is collected by the administrative officer, a receipt is given to the learner and the money is sent to the finance department with a copy of the relevant receipt/s before the end of the business day.

Learner financial aid

Any learner who has problems with tuition fees needs to make an appointment to see the Principal to make arrangements. Learners who are experiencing financial problems must seek assistance by informing their educator/clinical facilitator.

Learning contract

Each learner signs a learning contract and study agreement at commencement of their programme. A copy of the learning contract and study agreement are provided to the learner and the original documents are kept on the learner's file. It is the learners' responsibility to familiarise themselves with the respective contracts.

Extension of training programme

Any extension of a learner's training program will be in line with the South African Nursing Council regulations and the Board of Examiners' decision.

Deregistration

Deregistration of a learner may result from disciplinary action or a decision by the Board of Examiners.

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LEARNER CODE OF CONDUCT

Learner uniform and dress code

Learners will be supplied with the prescribed clothing items that make up the nurses' uniform. It is compulsory for all learners of the ATI to wear the prescribed nurses' uniform when reporting for work integrated learning at any of the ATI approved clinical facilities.

Learners may not when in uniform, smoke, chew gum, over-indulge or become intoxicated by any means in a public environment.

Learners may not enter a place of public entertainment whilst in uniform, unless required to do so in the course of their duties.

Learners will ensure that the uniform worn when on-duty is clean, stain free, crease free and in a state of good maintenance.

FEMALE

a) **Slacks/Trousers (navy)**

- i) The slacks to be worn will not be tight fitting around the body.
- ii) The hem will not be shorter than midline of the heels.
- iii) The hem will not drag on the floor surface.

b) **Skirts (navy)**

- i) The skirt to be worn will not be tight fitting around the body.
- ii) Straight skirts must be worn on the knee – NOT HIGHER.
- iii) To be worn with the prescribed top.

c) **Tops**

- i) The prescribed top is white with turquoise borders.
- ii) The top to be worn will not be tight fitting over the shoulders, chest or hips.
- iii) Appropriate white or flesh coloured underwear may be worn under the top (No see-through underwear).
- iv) No T-shirts may be worn under the uniform.
- v) Cleavage may not be shown.

d) **Jackets**

- i) Only prescribed long sleeve jackets may be worn and sleeves may not be turned up.

e) **Maternity Wear:**

- i) Must dress neat and professional in navy and white whilst pregnant and change dress sizes when required.

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f) Pantyhose and Stockings:

- i) Stockings in plain black, black-mail, barley black or navy must be worn with the skirt.
- ii) No shiny pantyhose, patterned stockings or tights may be worn.
- iii) Knee high stockings may only be worn with slacks.

g) Shoes:

- i) Special attention must be paid to the neatness and appearance of shoes.
- ii) Worn down / scuffed heels and toe tips are not allowed.
- iii) No patent leather or suede shoes, no sandals and no high heel shoes may be worn with the uniform.
- iv) A plain black or navy shoe with non-slip sole, which covers both heels and toes, must be worn as part of the uniform.
- v) No bows, tips or other decorations on shoes are allowed.

h) Earrings and Piercings:

- i) A maximum of two earrings per ear is permitted.
- ii) Nose rings, nose studs or tongue rings are not allowed whilst on duty.
- iii) Learners may not wear oversized earrings or any extravagant jewelry.

i) Rings:

- i) Learners may only wear a flat wedding band when in uniform.

j) Watches and wrist bands:

- i) Learners may not wear wrist watches or wrist bands. Watches must be attached to the uniform, eg. nurse's watch.

k) Hair, Hair Accessories and Head Gear:

- i) Hair accessories must match the colour scheme of the uniform (white / navy).
- ii) Hair pieces must match the natural shade of the hair.
- iii) Braids / hair extensions must be complementary to the hair and maintain a professional appearance.
- iv) All hair must be tied back and up, and no loose bits in front or hanging loose down the back will be allowed.
- v) No extravagant hair accessories.
- vi) Only natural hair colour is permitted and not more than two different shades.
- vii) No hair patterns will be permitted.

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l) Distinguishing devices, Name badges and Identification cards:

- i) The name badge must be worn on the outer uniform on the top left hand side.
- ii) Learner cards must be worn and be visible at all times without obscuring the name badge.
- iii) Distinguishing devices must be worn and be visible at all times.
- iv) Only a button may be used to secure the epaulet on the color side of the top and be of the same colour as the epaulet.
- v) Only a loop may be used to secure the epaulet on the shoulder side of the clothing item and be of the same colour as the clothing.

m) Hands and Nails

- i) Hands must be well kept and clean.
- ii) Nails must be neatly manicured and not protrude more than 0.1cm past the fingertips.
- iii) Learners may not apply artificial nails or tips or use any varnish on nails for infection control purposes.

n) Cosmetics

- i) Cosmetics must be used in moderation and should be subtle and natural looking.
- ii) Lipstick – No flamboyant or extravagant shade to be worn.

o) Tattoos

- i) Tattoos may never be visible while in uniform.

p) False eyelashes

- i) Learners may not wear any false eyelashes or eyelash extensions for infection control purposes.

MALE

a) Trousers

- i) Trousers must not be tight fitting and legs may not be adjusted to stove pipes.
- ii) Trousers must be neat, clean and pressed at all times.

b) Tops

- i) The prescribed top is white with turquoise borders.
- ii) The top to be worn will not be tight fitting over the shoulders, chest or hips.
- iii) No T-shirts may be worn under the uniform.

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- c) Jackets**
- i) Only prescribed long sleeve jackets may be worn and sleeves may not be turned up.
- c) Socks**
- i) Socks must be worn at all times.
 - ii) Only navy blue or black socks may be worn with the uniform.
- d) Shoes**
- i) Only black or navy lace-up and slip-on shoes will be allowed.
 - ii) No boots or shoes trimmed with studs, trimmings or patent leather is allowed.
 - iii) Shoes have to be cleaned and polished at all times.
- e) Hair, beards and moustaches**
- i) Hair must always be well cared for, neat and tidy.
 - ii) Hairline must be neat and tidy.
 - iii) Side burns must be straight, neatly trimmed and must end at the base of the ear lobe.
 - iv) Goatees and moustaches must be kept neat and trimmed at all times.
 - v) Men should be shaved clean, if no moustache is grown.
 - vi) A beard may only be grown during a period of leave.
 - vii) No dreadlocks are allowed.
 - viii) Only natural hair colour is permitted and not more than two different shades.
 - ix) No hair patterns will be permitted.
- f) Jewelry and body piercing**
- i) No earrings or a stud of any kind is allowed.
 - ii) Learners may only wear a flat wedding band when in uniform.
 - iii) Neck chains may be worn, but under the shirt and not visible.
 - iv) Learners may not wear wrist watches or wrist bands. Watches must be attached to the uniform, eg. A nurse's watch.
 - v) Nose rings, nose studs and tongue studs are not allowed whilst on duty.
- g) Tattoos**
- i) Tattoos may never be visible while in uniform.
- h) Hands and Nails**
- i) Hands and nails must be well kept and clean.
 - ii) Nails must be short and clean and not protrude more than 0.1 cm past the fingertips.

