Name……

Number……

Cohort……

Field……

England Practice Assessment Document for Return to Practice Nursing Programme

Future Nurse: Standards of proficiency for registered nurses (NMC 2018)
Part 3: Standards for return to practice programmes

This Practice Assessment Document has been developed by the West Midlands Return to Practice Group in collaboration with practice learning partners, academic staff, returners and service users across England.

The development of this document builds on the work undertaken by the PAN London Practice Learning Group funded by Health Education England.

Please keep your Practice Assessment Document with you at all times in practice in order to review your progress with your Practice Supervisor, Practice Assessor and/or Academic Assessor.

Sensitivity: Internal

PAN England Return to Practice Learning Group

The development of this document builds on the work undertaken by the PAN London Practice Learning Group funded by Health Education England.

This Practice Assessment Document has been developed by the West Midlands Return to Practice Group in collaboration with practice partners, academic staff, returners and service users across England and will be used by returners attending the following Universities:

Sheffield Hallam University
University of Wolverhampton
University of Bedfordshire
University of Worcester
Northumbria University
Bournemouth University
Birmingham City University
University of Lincoln
Edge Hill University
University of Northampton
Kingston and St George University
University of Huddersfield
University of Coventry
Staffordshire University
University of Brighton
University of Plymouth
Manchester Metropolitan University

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Welcome to the Practice Assessment Document (PAD)

This Practice Assessment Document can be used by returners to any field of practice.

Returner responsibilities

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018) and *Part 3: Standards for return to practice programmes (NMC 2019).*

The PAD forms a mandatory component of your course and will be assessed as a pass or fail and will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement across the duration of your placement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You will work with and receive verbal and written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

You are responsible for raising concerns with a nominated person in the practice setting in a timely manner. You should also alert staff to any reasonable adjustments that may be required to support your learning.

You should ensure you are familiar with your university assessment and submission processes for this document and contact the academic representative from your university, or refer to your university's intranet if you require support or advice on specific university procedures.

You are responsible for the safekeeping and maintenance of the PAD. It should be available to your Practice Supervisor, Practice Assessor and Academic Assessor at all times. Alterations should be made in this document by crossing through with one line, with a signature and date.

You will have access to confidential information when in practice placements. The PAD should not contain any patient/service user/carer identifiable information. Contents must not be disclosed to any unauthorised person or removed, photocopied or used outside the placement or university.

People must be offered the opportunity to give and if required withdraw their informed consent to returner participation in their care and staff in practice will provide guidance as required. Before approaching any patient/service user/carer for feedback you must discuss with your Practice Supervisor/Practice Assessor who will facilitate consent.

Practice Supervisor responsibilities
(*Registered nurse/midwife/nursing associate or other registered health/social care professional*)

In many practice areas the returner will be supported by one or more Practice Supervisors. Some areas may adopt a team-based approach to Practice Supervision due to the nature of the experience. As a Practice Supervisor, you have an important role to work with the returner and discuss at the initial interview to clearly identify and plan learning and development to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the returner may need to get maximum benefit from the placement. It is your responsibility to contribute to the returner's assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the Practice Assessor on the returner's progress.

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Practice Assessor responsibilities

As a Practice Assessor, you have a key role in assessing and confirming the returner's proficiency providing assurance of returner achievements and competence. This includes facilitating learning opportunities including any reasonable adjustments the returner may need to get maximum benefit from the placement. You will observe the returner, conduct and record returner assessments informed by returner reflections, feedback from Practice Supervisors and other relevant people to confirm achievement. You will liaise with the Academic Assessor scheduling communication at relevant points.

One or more Practice Supervisors can contribute to the assessment of some of the proficiencies in discussion with you, but they must be working in their scope of practice.

When assessing the returner, you should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional returners who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

If the returner is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action, an Action Plan should be instigated to address specific needs or concerns within a specified timeframe. In the event of this, seek guidance from the Academic Assessor and/or senior practice representative.

Academic Assessor responsibilities

Academic Assessors are Registered Nurses. The Academic Assessor will work in partnership with the Practice Assessor to evaluate and confirm student achievement of proficiencies. The Academic Assessor will enable scheduled communication and collaboration with the Practice Assessor and this communication can take a variety of forms.

The same person cannot simultaneously be the Practice Assessor, Practice Supervisor or Academic Assessor for an individual returner.

All communications/ additional feedback (not already recorded in the scheduled interviews) from the Practice Supervisors, Practice Assessor and Academic Assessor and other staff members needs to be recorded on the relevant pages in the PAD.

Sensitivity: Internal

Guidance for using the PAD to facilitate learning and assessment in practice

Assessment criteria in the PAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018) and *Part 3: Standards for return to practice programmes (NMC 2019).*

The outcome statements have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). Returners must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6). With NMC (2019) highlighting that returners must be able to deliver safe and effective care in their intended area of practice to a diverse range of people (p9).

NMC (2019) *Standards for return to practice programmes (R1.6)* require a returners prior learning and experience are considered, including in relation to the Standards of Proficiency. This is achieved through a tripartite review of the Proficiencies involving the Practice Assessor, Academic Assessor and returner. This identifies the returners learning and development needed to regain their confidence, and update their skills and knowledge in a safe and effective way.

