

Name
Number
Cohort
Field

PRACTICE ASSESSMENT DOCUMENT

NURSING

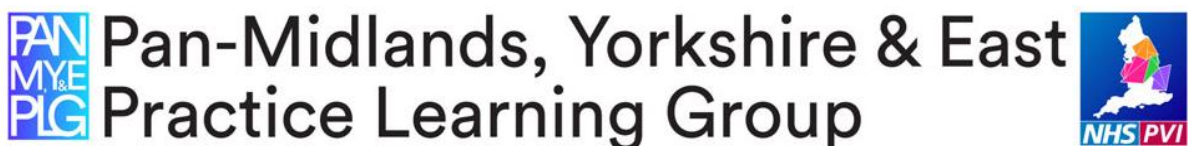
PART 2

BSc/PGDip/MSc

Future Nurse: Standards of Proficiency for Registered Nurses, (NMC 2018)

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across London, the Midlands, Yorkshire and the East of England regions.

The development of this document was funded by Health Education England (London).



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

Pan Midlands, Yorkshire and East Practice Learning Group

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across London, the Midlands, Yorkshire and the East of England regions and will be used by students attending the following Universities:

Membership of the Pan Midlands Yorkshire and East Practice Learning Group (MYEPLG)

Anglia Ruskin University
Birmingham City University
Coventry University
De Montfort University
Keele University
Leeds Beckett University
Nottingham Trent University
Staffordshire University
Sheffield Hallam University
University College Birmingham
University of Bedfordshire
University of Birmingham
University of Bradford
University of Derby
University of East Anglia
University of Essex
University of Huddersfield
University of Hull
University of Leeds
University of Leicester
University of Lincoln
University of Northampton
University of Nottingham
University of Sheffield
University of Suffolk
University of Wolverhampton
University of Worcester
University of York



**Pan-Midlands, Yorkshire & East
Practice Learning Group**



Contents

	Page
Welcome to the Practice Assessment Document (PAD)	3
Guidance for Using the PAD	5
University Specific Guidelines	7
Criteria for Assessment in Practice	9
List of Practice Supervisors	10
List of Practice Assessors and Academic Assessors	11
Placement 1	12
Placement 2	38
Placement 3	64
Assessment of Proficiencies	90
Part 2 - Episode of Care 1	99
Part 2 - Episode of Care 2	102
Part 2 - Medicines Management	105
Action Plan	108
Record of Practice Hours	110

Standards regarding the use of the term 'Parts'

There are three Practice Assessment Documents in total, which incorporate the range of Future Nurse Standards in Proficiency (NMC 2018). 'Parts' in this context is used to represent the range of outcomes to be achieved by students at different levels. These parts may differ from the parts of the education programme that will be defined locally by each University provider.

Welcome to the Practice Assessment Document (PAD)

Student 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).

The PAD makes up a significant part of your overall programme assessment. It 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. 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 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.

The Ongoing Achievement Record (OAR) is a separate document that summarises your achievements in each placement and with the main PAD provides a comprehensive record of your professional development and performance in practice.

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 when you are in placement together with the OAR. 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 student 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 or other registered health/social care professional)

In many practice areas the students will be supported by a number of practice supervisors. Some areas may adopt a team based approach due to the nature of the experience.

As a practice supervisor you have an important role in supporting and guiding the student through their learning experience to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. It is your responsibility to contribute to the student'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 student's progress.

Supervision in other placement areas (i.e. those areas where there are no health/social care registrants)

A range of staff can support student learning and have a vital role in student learning and development though may not be contributing formally to assessment of proficiencies.

However, these staff members are encouraged to support learning and can provide valuable student feedback within the PAD on the *Record of communication/additional feedback pages*.

Practice assessor responsibilities (Registered nurse)

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

Practice assessors must have appropriate equivalent experience in the student's field of practice.

There are numerous elements requiring assessment in practice. 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 student, 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 students who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

If the student 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 and registered nurses are nominated for each part of the educational programme. The same academic assessor cannot contribute to the student assessment in consecutive parts. The academic assessor will work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the educational programme. The academic assessor will enable scheduled communication and collaboration with the practice assessor and this communication can take a variety of forms.

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.

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). The outcome statements have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students 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). This Practice Assessment Document can be used in any field of practice.*

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 of each placement.*

Proficiencies:

These reflect aspects of the seven platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed in a range of placements, but must be achieved at least once *by the end of the Part.*

Episode of Care:

This holistic assessment(s) facilitates and demonstrates the student's progress and must be achieved *by the end of the Part.*

Medicines Management:

There is one assessment included in each part and each must be achieved *by the end of the Part.*

Patient/Service User/Carer Feedback Form:

Feedback will be sought in relation to how the student cared for the person receiving care. This is not formally assessed, but will contribute to overall student feedback.

Recording Additional Experiences and Feedback:

There are additional pages for the student to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

Ongoing Achievement Record (OAR):

The OAR summarises overall achievements and provides a comprehensive record of student development and overall performance.

