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|---------------|---------------------------|
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| Number | 87654321 |
| Cohort | 09.19 |
| Field | BSc Mental Health Nursing |



PRACTICE ASSESSMENT DOCUMENT

NURSING

PART 3

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).



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



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.

Version
BCU 1
Oct 21

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:

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



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Practice Learning Group**



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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 part and with the main document 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 attending practice learning experiences (PLEs) 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 attending PLEs. 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 PLE 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 PLE. 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 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 the 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 communications/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 PLE. 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 to schedule 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 state 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 fitness for practice issue that requires prompt action, an action plan should be instigated to address specific needs or concerns within a specified timeframe. In the event of this, seek guidance from the academic assessor and/or senior practice representative.

Academic assessor responsibilities

Academic assessors are registered nurses and 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.

Where Retrieval attempts are undertaken the OAR and relevant MYEPAD for the part MUST be available for review by retrieval practice supervisors and practice assessors

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 adhered to and demonstrated at all times when attending PLEs. All must be assessed and achieved *by the end of the Part.*

Proficiencies:

These reflect aspects of the seven platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed during any PLE, but all must be assessed/achieved at least once *by the end of the Part.*

Episodes of Care 1 and 2:

These holistic assessments facilitate and demonstrate 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.

Formative practice should be undertaken during the Part and feedback should be considered and should contribute to the final summative assessment decision

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.

Record of Peer Feedback

These are pages to encourage the student to engage in peer review and receive feedback from a number of peers. This is not formally assessed but will contribute to overall student feedback.

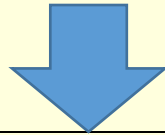
Ongoing Achievement Record (OAR):

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

Process of Practice Assessment

Prior to attending practice

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



PLE Orientation

see orientation checklist



Initial Interview

Learning and development needs are identified and planned
During the first PLE of Part / week 1 of Part



Mid-Point/Part Interview

Progress, learning and development needs are identified by the practice supervisor/assessor
End of first practice learning block / last week of final PLE of block 1
Review during the first week of block 2 / first PLE of block 2



Final Interview

Progress and achievement are explored by the practice assessor, who also completes a summary in the OAR
During the Final week of PLE of block 2 / the Part

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

Birmingham City University Practice Learning Experience (PLE) Specific Information.

Mandatory Training Prior to attending PLEs

You must attend pre-PLE preparation, PLE provider induction sessions and complete/attend all statutory and mandatory training prior to each Part. Details can be found on the Professional Practice Module Moodle site. You will not be permitted to attend PLEs if mandatory training has not been completed.

Students with Disclosed Disabilities and Learning Differences including Dyslexia

This PAD must be completed in line with all reasonable adjustments to which you may be entitled if you have a diagnosed disability or Specific Learning Difference which has been disclosed, assessed and recognised by the University. You will require evidence of such entitlement. The reasonable adjustments applied to student PLEs must not detract from the level of competence to be met in order to be successful. Further advice is available from the Associate Professor (Accessibility and Inclusivity).

Risk Assessments

If you are pregnant a risk assessment must be undertaken by the organisation offering the PLE. Please notify the Course Field Lead prior to attending the PLE or as soon as you are aware of your pregnancy. Any illness or disability that may be a risk during a PLE should be disclosed to the practice area staff and the Course Field Lead in order that a risk assessment can be undertaken, and any adjustments recommended be considered. All students must complete a COVID-19 risk assessment prior to attending PLEs in Part 1 or on joining the Course. This is valid for all parts, but the Course Field Lead must be notified by you in the event of any changes.

Attendance

You are required to undertake 2300 practice hours across the Parts and must complete a record of practice hours in this document. A supervisor/assessor must sign this sheet to confirm the accuracy of the hours undertaken. You must attend the hours and shift pattern of the practice area. This includes weekends, night duty and bank holidays. You will undertake the practice hours as per your course plan. If you have individual needs which may affect your ability to accommodate certain working patterns you must contact the relevant Academic Lecturer for Practice Development and Support during your PLE(s)

Reporting Sickness & Absence

It is your responsibility to report sickness/absence to the practice learning area prior to the commencement of your attendance hours. This must be done in accordance with the policies and procedures of the area. You must also report this information to the University by emailing HELS.absences@bcu.ac.uk Further information is available on iCity and the relevant Practice Module Moodle site. Supervisors/assessors may also report student sickness/absence.

Student and Supervisors/Assessors Support

Should either students or supervisors/assessors require support and advice the following help is available:

- Practice Placement Manager (PPM) or equivalent for the area/organisation
- Academic Lecturers for Practice Development and Support
- Practice Module Moodle Sites
- Course Lead
- Academic Assessors
- Supported Practice and Clinical Excellence (SPACE) <https://www.bcu.ac.uk/health-sciences/facilities/space>
- Student affairs www.bcu.ac.uk/student-info/student-services

Submission date and time

You must submit your '**End of Part' Confirmation Sheet(s)** which can be found in your OAR, by 12:00 midday on the submission date. This date can be found on the assessment schedules.

Failure to submit will result in a fail at first attempt.

Raising and Escalating Concerns

Safeguarding

As a student nurse, you have a duty to put the interests of the people in your care first and to act to protect them if you consider they may be at risk. It is therefore important that you know how to raise and escalate concerns appropriately. You are therefore encouraged to raise any concerns that you have over the standard of care you witness with your supervisor/assessor, practice learning area manager, practice education facilitator, academic assessor or Academic Lecturer for Practice Development and Support.

The NMC guidance on Raising and Escalating concerns can be accessed at:

<http://www.nmc-uk.org/Documents/RaisingandEscalatingConcerns/Raising-and-escalating-concerns-guidance-A5.pdf>

The Faculty of Health Whistleblowing policy also offers guidance for students.

Fitness to Practice

When there are concerns at any time about a student's personal or professional suitability to remain on their course, Practice Supervisors/Assessors must raise and escalate these concerns via their local practice education facilitator or Academic Lecturer for Practice Development and Support. This might happen, for example, if you

- have physical or mental health problems which may put you or others at risk
- demonstrate unprofessional behaviour
- have committed an offence under the University's Student Disciplinary Procedure which raises doubts about professional suitability

This list is not exhaustive and other behaviour(s) may raise concerns about your fitness to practice.

If a Practice Supervisor or Assessor raises a concern about your Fitness to Practice this may result in your PLE being withdrawn whilst an investigation takes place.

Patient/Client's Consent

You and your Practice Supervisors and Assessors have a responsibility to ensure that service users are aware that nursing care is being delivered by a student nurse and that patient/client's consent is given. Where appropriate a record of this consent should be made in the patient/client's notes. The process for seeking consent will vary from PLE to PLE.

Supernumerary Status

When undertaking the BSc (Hons) Nursing Course, you have supernumerary status when attending PLEs. Supernumerary means that you will not, as part of your course, be contracted by any person or body to provide nursing care. This means that you are additional to workforce requirements and staffing figures. You will make an evolving contribution to enable you to learn and meet the professional standards and competence required during the course. Supernumerary status does not imply the right for students to change allocated duty at will, or always to have off-duty/leave requests honoured.

Confidentiality

You must adhere to the NMC requirements related to confidentiality and the practice area's confidentiality policy. Please ensure that you do not refer to individuals' personal details in any reflections or episodes of care.

Clinical Documentation bearing patient/client/service user details should NOT UNDER ANY CIRCUMSTANCES be removed from the practice areas.