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- iii) Learners may not apply artificial nails or tips or use any varnish on nails for infection control purposes.

i) Belts

- i) Only black leather belts may be worn with all trousers.

j) Distinguishing devices, Name badges and Identification cards:

- i) The name badge must be worn on the outer uniform on the top left hand side.
- ii) Learner cards must be worn and be visible at all times without obscuring the name badge.
- iii) Distinguishing devices must be worn and be visible at all times.
- iv) Only a button may be used to secure the epaulet on the color side of the top and be of the same colour as the epaulet (i.e. white).
- v) Only a loop may be used to secure the epaulet on the shoulder side of the clothing item and be of the same colour as the clothing (i.e. white).

Dress code for class attendance

Learners are to adhere to the prescriptions of acceptable attire when attending classes as described below:

- a) Learners attending class will be allowed to wear their own private clothes.
- b) They must be neatly dressed at all times and maintain personal hygiene. No shorts, miniskirts and revealing clothing will be allowed. Cleavage may not be shown.
- c) Learners must wear neat shoes – they may not wear slippers to class. No shoes with excessively high heels may be worn, for health and safety reasons.
- d) Learner identification cards must be worn, clearly visible at all times, even when learners are in class. No learner will be allowed on the premises without wearing a clearly visible learner identification card.
- e) Chewing of gum is not permitted whilst in class.

Use of personal digital devices

Digital Device means, without limitation, cell phones, smart phones, net books, computers, laptop computers, palm pilots, personal digital devices, smart phones, HDDs (hard disc drive), USB flash drives, secure digital cards, optical discs (including compact discs, digital video discs, Blu-ray Discs), minidisks, xD-Picture Card, Multimedia Card, Smart Media, Compact Flash I and II, Secure Digital, Sony Memory Stick (Std/Duo/PRO/ Magnetic Gate versions) or Solid-state Drives. Including, any device that is capable of performing one or more of the following functions:

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using radio waves to make/receive telephone calls, text messages via a mobile telephone network; wireless data communications via connection management software, or a mobile VPN to connect as a secure single virtual network, with the use of one or more of the following technologies, Wi-Fi (wireless local area network), Cellular data service (via GSM, CDMA, GPRS, 3G, W-CDMA, EDGE, CDMA2000, WIMAX, HSPA+, 4G LTE (long-term evolution), Mobile Satellite Communications, or Bluetooth; store data in electromagnetic form in digital or analogue format whether in a semiconductor device or not, whether as non-volatile or volatile memory.

When doing work integrated learning in the clinical facilities or attending class, learners must not use any digital device to communicate with any third party for personal, non-work related reasons. Any communication whilst doing work integrated learning in the clinical facilities or attending class will interfere with that learner’s productivity and distract other learners. When doing work integrated learning in the clinical facilities or attending class, learners will only be permitted to communicate with third parties for personal, non-work related reasons in emergency situations. When off duty, or during lunch periods learners may communicate with third parties for personal, non-work related reasons, provided learners do so outside their working areas. Learners must inform their family and friends of this policy and advise them not to attempt to communicate with the learner when the learner is doing work integrated learning in the clinical facilities or attending class.


Learners may be required to utilize ATI Digital Devices for the objectives of their training.

An ATI digital device must only be used by the learner to whom it is issued, or who is granted permission from the educator to use it and solely for the purpose for which it was issued or permission granted to that learner.

Learners are responsible for the use and safety of the ATI digital device they use for training purposes. In the event that ATI has in its sole and entire discretion, probable cause to suspect that a learner has intentionally or negligently damaged, lost and/or stolen an ATI digital device, ATI shall conduct an investigation to confirm whether its suspicions are correct.

In the event that, upon such investigation ATI at its sole and entire discretion finds that the learner did in fact intentionally, or negligently damage, lose or steal an ATI digital device, the learner to whom that digital device was issued or to whom permission for use was granted, will pay ATI the cost of repair and/or replacement of that ATI digital device.

ATI accepts no liability whatsoever, from any cause howsoever arising, in respect of any loss, damage or theft of a digital device brought onto ATI’s premises by a learner.

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HIGH RISK AREAS / SITUATIONS

High Risk Area means all operating theatres, emergency rooms, intensive and high care units, laboratories and similarly demarcated areas within the premises of any of ATI's accredited clinical facilities.

High Risk Situation means any situation where the use of critical life support equipment, resuscitation equipment, vital signs monitoring or similar equipment is used outside of a high risk area, and the use of digital devices will or has the potential to cause interference with, or the malfunctioning of such devices, or will or has the potential to cause the users of such equipment to become distracted as a result of the use of digital devices.

No learner will take a digital device into a high risk area or a high risk situation whatsoever. Due to the above and other Health and Safety considerations, the breach of this policy by a learner is considered extremely serious.

TAKING PICTURES, VIDEOS AND SOUND RECORDINGS IS PROHIBITED

Learners may not use any digital device to take pictures, videos and/or sound recordings of (without limitation) any situation, object, document, computer screen, data or person on the premises of ATI or any of its accredited clinical facilities.

Failure to adhere to this rule will expose patients and ATI and its accredited clinical facilities to claims of disclosure of personal information potentially causing ATI and its accredited clinical facilities substantial losses and/or damages in the form of *inter alia* civil suits for alleged breach of patient confidentiality, unlawful disclosure of third party proprietary and confidential information to unauthorised persons as well as in the form of the disclosure of ATI's, or its accredited clinical facilities' own confidential information, trade secrets and/or proprietary information to its competitors. The purpose of this rule is therefore to limit patients', third parties' and ATI's or its accredited clinical facilities' exposure to such potential harm.

The only exception to this rule is that a learner may take picture/s, video/s and/or sound recordings if that learner is given prior **written approval** in the form of written authorisation to do so by the ATI Principal or Manager of the accredited clinical facility, provided that such picture/s, video/s and/or sound recording/s must only be taken with an ATI digital device, for the specific purpose described in the letter of authorisation issued by the ATI Principal or Manager of the accredited clinical facility (for example when it is necessary for the learner, by virtue of his/her training objectives to monitor wound care and to document the progress of healing) and must not be duplicated, stored, or disclosed to any third party or non-learner by any means whatsoever.