As a returner completing a Return to Practice programme, you are required to complete 150-450 hours in clinical practice. The decision regarding the exact hours you need to complete will be formally decided in partnership with your University and their practice partners. You need to record these hours on page 10 and complete the timesheets at the end of this document detailing the exact hours you have completed.

Returners are **supernumerary,** you will not be counted in the staffing requirements for the setting. But you should not just observe care, you should make a positive contribution to care. This contribution will increase over time as you gain proficiency. The level of supervision you need is based on the professional judgement of your Practice Supervisor and Practice Assessor, based on any identified risks and your knowledge, proficiency and confidence.

Components of Assessment and Feedback (see individual university guidance/regulations)

Professional Values: Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). All must be achieved *by the end the placement.*

Assessment of Proficiencies: These reflect the requirements of the NMC (2018) Standards of Proficiency for Registered Nurses. These will be reviewed at the start of your placement, at the mid-point and final interview. Where exceptionally a Proficiency cannot be achieved on placement, you can demonstrate achievement through simulation or a professional discussion. All Proficiencies once signed as achieved must continue to be demonstrated throughout the placement. All Proficiencies must be achieved *by the end of the placement*.

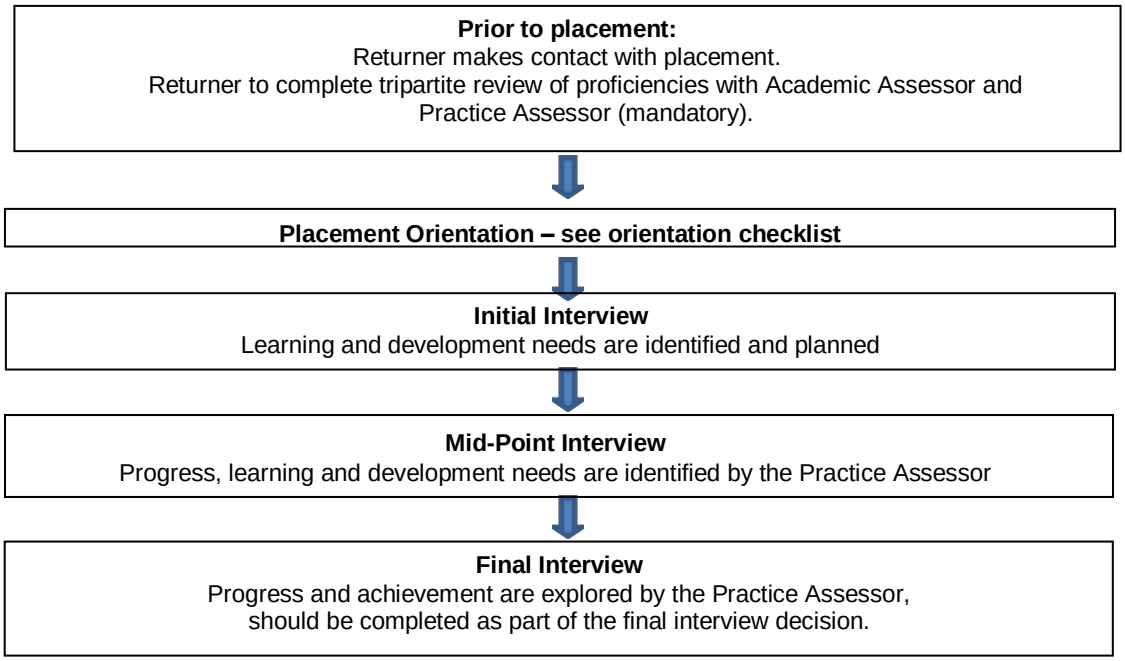
Episodes of Care: These holistic assessments facilitate and demonstrate the returner's progress and must be achieved *by the end of the placement.*

Medicines Management: There is one assessment, and this must be achieved *by the end of the placement.*

Patient/Service User/Carer Feedback Form: Feedback will be sought in relation to how the returner cared for the person receiving care. This is not formally assessed but will contribute to overall feedback to the returner.

Recording Additional Experiences and Feedback: There are additional pages for the returner to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

Process of practice assessment



Further information / guidance is included in the University specific pages (overleaf) and in the *Practice Assessment Document Guide*

Sensitivity: Internal

Sensitivity: Internal

Criteria for Assessment in Practice
To be achieved by the end of the placement

Practising independently with minimal supervision and leading and coordinating care with confidence

All returners are supernumerary (NMC 2019 p9). The decision on the level of supervision provided for returners should be based on the needs of the individual returner. The level of supervision can decrease with the returner's increasing proficiency and confidence (NMC, 2018, p 5).

Leads and coordinates care

'Achieved' must be obtained in all three criteria by the returner

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a comprehensive knowledge base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence base.	Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence-based skills.	Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.
NO	Is only able to identify the essential knowledge base with poor understanding of rationale for care. Is unable to justify decisions made leading to unsafe practice.	With minimal supervision is not able to demonstrate safe practice despite guidance.	Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning and the learning of others.