On-going Achievement Record

Alongside this PAD you have been provided with an On-going Achievement Record (OAR). Your OAR is a tool which enables judgements to be recorded/noted by your Practice Supervisors, Practice Assessors and Academic Assessors about your progress where PLEs form an integral part of your programme of study. Your OAR is a compilation of successive PSs, PAs and AAs' comments and assessment of practice decisions from PLEs undertaken by you during your course of study. You should present each successive PS and PA with this OAR during your PLEs. Your AA will be responsible for the ongoing review of your OAR throughout each part of your course. The safe keeping of the OAR is your responsibility.

Birmingham City University: Guidelines for Assessment and Progression

Preparation in university prior to student PLE attendance

Initial Interview for Part

The nominated person will be identified, and the induction and orientation will be completed. A meeting between the student and Practice Supervisor will be held within the first week of the first PLE of the Part. Initial learning and development needs and agreement of a learning plan will be documented. Date for mid-point / part interview identified.

Mid-point / Part Interview

This involves a review of the professional values as well as the student's overall progression and achievement to date and a formative review* of student progress towards the achievement of the Episodes of Care and Medicine Management Proficiency. Feedback can be recorded by the Practice Supervisor but requires agreement/input from the Practice Assessor and student. If there are any concerns about student conduct, learning and progress, contact must be made with the Academic Lecturer for Practice Development and Support and, where relevant, the PPM / nominated practice staff by email or telephone, who will communicate to the Academic Assessor. If an **Action Plan** is required a representative may be present. Support can also be accessed via Clinical Practice Support Teams and / or nominated practice staff.

Final Interview for Part

Overall performance is reviewed and feedback from all staff in practice as well as the Academic Assessor is considered. All sections in PAD and OAR completed and confirmed by relevant individuals.

Relevant assessment documentation submitted electronically by the student at the end of each Part. Course Leader/Academic Assessor reviews documentation and action, as necessary. The Course Leader/ Practice Development and Support team undertakes moderation of submitted PADs.

Refer/Fail

ALL assessments must be achieved by the end of the year / part

Pass

Decision options if the student does not achieve:

*For any components formatively reviewed / assessed and not achieved, an action plan must be developed, and the student will have the opportunity for further assessment by the end of the part * Students must demonstrate consistency in competence in accordance with Professional Values. If professional values have not been achieved or a concern has been raised these will be reviewed in line with Fitness to Practise policy.

* Formative review = ongoing, not a final assessment. May be carried out at mid-point /part interview *Summative assessment = an evaluation of all learning. A final assessment.

Second Attempt/Retrieval Process

Course Leader contacts the practice team to arrange a new PLE. Academic Assessor to liaise with Academic Lecturer for Practice, Development and Support to initiate support with Practice Supervisors and Practice Assessor.

Retrieval Documentation to be completed and submitted at the end of the retrieval PLE.

Academic Assessor review and confirms the assessment:

PASS – Progression to next Year/Part

FAIL – No further attempts – student required to leave the course

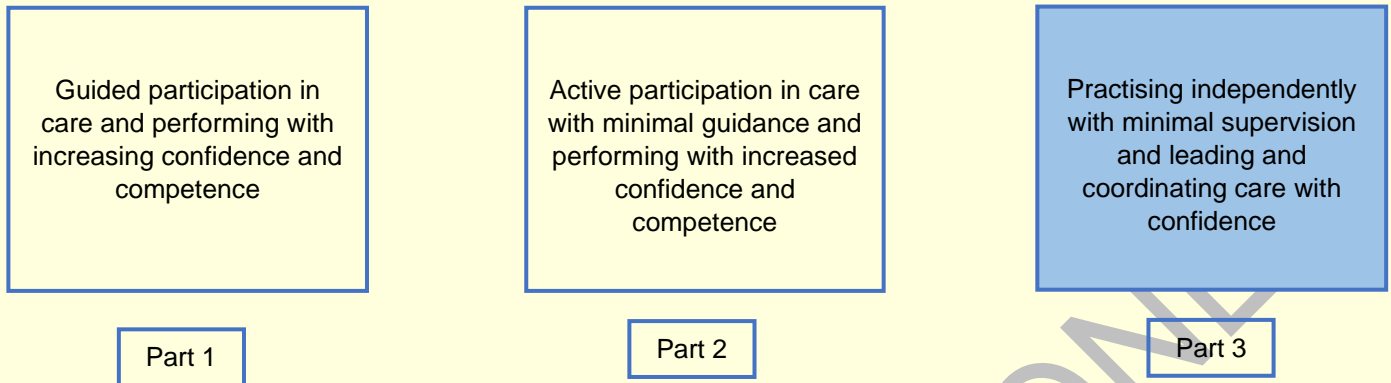
All Fails and 2nd attempt submissions must be moderated.

Progression to next Year / Part

A random 10% sample of PADs are reviewed at the Moderation of Practice Committees for submitted PADs

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

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

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

List of Practice Supervisors

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

| Name (please print) | Job Title | Signature | Initials | Practice Area |
|------------------------|---|--------------------|----------|---|
| NEIL ARMSTRONG | COMMUNITY NURSE (RMN) | <i>N.Armstrong</i> | NA | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| PANDORA STAR | SPEECH AND LANGUAGE THERAPIST | P.Star | PS | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| CHARLIE COMET | COMMUNITY NURSE (RNLD) | <i>C.Comet</i> | CC | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| MICHAEL MARS | CLINICAL PSYCHOLOGIST | <i>M.Mars</i> | MM | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| NINA NEPTUNE | COMMUNITY NURSE (RMN) | <i>NNeptune</i> | NN | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| SALLY PLUTO | COMMUNITY NURSE (RNLD) | <i>S.Pluto</i> | SP | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| JORDAN EARTH | OCCUPATIONAL THERAPIST | J.Earth | JE | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| DR. GALAXY | Consultant Children's Psychiatrist CAMHS | <i>Dr.Galaxy</i> | GG | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |

List of Practice Assessors

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

| Name (please print) | Job Title | Signature | Initials | Practice Area |
|------------------------|-------------------|----------------|----------|---|
| Stacey Solar | Team Leader (RMN) | <i>S.Solar</i> | SS | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
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List of Academic Assessors

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

| Name (please print) | Job Title | Signature | Initials | Practice Area |
|------------------------|-------------------|-----------------|----------|---|
| ALYA SATURN | Academic Assessor | <i>A.Saturn</i> | AS | Milky Way NHS Trust Child & Adolescent Community Mental Health Service |
| | | | | |
| | | | | |
| | | | | |

Practice Learning Experience (PLE) 1 - Details

Complete details for each PLE of 1 week duration or longer

PLE Provider: Milky Way NHS Trust Child & Adolescent Community Mental Health Service
(e.g. Trust/Organisation)

Name Area / Team / Practitioner
CAMHS Community Team

Type of Experience: Community Mental Health service
(e.g. Community service / social care / Ward Based)

PLE contact Telephone Number: 12345 000 000

PLE Contact Email : Milky.Way@NHS.uk

Start Date: 01.01.22 **End Date:** 26.03.22

Nominated Person to Support Student and Address Concerns

Name: Luna Lovegood **Designation:** Practice Placement Manager

Contact Email Address: Luna.Lovegood22@milkywaynhs.net

Practice Assessor Details:(Final PLE for each block only)

Name: Stacey Solar **Designation:** Team Leader (RMN)

Contact Email Address: Stacey.Solar33@milkywaynhs.net

Academic Assessor Details:

Name: Alya Saturn **Designation:** Academic Assessor

Contact Email Address: Alya.Saturn44@milkywaynhs.net

Practice Learning Experience (PLE) 1 - Orientation

| Name of PLE Area / Team / Practitioner: | PLE Area 1 | |
|--|-------------------------------------|-----------------------------------|
| Name of Staff Member: | | |
| This should be undertaken by a member of staff in the PLE Area | Initial/Date (Student signature) | Initial/Date (Staff signature) |
| The following criteria need to be met within the first day of the PLE | | |
| A general orientation to the health and social care PLE setting has been undertaken | <i>Daphne. Moon</i> 01.01.22 | <i>S.Solar</i> 01.01.2022 |
| The local fire procedures have been explained Tel.: | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student has been shown the: <ul style="list-style-type: none"> • fire alarms • fire exits • fire extinguishers | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| Resuscitation policy and procedure have been explained Tel.: | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| Resuscitation equipment has been shown and explained | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student knows how to summon help in the event of an emergency | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| 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 | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student has been made aware of information governance requirements | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The shift times, mealtimes and reporting sick policies have been explained | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student is aware of his/her professional role in practice | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| Policy regarding safeguarding has been explained | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student is aware of the policy and process of raising concerns | <i>Daphne. Moon</i> | <i>S.Solar</i> 01.01.2022 |

| | | |
|---|--------------------|------------------------------|
| Lone working policy has been explained (<i>if applicable</i>) | <i>Daphne Moon</i> | <i>S.Solar</i> 01.01.2022 |
| Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed) | <i>Daphne Moon</i> | <i>S.Solar</i> 01.01.2022 |
| 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 practice learning area | <i>Daphne Moon</i> | <i>S.Solar</i> 01.01.2022 |
| The student has been shown and given a demonstration of the medical devices used in the practice learning area | <i>Daphne Moon</i> | <i>S.Solar</i> 01.01.2022 |

EDUCATION USE ONLY

Practice Learning Experience (PLE) 1 - Learning and Development Needs

Feed forward points to be agreed between the practice supervisor/assessor and student at end of each PLE

Practice supervisor/assessor to identify specific areas to take forward to the next PLE:

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

| Checklist for assessed documents | Tick | Practice Assessor Initial | Student Initial |
|---|------|---------------------------|-----------------|
| The professional value statements have been reviewed, discussed and signed (where applicable). | ✓ | SS | DM |
| The relevant proficiencies / skills that the student has achieved in this area have been signed (where applicable). | ✓ | SS | DM |
| The practice attendance hours have been checked and signed | ✓ | SS | DM |
| All the interview records and development plans have been completed and signed (where applicable). | ✓ | SS | DM |
| The practice supervisors and practice assessor have printed and signed their name on the appropriate list at the beginning of the document. | ✓ | SS | DM |
| The practice assessor has completed the Ongoing Achievement Record (OAR) (End of Part only). | ✓ | SS | DM |

Student's Name: **Daphne Moon**

Signature: *Daphne Moon*

Date: 01.01.2022

Practice Supervisor's/Assessors Name:

N.B. Must be signed by an assessor for final PLE of Part.

Signature: *S.Solar*

Date: 01.01.2022

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

Signature: *A.Saturn*

Date: 01.01.2022

Part 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 first PLE of the Part.

Practice Learning Area Name: CAMHS Milky Way Community Team

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

- To hold a small caseload of service users
- To carry out nursing assessments independently
- To begin planning care for my service users with minimal supervision
- To work closely with the multi-disciplinary team

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

| Outline of learning plan | How will this be achieved? |
|---|--|
| <ul style="list-style-type: none"> - To hold a small caseload of service users | <ul style="list-style-type: none"> - Daphne and Stacey to sit down together and look at the allocations waiting list in order to identify suitable cases for Daphne to manage independently (with guidance and support from PA and PS's). |
| <ul style="list-style-type: none"> - To carry out initial assessments for service users who get referred into the service | <ul style="list-style-type: none"> - Daphne to initially shadow the nurses completing the assessment and then gradually work towards independently leading on the assessment. |
| <ul style="list-style-type: none"> - To gain a good understanding of how the CAMHS community service operates and to learn about key staff roles | <ul style="list-style-type: none"> - Daphne to spend time with all key members of the multi-disciplinary team (Nursing, Psychology, Psychiatry, Occupational Therapy, Social Care, Speech and Language Therapy) as well as seeking out opportunities to visit other key areas in the community such as schools, care homes and short breaks services. |

| | |
|---|---|
| <ul style="list-style-type: none"> - To work closely with the multi-disciplinary team and learn more about joint working | <ul style="list-style-type: none"> - Daphne to attend all MDT meetings and join staff for meetings/home visits wherever possible or appropriate. |
| Learning plan for PLE agreed by practice assessor (<i>where applicable</i>) : YES / NO | |
| Student's Name: Daphne Moon | |
| Signature: <i>Daphne Moon</i> | Date: 01.01.22 |
| Practice Supervisor/Assessor's Name: Stacey Solar | |
| Signature: <i>S.Solar</i> | Date: 01.01.22 |

EDUCATION USE ONLY

Initial to Midpoint / Part - Record of Communication / 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

Daphne accompanied me on a home visit this afternoon to complete an initial nursing assessment for a young boy who has been referred into the service due to concerns regarding self-injurious behaviours. Daphne and I agreed that I would lead on the assessment, however, should she have any further questions for the family, she should raise these. It was a very sensitive situation and the child's parents were upset due to the worries they have about their son. Daphne remained calm and displayed a lot of care and compassion for the family. Daphne asked the mother if she wanted a tissue and a glass of water when she was crying. It was clear that the parents were very grateful for Daphne's kind and sensitive approach.

During the assessment, Daphne was engaged and made some clear and concise notes that she later typed up onto the child's patient record. It was a real pleasure to work with Daphne today and we agreed that she will take a lead on completing the initial nursing assessment next time.

Name: Charlie Comet

Designation: RNLD

Signature: C.Comet

Date: 08.01.22

Communication/Additional Feedback

Daphne accompanied me to the local SEN school today to complete a Sensory Integration and Sensory Processing assessment for a child under our service who has recently been diagnosed with Autism Spectrum Disorder. Daphne displayed initiative by asking me to talk through the assessment and its main components before we went to the school. We discussed the different levels of sensory integration and Daphne was keen to research these elements prior to our visit. The initial part of our assessment involved observing the child in the classroom. Daphne made notes throughout our observation and was sensitive to the fact that we were strangers in the classroom – Daphne handled this well and was very subtle when observing the child.

Name: Jordan Earth

Designation: Occupational Therapist

Signature: **J.Earth**

Date: 09.01.22

Initial to Midpoint / part - 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 perspectives 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 during your PLE you can use the form below to obtain feedback.

Peer Feedback

I am a first-year Learning Disability student and today I worked alongside Daphne today. As a first-year student I have been slightly overwhelmed on the first week of my first practice learning experience and have found it really difficult to settle into my practice learning experience environment.

At the beginning of the shift Daphne introduced herself and asked that if after my initial interview I wanted to spend some time with her, my practice assessor had said that she had buddied me up with Daphne for the afternoon so that she could go through the student pack with me.

Daphne was really kind and spent lots of time talking through what some of my anxieties were, she talked through some of her experiences and gave me some tips as to how I can get the best out of my placement experience.

I really enjoyed spending time with Daphne and she really made me feel less anxious, she listened to my concerns and gave some solution-focused suggestions. Daphne reassured me that it was normal to feel the way I was feeling, she was empathic and helped me develop an action plan based on her own experiences.

Name: Alan Atmosphere

Programme/Year: First Year – 09/21

Signature: A. Atmosphere

Date: 12.01.22

Initial to Midpoint / part - Record of Working with and Learning from Others/Inter-professional Working

Student Reflection: Reflect on your learning from simulated and / or online experiences and in outreach / short PLEs or with members of the multi-disciplinary team who are supervising you. Please summarise your experience(s) below.