Process of Practice Assessment

Prior to Placement

Student makes contact to obtain relevant information to support their preparation for practice



Placement Orientation (see orientation checklist)



Initial Interview

Learning and development needs are identified and planned



Mid-Point Interview

Progress, learning and development needs are identified by the practice assessor



Final Interview

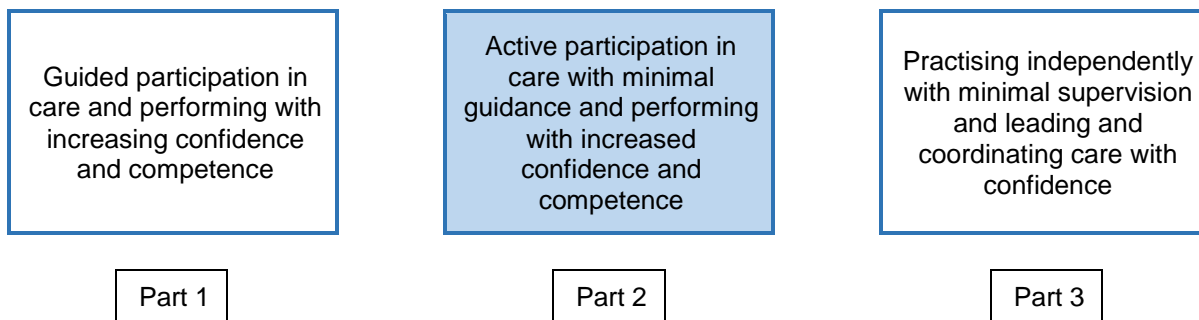
Progress and achievement are explored by the practice assessor, who also completes summary in the OAR

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

Individual AEI Guidance

Individual AEI Guidance

Criteria for Assessment in Practice
Overall Framework Parts 1 - 3 to be achieved by the end of the part



The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence (NMC, 2018, p5).

Part 2: Active participation in care with minimal guidance and performing with minimal guidance and with increased confidence and competence

'Achieved' must be obtained in all three criteria by the student.

Achieved	Knowledge	Skills	Attitude and Values
Yes	Has a sound knowledge base to support safe and effective practice and provide the rationale to support decision making.	Utilises a range of skills to deliver safe, person centred and evidence based care with increased confidence and in a range of contexts.	Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge.
No	Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice.	With supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance.	Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning.

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

Placement 1

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 :** **No. of Hours :**
.....

Nominated Person to Support Student and Address Concerns

Name : **Designation :**

Contact Email Address:

Practice Assessor Details:

Name : **Designation :**

Contact Email Address:

Academic Assessor Details (for part) :

Name : **Designation :**

Contact Email Address:

Placement 1: Orientation

	Placement Area 1		Placement Area 2	
Name of Placement Area :				
Name of Staff Member :				
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student signature)	Initial/Date (Staff signature)	Initial/Date (Student signature)	Initial/Date (Staff signature)
The following criteria need to be met within the first day of placement				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.:				
The student has been shown the: <ul style="list-style-type: none"> • fire alarms • fire exits • fire extinguishers 				
Resuscitation policy and procedures have been explained Tel.:				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies: <ul style="list-style-type: none"> • health and safety • incident reporting procedures • infection prevention and control • handling of messages and enquiries • other policies 				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained				
The student is aware of his/her professional role in practice				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (<i>if applicable</i>)				
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 student has been shown and given a demonstration of the moving and handling equipment used in the placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

Placement 1: Initial Interview

This can be completed by a practice supervisor (PS) or practice assessor (PA). If completed by the PS, they must discuss and agree with the PA.

This meeting should take place within the first week of the placement.

Placement Area Name:	
Student to identify learning and development needs <i>(with guidance from the practice supervisor or practice assessor)</i>	
Taking available learning opportunities into consideration, the student and practice supervisor/practice assessor to negotiate and agree a learning plan	
Outline of learning plan	How will this be achieved?
Learning plan for placement agreed by practice assessor <i>(where applicable)</i> : YES / NO	
Student's Name:	
Signature:	Date:
Practice Supervisor/Assessor's Name:	
Signature:	Date:

Professional Values in Practice (Part 2)

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students 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 four 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 student maintains confidentiality in accordance with the NMC code.				
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4. The student is caring, compassionate and sensitive to the needs of others.				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Practise Effectively				
6. The student maintains consistent, safe and person-centred practice based on best available evidence.				
7. The student manages appropriate and constructive relationships within the inter-disciplinary team with the intent of building professional relationships.				
8. The student 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 student demonstrates the potential to lead and work autonomously, seeks support where appropriate and responds positively to feedback.				
Preserve Safety				
10. The student demonstrates openness (candour), trustworthiness and integrity.				
11. The student reports any concerns to a member of staff when appropriate, e.g. safeguarding.				
12. The student demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely.				
13. The student 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 student's personal presentation and dress code is in accordance with the local policy.				
15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.				
16. The student demonstrates that they use self-reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and decision making process.				
Mid-Point Assessment Practice Supervisor's Name: _____ Signature: _____ Date: _____ Reviewed and agreed by Practice Assessor Practice Assessor's Name: _____ Signature: _____ Date: _____				
End Point: Student Reflection on meeting Professional Values				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code of Conduct (<i>ensure confidentiality is maintained</i>). For each placement, please select a different section of The Code to reflect on.				
Student Name: _____ Signature: _____ Date: _____				
Final Assessment - [please add comments on Final Interview Page] Practice Assessor's 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 1: Mid-Point Interview

This discussion must take place half way through the placement.

Student's 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's comments

Discuss with the student 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:

Placement 1: Mid-Point Review

Ongoing learning and development needs.

To be agreed between practice assessor and student - sign and date all entries below.

Following the mid-point interview the student 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?

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Any outstanding learning and development needs are to be discussed and documented at the final interview.