Placement Details

Placement Provider:
(E.g. Trust/Organisation)

Name of Placement Area:

Type of Experience:
(E.g. Community/Ward based)

Placement Telephone Number:

Placement Contact Email:

Start Date…… End Date……..

Agreed No. of Hours Returner to Complete……

Practice Assessor

Name: **Designation:**

Contact email address:

Academic Assessor Details:

Name: **Designation:**

Contact email address:

Nominated person to support student and address concerns

Name: **Designation:**

Contact email address

Sensitivity: Internal

List of Practice Supervisors

A sample signature must be obtained for all entries within this document

Name (please print)	**Job Title**	**Signature**	**Initials**	**Placement**

List of Practice Assessors

A sample signature must be obtained for all entries within this document

Name (please print)	**Job Title**	**Signature**	**Initials**	**Placement**

List of Academic Assessors

A sample signature must be obtained for all entries within this document

Name (please print)	**Job Title**	**Signature**	**Initials**	**Placement**

Sensitivity: Internal

Placement: Orientation

Name of Placement Area:		
Name of Staff Member:		
This should be undertaken by a member of staff in the Placement Area	Initial/Date **(Returner)**	Initial/Date **(Staff signature)**
The following criteria need to be met within the first day in placement		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel……		
The returner has been shown the: • fire alarms • fire exits • fire extinguishers		
Resuscitation policy and procedures have been explained Tel:		
Resuscitation equipment has been shown and explained		
The returner knows how to summon help in the event of an emergency		
The returner is aware of where to find local policies • health and safety • incident reporting procedures • infection control • handling of messages and enquiries • other policies		
The returner has been made aware of information governance requirements		
The shift times, mealtimes and reporting sick policies have been explained		
The returner is aware of his/her professional role in practice		
Policy regarding safeguarding has been explained		
The returner is aware of the policy and process of raising concerns		
Lone working policy has been explained (if applicable)		
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)		
The following criteria need to be met prior to use		
The returner has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The returner has been shown and given a demonstration of the medical devices used in the placement area		

Tripartite review of Proficiencies

At the start of the placement, the returner, Practice Assessor and Academic Assessor to meet to formally support the returner to review their current knowledge, skills and experiences against the Proficiencies. Where a returner can demonstrate they meet a Proficiency this can formally be recorded on the Assessment of Proficiency pages.

Please provide details here of the evidence and discussion to support the signing of Proficiencies.

Returner reflection: Self-assessment/reflection on the knowledge, skills and experiences they bring to the Return to Practice programme referring to the professional values and proficiencies.
Knowledge:
Skills:
Attitudes and values:
Previous experiences:
Practice Assessor and Academic Assessor Comments: Discuss with the returner the recognition of their knowledge, skills, attitudes, values and previous experiences and how it demonstrates specific proficiencies.
Knowledge:
Skills:

Sensitivity: Internal

Attitudes and values:
Previous experiences:

Proficiencies identified as having been met following tripartite meeting with returner in recognition of their knowledge, skills and experiences *(with reference to Proficiencies listed on pages: 34-45**)***
Returner Name: **Signature:** **Date:** **Practice Assessor Name:** **Signature:** **Date:** **Academic Assessor Name:** **Signature:** **Date:**

Initial Interview

To be completed by the Practice Assessor, following the review of Proficiencies
To identify the returners learning and development needs and
produce a learning plan to support their progression and
achievement.

This meeting should take place at the earliest opportunity.

Placement Area Name:

Returner to identify learning and development needs	
Taking available learning opportunities into consideration, the returner and Practice Assessor to negotiate and agree a learning plan.	
Outline of learning plan	**How will this be achieved?**

Sensitivity: Internal

Learning plan for placement agreed by Practice Assessor and Returner YES/NO

Returner Name:

Signature:

Date:

Practice Assessor Name:

Signature:

Date:

Sensitivity: Internal

Professional Values in Practice

Returners are required to demonstrate high standards of professional conduct at all times during their placements. Returners should work within ethical and legal frameworks and be able to articulate the underpinning values of The Code (NMC, 2018). Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code.

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
Prioritise people				
1. The returner maintains confidentiality in accordance with the NMC code and recognises limits to confidentiality for example public interest and protection from harm				
2. The returner is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues				
3. The returner maintains the person's privacy and dignity, seeks consent prior to care, and challenges discriminatory behaviour and advocates on their behalf				
4. The returner is caring, compassionate and sensitive to the needs of others demonstrating positive role modelling				
5. The returner understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and other				
Practise effectively				
6. The returner consistently delivers safe, person-centred and evidence-based care ensuring patients/service users/carers are at the centre of decision-making				
7. The returner is able to work confidently and as an equal partner within the inter-disciplinary team and can build effective professional relationships				
8. The returner makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others				
9. The returner demonstrates leadership skills and is able to work autonomously, seeks support where appropriate and responds positively to feedback				
Preserve safety				
10. The returner demonstrates openness (candour), trustworthiness and integrity				
11. The returner reports any concerns to a member of staff when appropriate and escalates as required (as per local policy/professional guidance) e.g. safeguarding				
12. The returner demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely				
13. The returner is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions				