I was fortunate enough to visit a young person at home, along with their care coordinator Jordan. Initially, I was extremely surprised that a young person had been allocated an occupational therapist as a Care – Coordinator as throughout my university journey it had been traditionally nurses or medics who would take up this role. However, during my time with Jordan I began to see the benefits of MDT working in this scenario and Occupational therapists can offer a valuable perspective towards health promotion.

The aim of our home visit on this particular shift was to work with the young person and their parents to attempt to teach coping and self-regulation skills that are useful in a variety of contexts. In addition to this educate the young person and family sensory exploration and implementing sensory approaches for self-regulation.

Student's Name: Daphne Moon

Signature: *Daphne Moon*

Date: 09.01.22

Practice Supervisor's Comments:

Daphne accompanied me on a home visit today to meet a young person who is struggling to self-regulate, and as a result, is experiencing frequent panic attacks. Daphne took a lead in explaining one of the self-regulation exercises to the young person. Daphne built an excellent rapport with the young person as she asked the young person about their interests and hobbies. Daphne adapted her communication techniques in order to promote better understanding for the young person. For example, Daphne used simple language and avoided overloading the young person with too much information. Daphne asked the young person if they would like her to come back next week to see how they are getting on with the exercises and the young person agreed.

Practice Supervisor's Name: Jordan Earth

Signature: **J.Earth**

Date: 09.01.22

Student Reflection: Reflect on your learning from simulated and / or online experiences and in outreach / short PLEs or with members of the multi-disciplinary team who are supervising you. Please summarise your experience(s) below.

I accompanied Charlie on an assessment of a young person who appeared to be experiencing his first episode of Psychosis. The young person had been referred to the Early Intervention Service; a service that assesses and works with people during their first episode of a mental health illness such as psychosis or mania. Prior to the assessment, I had become increasingly nervous about meeting the young person and the assessment process, from reading the young person's notes it appeared that they had become increasingly distressed due to the nature of his experience and felt that the assessment itself may be a distressing experience for them.

Charlie is a really experienced nurse and when I discussed my concerns with him he was able to give me lots of feedback as to the things as professionals we can do in order to make the young person and/or carer comfortable.

I was able to reflect on how my own anxiety about the potential distress of the young person may have made the situation more difficult; that I needed to provide an open and relaxed environment. I also learnt the following:

- How to set up the room so that it does not feel overwhelming for the young person
- Ensure the young person knows they can stop the assessment at any point
- Avoid open questions if the young person is finding these too difficult and spend some time understanding what is more comfortable for them
- Use good verbal and nonverbal communication skills
- Speak clearly and concisely, especially to someone who has thought processing difficulties, asking if they need clarification or more time to think about what you've just said. Active listening and paraphrasing what the patient just said, makes them feel heard, understood and cared for.

Student's Name: Daphne Moon

Signature: *Daphne.Moon*

Date: 16.01.22

Practice Supervisor's Comments:

Daphne came and spoke to me and was honest about feeling anxious prior to meeting the young person and completing an assessment. Daphne's honesty allowed us to discuss her concerns and identify, where possible, she could perhaps prepare for meeting the young person.

Practice Supervisor's Name: Charlie Comet

Signature: C.comet

Date: 16.01.22

More pages can be downloaded as per university guidelines.

Initial to Midpoint / Part - 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 student's 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 4

✓ Please tick box to indicate that you are happy that your feedback to be used to inform the student nurse's assessment. It will not be used to inform future practice, audit or for evaluation purposes.

Please answer the following questions relating to the student nurse

Q1. Did the student nurse talk to you?

Yes, she did speak to me. Sometimes she did just sit with me and didn't say anything though, which was nice because I just wanted to feel like someone was there. Daphne did make me laugh and asked questions about my family and pets which I liked as since I have been unwell and because of Covid I haven't been able to see them much.

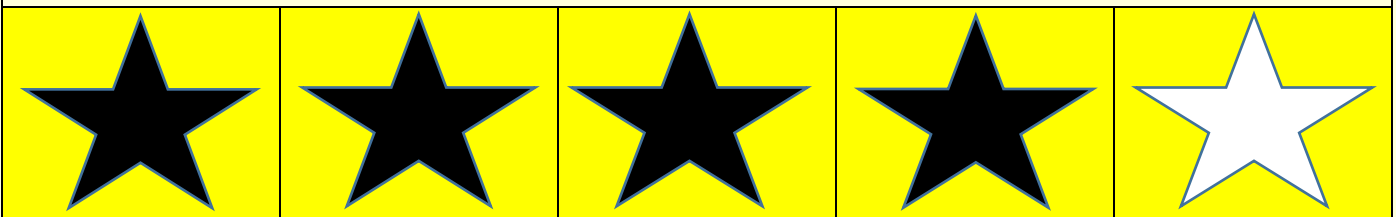
Q2. Was the student nurse kind to you?

She was very kind to me – she always smiled which made me feel happy. I liked it when she called me to see how I was getting on as I always felt much better after the call.

Q3. Did the student nurse listen to you?

Daphne did listen to me, sometimes she didn't really say much back but that's when I knew she was properly listening to what I had to say and was not just trying to fix everything for me.

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: Stacey Solar

Signature: *S.Solar*

Date: 17.01.22

Student's Name: Daphne Moon

Signature: *Daphne.Moon*

Date: 17.01.22

Part 3: Mid-Point / Part Interview

This discussion must take place half way through the Part.

It should be completed during the final week of the first block of practice learning / last PLE of the first block and reviewed during the first week of the second block of practice learning / first PLE of the second block.

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: I feel that I have a good knowledge about how the team and service is structured. I know what sort of information to look for when we receive a new referral. I make sure to follow our referral criteria which I have become very familiar with since starting my practice experience. I also feel that I have a good knowledge about what is involved in the initial nursing assessment that we complete for all new service users. My knowledge about specific syndromes that some children with learning disabilities have is improving and I have made sure to research anything that I'm not sure of. My developing knowledge in these areas has allowed me to make better relationships with service users and their families.

Skills: I am beginning to feel more confident during the completion of initial assessments for service users who have been referred to our team. I have been taking it in turns with my practice supervisors to ask questions during the assessment, but I feel ready to take a lead on the assessments moving forward. I know that I will be really nervous before I do this, so I will make sure that I am prepared and have thoroughly read the information on the referral form beforehand.

I feel that my communication skills are improving day by day and this is due to the number of home visits I am attending with various members of the team. Some of the conversations with parents have been really difficult and a lot of them have been upset when we have visited. At first this made me feel quite uncomfortable, but now I know that they just need someone to listen to them and offer them support.

Attitudes and Values: I feel that I am demonstrating consistent compassion, care and empathy with the service users and their families/carers. The parents of the children and young people under our service are often very distressed and upset. I understand that their frustrations are not directed at us and that they are under a lot of stress. Sometimes it can be difficult not to take things personally, but I am recognising the value of talking these feelings through my with practice supervisors and assessor.

Practice Assessor's comments

Discuss with the student their self-assessment and comment on their progression using the Criteria for Assessment in Practice Descriptors (See page 10) detailing evidence used to come to your decision.

Knowledge: Daphne has demonstrated her growing knowledge very well over the last few weeks as I have observed her talking to a family and explaining how our service is structured and the type of interventions we offer. Daphne has made a conscious effort to introduce herself to everyone in the multi-disciplinary team and has asked many of the professionals if she can work jointly with them to complete various home visits and assessments. Daphne's proactive qualities have enabled her to build upon her knowledge and learn about the type of work that the OT's, SALT and other nurses do within the team.