Placement 1: Final Interview

This should take place towards the end of the placement.

Student's 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's comments

Discuss with the student 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:

Please record any further comments on the next page.

Learning and Development Needs

To be agreed between the practice assessor and student

Practice assessor to identify specific areas to take forward to the next placement:

Was an action plan required to support the student?	YES / NO
If Yes, was the academic assessor informed?	YES / NO
If Yes, have the objectives been achieved?	YES / NO

	Tick	Practice Assessor Initial	Student Initial
Checklist for assessed documents			
The professional value statements have been signed at both mid-point and final interview			
The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed			
The practice placement hours have been checked and signed			
All the interview records and development plans have been completed and signed as appropriate			
The practice supervisors and practice assessor have printed and signed their name on the appropriate list at the beginning of the document			
The practice assessor has completed the Ongoing Achievement Record (OAR)			

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Additional Signature *(if applicable, e.g. academic assessor):*

Signature:

Date:

Patient/Service User/Child/Young Person/Carer Feedback Guidance

Thank you for agreeing to provide feedback on the care you have received from one of our student nurses. There are four different forms for you to choose from. The form you select is entirely up to you as the service user. Prior to providing feedback the student nurse's practice supervisor or practice assessor will gain your consent. If you are under the age of 16, parental consent will be needed. In consenting you are agreeing to provide honest feedback about the student's professionalism, this will inform the assessment process along with future practice, audit and evaluation purposes.

Should you not wish for your information to be used in this way, please tick the box on the relevant form and your data will only be used to inform the students' assessment.

Please note, to maintain all aspects of confidentiality and in line with General Data Protection Regulations (GDPR) you should ensure that you do not identify yourself or the organisation in which you are receiving care. Once you have provided your feedback, the practice supervisor/ assessor will review this and sign and date it. This information will then be stored and accessed in line with AEI and professional regulations.






Please Note: Patient/Service User/Child/Young Person/Carer should not sign this form.

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 student nurse's assessment

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

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

	<i>Very Happy</i> 	<i>Happy</i> 	<i>I'm Not Sure</i> 	<i>Unhappy</i> 	<i>Very Unhappy</i> 
How happy were you with the way the student nurse.....					
..... cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student nurse do well?

What could the student nurse have done differently?

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013.

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 student nurse's assessment

Please answer the following questions relating to the student 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 student nurse?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q3. How respectfully did the student nurse treat you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q5. How clearly did the student nurse communicate with you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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 student nurse's assessment

How happy were you with the way the student nurse.....	Please place an 'X' on the line for each statement <i>0 = Very Unsatisfied.....10 = Very Satisfied</i>
..... met your needs?	010
..... understood the way you felt?	010
..... talked to you?	010
..... informed you of your care?	010
.....showed you respect?	010
What did they do well?	
How can they improve?	
Practice Supervisor/Practice Assessor's Name:	
Signature:	Date:
Student's 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 student nurse's assessment

Please answer the following questions relating to the student nurse

Q1. Did the student nurse talk to you?

Q2. Was the student nurse kind to you?

Q3. Did the student nurse listen to you?

Colour in how many stars you would give the student nurse

Five outline stars are provided for coloring.

Please use this space to draw a picture of the student nurse

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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.

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Signature:

Date:

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Date:

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature:

Date:

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Signature:

Date:

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Practice Supervisor's Name:

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Date:

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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.

Record of Communication/Additional Feedback

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Record of Communication/Additional Feedback

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Record of Communication/Additional Feedback

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

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Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

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Record of Peer Feedback

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspective as well as enabling students to develop skills in peer review and feedback. (NMC, 2018)

These records can be completed by peers, i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

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Peer Feedback

Name:

Programme/Year:

Signature:

Date:

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Placement 2

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 :** **No. of Hours :**
.....

Nominated Person to Support Student and Address Concerns

Name : **Designation :**

Contact Email Address:

Practice Assessor Details:

Name : **Designation :**

Contact Email Address:

Academic Assessor Details (for part) :

Name : **Designation :**

Contact Email Address:

Placement 2: Orientation

	Placement Area 1		Placement Area 2	
Name of Placement Area :				
Name of Staff Member :				
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student signature)	Initial/Date (Staff signature)	Initial/Date (Student signature)	Initial/Date (Staff signature)
The following criteria need to be met within the first day of placement				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.:				
The student has been shown the: <ul style="list-style-type: none"> • fire alarms • fire exits • fire extinguishers 				
Resuscitation policy and procedures have been explained Tel.:				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies: <ul style="list-style-type: none"> • health and safety • incident reporting procedures • infection prevention and control • handling of messages and enquiries • other policies 				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained				
The student is aware of his/her professional role in practice				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (<i>if applicable</i>)				
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 student has been shown and given a demonstration of the moving and handling equipment used in the placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

Placement 2: Initial Interview

This can be completed by a practice supervisor (PS) or practice assessor (PA). If completed by the PS, they must discuss and agree with the PA. This meeting should take place within the first week of the placement.

Placement Area Name:

Student to identify learning and development needs (*with guidance from the practice supervisor or practice assessor*)

Taking available learning opportunities into consideration, the student and practice supervisor/ practice assessor to negotiate and agree a learning plan

Outline of learning plan	How will this be achieved?