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
Promote professionalism and trust				
14. The returner's personal presentation and uniform/dress code is in accordance with the university/local policy				
15. The returner maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement				
16. The returner demonstrates that they use critical self-reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and the decision-making process				
17. The returner acts as a role model in promoting a professional image and acts as an ambassador for the profession				

Mid-point assessment
Practice Supervisor Name: **Signature:** **Date:**

Reviewed and agreed by Practice Assessor
Practice Assessor Name: **Signature:** **Date:**

Returners reflection on meeting Professional Values

Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code *(ensure confidentiality is maintained).*

Returner Signature:
Date:

Final assessment - please add comments on Final Interview Page

Practice Assessor Name:
Signature:
Date:

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor

Placement: Mid-Point Interview

This discussion must take place halfway through the placement

Returner reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and values:
Practice Assessor Comments Discuss with the returner their progress and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and values:
Hours worked up to mid-point interview: **Hours to be worked up to next review:**

Sensitivity: Internal

Placement: Interim Review
Ongoing learning and development needs

To be agreed between Practice Assessor and Returner – sign and date all entries below

Following the Interim interview, the returner is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.	
Learning and development needs	**How will these be achieved?**
Returner Name: **Signature:** **Date:** **Practice Assessor's Name:** **Signature:** **Date:**	

Placement: Final Interview

This should take place towards the end of the placement

Returners self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and values:

Practice Assessor comments Discuss with the returners their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and values:

Learning and Development Needs

To be agreed between the Practice Assessor and Returner

Was an Action Plan required to support the returner?	**YES / NO**
If Yes, was the Academic Assessor informed?	**YES / NO**

Patient/Service User/Child/Young Person/Carer Feedback Form 1

☐ **I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the returning nurse's assessment**

We would like to hear your views about the way the returner nurse has supported your care. Your feedback will not change the way you are cared for and will help the returner nurse's learning.

Tick if you are: **The Patient/Service User** ☐ **Carer/Relative** ☐

How happy were you with the way the returning nurse……..	***Very Happy***	***Happy***	***I'm Not Sure***	***Unhappy***	***Very Unhappy***
….. cared for you?	O	O	O	O	O
….. listened to you?	O	O	O	O	O
….. understood the way you felt?	O	O	O	O	O
….. talked to you?	O	O	O	O	O
…..showed you respect?	O	O	O	O	O

What did the returning nurse do well?

What could the returning nurse have done differently?

Practice Supervisor/Practice Assessor Name:

Signature: **Date:**

Returners Name:

Signature: **Date:**

Patient/Service User/Child/Young Person/Carer Feedback Form 2

☐ **I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the returning nurse's assessment**

Please answer the following questions relating to the returner nurse by circulating one answer to each question and adding any comment you wish to share in the space provided. Thank you.

Q1. How would you rate the nursing care provided by the returning nurse?

Exceptional	*Excellent*	*Very Good*	*Good*	*Satisfactory*	*Acceptable*	*Poor*
○	○	○	○	○	○	○

Comments:

Q2. How compassionate was the returning nurse's care?

Exceptional	*Excellent*	*Very Good*	*Good*	*Satisfactory*	*Acceptable*	*Poor*
○	○	○	○	○	○	○

Comments:

Q3. How respectfully did the returning nurse treat you?

Poor	*Acceptable*	*Very Good*	*Good*	*Satisfactory*	*Excellent*	*Exceptional*
○	○	○	○	○	○	○

Comments:

Q4. How well did the returning nurse listen to you?

Exceptional	*Excellent*	*Very Good*	*Good*	*Satisfactory*	*Acceptable*	*Poor*
○	○	○	○	○	○	○

Comments:

Q5. How clearly did the returning nurse communicate with you?						
Exceptional	***Excellent***	***Very Good***	***Good***	***Satisfactory***	***Acceptable***	***Poor***
○	○	○	○	○	○	○

Comments:

Practice Supervisor/Practice Assessor Name:

Signature: **Date:**

Returner Name:

Signature: **Date:**

Sensitivity: Internal

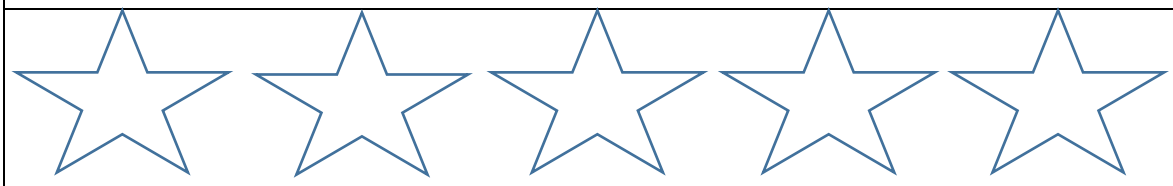
Patient/Service User/Child/Young Person/Carer Feedback Form 3

☐ **I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the returning nurse's assessment**