Skills: Daphne is working towards taking a lead on the initial assessment process. Daphne has engaged positively during initial assessments with other members of them team and has asked appropriate questions in a sensitive manner.

Attitudes and Values: Daphne shows great sensitivity and empathy towards the service users and their families. Daphne always treats people as individuals by listening to their needs and responding to their concerns. Daphne always works hard to uphold people's dignity in distressing situations. She remains calm and adapts her methods of communication based on the current situation. I observed Daphne speaking to a Parent on the phone and it was clear that the parent was very upset – Daphne used a soothing tone to her voice and reassured the parent that she was there to listen.

Part 3: Mid-Point / Part Review – Action Plan

Ongoing learning and development needs.

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

Following the mid-point / part interview the student is to identify their learning and development needs for the remainder of the Part and negotiate with their practice assessor how these will be achieved.

If there are any issues/areas for concern, these must be recorded and should trigger an action plan. This must involve the practice supervisor and the practice assessor (as appropriate) in liaison with the nominated person / academic assessor

| Learning and development needs | How will these be achieved? |
|--|---|
| <ul style="list-style-type: none"> - Daphne to take a lead on the completion of the following assessments: Initial Assessment, Risk Assessment, Goal-Based Outcomes and Consent forms. - Daphne to contact Ward Manager at local Children's Hospice to arrange shifts. Daphne to focus specifically on: signs of deterioration, pain management, personal hygiene management, IV fluids, medication, fluids and nutrition via infusion pumps, specific elimination needs, infection prevention and aseptic techniques, catheter care, seizure management and end of life care. - Daphne to work on leadership skills and delegate functional assessment tasks to the Support Workers within the team. | <ul style="list-style-type: none"> - Daphne to continue working closely with members of the team and attend all initial assessment appointments. Daphne to speak to the relevant member of the team who is on the assessment rota next week and arrange to take a lead. Daphne to familiarise herself with the information on the referrals and the content of the initial assessment to ensure that she is feeling prepared. - Daphne to organise and attend local Children's Hospice for 3 days in order to achieve specific proficiencies. - Daphne to arrange a meeting with Support Worker and delegate specific tasks such as completion of a set of school observations and data collection of behaviour frequency. |

Student's Name: **Daphne Moon**

Signature: *Daphne Moon*

Date: 18.02.22

Practice Assessor's Name: **Stacey Solar**

Signature: *S.Solar*

Date: 18.02.22

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

Midpoint / part to Final - Record of Communication / 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

Daphne accompanied me today to a Child in Need meeting at the local SEN school. The meeting was intense and there was in depth discussion around various safeguarding concerns in relation to the children within the family. Daphne recognised that this had been a difficult meeting and asked if she could reflect and debrief with me later on in the day. Daphne not only shows great care and compassion for our service users and families, but she also recognises the importance of clinical supervision and looking after ourselves too.

Name: Neil Armstrong

Designation: RMN

Signature: *N.Armstrong*

Date: 07.05.2022

Midpoint / part to Final - 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 during your PLE you can use the form below to obtain feedback.

Peer Feedback

Daphne facilitated an Autism Awareness teaching session this afternoon for the team. The session was really interesting and the PowerPoint presentation that Daphne created was really easy to follow and understand. Daphne made the session interactive and asked us to get into small groups to create posters. We had to think about some of the sensory processing difficulties that people with autism may experience. It was clear that Daphne had prepared really well for the session as she had printed off handouts and had all the materials for the session ready. I am in my first year and this has given me the confidence to try and teach my own session to the team. Daphne said the experience was scary at first, but afterwards, she felt great and it really boosted her confidence.

Name: Rachel Rocket

Programme/Year: Year 1 BSc LD Nursing

Signature: **R.Rocket**

Date: 19.05.22

Midpoint / part to Final - Record of Working with and Learning from Others/Inter-professional Working

Student Reflection: Reflect on your learning from simulated and/or online experiences and in outreach / short PLEs or with members of the multi-disciplinary team who are supervising you. Please summarise your experience(s) below.

Today I spent time with Dr Galaxy in his clinic. He had a number of children and families to see throughout the day in order to review their current needs and medication. Dr Galaxy asked if I could type up the notes onto the system during the appointments, along with measuring the children's height and weight. This was a really interesting day and I feel that I've learnt a lot about many different types of medication and their side effects.

Student's Name: Daphne Moon

Signature: *Daphne Moon*

Date: 19.05.22

Practice Supervisor's Comments: Daphne assisted me in clinic today. Daphne recorded height and weight for all patients and did this with confidence. Many of the children have sensory processing difficulties and struggle with the environment when they come into clinic. Daphne was very patient with the children and had an excellent way of distracting them with toys and colouring during the appointment. Daphne asked lots of appropriate questions in relation to types of medication between the appointments. Daphne's notes on the system were clear and concise.

Practice Supervisor's Name: Dr G.Galaxy

Signature: *Dr. Galaxy*

Date: 19.05.22

Midpoint / part to Final - 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

Please tick box to indicate that you are happy that your feedback to be used to inform the student nurse's assessment. It will not be used to inform future practice, audit or for evaluation purposes.

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

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

What did the student nurse do well?

Daphne called us following the weekly Clinical Team meeting last Wednesday, I had spoken with her in the morning surrounding some of my concerns in relation to my young person's mental state and self – harm behaviours. Daphne advised that the Clinical Team meeting would be taking place that afternoon, she would raise these concerns as a discussion point on behalf of us as parents and would arrange for someone to call us to feedback following the meeting.

Daphne was true to her word and called following the meeting that afternoon, I was quite upset during the conversation as it was quite upsetting to hear about how my young person's risk had increased in the community and that a hospital admission was being discussed. Daphne approached the sensitive content in a very caring manner, gave us time to process the information, gave reassurance and provided us with contacts for further support should we need it. Daphne ensured that we knew what the next steps were and reassured that we were not on our own.

What could the student nurse have done differently?

At this moment in time, I cannot think of anything that Daphne could have done differently.

Practice Supervisor/Practice Assessor's Name: Stacey Solar

Signature: *S.Solar*

Date: 25.05.22

Student's Name: Daphne Moon

Signature: *Daphne.Moon*

Date: 25.05.22

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

EDUCATION USE ONLY

Part 3 - Professional Values in Practice

Students are required to demonstrate high standards of professional conduct **at all times during their PLEs**. 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 through the mid-point review can be completed by a practice supervisor in liaison with the practice assessor.

This assessment is **summative**. Feedback from all practice learning experiences should be considered when reaching the assessment decision/outcome. (See p5) at the end of the part.