Any picture/s, video/s and/or sound recording/s taken by a learner, including any authorised or unauthorised copies thereof will at all times remain the sole and exclusive property of ATI or its accredited clinical facility, who shall be entitled to without notice, immediately take possession thereof from any person found in possession thereof.

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USE OF PERSONAL DIGITAL DEVICES TO ACCESS THE DATABASE IS PROHIBITED

Learners may not access the ATI's database or the databases of its accredited clinical facilities via their personal digital devices as it exposes the database to insecurity and instability such as damage, destruction, loss of data and unauthorised disclosure of data, via viruses, inadvertent or intentional misuse, and theft of digital devices with access to the IT infrastructure.

Under no circumstances whatsoever may any learner use any digital device to download, replicate, copy, store, transmit, or share any data: containing *inter alia*: images, text, video or sound recordings depicting explicit violence, abuse, racism, gross misconduct, pornography, hatred or discrimination of any nature whatsoever; in violation of the rights of the owner of the proprietary information, such as copyrighted works and/or patents or licensed materials contained in such data; the effect of which is to harass, persecute, discriminate against, abuse or intimidate another learner, patient or service provider of ATI; with the effect, or potential effect of furthering a business, venture, or scheme (of any nature whatsoever) falling outside the employee's scope of employment, or the learner's training objectives in which the learner has a direct, indirect, or potential interest (whether that interest be financial or otherwise); to further or participate in the commission of any criminal offence.

Simulation laboratory code of conduct

- The simulation laboratory is to be treated as a clinical setting at all times. Learners must treat the manikins and the equipment with proper care and respect.
- Learners must wash their hands before any contact with the manikins and/or equipment. Natural oils on the hands can destroy the "skin". Learners must utilize gloves as they would in the clinical setting.
- Iodine based products, dyes, and ink will leave a permanent mark on the manikins. For this reason, do not use a pen to make any marks on the manikins.
- Food and beverages are not permitted in the simulation laboratory.
- Manikins are to remain on the beds at all times. Equipment should only be relocated/ removed by authorized persons.
- Learners must maintain a respectful and safe learning environment; therefore learners must leave the simulation laboratory neat, clean and tidy. Learners must return all equipment to its appropriate location *and* report damaged or missing equipment immediately to the academic staff present.
- Professional conduct and communication are expected at all times in the simulation laboratory. Learners will be participating and observing others during simulation experiences.

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- It is expected that learners will come to the simulation laboratory having completed the assigned preparatory work, with a professional attitude, and a desire to actively participate in the learning experience.

Library and computer laboratory policy

Admission to the Library

The library will be open during office hours (07h00 - 16h00) Monday to Friday, excluding Public Holidays.

Membership


Application for membership shall be made on the ATI Library Membership form (F 027) prescribed by the ATI. All learners or staff interested in using the library must complete the membership form, which is obtainable from the Library officer. Membership lapses after one year and must be renewed annually. Membership forms will be managed according to QSP 03 Management System of Documentation and Records.

Loan of Library Material

- Not all library material is available for loan. The ATI Principal or a person appointed by her determines which library material will not be available for loan.
- Library material shall be deemed to be on loan from the library to the member against whose membership forms it was borrowed.
- A library item bearing the mark of the library and on which there is no official indication that the item has been withdrawn, written off or sold from the library, shall be the property of the ATI Library.
- A member that borrows material from the library shall ascertain whether or not the material is visibly damaged, and if so, he / she shall draw the Library officer's attention to the damage.
- The Library officer will keep record of all damaged media on the ATI inventory checklist (F 061). If any previously undamaged material is found damaged when returned to the library, the last member to borrow the material from the library shall be held liable and required to replace the item.
- Possession of any library material not borrowed against a membership form is an offence and will be dealt with in accordance with the ATI disciplinary sanction guide (ATI SOP 03).

Return of Library Material

- A member shall return borrowed library material not later than the last day of the lending period determined by the ATI.
- The Library officer may extend the loan period for not more than two (2) further lending periods: provided no other member requires the item.

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Overdue Library Material

- Should a member who borrowed material, not return the material on the return date, the Library officer will issue a notice stating that the library material is to be returned to the library and the member shall be liable for payment of the prescribed fines, as determined by the ATI Principal.
- Should a member who borrowed material, find it impossible to return such material personally he / she may return it in some other manner. Notwithstanding this concession the member shall be held liable for the safe return of all material outstanding against his/her form until such time as the library records reflect the return thereof.
- No further library material shall be lent to a member as long as he/she is still liable for outstanding material. The relevant material must be returned or paid for and all other outstanding fees must be paid in full.
- The ATI may institute legal action to retrieve outstanding library material.

Lost and Damaged Library Material

Should library material be lost or deemed to be lost, or damaged to the extent that it can no longer be used, the member against whose membership form such material was borrowed, shall in addition to any fine or other charges for which he / she shall be liable in respect of said material, be liable for payment to ATI library of the purchase or replacement cost, as the case may be as determined by ATI, unless he / she replaces it with an identical copy of equal value acceptable to the ATI. Damaged and lost library material shall remain the property of the ATI library, even if all the prescribed charges in respect thereof have been paid to the ATI. No further material shall be lent to a member who has lost or damaged library property and has not replaced/paid the replacement cost thereof.

Handling of library material

Any person handling library material shall be obliged:

- To keep such library material in a sound and clean condition;
- Not to damage library material in any way whether of minor or serious nature;
- Not to remove any protective coverings or any identification;
- Not to lend library material to any unauthorized person;
- Not to expose or permit such material to be exposed to or be damaged by water, heat, fire, animals or any other thing.

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Sale/donation of library material

The ATI may receive donations of library material. Donated as well as redundant and written off material may be sold at a charge determined by the ATI Principal to the public or donated at the discretion of the ATI Principal.

Reserved Section

- The reserved section of the ATI Library contains copies of all prescribed books, models and audiovisual material that may not be taken out of the library. Learners must use the area made available to them in the library for study purposes.
- ATI Educators and clinical facilitators may from time to time borrow these reserved books, models and audiovisual material for preparation purposes. They must:
 - Complete the Control Form for Reserved Media in the Library (F 0119).
 - Return the material within the specific time frame as determined by the ATI Principal.
 - If the material is lost or damaged, the educator/clinical facilitator shall in addition to any fine or other charges for which he/she shall be liable in respect of said material, be liable for payment to the ATI library of the purchase or replacement cost, as the case may be as determined by ATI, unless he/she replaces it with an identical copy of equal value acceptable to the ATI.