Learning plan for placement agreed by practice assessor (*where applicable*) : YES / NO

Student's Name:

Signature:

Date:

Practice Supervisor/Assessor's Name:

Signature:

Date:

Professional Values in Practice (Part 2)

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students 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 four 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 student maintains confidentiality in accordance with the NMC code.				
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4. The student is caring, compassionate and sensitive to the needs of others.				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Practise Effectively				
6. The student maintains consistent, safe and person-centred practice based on best available evidence.				
7. The student manages appropriate and constructive relationships within the inter-disciplinary team with the intent of building professional relationships.				
8. The student 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 student demonstrates the potential to lead and work autonomously, seeks support where appropriate and responds positively to feedback.				
Preserve Safety				
10. The student demonstrates openness (candour), trustworthiness and integrity.				
11. The student reports any concerns to a member of staff when appropriate, e.g. safeguarding.				
12. The student demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely.				
13. The student 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 student's personal presentation and dress code is in accordance with the local policy.				
15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.				
16. The student demonstrates that they use self-reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and decision making process				
Mid-Point Assessment Practice Supervisor's Name: _____ Signature: _____ Date: _____ Reviewed and agreed by Practice Assessor Practice Assessor's Name: _____ Signature: _____ Date: _____				
End Point: Student Reflection on meeting Professional Values				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code of Conduct (<i>ensure confidentiality is maintained</i>). For each placement, please select a different section of The Code to reflect on.				
Student Name: _____ Signature: _____ Date: _____				
Final Assessment - [please add comments on Final Interview Page] Practice Assessor's 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 2: Mid-Point Interview

This discussion must take place half way through the placement.

Student's 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's comments

Discuss with the student 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:

Placement 2: Mid-Point Review

Ongoing learning and development needs.

To be agreed between practice assessor and student - sign and date all entries below.

Following the mid-point interview the student 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?

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Any outstanding learning and development needs are to be discussed and documented at the final interview.

Placement 2: Final Interview

This should take place towards the end of the placement.

Student's 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's comments

Discuss with the student 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:

Please record any further comments on the next page.

Learning and Development Needs

To be agreed between the practice assessor and student

Practice assessor to identify specific areas to take forward to the next placement:

Was an action plan required to support the student?	YES / NO
If Yes, was the academic assessor informed?	YES / NO
If Yes, have the objectives been achieved?	YES / NO

	Tick	Practice Assessor Initial	Student Initial
Checklist for assessed documents			
The professional value statements have been signed at both mid-point and final interview			
The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed			
The practice placement hours have been checked and signed			
All the interview records and development plans have been completed and signed as appropriate			
The practice supervisors and practice assessor have printed and signed their name on the appropriate list at the beginning of the document			
The practice assessor has completed the Ongoing Achievement Record (OAR)			

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Additional Signature *(if applicable, e.g. academic assessor):*

Signature:

Date:

Patient/Service User/Child/Young Person/Carer Feedback Guidance

Thank you for agreeing to provide feedback on the care you have received from one of our student nurses. There are four different forms for you to choose from. The form you select is entirely up to you as the service user. Prior to providing feedback the student nurse's practice supervisor or practice assessor will gain your consent. If you are under the age of 16, parental consent will be needed. In consenting you are agreeing to provide honest feedback about the student's professionalism, this will inform the assessment process along with future practice, audit and evaluation purposes.

Should you not wish for your information to be used in this way, please tick the box on the relevant form and your data will only be used to inform the students' assessment.

Please note, to maintain all aspects of confidentiality and in line with General Data Protection Regulations (GDPR) you should ensure that you do not identify yourself or the organisation in which you are receiving care. Once you have provided your feedback, the practice supervisor/ assessor will review this and sign and date it. This information will then be stored and accessed in line with AEI and professional regulations.






Please Note: Patient/Service User/Child/Young Person/Carer should not sign this form.

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 student nurse's assessment

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

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

	<i>Very Happy</i> 	<i>Happy</i> 	<i>I'm Not Sure</i> 	<i>Unhappy</i> 	<i>Very Unhappy</i> 
How happy were you with the way the student nurse.....					
..... cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student nurse do well?

What could the student nurse have done differently?

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013.

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 student nurse's assessment

Please answer the following questions relating to the student 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 student nurse?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q3. How respectfully did the student nurse treat you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q5. How clearly did the student nurse communicate with you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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 student nurse's assessment

How happy were you with the way the student nurse.....	Please place an 'X' on the line for each statement <i>0 = Very Unsatisfied.....10 = Very Satisfied</i>
..... met your needs?	010
..... understood the way you felt?	010
..... talked to you?	010
..... informed you of your care?	010
.....showed you respect?	010
What did they do well?	
How can they improve?	
Practice Supervisor/Practice Assessor's Name:	
Signature:	Date:
Student's 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 student nurse's assessment

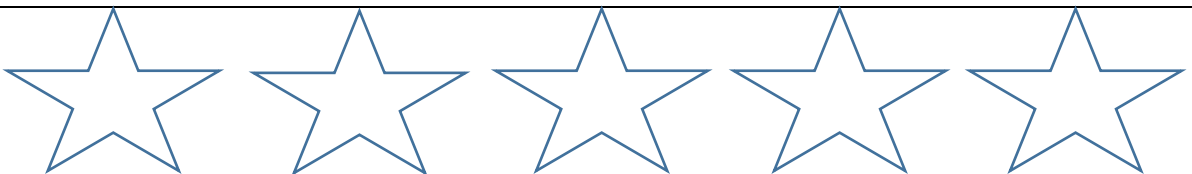
Please answer the following questions relating to the student nurse

Q1. Did the student nurse talk to you?