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

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

| | Achieved Mid-Part Yes/No | Initial/Date | Achieved Final Yes/No | Initial/Date (Final) |
|---|--------------------------------|--------------|-----------------------------|-------------------------|
| 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. | Yes | SS | yes | SS |
| Promote Professionalism and Trust | | | | |
| 14. The student's personal presentation and dress code is in accordance with the local policy. | yes | SS | yes | SS |
| 15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement. | yes | SS | yes | SS |
| 16. The student demonstrates that they use critical self- reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and the decision-making process. | yes | SS | yes | SS |
| 17. The student acts as a role model in promoting a professional image and acts as an ambassador for the profession. | yes | SS | yes | SS |
| Mid-point / part assessment | | | | |
| Practice supervisor name | | Signature | Date | |
| Reviewed and agreed by practice assessor | | | | |
| Practice Assessor Name Stacey Solar | | Signature | S.Solar | |
| Date 06.06.22 | | | | |
| End Point /part: Student Reflection on meeting Professional Values | | | | |
| Choose one example from your practice on this Part to demonstrate how you practice within the NMC Code of Conduct (<i>ensure confidentiality is maintained</i>). For each Part please select a different section of The Code to reflect on. | | | | |
| | | | | |
| Student Name: Daphne Moon | | | | |
| Signature: <i>Daphne.Moon</i> | | | | |
| Date: 06.06.22 | | | | |
| Final Assessment - [please add comments on Final Interview Page] | | | | |
| Practice Assessor's Name: Stacey Solar | | | | |

| | Achieved Mid-Part Yes/No | Initial/Date | Achieved Final Yes/No | Initial/Date (Final) |
|---------------------------|--------------------------------|----------------|-----------------------------|-------------------------|
| Signature: <i>S.Solar</i> | | Date: 06.06.22 | | |

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.

EDUCATION USE ONLY

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 is undertaken across the Part. These can be assessed in a range of PLEs 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 / at the mid-point / part, it is expected that the student maintains that level of competence and can be re-assessed in subsequent PLEs 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 proficiencies may be met within simulated learning as per the individual university's policy/strategy. You should discuss your requirements with your practice assessor and/or the practice learning organisations' education teams in the first instance.

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

Part 3 Assessment of Performance

The individual completing the assessment should draw on a range of observed experiences in which the student **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.

Please record achievement of Part 3 proficiencies marked * in OAR as well.

| | YES = Achieved; NO = Not Achieved | | | | | |
|--|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| Confidently assesses needs and plans person centred care | | | | | | |
| 1. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centred care | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 2. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 3. Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently delivers and evaluates person centred care | | | | | | |
| *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 using for example positive behavioural support or distraction and diversion strategies. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |

| | YES = Achieved; NO = Not Achieved | | | | | |
|---|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| Confidently delivers and evaluates person centred care | | | | | | |
| 7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently manages the procedures in assessing, providing and evaluating care | | | | | | |
| 10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist). | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *14. Manage and monitor the effectiveness of symptom relief | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |

| | YES = Achieved; NO = Not Achieved | | | | | |
|---|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| medication, with the use of infusion pumps and other devices. | | | | | | |
| Confidently manages the procedures in assessing, providing and evaluating care | | | | | | |
| *15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently leads and manages person centred care and working in teams | | | | | | |
| 18. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 20. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required). | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently contributes to improving the safety and quality of person-centred care | | | | | | |

| | YES = Achieved; NO = Not Achieved | | | | | |
|---|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| 21. Actively participates in audit activity and demonstrates an understanding of appropriate quality improvement strategies. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently contributes to improving the safety and quality of person-centred care | | | | | | |
| 22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 23. Participates in appropriate decision-making regarding safe staffing levels, and appropriate skill mix and understands the process for escalating concerns. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| Confidently coordinates person-centred care | | | | | | |
| 25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| 28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |

| | YES = Achieved; NO = Not Achieved | | | | | |
|--|---|-----------|--------|-----------|------------|-----------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| 29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural requirements and preferences. | yes | S.Solar | yes | S.Solar | yes | S.Solar |

EDUCATION USE ONLY

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The practice assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part 2.

If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR.

| | YES = Achieved; NO = Not Achieved | | | | | |
|--|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| *Part 2, No. 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 | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 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. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No.12 Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 15 | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |

| | YES = Achieved; NO = Not Achieved | | | | | |
|---|---|----------------|--------|----------------|------------|----------------|
| | Mid-part | | Final | | Simulation | |
| | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| | All proficiencies MUST be assessed as either YES or NO by the end of the Part | | | | | |
| Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). | | | | | | |
| *Part 2, No. 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 | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2 No, 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2 No, 26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence-based practice. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |
| *Part 2 No, 28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> | yes | <i>S.Solar</i> |

Part 3 - Episode of Care – 1

This **summative** assessment must be undertaken and assessed by a practice assessor by the end of Part 3.

Guidelines:

The student will be given the opportunity to supervise and teach a junior learner/colleague in practice and provide a written reflection on this experience.

This needs to be based on the delivery of direct person-centred care. Professionalism underpins all aspects of the student's 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:**

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

Part 3 - Student Reflection on an Episode of Care 1

Within your reflection, describe the episode of care and how you planned with and supervised the junior learner/peer in practice, who delivered person centred care.

I taught and supervised a first-year student nurse to complete a Goal-Based Outcome assessment for a service user who has recently been referred to our service. Firstly, I sat down with the student and we looked up the service user's record on the electronic system. I asked the student to make a note of all the information they thought relevant to the completion of the Goal-Based Outcomes in preparation for meeting with the service user and their parents. The student thought about this really well and made notes from the recent initial assessment that had been completed and familiarised herself with the current difficulties that the service user and family are experiencing. I then showed the student an example of a Goal-Based Outcomes assessment that I had recently completed with another family. I explained each section to the student and why the assessment is important as it allows us to measure the service user's progress. Once I felt confident that the student nurse understood more about the Goal-Based Outcomes, I asked her if she could phone the parents to arrange a suitable date/time for us to visit and complete the assessment.

I attended the visit with my fellow student nurse and observed her take a lead on the assessment, to which she did really well and was able to answer any questions the parents had. The assessment didn't take very long, and the parents seemed comfortable and happy to answer all of the questions that the student asked.

When we got back to the office, I asked the student how she thought the visit went. The student was really pleased that she had completed the assessment and gained all the relevant information. She did say she felt nervous before we went inside the house and I reassured her that this is okay and that she had done well. I provided her with some feedback: being aware of body language and she appeared quite tense and did not make much eye contact with the parents. We talked about how her confidence will improve over time and eventually she will need to rely less on reading directly from the assessment tool. She took the feedback on board and said that she is going to work on this for next time.

What did you do well?

I feel that I managed to achieve a good balance of teaching and informing the student nurse, whilst also encouraging her to think independently – for example, when I asked her to look up some key information on the patient record system, she was able to do so and found the relevant information. I feel that my method of teaching and supervising was supportive, as I made sure to show the student nurse examples of assessments that I have already completed.

What would you have done differently?

Next time I would ensure that the student nurse attends the initial assessment to ensure that they are following the patient journey through from start to finish. This would allow for the student nurse to gain a better understanding of the service user's needs/medical history whilst also building a therapeutic relationship with the family. Some of the questions on the Goal Based Outcome assessment can be emotionally provoking, therefore it may help to make the student nurse and the family feel more comfortable carrying out the assessment if they have already met.

What learning from this episode of care will support your professional development going forward in your teaching and learning role?

This episode of care has provided me with more confidence to facilitate teaching and learning for junior colleagues. I was fortunate that the student nurse I was teaching was confident and motivated to learn. I understand that going forward this may not always be the case and I will need to adapt my teaching methods. For example, I may need to support other staff to build their confidence by shadowing me for a number of times before I ask them to complete the task.