Offences

No person shall:

- Take any food or drink into the library.
- Conduct him/her in a manner which is disturbing to other persons present in the library.
- Impede, obstruct, disturb or in any other way annoy any other person in the legitimate use of the library.
- Refuse to deliver any library material to the Library officer within a reasonable time after being requested thereto verbally or telephonically.
- Act in an uncouth or disorderly fashion; use unseemly, abusive or blasphemous language.
- While using the library, refuse to comply with any reasonable request of the Library officer.
- Damage or deface any part of the library or any fitting, furniture, equipment or contents thereof.
- Remove from the library or be in the possession of library material of which the loan has not been registered by the Library officer.

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Tariff of charges

The tariff of charges and fines as determined annually by the ATI Principal (in cooperation with ATI Staff) will be communicated through memorandums that will be placed in the library. That will include tariffs payable for copies, faxes and computer-printouts.

Disciplinary Interventions and Penalties

Disciplinary action, in accordance with the Disciplinary Code, may be instituted against persons who do not adhere to the Library Code of Conduct.

Clinical facilities

Placements of ATI learners in clinical facilities that have been approved by the SANC for the ATI are planned in accordance with the prescriptions of the SANC for each respective programme. Planning is done on form 550(2) – Learner Placements, for each group prior to the commencement of the respective programme.

Learners are placed in specific units for a specific period of time/hours to ensure continuity and compliance to minimum SANC requirements. Clinical placement at night is calculated at one month (4 weeks) per learner per year.

Accredited Clinical facilities

The Arwyp Training Institute has service level agreements with the following clinical health care establishments:

Arwyp Medical Centre

Sunshine Hospital

Casa Caritas Care Centre

Thembalami Frail Care Centre

Ekurhuleni Metropolitan Municipality: Health and Social Development

TEACHING AND LEARNING

At commencement of the programme, learners receive an academic programme which clarifies the theory and clinical contact sessions and when assessments will be conducted.

Learners receive their study material and are orientated through the programme content to clarify objectives and due dates.

It is highly recommended that learners use the correct edition of the prescribed textbooks when preparing for their learning activities.

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Components of the programme

- Theory
- Clinical practica for *learning* (previously experiential learning) – learners can work with patients but do not form part of any service team
- Clinical practica for *role taking* (previously work based learning) during which learners form part of the service team

Clinical Accompaniment

The clinical accompaniment will be performed by a nurse educator/ clinical facilitator appointed by the ATI. The reaching of clinical objectives is primarily the responsibility of the learner and secondarily that of the clinical facilitator.

Only personnel appointed by the clinical facility, in agreement with the ATI, may, in the absence of the clinical facilitator, accompany the learner.

Records of all clinical accompaniment and accompaniment hours will be kept by the learner and will be submitted monthly to the clinical facilitator.

Time & attendance

It is each learner's responsibility to record their time and attendance on the ATI document daily and have it signed by their unit manager/registered nurse or educator/clinical facilitator. Time sheets must be submitted to the educator/clinical facilitator within 3 days of the 15th of every month.

Class Attendance

Learners must attend lectures, seminars, tutorials, clinical lectures or any other educational events as indicated on the programme. 90% class attendance is required for entrance to summative assessments.

Clinical Attendance

Clinical practica for learning activities 90% attendance is required for entrance to summative assessments.

Clinical practica for role taking hours must reach the required amount of work integrated learning hours stipulated in the curriculum.

Maternity Leave

Pregnancy must be disclosed to your educator/clinical facilitator as soon as possible after consultation with your doctor to determine your estimated date of delivery (EDD). Your doctor must provide your EDD in writing.

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Sick Leave

Learners are afforded 12 days sick leave per academic year.

Annual Leave / Vacation

It is the responsibility of each learner to familiarise themselves with the learner leave policy, ATI IP 02.

APPLICATION FOR PLANNED LEAVE

Learners may only take leave in accordance with the requirements of the academic programme, as missing more than 10% of class time or not meeting the required clinical hours will disqualify the learner from entrance into the summative assessment.

Application for all planned leave (including maternity leave) is done by the learner on a Leave Application Form (Form no. 064) at least eight weeks prior to the commencement of leave.

The leave application form is submitted to the respective educator/clinical facilitator. The educator/clinical facilitator checks whether the learner's application corresponds with the planned leave and whether the learner has leave credit. The principal approves the leave by signing the form and the educator/clinical facilitator informs the learner should the leave application be declined.


UNPLANNED LEAVE

Learners are required to personally contact the unit manager or nursing services manager or day / night super of the clinical facility in which they are placed, and their educator / clinical facilitator, should they be unable to report for duty as scheduled for whatever reason, at least one hour before the start of their shift / class. Phoning the ward and leaving messages with junior staff members, or sending SMS's is not acceptable.

Should a learner be absent, for every one and more than one consecutive day, a medical certificate must be faxed or e-mailed to the responsible educator / clinical facilitator on the first day of absence and the original submitted to the educator / clinical facilitator on return to class / clinical work. The medical certificate must be issued by a medical practitioner or any other person who is certified to diagnose and treat patients and who is registered with a professional council established by an Act of Parliament.

The educator / clinical facilitator checks whether the learner has leave credit. The principal approves the leave by signing the form and the educator / clinical facilitator informs the learner should the leave application be declined.

ABSENCE WITHOUT APPROVED LEAVE

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A learner who does not come on duty on his/her day on without a legitimate reason and without informing the unit manager or nursing services manager or day/night super and their educator or clinical facilitator, will be disciplined according to the disciplinary procedure.

The learner will not be allowed to work this time back. He/she must sign leave for these hours. If clinical hours do not meet the SANC minimum requirements, he/she will not be entered into the summative assessment, and the Board of Examiners will make a decision regarding the continuation of training.

ASSESSMENT & PROMOTION

Learner assessment and moderation

All assessments, whether theoretical or clinical, formative or summative, are designed to assess the outcomes of the nursing programme.

Various assessment tools are used to assess learners and assessment criteria are included, e.g. checklists, memorandums, etc. Learners are informed of the criteria against which their performance will be assessed as well as the date and time of their assessment in advance in the form of an assessment strategy (F 017(1)). Learners are adequately prepared for assessments and sign a confirmation of assessment form (F048) in this regard. Learners are orientated regarding the content to be covered in each respective assessment, the desired outcomes and the criteria against which their competence will be measured.

All assessments are moderated to ensure validity and fairness.

Learners have certain clinical objectives they have to meet within a specified time span – their progress is monitored and they are assessed by educators, clinical clinical facilitators and registered nurses throughout the clinical facilities

Learners complete a consent to case study/comprehensive patient care assessment document (F039 (1)) before they commence any assessment on a patient be it formative or summative.