Q2. Was the student nurse kind to you?

Q3. Did the student nurse listen to you?

Colour in how many stars you would give the student nurse



Please use this space to draw a picture of the student nurse

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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:**

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Signature:

Date:

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Date:

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Signature:

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Signature:

Date:

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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:

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Record of Communication/Additional Feedback

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Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

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Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:

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Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

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Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:

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Record of Peer Feedback

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These records can be completed by peers, i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Record of Peer Feedback

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These records can be completed by peers, i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

Peer Feedback	
Name:	Programme/Year:
Signature:	Date:
Peer Feedback	
Name:	Programme/Year:
Signature:	Date:

More pages can be downloaded as per university guidelines.

Placement 3

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 :** **No. of Hours :**
.....

Nominated Person to Support Student and Address Concerns

Name : **Designation :**

Contact Email Address:

Practice Assessor Details:

Name : **Designation :**

Contact Email Address:

Academic Assessor Details (for part) :

Name : **Designation :**

Contact Email Address:

Placement 3: Orientation

	Placement Area 1		Placement Area 2	
Name of Placement Area :				
Name of Staff Member :				
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student signature)	Initial/Date (Staff signature)	Initial/Date (Student signature)	Initial/Date (Staff signature)
The following criteria need to be met within the first day of placement				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.:				
The student has been shown the: <ul style="list-style-type: none"> • fire alarms • fire exits • fire extinguishers 				
Resuscitation policy and procedures have been explained Tel.:				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies: <ul style="list-style-type: none"> • health and safety • incident reporting procedures • infection prevention and control • handling of messages and enquiries • other policies 				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained				
The student is aware of his/her professional role in practice				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (<i>if applicable</i>)				
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 student has been shown and given a demonstration of the moving and handling equipment used in the placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

Placement 3: Initial Interview

This can be completed by a practice supervisor (PS) or practice assessor (PA). If completed by the PS, they must discuss and agree with the PA.
This meeting should take place within the first week of the placement.

Placement Area Name:

Student to identify learning and development needs (*with guidance from the practice supervisor or practice assessor*)

Taking available learning opportunities into consideration, the student and practice supervisor/ practice assessor to negotiate and agree a learning plan

Outline of learning plan	How will this be achieved?

Learning plan for placement agreed by practice assessor (*where applicable*) : YES / NO

Student's Name:

Signature:

Date:

Practice Supervisor/Assessor's Name:

Signature:

Date:

Professional Values in Practice (Part 2)

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students 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 four 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 student maintains confidentiality in accordance with the NMC code.				
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4. The student is caring, compassionate and sensitive to the needs of others.				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Practise Effectively				
6. The student maintains consistent, safe and person-centred practice based on best available evidence.				
7. The student manages appropriate and constructive relationships within the inter-disciplinary team with the intent of building professional relationships.				
8. The student 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 student demonstrates the potential to lead and work autonomously, seeks support where appropriate and responds positively to feedback.				
Preserve Safety				
10. The student demonstrates openness (candour), trustworthiness and integrity.				
11. The student reports any concerns to a member of staff when appropriate, e.g. safeguarding.				
12. The student demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely.				
13. The student 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.				

Placement 3: Mid-Point Interview

This discussion must take place half way through the placement.

Student's 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's comments

Discuss with the student 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:

Placement 3: Mid-Point Review

Ongoing learning and development needs.

To be agreed between practice assessor and student - sign and date all entries below.

Following the mid-point interview the student 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?

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Any outstanding learning and development needs are to be discussed and documented at the final interview.

Placement 3: Final Interview

This should take place towards the end of the placement.

Student's 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's comments

Discuss with the student 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:

Please record any further comments on the next page.

Learning and Development Needs

To be agreed between the practice assessor and student

Practice assessor to identify specific areas to take forward to the next placement:

Was an action plan required to support the student?	YES / NO
If Yes, was the academic assessor informed?	YES / NO
If Yes, have the objectives been achieved?	YES / NO

	Tick	Practice Assessor Initial	Student Initial
Checklist for assessed documents			
The professional value statements have been signed at both mid-point and final interview			
The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed			
The practice placement hours have been checked and signed			
All the interview records and development plans have been completed and signed as appropriate			
The practice supervisors and practice assessor have printed and signed their name on the appropriate list at the beginning of the document			
The practice assessor has completed the Ongoing Achievement Record (OAR)			

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Additional Signature *(if applicable, e.g. academic assessor):*

Signature:

Date:

Patient/Service User/Child/Young Person/Carer Feedback Guidance

Thank you for agreeing to provide feedback on the care you have received from one of our student nurses. There are four different forms for you to choose from. The form you select is entirely up to you as the service user. Prior to providing feedback the student nurse's practice supervisor or practice assessor will gain your consent. If you are under the age of 16, parental consent will be needed. In consenting you are agreeing to provide honest feedback about the student's professionalism, this will inform the assessment process along with future practice, audit and evaluation purposes.

Should you not wish for your information to be used in this way, please tick the box on the relevant form and your data will only be used to inform the students' assessment.

Please note, to maintain all aspects of confidentiality and in line with General Data Protection Regulations (GDPR) you should ensure that you do not identify yourself or the organisation in which you are receiving care. Once you have provided your feedback, the practice supervisor/ assessor will review this and sign and date it. This information will then be stored and accessed in line with AEI and professional regulations.