EDUCATION USE ONLY

Part 3 - Practice Assessor Feedback - Episode of Care 1

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>Assessing needs and planning care. Providing and evaluating care</p> <p>Chooses an appropriate care activity for the junior learner/peer to engage in and considers the learner's needs and their current level of knowledge and skills.</p> | yes | Daphne identified an appropriate and meaningful activity for her peer to engage in and this was suitably chosen and matched to her peer's current capabilities. Daphne ensured that her peer was comfortable with the activity before encouraging her to complete it. |
| <p>Improving safety and quality of care</p> <p>The student undertakes a risk assessment to ensure that the person(s) receiving care is not at risk from the learner/care activity. Continuous supervision and support is provided to the junior learner/peer throughout the care activity.</p> | yes | Daphne took into consideration level of risk and complexities associated with this particular service user and their family. Daphne ensured that she was with her peer at all times throughout the activity whilst offering support and reassurance |
| <p>Leading nursing care and working in teams</p> <p>Effectively prepares the junior learner/peer and provides them with clear instructions and explanations about the care activity they are to engage in.</p> | yes | Daphne provided clear instructions and took her time in explaining to her peer the different stages of the activity and why they are important. Daphne provided her peer with examples in order for her peer to link theory to practice. Daphne explained everything to her peer using simple language (though was careful not to be patronising). |
| <p>Coordinating care</p> <p>Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner / peer with constructive verbal and written feedback.</p> | yes | Daphne's communication with her peer was excellent and she made sure to set aside some time after the activity to provide constructive verbal and written feedback. Daphne encouraged her peer to write a written reflection about the activity too. |

This assessment is summative. Therefore, if any of the Standards are 'Not Achieved' a re-assessment will be required during a retrieval attempt / PLE. Concerns and areas for improvement / attention must be noted above and under the learning and development needs section of the Final Interview page. The academic assessor must be informed.

Student's Name: Daphne Moon

Signature: *Daphne Moon*

Date: 13.06.22

Practice Supervisors/Practice Assessor's Name:

Stacey Solar

Signature: *S.Solar*

Date: 13.06.22

Part 3 - Episode of Care - 2

This **summative** assessment must be undertaken and assessed by a Practice Assessor by the end of Part 3

The practice assessor and student will identify an appropriate episode of direct care involving the organisation and management of care for a group/caseload of people with complex care needs. 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 intended field(s) of practice:**

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care.
- Leading and managing nursing care and working in teams
- Co-ordinating 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 an understanding of mental capacity and health legislation as appropriate.

Learning Outcomes

The student is able to:

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

Part 3 - Student Reflection on an Episode of Care 2

Briefly outline how you have delivered high-quality complex care and give the rationale for the decisions you made.

During my practice experience within the community CAMHS team, I have been jointly assigned a number of complex care individuals on my caseload. There has been one young person in particular where I feel I have followed his journey from beginning to end and this has taught me so much about the process of high-quality complex care delivery.

Firstly, I reviewed the urgent referral that our team received. I noted that this young person was displaying severe self-injurious behaviours which included punching himself in the eyes and nose. The young person has a diagnosis of severe learning disabilities and ASD, which means he finds it difficult to communicate verbally. I completed a risk assessment and identified that our team needed to provide urgent intervention for this young person and his family due to his high score on the risk assessment. I scheduled an urgent assessment whereby I took a lead with minimal supervision from my practice supervisor. The family were extremely distressed due to the behaviours of concern and level of risk associated with the young person causing irreversible damage to his eyes. The young person was becoming more distressed due to our presence in their home, therefore I made the decision to ask if the young person's father could take him into the garden to play whilst I completed the assessment with the mother. The family seemed grateful for this idea as it immediately calmed their son down and we were able to gather important information in the assessment.

Once I had completed the assessment, I presented this to my practice assessor and discussed my thoughts around making an urgent physical health check for the young person. My decision to complete a physical health check was so that we could rule out pain, allergies or any other physical health conditions that may have been causing the young person such distress. I also decided to make a referral to Occupational Therapy in order for them to conduct a sensory processing assessment, as the young person's parents had talked about their son struggling to manage in specific environments.

I attended a hospital appointment with the young person and his mother. One of the nurses carried out a blood test. The young person was very anxious about the blood test, but I made sure to phone ahead and speak to the nurses to discuss the importance of making reasonable adjustments for this young person (such as using simple language, providing easy-read information with pictures, turning off the bright lights, providing a calming and quiet space for him to wait).

The blood tests came back one week later and identified that the young person had an exposure to mould and this may be causing him discomfort in his nose and eyes. I discussed the results with the parents and asked if there was any mould in the house and they confirmed that they had been waiting a very long time for their landlord to fix this problem.

I contacted the young person's Social Worker who immediately took this matter into their hands and spoke to the housing association. The matter was dealt with quickly due to the risks associated with the young person's health. His symptoms improved greatly after a couple of weeks and the self-injurious behaviours subsided.

Reflect on how you used leadership skills to supervise and manage others

I adhered to the NMC Code by prioritising what care needed to be given in the first instance and therefore I used leadership skills by communicating my decision to the team that an urgent assessment was required. I recognised the need for input from other professionals within the multi-disciplinary team and I communicated with them effectively by sharing findings from the assessments I completed. Initially, I felt worried about contacting the social care team regarding the housing situation as they work in a different service. However, I knew that I needed to do this in order to safeguard the young person and family. The social worker was very helpful and this gave me the confidence to contact the team and liaise with them regarding other service users

too. At the complex case review meeting I took a lead when presenting my case and delegated the task of daily contact with the family and this shows that I was considering risk management too.

Reflect on how you delivered verbal information at handover in relation to person centred care

I had to present my case at our weekly complex case review, and I feel that I did this well despite feeling nervous beforehand. I ensured that I was prepared and had my assessments and care plans to hand. I made sure to clearly communicate any ongoing concerns that I have. For example, I wanted to ensure that we had daily contact with the family during the time where the young person's self-injurious behaviours were heightened. Although I was taking a lead on this contact, I wanted the rest of the team to be aware in order to ensure the young person's safety in the event that I couldn't visit the family. The team were very supportive and listened carefully to the information.

EDUCATION USE ONLY

Part 3 - Student Reflection on an Episode of Care 2 (continued)

Reflect on how you have worked in partnership with health and social care professionals, service users, carers and families ensuring that decision making about care is shared.

I have worked in partnership with other health professionals within the CAMHS community team, such as the Occupational Therapists, Speech and Language Therapists and Clinical Psychologists. For example, I made a referral to Occupational Therapy requesting a sensory assessment for the young person. We conducted joint home and school visits together. I feel that the joint working approach enabled effective communication as we would update our care plans together along with the service user and family, ensuring that the decision making was shared.

What did you do well?

I feel that my communication was effective throughout this episode of care. I made sure to make daily contact with the young person and parents, whether this was a home visit or a phone call. I feel that this provided them with reassurance and helped them to make sense of the different stages of care. There were a number of professionals and different services involved in this young person's care and I felt that I acted as an effective care co-ordinator by organising regular multi-disciplinary meetings.

What would you have done differently?

I would like to gain a more in depth understanding and build my knowledge about Positive Behaviour Support (PBS). I feel that this young person would benefit from a PBS approach and this is perhaps something I could have considered and communicated to the multi-disciplinary team and family. I plan to do more research and book onto a PBS training programme.

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

This episode of care has given me a good insight into my own leadership skills as I progress to qualifying as a registered nurse. The most important learning that I have taken away from this episode of care is in relation to the importance of partnership working with other health and social care professionals. I will continue to work this way in other areas of practice because this promotes person-centred care and ensures that decision making about care and treatment is shared for everyone involved.