Formative Clinical Assessment

Formative assessment is done of learners' clinical competence by means of procedure and/or comprehensive care assessment checklists (F 003 series).

Feedback regarding formative assessments is given to learners directly following the assessment.

All formative clinical assessments must be completed as per the clinical assessment strategy (F017 (2)) designed by the clinical facilitator as prerequisite for entrance into the summative clinical assessment.

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Summative Clinical Assessments

Summative clinical assessment is done of the learners' ability to render comprehensive care to an individual patient / a group of patients, or as an oral assessment, or as an objective summative clinical evaluation (OSCE), or as a ward round.

Summative assessments are conducted by a minimum of two internal assessors and two assessment tools are to be completed.

Assessment Of Learners' Performance In Clinical Practice

Assessment is done of learners' performance by means of a monthly growth report completed by a Registered Nurse in the unit (Form 013 series).

Assessment regulations

Instructions To Learners On Written Assessments

Learners are to be seated in the assessment room 30 minutes prior to the commencement of the assessment.

Learners are to be seated one per desk.

Learners will still be allowed to enter the assessment venue within 30 minutes of the official starting time. Thereafter no learners will be permitted to enter.

Cellphones and dictionaries will not be permitted on the desk.

Soundless pocket calculators may be used only if permission for the use thereof is explicitly stated on the assessment paper.

All cellphones must be switched off and placed in learners' bags.

Learners' personal possessions, e.g. bags, books, notes, etc. are not to be kept with them at their writing desk.

Learners are not allowed to smoke in the assessment room.

Learners are not permitted to communicate with each other.

If needed the learner will communicate to the invigilator by raising his/her hand without disrupting the other learners.

During summative assessment learners may not leave the assessment room during the first hour or the final 30 minutes of the assessment.

Learners that need to leave the assessment venue temporarily may only do so under supervision of an invigilator.

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During formative assessment learners are not permitted to leave the assessment room during assessment in order to prevent disruption of other learners.

Learners are not allowed to remove any answer sheets from the assessment room.

A learner commits an offence if he/she is found with any information that could help him/her with answering questions or if the learner asks for help from another learner or offers help to another learner.

A learner who, in the opinion of the invigilator, commits an offence will have his/her assessment paper and any other material or part thereof that pertains to the offence confiscated immediately and the time recorded on the assessment paper. A new assessment paper will immediately be issued to the learner. No additional time will be awarded to the learner to complete the assessment. The learner is requested to submit a written report to the principal. The invigilator will also submit a written report to the principal, with a view to possible disciplinary action. The reports must be submitted directly following the assessment.

Should a learner be unsatisfied with either the assessment process or outcome the learner can follow the Reassessment and Appeals procedure (Refer ATI SOP 12)

Each learner will sign an attendance register (F 0112).

Regulations For Summative Clinical Assessments

In addition to the above regulations, the following regulations for clinical assessments must be adhered to:

Learners must wear their full nursing uniform during clinical assessments.

Learners will report to the assessment venue at least 30 minutes prior to the commencement of the assessment, unless otherwise instructed.


Learners are permitted to only have the assessment instruction sheet and the patient file with them during the assessment. Learners may use any sources during the assessment preparation time. Learners may refer to their notes regarding the patient health assessment during the clinical assessment but may not read from it.

Learners who have completed their assessments may not communicate with learners still to complete their assessments.

Corrective Action Regarding Poor Academic Progress Or Academic Misconduct

Any incident of unacceptable progress and/or behaviour of learners is discussed with the learner and recorded on the Learner incident summary report (F12) which is kept in the learner's file. The learner's progress is followed up within at least one month.

Should a learner be dissatisfied with either the assessment process or outcome the learner is advised to follow the reassessment and appeals procedure (Refer ATI SOP 12).

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Any learner found guilty of academic misconduct will be managed in accordance with the Disciplinary Procedure (ATI SOP 05) and Sanction guide (ATI SOP 03).

Reassessment and appeal

Should a learner feel dissatisfied with either the assessment process or outcome, they may appeal.

Stage 1: Assessment

Here the learner disagrees with the assessment process or outcome (s) he must complete the assessment appeals stage 1 form (F 115) within 24 hours following the assessment or notification of the assessment outcome and hand it to the assessor.

The assessor considers the candidate's explanation and provides written response to the learner by completing the assessment appeals stage 1 form (F 115) within five (5) working days including:

A clear explanation or a repeat explanation of the assessment decision following a re-evaluation of the evidence;

Amendment of the candidate's assessment record, if appropriate.

If the candidate agrees with the outcome at this stage, the appeal will not proceed any further.

If the candidate is not happy with the outcome the appeal is forwarded to the ATI principal to proceed to Stage Two.

Should the candidate feel unable to approach the assessor (s)he can complete the assessment appeals stage 1 form (F 115) and hand it directly to the ATI principal within 24 hours of the assessment or notification of the assessment outcome – Stage 2.

Stage 2: Internal Moderation

The learner completes an assessment appeals stage 2 form (F 116) and submits it to the principal within 24 hours following the assessment outcome discussion.

The principal will appoint an internal moderator to reassess the learner's paper / clinical assessment tool.

The principal forwards the assessment appeals stage 2 form (F 116) to the internal moderator within 24 hours of receiving it, together with:

The original assessment record and learner performance evidence, where appropriate;

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The assessment appeals stage 1 form (F 115).

The internal moderator will review the assessment and reconsider the assessment decision, including an evaluation of:

The candidate's evidence and associated records;

The assessor's rationale for the decision;

The opinion of another assessor;

The opinion of the candidate.

The internal moderator must complete the assessment appeals stage 2 form (F 116) and provide the learner with the reconsidered decision in writing within five (5) working days of receiving the appeal.

Should the learner remain unhappy with the reconsidered assessment decision, the appeal will proceed to Stage Three.

Stage 3: Internal Moderation Committee

If no resolution has been reached, the learner completes an assessment appeals stage 3 form (F 117) and submits it to the principal. The principal will appoint an internal moderation committee. The principal forwards the assessment appeals stage 3 form (F 117) together with the following details to the internal moderation committee :

Assessment appeals stage 1 form (F 115) and assessment appeals stage 2 form (F 116) appropriately completed;

Assessment records;

Any written comments from stages one and two.

The Internal moderation committee will comprise of:

The original assessor;

The stage 2 internal moderator;

Another assessor from the same discipline.

The Internal moderation committee will review the evidence and complete the assessment appeals stage 3 form (F 117) and will inform the candidate of its decision in writing within five (5) working days of receiving the appeal.

If the candidate is still not satisfied with the outcome (s)he has the right to appeal once again.