How happy were you with the way the returning nurse……..	**Please place an 'X' on the line for each statement** *10 = Very satisfied……0 = Very unsatisfied*
….. met your needs?	*10 ……..0*
….. understood the way you felt?	*10 ……..0*
….. talked to you?	*10 ……..0*
….. informed you of your care?	*10 ……..0*
…..showed you respect?	*10 ……..0*
What did they do well?	
How can they improve?	
Practice Supervisor/Practice Assessor Name: **Signature:** **Date:** **Returner Name:** **Signature:** **Date:**	

Patient/Service User/Child/Young Person/Carer Feedback Form 4

☐ **I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the returning nurse's assessment**

Please answer the following questions relating to the returner nurse
Q1. Did the returning nurse talk to you?
Q2. Was the returning nurse kind to you?
Q3. Did the returning nurse listen to you?
Colour in how many stars you would give the returner nurse


Please use this space to draw a picture of the Returning nurse
Practice Supervisor/Practice Assessor Name: **Signature:** **Date:** **Returner Name:** **Signature:** **Date:**

Sensitivity: Internal

Record of Working With and Learning From Others/Inter-professional Working

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below.

Student's Name:

Signature: **Date:**

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature: **Date:**

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below.

Student's Name:

Signature: **Date:**

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature: **Date:**

More pages can be downloaded as per university guidelines.

Sensitivity: Internal

Record of Working With and Learning From Others/Inter-professional Working

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below.

Student's Name:

Signature: **Date:**

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature: **Date:**

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below.

Student's Name:

Signature: **Date:**

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature: **Date:**

More pages can be downloaded as per university guidelines.

Sensitivity: Internal

Record of communication/additional feedback

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the returner.

Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**

To be agreed between the Practice Assessor and Returner

Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**

Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**
Communication/additional feedback	
Name:	**Designation:**
Signature:	**Date:**

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:
Student Name: **Signature:** **Date:**
Practice Supervisor Comments: **Practice Supervisor Name:** **Signature:** **Date:**
Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:
Student Name: **Signature:** **Date:**
Practice Supervisor's Comments: **Practice Supervisor Name:** **Signature:** **Date:**

Assessment of Proficiencies

Incorporating:

- Platforms 1 – 7
- Annexe A: Communication and relationship management skills
- Annexe B: Nursing procedures

Assessment of the Proficiencies is undertaken across the whole placement. Achievement of proficiencies allows returners be able to deliver safe and effective care in their intended area of practice to a diverse range of people (NMC 2019 p9).

The proficiencies ***'apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice'*** *(NMC, 2018, p22, 26).*

The Proficiencies are reviewed prior to the start of the placement in a meeting between the Practice Assessor, Academic Assessor and returner, where the returner with support reviews their current knowledge, skills and attributes. This facilitates the identification of the proficiencies which will be the focus of the placement.

The Proficiencies are further reviewed for progress at the mid-point and then at the final interview. Where opportunity has not been afforded to complete specific proficiencies, they can be demonstrated using simulation or via an evidence based discussion.

Returners will also complete an

- Episode of Care 1: Focusing on teaching and supervision
- Episode of Care 2: Organisation and management of care for a group/caseload of people *(relevant to their chosen area of practice)*

And

- Medications management

Formative attempt

A formative opportunity should be facilitated prior to the summative attempt of the episodes of care and medicines management, the formative assessment can be undertaken by the Practice Supervisor.

Return to Practice Nursing: Assessment of Performance

Proficiencies are reviewed prior to the start of the placement in a meeting between the Practice Assessor, Academic Assessor and returner, where the returner with support reviews their current knowledge, skills and attributes. Where a returner demonstrates the required level of knowledge, skills, attitudes and values, the proficiency/skill can be signed off.

For the remaining proficiencies, the Practice Supervisor and Practice Assessor should draw on a range of observed experiences in which the returner demonstrates the required knowledge, skills, attitudes and values to co-ordinate high quality person/family-centred care, ensuring all care is underpinned by effective communication skills. Exceptionally a proficiency can be demonstrated using simulation or via an evidence based discussion.

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
Confidently assesses needs and plans person-centred care								
1. Apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with People								
2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment								
3. Explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes								
4. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care								
5. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
capacity								
6. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centred care								
7. Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate								
8. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner								
9. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting								
10. Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans								
11. Support people to make informed choices to promote their wellbeing and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions e.g. cognitive behavioural therapy techniques								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
12. Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed								
13. Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences								
Confidently assesses needs and plans person-centred care								
14. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies								
15. Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required								
16. Use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances								
17. use clear language and appropriate written materials, making reasonable adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and treatment								
18. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required								
19. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions								
20. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations								
21. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges								
22. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
appropriate use of open and closed questioning								
23. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health								
24. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for								
25. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate								
26. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible								
27. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques								
28. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed								
29. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output								
30. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
31. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate								