Please Note: Patient/Service User/Child/Young Person/Carer should not sign this form.

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 student nurse's assessment

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

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

	<i>Very Happy</i> 	<i>Happy</i> 	<i>I'm Not Sure</i> 	<i>Unhappy</i> 	<i>Very Unhappy</i> 
How happy were you with the way the student nurse.....					
..... cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
..... talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student nurse do well?

What could the student nurse have done differently?

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013.

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 student nurse's assessment

Please answer the following questions relating to the student 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 student nurse?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q3. How respectfully did the student nurse treat you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Q5. How clearly did the student nurse communicate with you?

<i>Poor</i>	<i>Acceptable</i>	<i>Satisfactory</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>	<i>Exceptional</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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 student nurse's assessment

How happy were you with the way the student nurse.....	Please place an 'X' on the line for each statement <i>0 = Very Unsatisfied.....10 = Very Satisfied</i>
..... met your needs?	010
..... understood the way you felt?	010
..... talked to you?	010
..... informed you of your care?	010
.....showed you respect?	010
What did they do well?	
How can they improve?	
Practice Supervisor/Practice Assessor's Name:	
Signature:	Date:
Student's 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 student nurse's assessment

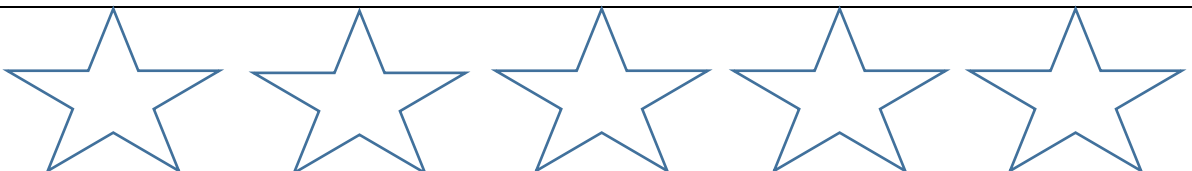
Please answer the following questions relating to the student nurse

Q1. Did the student nurse talk to you?

Q2. Was the student nurse kind to you?

Q3. Did the student nurse listen to you?

Colour in how many stars you would give the student nurse



Please use this space to draw a picture of the student nurse

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Student's Name:

Signature:

Date:

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.

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:

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Student's Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature:

Date:

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Student's Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor's Name:

Signature:

Date:

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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.

Record of Communication/Additional Feedback

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

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Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:

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Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

Communication/Additional Feedback

Name:

Designation:

Signature:

Date:

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These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:

More pages can be downloaded as per university guidelines.

Record of Peer Feedback

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspective as well as enabling students to develop skills in peer review and feedback. (NMC, 2018)

These records can be completed by peers, i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Record of Peer Feedback

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Peer Feedback

Name:

Programme/Year:

Signature:

Date:

Peer Feedback

Name:

Programme/Year:

Signature:

Date:

More pages can be downloaded as per university guidelines.

Assessment of Proficiencies

Incorporating Platforms 1 - 7

Annexe A: Communication and Relationship Management Skills

Annexe B: Nursing Procedures

These 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, Future Nurse, 2018, p22, 26).

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the Part. If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the practice assessor's discretion.

The Grade Descriptors are 'Yes' (this proficiency has been achieved) or 'No' (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

Some of the proficiencies may be met within simulated learning as per the individual university's policy.

Proficiencies marked with an * can be met in either Part 2 or Part 3; please refer to the Ongoing Achievement Record (OAR) to confirm achievement of these.

Part 2 Assessment of Performance

The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills.

Those marked with an * can be assessed in Part 2 or Part 3. Please record in OAR as well.

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
Participates in assessing needs and planning person-centred care with increased confidence.								
1. Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques.								
2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal settings.								
*3. 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.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
Participates in assessing needs and planning person-centred care with increased confidence.								
*4. 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.								
Participates in delivering and evaluating person-centred care with increased confidence								
5. 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.								
6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate, utilising appropriate negotiation strategies, drawing on the person's strengths and assets.								
7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
Participates in delivering and evaluating person-centred care with increased confidence								
8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations.								
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence								
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown.								
*10. Utilises aseptic techniques when understanding wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).								
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention.								
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate.								
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence								
13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
*14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate.								
*15. Undertakes, responds to and interpret neurological observations and assessments and can recognise and manage seizures (where appropriate).								
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.								
17. Effectively manage the risk of falls using best practice approaches.								
18. Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing evidence based rationale to support decision making.								
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence								
*19. Undertakes a comprehensive respiratory assessment including chest auscultation, e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
*20. Uses best practice approaches to undertake nasal and oral suctioning techniques.								
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale.								
22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.								
23. Undertakes assessment using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.								
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence								
*24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.								
Participates in improving safety and quality of person-centred care with increased confidence								
*25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.								
*26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
*27. Manage and monitor blood component transfusions in line with local policy and evidence based practice.								
*28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.								
29. Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes.								

Participates in improving safety and quality of person-centred care with increased confidence

30. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice, e.g. solution focused therapies or talking therapies.								
--	--	--	--	--	--	--	--	--

Participates in the coordination of person-centred care with increased confidence

31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.								
32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care.								

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>							
33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict.								

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR.

	YES = Achieved; NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
<i>If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.</i>								
Part 3, No.4 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, for example, positive behavioural therapy or distraction and diversion strategies.								
Part 3, No.13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.								