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Stage 4: External Moderator

If no resolution has been reached, the learner completes an assessment appeals stage 4 form (F 118) and submits it to the principal.

The principal will forward the assessment appeals stage 4 form (F 118) and relevant details to the appointed external moderator:

Assessment appeals forms, appropriately completed, (including the reason for the decision of the Internal moderation committee);

Assessment record sheets;

Written comments from the stage 1 assessor, the internal moderator and internal moderation committee.

The external moderator will provide feedback in writing to the principal within ten (10) working days from receiving the above documents.

The decision of the external moderator is final.

PERFORMANCE MANAGEMENT

Learner's performance and progress at clinical facilities are monitored. Unit managers where the learner is placed will complete a monthly growth report. The learner is required to submit the completed monthly growth report to their educator/clinical facilitator monthly.

CUSTOMER RELATIONSHIP MANAGEMENT

Harassment And Discrimination Policy

There shall be no harassment and discrimination of any description in the clinical facilities and at the ATI. Incidents of harassment shall be reported within and dealt with according to current ATI policy. The Learner must report problems experienced in writing to the principal as soon as possible for further management.

DISCIPLINARY CODE

DISCIPLINARY PROCEDURE:

Disciplinary action will be initiated by the manager / unit manager (if the offence / misconduct occurred in the clinical facility) or by the educator / clinical facilitator (if the offence / misconduct relates to any aspect of the nursing programme). The manager / unit manager will notify the educator / clinical facilitator (if the offence / misconduct occurred in the clinical facility) and will ensure that the relevant record is handed over to the educator / clinical facilitator.

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The following forms of discipline can be used (in order of severity):

Informal disciplinary steps:

- a) Incident Report;
- b) Counselling;
- c) Verbal warning;

Formal disciplinary steps:

- d) Written warning;
- e) Final written warning;
- f) Suspension (for a limited period);
- g) Discontinuation of nursing programme.

If a learner misconducts him/herself or commits an offence the initiator determines the seriousness of the offence / misconduct by referring to the disciplinary sanction guide (ATI IP 03).

The learner must compile a written report of the alleged offence / misconduct in which he/she gives an explanation of the offence / misconduct on an incident record (F no 099).

A disciplinary inquiry will be held during which the learner will be asked to give a reasonable explanation of the offence / misconduct.

The learner will have the right to a representative present at the meeting in a supportive capacity.

A copy of the document on which the offence / misconduct and the disciplinary steps taken were recorded, will be given to the learner and the original will be kept in the learner's file.

A record of the inquiry, including date, time and incident is kept on the learner incident summary report (F012) in the learners file.

All communication will be conducted in English.

FORMS OF DISCIPLINE

Counselling:

- A counselling is an informal action in response to behaviour of a learner which does not warrant a disciplinary sanction.
- A record of counselling form (F0108) is completed and signed by the manager / unit manager or educator / clinical facilitator and the learner.

Verbal warning:

- The manager / unit manager or the educator / clinical facilitator will document the incident on the record of verbal warning (F068) and all parties present at the inquiry will sign.

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- The educator / clinical facilitator will bring the incident to the attention of the vice principal.
- A verbal warning will be valid for a period of three (3) months.

Written warning:

- The person bringing the complaint / initiator (manager / unit manager or clinical facilitator / educator) will document the incident on the record of written warning (F069) and all parties present at the inquiry will sign.
- The educator / clinical facilitator will bring the incident to the attention of the vice principal.
- The vice principal will bring the incident to the attention of the principal.
- A written warning will be valid for a period of six (6) months.

Final written warning:


- The educator / clinical facilitator will make an appointment for the learner with the principal to conduct a disciplinary inquiry.
- All documentation and evidence regarding the incident will be forwarded to the principal at least three (3) working days prior to the inquiry.
- The principal will document the incident on the record of final written warning (F070) and all parties will sign.
- The learner will be informed that a further contravention may result in immediate discontinuation of his/her nursing programme.
- A final warning will be valid for a period of twelve (12) months.

Suspension:

- Should the learner commit an offence that merits discontinuation of the nursing programme, the learner will be suspended from attending any lectures and clinical activities whilst awaiting a disciplinary inquiry for a period of no longer than fourteen (14) consecutive days.
- The learner will receive a notice of suspension (F071) and a notice of a disciplinary hearing (F072). He/she will sign a copy of the documents after it has been read and explained to him/her and the signed copy will be kept in the learner's file.

Disciplinary Inquiry (Hearing):

- The principal will appoint an independent chairperson to chair the hearing.
- The learner has the right to be assisted or represented by a fellow learner / LRC member, or staff member of the ATI, or a trade union representative. No external / legal representation will be allowed.

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- The disciplinary hearing is confidential and will be attended only by the learner, the initiator, the learner's representative, witnesses, principal and the chairperson.
- The learner as well as the initiator will be allowed to call witnesses. The names of the witnesses will be forwarded to all parties beforehand.
- The meeting will be recorded on the disciplinary hearing record (F073) and records will be kept in the learner's file.
- The chairperson will lead the hearing and may grant a continuance if he/she feels it is necessary.
- The verdict of the chairperson will be final and a letter to confirm the outcome will be issued to the initiator as well as the learner. A copy signed by the learner will be kept in the learner's file.
- If a disciplinary inquiry is held in the absence of the learner due to the learner's unavailability or refusal/failure to appear, the ATI will ensure that a copy of the disciplinary report is furnished to the learner, if at all possible.
- The Education Training Quality Assurer will be informed should the inquiry lead to discontinuation of the nursing programme.

APPEAL

- If the learner is unhappy or dissatisfied with the final decision an appeal can be forwarded in writing on an appeal form (F074) to the ATI principal within three (3) working days of the charge being received.
- The learner will be notified of the appeal hearing (F075).
- The appeal hearing will be chaired by a person different from the person who chaired the disciplinary hearing.
- The meeting will be recorded on the appeal hearing record (F076) and records will be kept in the learner's file.
- The verdict of the chairperson will be final and a letter to confirm the outcome will be issued to the initiator as well as the learner. A copy signed by the learner will be kept in the learner's file.

Disciplinary sanction guide

1. INTRODUCTION

The Disciplinary Code and Procedures are based upon the following principles:



Disciplinary action shall firstly be corrective in nature and secondly educational. Punitive measures shall only be taken should earlier steps not yield the desired results or performance standards, or if the nature of the offence warrants punitive measures.

This document also applies to academic misconduct. Academic misconduct refers to any type of cheating that occurs in relation to a formal academic assessment. It also refers to a learner infringing or attempting to infringe the regulations governing the conduct of examinations or engaging or attempting to engage in conduct for the purpose of gaining for himself/herself or another candidate an unfair advantage with the purpose of obtaining better results than what he/she would have achieved otherwise.