Confidently manages the procedures in assessing, providing and evaluating care								
32. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist)								
33. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications								
34. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required								
35. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices								
36. Manages the care of people with specific elimination needs for example vomiting, urinary and faecal incontinence and stoma care								
37. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
38. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies								
39. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members								
40. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required								
41. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required)								
42. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown								
43. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate)								
44. Effectively uses evidence based nutritional assessment tools to determine the need for								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
intervention								
45. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate								
46. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management								
47. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate								
48. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate)								
49. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management								
50. Effectively manages the risk of falls using best practice approaches								
51. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility								
52. Consistently utilises evidence based hand washing techniques								
53. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
equipment appropriately								
54. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps								
55. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate								
56. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings								
57. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings								
58. Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing evidence based rationale to support decision making								
59. Uses best practice approaches to undertake nasal and oral suctioning techniques								
60. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings								
61. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings								
62. Undertakes a comprehensive respiratory assessment including chest auscultation,								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.								
63. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale								
64. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care								

Confidently contributes to improving safety and quality of person-centred care								
65. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies								
66. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks								
67. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns								
68. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents								
69. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
70. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy								
71. Manage and monitor blood component transfusions in line with local policy and evidence based practice								
72. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required								
73. Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes								
74. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice. E.g. solution focused therapies or talking therapies								
75. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards								
76. Demonstrate an understanding of the challenges of providing safe nursing care for people with co- morbidities including physical, psychological and socio-cultural needs								
77. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible								

	YES = Achieved; NO = Not Achieved							
	Tripartite review of Proficiencies		**Mid-point**		**Final**		**Simulation/Evidence based discussion (as required)**	
	Yes/No	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**	**Yes/No**	**Sign/Date**
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
78. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others								

Confidently co-ordinates person-centred care								
79. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs								
80. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle								
81. Engages in difficult conversations including breaking bad news with compassion and sensitivity								
82. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required								
83. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice								
84. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict								

Episode of Care 1: Teaching/supervision

This assessment must be completed **as a summative exercise** by the end of the placement by the returner's practice assessor during a specific episode of care.

Formative attempts can be completed by the Practice Supervisor. The summative attempt must be completed by the Practice Assessor.

The Returner will be given the opportunity to supervise and teach a junior learner/colleague/service user/carers in practice and provide a written reflection on this experience. This needs to be based on the delivery of direct person-centred care. Professionalism underpins all aspects of the returner's performance.

The aim of this assessment is to demonstrate the returner's progression in the following five platforms within the Future Nurse: Standards of proficiency (including skills from annexe A and B) (NMC 2018) **in the context of their intended area of practice and field of nursing:**

- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Leading nursing care and working in team
- Coordinating care

Effective communication and relationship management skills underpin all aspects of care. (Annex A)

Returners are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment.

Learning outcomes
The returner is able to:

1. Supervise and teach less experienced service users, students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting reflection and providing constructive feedback.
2. Demonstrate an understanding of the factors that both facilitate and impede learning in practice.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care.
4. Apply the appropriate knowledge and skills in appraising the quality of understanding/discharge advice/nursing care provided by the junior learner colleague and or service user.
5. Demonstrate effective verbal, non-verbal communication and interpersonal skills in engaging with the learner and others involved in the care and act as a positive role model.
6. Critically reflect on their own role and the role of the nurse in the supervision, facilitation and evaluation of learning for the whole team.

Returners reflection on the Episode of Care 1: Formative Attempt
Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer who delivered person-centred care or service user/carer in practice.
What did you do well?
What would you have done differently?
What learning from this episode of care will support your professional development going forward in your teaching and learning role?

Returners reflection on the Episode of Care 1: Summative Attempt
Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer who delivered person-centred care or service user/carer in practice.
What did you do well?
What would you have done differently?
What learning from this episode of care will support your professional development going forward in your teaching and learning role?

Practice Assessor Feedback

Based on the returner's reflection, your assessment/experience and discussion of the episode of care, please assess and comment on the following:

YES = Achieved No = Not Achieved *(Refer to Criteria for Assessment in Practice)*

Proficiencies	Yes/No	Comments
Assessing, planning, providing and evaluating care Chooses an appropriate care activity to engage in and considers the learner's needs and their current level of knowledge and skills.		
Leading nursing care and working in teams Effectively prepares the junior learner/peer/service user/carer and provides them with clear instructions and explanations about the care activity they are to engage in.		
Improving safety and quality of care The returner undertakes a risk assessment to ensure that the person(s) receiving care is not at risk from the learner/care activity. Continuous supervision and support is provided to the junior learner/peer/service user/carer throughout the care activity.		
Coordinating care: Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner / peer/service user/carer with constructive verbal and written feedback.		

If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed

Returner signature:	**Date:**
Practice Assessor signature:	**Date:**

Episode of Care 2: Organisation and management

This assessment must be completed **as a summative exercise** by the end of the placement by the returner's Practice Assessor during a specific episode of care.

Formative attempts can be completed by the Practice Supervisor. The summative attempt must be completed by the Practice Assessor.

The practice assessor and returner will identify an appropriate episode of direct care involving the organisation and management of care for a group/caseload of people. Professionalism underpins all aspects of the student's performance.