Part 3 - Practice Assessor Feedback - Episode of Care 2

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 |
| 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. | yes | Daphne continues to demonstrate a growing understanding and appreciation of the influences on our children and young people's mental and physical health. Daphne has been able to make appropriate referrals based on her knowledge. |
| Assessing needs and planning care Demonstrates the ability to assess needs to develop and deliver person-centred, evidence based care with agreed goals. | yes | Daphne has demonstrated that she can plan care effectively based on the person-centred assessments that she has completed. |
| Providing and evaluating care Safely and effectively leads and manages care demonstrating appropriate decision making, prioritisation and delegation to others involved in giving care. Evaluates and reassesses effectiveness of planned care and readjusts agreed goals. | yes | Daphne took a lead on a very complex case and showed good leadership skills whereby she communicated effectively with the team and made sound decisions in relation to care planning and referrals. Daphne was confident when delegating tasks to other members of the MDT. |
| Improving safety and quality of care Identifies the risks to patient safety and can articulate processes to escalate concerns appropriately. | yes | Daphne is able to identify risk and promote patient safety by carrying out the appropriate risk assessments and escalating concerns if required. |
| Leading nursing care and working in teams Exhibits leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team. Uses effective management skills to organise work efficiently. | yes | Daphne has managed a small caseload of complex service users and has done this effectively by managing her time and liaising with other professionals to enlist their expertise and input. Daphne has supported her junior peers and taught them how to complete specific assessments. |
| Coordinating care Monitors and evaluates the quality of person centred care being delivered. Develops ability to be proactive to improve quality of care when required. | yes | Daphne has conducted regular reviews and organised MDT meetings which has allowed her to assess and review the quality of person centred care being delivered to the service users on her caseload. |
| This assessment is summative. Therefore, if any of the Standards are 'Not Achieved' a re-assessment will be required during a retrieval attempt / PLE. Concerns and areas for improvement / attention must be noted above and under the learning and development needs section of the Final Interview page. The academic assessor must be informed. | | |
| Student's Name: Daphne Moon Practice Supervisors/Practice Stacey Solar | Assessor's Name: | Signature: <i>Daphne Moon</i> Signature: <i>S.Solar</i> Date: 13.06.22 Date: 13.06.22 |

Part 3 - Medicines Management Proficiency

This **summative** 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 3 the student should be considering their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group 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. Prepare medications where necessary, safely and effectively administer these via common routes, maintains accurate record
3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines.
4. Administer and monitor medications using vascular access devices and enteral support equipment, where appropriate.
5. Recognise and respond to adverse or abnormal drug reactions to medications
6. Maintain safety and safeguard the patient from harm, including non-adherence, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007) where appropriate

Part 3 - 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. | yes |
| 2. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding. | yes |
| 3. Understands safe storage of medications in the care environment. | yes |
| 4. Maintains effective hygiene/infection control throughout. | yes |
| 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 | yes |
| 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 | yes |
| 7. Prepares medications safely. Checks expiry date. Notes any special instructions/contraindications. | yes |
| 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 | yes |
| 9. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home). | yes |
| 10. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed Can use the principles of safe remote prescribing and directions to administer medications. | yes |
| 11. Describes/demonstrates the procedure in the event of reduced capacity and non-adherence. | yes |
| 12. Safely utilises and disposes of equipment. | yes |
| 13. Maintains accurate records: <ul style="list-style-type: none"> • Records, signs and dates where safely administered. | yes |
| 14. Monitors effects and is aware of common side effects, contraindications and incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy.. | yes |
| 15. Uses appropriate sources of information, e.g. British National Formulary. | yes |
| 16. Offers patient/service user further support/advice/education, including discharge/ safe transfer where appropriate. | yes |

Practice Assessor's Feedback

Daphne is aware of her service user's care plans and has a very good knowledge and understanding of pharmacology for the commonly prescribed medications used in the CAMHS community practice area. Daphne shows good skills when communicating with service users and always provide clear and accurate information. Daphne recognises when she needs to adapt her style of communication and will work hard to make reasonable adjustments, such as providing easy read information to those who require it.

Daphne prepares medication safely and checks the prescriptions thoroughly, adhering to the 5 R's and taking note of any special instructions.

Daphne has demonstrated a good knowledge in relation to side effects for specific medications and has been observed to discuss this information with service users, families and carers.

Daphne's record keeping is always accurate where she will make sure to sign, date and record where medication has been safely administered.

Daphne has made a conscious effort to spend time with the Pharmacist and Consultant Psychiatrist in order to build upon her knowledge.

Student Reflection on Learning and Development

I feel that my confidence has really grown during this practice learning experience. I have been able to administer medications via various routes in a variety of different environments. Being in the community has sometimes been challenging compared to being in a clinical hospital setting due to infection prevention and control. I made sure to clearly explain to all of my service users the importance of infection prevention as some of them were confused as to why we needed to wear masks due to covid. I prepared for some of our home visits by creating easy read resources with pictures on, explaining why we had to wear PPE. This was helpful for some of the service users and they weren't so confused when we made our next visit.

I have really enjoyed spending more time with the medics and learning about the commonly used medications for children and young people with learning disabilities and/or mental health diagnoses. Assisting in the clinic has developed my confidence and provided me with a lot of knowledge to take forward when I qualify.

Student's Name:
Daphne Moon

Signature: *Daphne Moon*

Date : 15.06.22

Practice Assessor's Name:
Stacey Solar

Signature: *S.Solar*

Date : 15.06.22

Part 3: Final / End of Part Interview

This should take place at the end of the final practice learning experience of the Part. This is the summative assessment for practice for the Part.

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: I feel that I have a good knowledge of the referral and assessment process. I have increased my knowledge and understanding about the complexities associated with some of the children and young people who are under the care of the service. My knowledge regarding partnership working with other professionals and services has greatly improved and I feel that this is now one of my strengths in terms of effective communication. Moving forward as a newly qualified nurse, I would like to continue to develop in leadership as this is something I found challenging at times.

Skills: I feel that I have learnt so many new skills during this practice learning experience and these are all transferrable skills that I will be able to take with me to any clinical environment. I feel that my communication skills have really excelled. Initially, I was quite shy and even making a phone call could feel challenging. I feel confident when liaising with the team but moving forward I would like to work on building my confidence when communicating with other services.

Attitudes and Values: I have learnt the importance of discussing any worries or concerns I may have with other staff around me. There were a couple of occasions where I did not do this and I ended up feeling really stressed about everything at home. The next day I came into work and decided to speak to one of my practice supervisors and they supported me. I have recognised the importance of transparency and honesty and how service users and their families will appreciate this. I know the importance of simply sitting and listening to people as this can offer them great comfort.

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: Daphne's knowledge and understanding has consistently developed throughout her time with us. I feel confident knowing that Daphne understands our referral criteria and assessment process. Service users and families always seem to feel at ease whilst Daphne is assessing them. Daphne has demonstrated a good understanding of relevant legislations that may be associated with our service user group. Daphne's proactive approach to working alongside other health and social care professionals has provided her with a great understanding of the types of treatment and interventions that can be provided.

Skills: Daphne's communication skills have greatly improved and I have observed her to be confident and assertive when required. Daphne always ensures that service user safety is a priority and will regularly update her risk assessments without prompting. Daphne is able to recognise and appropriately assess when a referral is urgent and she will follow the correct escalation procedures.

Attitudes and Values: Daphne is always pro active and takes responsibility for her own learning by seeking out opportunities to spend time with other professionals. Daphne has also demonstrated the ability to recognise when her junior peers require additional support and will take the time to teach them.

Please record any further comments on the next page.

End of Part 3 - 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 Part or Transition to qualified practitioner phase.

- Continue to develop your knowledge of medicines management
- Continue to build professional relationships with other professionals and services
- Continue to work on leadership skills, specifically delegating and conflict resolution

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

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

Student's Name: Daphne Moon

Signature: *Daphne Moon*

Date: 15.06.22

Practice Assessor's Name: Stacey Solar

Signature: *S.Solar*

Date: 15.06.22

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

Signature:

Date:

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