2. TYPES OF MISCONDUCT AND THE CONSEQUENCES THEREOF (SANCTION).


It is important to note that the possible sanctions listed herein are merely guidelines to those responsible for the application and enforcement of the Disciplinary Code and Procedures and should not be read in isolation. Once a learner has been found guilty of an offence, each case should be considered on its own merits and in the light of the evidence given and representations made in mitigation and aggravation, to determine the appropriate sanction.

The following schedule of misconduct serves as a guideline, and is not intended to be an exhaustive list, and may in the above premises, be added to, if necessary.

Charges should clearly set out the offence with the necessary particularity in order for the learner to answer the charge against him/her. However, the wording of the charge need not be solely confined to the wording contained in this schedule.

3. *THIS SCHEDULE IS ONLY A GUIDELINE

MISCONDUCT	First Offence	Second Offence	Third Offence	Fourth Offence
3.1 ABSENTEEISM/ ABSCONDMENT				
3.1.1 Absence from class / clinical work without leave				
a) Three days / shifts or less	WW	FWW	D	
b) Five consecutive days / shifts (refer 3.1.5 for Abscondment).	D			
3.1.2 Absence without proper notification or leaving class / clinical work premises without authorisation	WW	FWW	D	
3.1.3 Misuse of leave	FW	D		

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3.1.4 Failing to inform of absenteeism	WW	FWW	D	
3.1.5 Abscondment – Absence without permission or informing the Arwyp Training Institute for a period of more than 5 days / shifts	D			
3.1.6 Habitual absence from class / clinical work without a reasonable excuse	WW	FWW	D	
3.1.7 Failure to work overtime after agreeing to do so (Arwyp staff)	WW	FWW	D	
3.1.8 Habitual late coming to class / clinical work	VW	WW	FWW	D
3.1.9 Class / Clinical work stoppage or preparation to leave class / clinical work (such as washing up or changing clothes) before the specified end of class / shift or during working hours	WW	FWW	D	
3.2 CONTROL AT SCHOOL / CLINICAL FACILITIES				
3.2.1 Posting or removing of notices, signs or company property without management approval	WW	FWW	D	
3.2.2 Timekeeping and related				
a) Reporting late for class / duty	VW	WW	FWW	D
b) Leaving class / clinical facility early	VW	WW	FWW	D
c) Extending authorised break periods without permission (tea /meal breaks)	WW	FWW	D	
d) Failure to report timeously for class / duty after break periods (tea /meal breaks)	WW	FWW	D	
e) Taking unauthorised break periods	WW	FWW	D	
3.2.3 Sleeping whilst on duty at clinical facility	D			
3.2.4 Misuse of convenience, change room facilities and other company or client facilities	WW	FWW	D	
3.2.5 Addressing or attending a meeting on company's or client's premises without the proper management approval	WW	FWW	D	
3.3 OFFENCES RELATING TO COMPANY PROPERTY				

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3.3.1 Negligent damage to company / client / patient property	FWW	D		
3.3.2 Intentional damaging or endangering of company / client / patient property	D			
3.3.3 Misuse of company / client / patient property	D			
3.3.4 Unauthorized possession of or wilful damage to company, co-learner or co-worker property	D			
3.4 INSULTING BEHAVIOUR				
3.4.1 Vulgar speech, abusive language	WW	FWW	D	
3.4.2 Abusive actions or gestures	FWW	D		
3.5 UNSATISFACTORY ACADEMIC OR CLINICAL WORK PERFORMANCE AND RELATED				
3.5.1 Conducting a task/tasks without the necessary attention and/or care	FWW	D		
3.5.2 Not spending time purposely and/or for the company's benefit	D			
3.5.3 Falsifying or tampering with company records or files	D			
3.5.4 Low production, unsatisfactory work, or poor performance	VW	WW	FWW	D
3.5.5 Unauthorized use of company telephones, machinery, supplies or equipment	VW	WW	FWW	D
3.5.6 Feigning of an illness or disability	WW	FWW	D	
3.5.7 Doing unauthorized private work on the company's premises or using company property and/or equipment for private use	D			
3.5.8 Unauthorized entry, or allowing such entry by any learner into restricted areas	FWW	D		
3.5.9 Neglect or intentional failure to report incidents and / or suspicions of misconduct	FWW	D		
3.5.10 Unauthorised use of cellular phone during class / clinical working hours (for use that is not study / work related)	VW	WW	FWW	D
3.6 CONTRAVENTION OF SAFETY RULES AND UNSAFE PRACTICES				

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3.6.1	Intentional or negligent non-compliance or contravention of safety rules	D			
3.6.2	Intentional or negligent misconduct or unsafe practices	D			
3.6.3	Causing injury or damage to a person or company / client / patient property	D			
3.6.4	Failing to report safety threats or incidents	D			
3.6.5	Failure to wear protective clothing/ equipment where required or abuse protective clothing/ equipment	WW	FWW	D	
3.6.6	Littering	WW	FWW	D	
3.7 INSUBORDINATION AND RELATED					
3.7.1	Refusal to obey lawful and reasonable academic / clinical work related orders / instructions	FWW	D		
3.7.2	Unruly and/or defiant behaviour	FWW	D		
3.7.3	Gross insubordination	D			
3.8 DISOBEDIENCE AND RELATED					
3.8.1	Neglect or failure to obey instructions	FWW	D		
3.8.2	Deliberately ignoring authority of ATI / Head of the clinical facility	FWW	D		
3.8.3	Non-compliance to standing instructions	FWW	D		
3.8.4	Smoking in unauthorized areas	FWW	D		
3.8.5	Unauthorized distribution / display of notices	FWW	D		
3.8.6	Contravention of dress code / uniform policy	VW	WW	FWW	D
3.9 INSTITUTING BEHAVIOUR AND RELATED					
3.9.1	Insolence / Impertinence	FWW	D		

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3.9.2 Swearing and/or abusive language	WW	FWW	D	
3.9.3 Abuse of power or position or setting of a bad example	WW	FWW	D	
3.9.4 Consumption of or being under the influence of alcohol, drugs or any other substances on site during class or clinical work	D			
3.9.5 Selling or distributing intoxicants or harmful drugs on the premises or being in unlawful possession thereof	D			
3.9.6 Intimidation / threats of violence and victimisation	D			
3.10 IMPROPER OR BOISTEROUS BEHAVIOUR AND RELATED				
3.10.1 Horseplay/ playing pranks	FWW	D		
3.10.2 Fighting / Physical assault or threat of physical assault	D			
3.10.3 Sexual harassment	D			
3.10.4 Behaviour leading to unrest	D			
3.10.5 The promotion of any political cause / unrest on school / clinical facility premises or during class / clinical work hours	FWW	D		
3.10.6 Unauthorized receiving of visitors during class / clinical work hours or on the premises of the school / clinical facility without permission or consent from the company	WW	FWW	D	
3.10.7 Unauthorized entering or leaving the premises of the school / clinical facility by routes other than official entrances / gates	WW	FWW	D	
3.11 DISHONESTY AND RELATED				
3.11.1 Bribery and corruption	D			
3.11.2 Unauthorized possession of company or other learner, client, patient property	D			
3.11.3 Unauthorised removal of company, or other learner, client, patient property	D			
3.11.4 The making of a false statement or the omission of relevant information	D			