Part 2 Episode of Care - 1

This assessment must be completed by the end of Part 2.

The practice assessor and student will identify an appropriate episode of direct care involving meeting the needs of a group of people receiving care or in caring for an individual with complex health care needs. Within this episode students should demonstrate skills to undertake a comprehensive assessment and understanding of commonly encountered presentations. Professionalism underpins all aspects of the students' performance.

The aim of this assessment is to demonstrate the student'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 field(s) of practice:**

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Leading and managing nursing care and working in teams
- Improving safety and quality of care.

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

Students are required to use appropriate therapeutic approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment, applying understanding of mental capacity and health legislation as appropriate.

Learning Outcomes

The student is able to:

1. Provide safe, person-centred care, evidence based care in an increasingly confident manner, within an appropriate timeframe in partnership with the person receiving care/family and the multidisciplinary team.
2. Identify and use appropriate opportunities and effective communication skills to explore the importance of healthy lifestyle choices in relation to the mental and physical health and wellbeing of the persons receiving care, e.g. motivational interview techniques.
3. Demonstrate that they can undertake a 'whole person assessment' and effectively contribute to the decision making process and provision of safe, person-centred, evidence based care.
4. Demonstrate that they can co-ordinate the nursing care of a small group of people/person with complex care needs, demonstrating understanding of risk assessment and management and can access appropriate support and resources as required using distraction and diversion strategies.
5. Demonstrate their potential to work more independently, making the most of opportunities to extend knowledge, skills and practice.

Student Reflection on an Episode of Care

Within your reflection, describe the episode of care and how you assessed, planned, delivered and evaluated person-centred care.

What did you do well?

What would you have done differently?

Describe how you have begun to work more independently in the provision of care and the decision making process.

What learning from this episode of care could be transferred to other areas of practice?

Practice Assessor Feedback

Based on the student'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
<p>Promoting health and preventing ill health Applies knowledge of healthy lifestyle choices in relation to the person/persons physical health, mental health and wellbeing, e.g. smoking cessation.</p>		
<p>Assessing needs and planning care Accurately undertakes a comprehensive assessment and identifies need and plans care for a range of health needs.</p>		
<p>Providing and evaluating care Demonstrates safe, compassionate, person-centred, evidence based care that respects and maintains the person/persons dignity and human rights when managing a range of commonly encountered presentations, e.g. anxiety, pain, restlessness, confusion.</p>		
<p>Leading nursing care and working in teams Uses effective communication skills to manage the care of a small group of people/individuals with complex care needs, demonstrating the ability to prioritise care, recognising when and whom to refer/delegate to as appropriate.</p>		
<p>Improving safety and quality of care Accurately undertakes risks assessments and demonstrates an understanding of local and national frameworks for managing and reporting risks.</p>		
If any of the Standards are 'Not Achieved' this will require a re-assessment and the academic assessor must be informed.		
Student's Name:	Signature:	Date:
Practice Assessor's Name:	Signature:	Date:

Part 2 Episode of Care - 2

This assessment must be completed by the end of Part 2 by the student's practice assessor during a specific episode of care.

The practice assessor and student will identify an appropriate episode of direct care involving caring for people with increasing complex health and social care needs (*may be a single or a group of individuals depending on the care environment*). Professionalism underpins all aspects of the student's performance.

The aim of this assessment is to demonstrate the student's progression in the following six platforms within the *Future Nurse: Standards of Proficiency (including skills from Annexe A and B)* (NMC 2018) **in the context of their field of nursing:**

- Promoting health
- Assessing needs and planning care
- Providing and evaluating care
- Leading nursing care and working in teams
- Improving safety and quality of care
- Co-ordinating care.

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

Students are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment, applying understanding of mental capacity and health legislation as appropriate.

Learning Outcomes

The student is able to:

1. Demonstrate and applies knowledge of a range of mental health and physical health conditions in the assessment, planning, implementation and evaluation of person-centred, evidence based care.
2. Demonstrates understanding of the contribution of social influences, health literacy, behaviours and lifestyle choices to the mental health and physical health outcomes in people, families and communities.
3. Demonstrate relevant knowledge in the prioritisation of care and is able to identify changes in a person's condition and responds appropriately.
4. Interact and engage confidently with families/carers and members of the multidisciplinary team in co-ordinating care for a small group of people (or in caring for an individual with complex care needs).
5. Accurately undertakes risk assessments demonstrating understanding of risk management and health improvement strategies.

Student Reflection on an Episode of Care

Within your reflection, describe the episode of care and how you assessed, planned, delivered and evaluated person-centred care.

What did you do well?

What would you have done differently?

Describe how you have begun to work more independently in the provision of care and the decision making process.

What learning from this episode of care could be transferred to other areas of practice?

Practice Assessor Feedback

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

Proficiencies	Yes/No	Comments
<p>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.</p>		
<p>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.</p>		
<p>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.</p>		
<p>Improving safety and quality of care Undertakes relevant risk assessments, discusses risk management and can propose improvements to enhance the quality of care.</p>		
<p>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.</p>		
<p>If any of the Standards are 'Not Achieved' this will require a re-assessment and the academic assessor must be informed.</p>		
<p>Student's Name:</p>	<p>Signature:</p>	<p>Date:</p>
<p>Practice Assessor's Name:</p>	<p>Signature:</p>	<p>Date:</p>

Part 2 Medicines Management

This assessment must be completed by the end of Part 2 where the student safely administers medicines to a group of patients/service users or a caseload of patients/service users in community settings.