The aim of this assessment is to demonstrate the returner's progression in the following five platforms within the Future Nurse: Standards of proficiency (including skills from annexe A and B) (NMC 2018) **in the context of their intended area of practice and field of nursing:**

- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Leading nursing care and working in team
- Coordinating care

Effective communication and relationship management skills underpin all aspects of care. (Annex A)

Returners are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment.

Learning Outcomes

The returner is able to:

1. Demonstrate the knowledge, skills and ability to co-ordinate the care for a group of people with complex and multiple needs and act as a role model in managing person-centred, evidence-based approach to care.
2. Evaluate a team based approach to the quality of care delivery and demonstrates understanding of the roles, responsibilities and scope of practice of all team members.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care within the practice setting through effective interaction and engagement with people, services and communities.
4. Critically appraise the quality and effectiveness of nursing care, demonstrate how to use service delivery evaluation in practice and how to bring about service improvement and audit findings to improve care.

Returner's Reflection on an Episode of Care 2: Formative Attempt

Briefly outline how you have delivered high quality, care, and give the rationale for the decisions you have made.
Reflect on how you use leadership skills to supervise and manage others
Reflect on how you delivered verbal information and handover in relation to person-centred care.

Returner's Reflection on an Episode of Care 2

Reflect on how you have worked in partnership with health and social care professionals, service users, carers and families ensuring that decision-making about care is shared.
What did you do well?
What would you have done differently?
What learning from this episode of care could be transferred to other areas of practice?

Returner's Reflection on the Episode of Care 2: Summative Attempt

Briefly outline how you have delivered high quality care, and give the rationale for the decisions you have made.
Reflect on how you use leadership skills to supervise and manage others
Reflect on how you delivered verbal information and handover in relation to person-centred care.

Returner's Reflection on the Episode of Care 2

Reflect on how you have worked in partnership with health and social care professionals, service users, carers and families ensuring that decision-making about care is shared.
What did you do well?
What would you have done differently?
What learning from this episode of care could be transferred to other areas of practice?

Practice Assessor Feedback

Based on the returner's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

YES = Achieved; NO = Not Achieved (*Refer to Criteria for Assessment in Practice)*

Proficiencies	Yes/No	Comments
Promoting health and preventing ill health Discusses the possible influences on the person's/group of people's mental health and physical health and can highlight a range of factors impacting on them and the wider community.		
Assessing needs and planning care Utilises relevant knowledge and skills to undertake a comprehensive assessment, continually monitoring a person's condition, interpret signs of deterioration or distress and escalate appropriately.		
Providing and evaluating care Applied relevant knowledge and skills in the provision of more complex person-centred, evidence-based care demonstrating effective communication skills and the ability to document effectively.		
Improving safety and quality of care Undertakes relevant risk assessments, discusses risk management and can propose improvements to enhance the quality of care.		
Co-ordinating and leading nursing care Supports the person/persons receiving care and their families in maintaining independence and minimising disruption to their lifestyle, demonstrating understanding of the need for multi-agency working.		

If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed.

Returner Name:	**Signature:**	**Date:**
Practice Assessor Name:	**Signature:**	**Date:**

Medicines Management.

This assessment must be completed by the end of placement where the returner safely administers medicine

During placement, the returner should be considering their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group service users or caseload and the returner must be allowed a number of practice opportunities to administer medicines under supervision prior to the summative assessment.

Formative attempts can be completed by the Practice Supervisor. The summative attempt must be completed by the Practice Assessor.

The returner must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies.

Regulatory requirements: *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) *The Code* (NMC 2018), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016)

The aim of this assessment is to demonstrate the returner's knowledge and competence in administering medications safely.

Learning outcomes
The returner is able to:

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Prepare medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines.
4. Administer and monitor medications using vascular access devices and enteral equipment, where appropriate.
5. Recognise and respond to adverse or abnormal drug reactions to medications.
6. Maintain safety and safeguard the patient from harm, including awareness of non-adherence, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007), where appropriate.

Medicines Management: Formative feedback			
YES = Achieved No = Not Achieved			
Competency	**Yes/No**	**Competency**	**Yes/No**
Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area		Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications	
Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding		Calculates doses accurately and safely • Demonstrates to assessor the component parts of the calculation • Minimum of 5 calculations undertaken demonstrating increased complexity	
Understands safe storage of medications in the care environment		Checks and confirms the patient/service user's identity and establishes consent (ID band or other confirmation if in own home)	
Maintains effective hygiene/infection control throughout		Administers or supervises self-administration safely under direct supervision Verifies that oral medication has been swallowed.	
Checks prescription thoroughly • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions		Describes/demonstrates the procedure in the event of reduced capacity and non-adherence	
		Safely utilises and disposes of equipment	
		Maintains accurate records. • Records, signs and dates when safely administered	
		Monitors effects and has an understanding of common side effects, contraindications incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy	
Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate • Asks patient/service user • Checks prescription chart or identification band		Uses relevant frameworks for medicine use as appropriate. E.g. local formularies, care pathways, protocols and guideline	
		Offers patient /service users and their carer's further support/advice/education. Including discharge/safe transfer where appropriate	