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3.11.5 Falsification of documents	D			
3.11.6 Dishonesty	D			
3.11.7 Unauthorized possession of or the sale of the company's property	D			
3.12 UNPROTECTED STRIKES				
3.12.1 Incitement to unprotected strikes / picketing boycotts / riots associated with such action	D			
3.12.2 Intimidation	D			
3.12.3 Sabotage / threats of sabotage	D			
3.12.4 Participation in stay-away (Communication will take place where applicable)	D			
3.12.5 Intentionally creating an ill-motivated disturbance at the premises of the school / clinical facility	D			
3.13 CRIMES				
3.13.1 Being proven guilty of a crime outside the scope of duties where it renders the learner unsuitable for his/her position.	D			
3.14 BEHAVIOUR NOT IN THE BEST INTERESTS OF THE COMPANY				
3.14.1 Behaviour which brings the name of the company into disrepute	D			
3.14.2 Breach of confidentiality	D			
3.15 DANGEROUS WEAPONS				
3.15.1 Unauthorised possession or use of firearms or dangerous weapons	D			
3.16 BREACHING OF PROCEDURES				
3.16.1 Breaching of operational procedures	WW	FWW	D	

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3.17 ACADEMIC MISCONDUCT				
3.17.1 Plagiarism: the adoption or reproduction of original creations of another author as if it is one's own	FWW	D		
3.17.2 Sabotage: Acting in such a way to prevent others from participating in / completing an assessment	D			
3.17.3 Cheating: Any attempt to give or obtain assistance or bring information into a formative/summative assessment	FWW	D		
3.17.4 Impersonations: Assuming another learner's identity with intent to provide an advantage for the learner	D			
<p>Note: Wherever a learner has been found guilty of academic misconduct, no matter which offence and which corrective action is to be implemented the learner will be awarded no marks for that particular assessment</p>				

4. VALIDITY OF DISCIPLINARY ACTION				
<p>CODE</p> <p>VW – VERBAL WARNING</p> <p>WW – WRITTEN WARNING</p> <p>FWW – FINAL WRITTEN WARNING</p> <p>D – DISMISSAL OR DISCONTINUATION</p> <p>Although the time frame will be agreed upon at the time of the issuing of the SANCTION, written warnings shall remain effective for a period of up to 6 (six months), dependent upon the severity of the offence. Final written warnings shall remain effective for a period of 12 (twelve) months.</p> <p>NOTE: This list is NOT exhaustive and may be added to if necessary. These are guideline sanctions and may be aggravated / litigated depending on the circumstances. Charges may be varied and need not be solely confined to these guidelines.</p> <p>Any misconduct which directly impacts / infringes constitutional rights to equality in particular will be considered aggravation and may result in dismissal or discontinuation.</p>				

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Grievance procedure

A grievance is any dissatisfaction or feeling of injustice which a learner may feel which arises out of the ATI / learner relationship, or harassment experienced by a learner whilst attending classes or clinical placement as part of the nursing programme, but which is not the result of action taken against the learner in terms of the Disciplinary Sanction Guide (ATI IP 03) in which provision is made for in the hearing of appeals. A grievance is brought formally (in writing) to the attention of an educator/clinical facilitator/vice-principal/principal of the ATI.

Lodging and settlement of grievances:

No learner or his/her representative will be victimized as a result of any formal grievance being submitted. Grievances will be handled in private and confidentially to preserve the dignity of the parties.

The aggrieved learner must lodge his/her grievance in writing by completing ATI Grievance Report Stage 1 (F 083). The aggrieved learner must lodge his/her grievance with his/her educator/clinical facilitator who will if he/she is unable to settle the complaint, refer the learner to the next level of authority.

The educator/clinical facilitator shall confirm in writing the steps taken and/or resolution of which the learner lodging the grievance shall be given a copy.

Should the aggrieved learner not be satisfied with the decision at any level of the procedure, he/she will be at liberty to process the grievance to the next highest level of authority.

Learners have the right to representation during the stages of this procedure on the understanding that:-

- a. Learners may select a fellow learner / LRC member, or staff member of the ATI, or a trade union representative in terms of this procedure;
- b. Before any learner or representative absents himself/herself from the class/clinical area, in terms of this procedure, he/she must obtain the prior approval of the educator/clinical facilitator/unit manager which must not be unreasonably withheld.
- c. The learner may choose not to be represented during the proceedings.
- d. No legal representation will be allowed into this procedure.

SUMMARY OF THE GRIEVANCE PROCEDURE

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STAGE 1 (FORMAL DISCUSSION)

- 1) Form 083 is completed.
- 2) The aggrieved learner discusses the grievance with his/her educator/clinical facilitator
- 3) The outcome of the discussion is noted.
- 4) Maximum time allowed is three (3) business working days, except in the case of written and mutual consent.

STAGE 2 (FORMAL GRIEVANCE)

- 1) The aggrieved learner discusses the grievance with the Vice-Principal
- 2) Form No. 084 is completed.
- 3) The outcome of the discussion is noted.
- 4) Maximum time allowed is five (5) business working days, except in the case of mutual and written consent.

STAGE 3 (APPEAL HEARING)

- 1) The aggrieved learner discusses the grievance with the Principal
- 2) Form 085 is completed.
- 3) The outcome of the discussion is noted.
- 4) If unresolved, an appeals hearing is held and Form 086 completed.
- 5) Maximum time allowed is five (5) business working days, except in the case of mutual and written consent.

QUALITY MANAGEMENT SYSTEM

Learner Satisfaction

Learners will have the opportunity to assess the quality of education and training and the end of each clinical placement and after each theoretical block. The feedback from the learners will be analysed and used to improve education and training.

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The feedback from learners is highly appreciated.

Board of examiners

The Board of Examiners is responsible for determining extensions, passes, failures, deregistration's and distinctions. The decision of the Board is final.

Certification

Learners will be issued with a higher certificate after completion of the programme if all academic requirements are met in accordance with SANC and CHE requirements.