During Part 2 the student should be developing their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group of patients/service users or caseload.

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

The student 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 for Registered Nurses* (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 student's knowledge and competence in administering medications safely.

Learning Outcomes

The student is able to:

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Carry out an initial and continued assessment of people receiving care and their ability to self-administer their own medicines.
3. Prepare medications where necessary, safely and effectively administer these via common routes, maintains accurate records and is aware of the laws, policies, regulations and guidance which underpin medicine management.
4. Safely and accurately perform medicines calculations for a range of medications.
5. Co-ordinate the process and procedures involved in managing the safe discharge, move or transfer between care settings of the person.
6. Maintain safety and safeguard the patient from harm, including non-adherence, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007) where appropriate.

Part 2 Medicines Management

YES = Achieved; NO = Not Achieved

Competency	Yes/No
1. 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.	
2. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.	
3. Understands safe storage of medications in the care environment.	
4. Maintains effective hygiene/infection control throughout.	
5. Checks prescriptions thoroughly: <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/date/valid period • Right dose/last dose • Right route/method • Special instructions 	
6. Checks for allergies demonstrating an understanding of the risks and managing these as appropriate: <ul style="list-style-type: none"> • Asks patient/service user • Checks prescription chart or identification band 	
7. Prepares medications safely. Checks expiry date. Notes any special instructions/contraindications.	
8. Calculates doses accurately and safely: <ul style="list-style-type: none"> • Demonstrates to assessor the component parts of the calculation • Minimum of three calculations undertaken 	
9. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home).	
10. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed.	
11. Describes/demonstrates the procedure in the event of reduced capacity and non-adherence.	
12. Safely utilises and disposes of equipment.	
13. Maintains accurate records: <ul style="list-style-type: none"> • Records, signs and dates where safely administered. 	
14. Monitors effects and is aware of common side effects and how these are managed.	
15. Uses appropriate sources of information, e.g. British National Formulary.	
16. Offers patient/service user further support/advice/education, including discharge/ safe transfer where appropriate.	

Practice Assessor's Feedback

Student Reflection on Learning and Development

Student's Name:

Signature:

Date :

Practice Assessor's Name:

Signature:

Date :

Action Plan

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

Practice assessor must liaise with the academic assessor.

The **SMART** principles should be used to construct the action plan.

Placement Name :		Date Action Plan Initiated :	
Nature of Concern Refer to Professional Value(s). Proficiency and/or Episode of Care (Specific)	What Does the Student Need to Demonstrate? <i>Objectives and measures of success</i> (Measurable, Achievable and Realistic)	Support Available and Who Is Responsible	Date for Review (Timed)
Student's Name :		Signature :	Date :
Practice Assessor's Name :		Signature :	Date :
Academic Assessor's Name:		Signature :	Date :
Review/Feedback			
Have the objectives been achieved?		YES/NO	
Comments:			
Practice Assessor Name:		Signature:	Date:

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Placement Name :		Date Action Plan Initiated :	
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Student's Name :		Signature :	Date :
Practice Assessor's Name :		Signature :	Date :
Academic Assessor's Name:		Signature :	Date :
Review/Feedback			
Have the objectives been achieved?		YES/NO	
Comments:			
Practice Assessor Name:		Signature:	Date:

PRACTICE HOURS

Please start a new page per placement

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 =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			

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 student:		
Signed: _____ (Staff Member)	Name (print): _____	
Placement Area: _____	Date: _____	
Declaration by Student: I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.		
Signed: _____ (Student)	Name (print): _____	

It is expected that the student 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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Health Education England

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across the London Region. This work has been led by Jane Fish as Project Manager.

Membership of the Pan London Practice Learning Group (PLPLG)

- Kathy Wilson, Associate Professor, Head of Practice Based Learning, Middlesex University (Chair)
- Nicki Fowler, Programme Leader/Professional Lead, Learning Disabilities, University of Greenwich (Vice Chair)
- Lynn Quinlivan, Practice Programme Co-Ordinator for Pre-Registration Nursing, University of Hertfordshire
- Sue Woodward, Senior Lecturer, King's College London
- Julie Bliss, Head of Practice Learning, King's College London
- Karen Chandler, Associate Professor, Director of Practice Learning, Kingston University and St George's, University of London
- Alex Levine, Faculty Director Practice Learning, Canterbury Christ Church University
- Julie MacLaren, Deputy Divisional Lead – Practice Education, City, University of London
- Michelle Ellis, Senior Lecturer, Child Health, City, University of London
- Yvonne Halpin, Associate Professor (Practice Learning), London South Bank University
- Nigel Davies, Head of Pre-Registration Nursing, University of East London
- Barbara Hoyle, Head of Practice Education University of West London
- Jo Rixon, Principal Lecturer for Practice Learning, Buckinghamshire New University
- Rachel Bacon, Associate Teacher Practice Learning, The University of Nottingham (MEPLG representative)
- David Marston, Senior Strategic Programmes, Planning and Performance Manager, Quality Patient Safety and Commissioning Team (London), Health Education England
- Jane Fish, PLPAD Project Manager
- Ian Grant-Rowan, (PLPAD Document Design) Systems Support/Projects, Middlesex University
- Clara Longley, Gregory Brinsdon, Project Administrator, Middlesex University

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