Practice Assessor/Practice Supervisor Formative Feedback
Returner reflection on learning and development
Returner Name: **Signature:** **Date:** **Practice Assessor/Practice Supervisor Name:** **Signature:** **Date:**

Medicines Management: Summative Assessment			
YES = Achieved No = Not Achieved			
Competency	**Yes/No**	**Competency**	**Yes/No**
Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area		Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications	
Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding		Calculates doses accurately and safely • Demonstrates to assessor the component parts of the calculation • Minimum of 5 calculations undertaken demonstrating increased complexity	
Understands safe storage of medications in the care environment		Checks and confirms the patient/service user's identity and establishes consent (ID band or other confirmation if in own home)	
Maintains effective hygiene/infection control throughout		Administers or supervises self-administration safely under direct supervision Verifies that oral medication has been swallowed.	
Checks prescription thoroughly • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions		Describes/demonstrates the procedure in the event of reduced capacity and non-adherence	
		Safely utilises and disposes of equipment	
		Maintains accurate records. • Records, signs and dates when safely administered	
		Monitors effects and has an understanding of common side effects, contraindications incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy	
Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate • Asks patient/service user • Checks prescription chart or identification band		Uses relevant frameworks for medicine use as appropriate. E.g. local formularies, care pathways, protocols and guideline	
		Offers patient /service users and their carer's further support/advice/education. Including discharge/safe transfer where appropriate	

Practice Assessor Summative Feedback
Returner reflection on learning and development
Returner Name: **Signature:** **Date:** **Practice Assessor Name:** **Signature:** **Date:**

Action Plan

An action plan is required when a returner's performance causes concern

The Practice Assessor must liaise with the Academic Assessor and/or senior practice representative

The **SMART** principles should be used to construct the Action Plan.

Placement Name **Date action plan initiated:**			
Nature of concern **(For example: Refer to Episodes of Care (S**pecific**)**	**What does the returner need to demonstrate;** *objectives and measure of success* **(M**easurable**, A**chievable and **R**ealistic**)**	**Support available and who is responsible**	**Date for review** **(T**imed**)**

Nature of concern **For example: Refer to Episodes of Care (S**pecific**)**	**What does the returner need to demonstrate;** *objectives and measure of success* **(M**easurable**, A**chievable and **R**ealistic**)**	**Support available and who is responsible**	**Date for review** **(T**imed**)**
Returner's Name:			
Signature:		**Date:**	
Practice Assessor Name:			
Signature:		**Date:**	
Academic Assessor Name:			
Signature:		**Date:**	

Review/feedback from action plan		
Date	**Comments**	
Have the objectives been achieved?	**Yes/No** **(if no what further actions are required)**	
Returner Name:		
Signature:		**Date:**
Practice Assessor Name:		
Signature:		**Date:**
Academic Assessor Name:		
Signature:		**Date:**

Final Placement Assessment

To be completed by the Practice Assessor.

Summary of returner's strengths and areas for further development:	
Has the returner completed required reflections?	**Yes/No**
Has the returner achieved the professional values?	**Yes/No**
Has the returner achieved the episodes of care and medicines management?	**Yes/No**
Has the returner achieved the required proficiencies?	**Yes/No**
Has the returner achieved their agreed learning and development needs?	**Yes/No**
Has the returner completed the required hours?	**Yes/No**
Has an action plan been put in place? **If Yes, have the objectives been achieved?**	**Yes/No** **Yes/No**

Returner Name: (print name)

Returner Signature:
Date:

Practice Assessor Name: (print name)

Practice Assessor Signature:

Date:

Number of Hours Completed:

Any Outstanding Hours:

Number of Hours of Sickness:

Number of Hours authorised absence:

Number of hours unauthorised absence:

Academic Assessor

I have reviewed the assessment documents, returner reflections and academic achievement. I can confirm the returner has been assessed by the Practice Assessor as fit to practice safely and effectively with minimal supervision and I recommend the student for progression to the Nursing and Midwifery Council register for the United Kingdom.

Yes/No

Academic Assessor: *(print name below)*

Academic Assessor signature: **Date:**

PRACTICE HOURS

To be completed as per your local University Requirements

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

	Date	Placement	Total Hrs	Staff Initials	Shift Type		Date	Placement	Total Hrs	Staff Initials	Shift Type
Example of hours confirmation						Sun	1/7/19	Pixie Ward	7.5	FF	E
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		Weekly Total =						**Weekly Total =**			
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Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
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Total hours of completed practice on this page **Figures** **Words**

Total hours of Sickness/Absence on this page **Figures** **Words**

Staff member: I have checked the hours of experience recorded by the returner

Signed:_____**(Staff member)** Name (print): _____

Placement Area: _____ Date: _____

Declaration by Returner: I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.

Signed: :_____**(Returner)** Date: _____

It is expected that the returner will work a range of shifts to meet NMC Requirements

Shift Codes D = Day Shift, N= Night Shift, S= Sickness, A = Absent

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