Name	
Number	
Cohort	
Field	

PRACTICE ASSESSMENT DOCUMENT

NURSING

PART 1

BSc/PGDip/MSc

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

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

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

Please keep your Practice Assessment Document with you at all times in practice in order to review your progress with your practice supervisor, practice assessor and/or academic assessor.

Pan Midlands, Yorkshire and East Practice Learning Group

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

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

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

Pan-Midlands, Yorkshire & East Practice Learning Group

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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 placement and with the main PAD provides a comprehensive record of your professional development and performance in practice.

You are responsible for the safekeeping and maintenance of the PAD. It should be available to your practice supervisor, practice assessor and academic assessor at all times when you are in placement together with the OAR. Alterations should be made in this document by crossing through with one line, with a signature and date.

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

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

Practice supervisor responsibilities (Registered nurse/midwife or other registered health/social care professional)

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

As a practice supervisor you have an important role in supporting and guiding the student through their learning experience to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. It is your responsibility to contribute to the student's assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the practice assessor on the student's progress.

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

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

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

Practice assessor responsibilities (Registered nurse)

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

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

There are numerous elements requiring assessment in practice. One or more practice supervisors can contribute to the assessment of some of the proficiencies in discussion with you, but they must be working in their scope of practice.

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

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

Academic assessor responsibilities

Academic assessors 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.

Guidance for Using the PAD to Facilitate Learning and Assessment in Practice

Assessment criteria in the PAD are based on the NMC *Future Nurse: Standards of Proficiency for Registered Nurses* and *Standards for Education and Training* (NMC 2018). The outcome statements have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice* (NMC, 2018, p6). **This Practice Assessment Document can be used in any field of practice.**

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

Professional Values:

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

Proficiencies:

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

Episode of Care:

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

Medicines Management:

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

Patient/Service User/Carer Feedback Form:

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

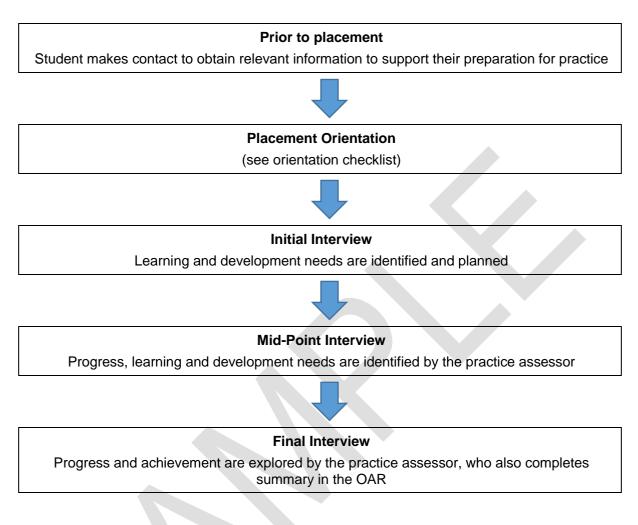
Recording Additional Experiences and Feedback:

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

Ongoing Achievement Record (OAR):

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

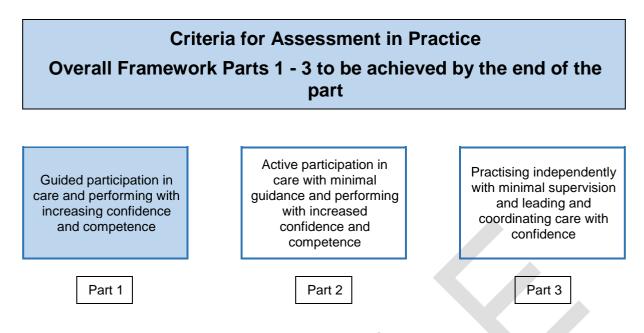
Process of Practice Assessment



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

Individual AEI Guidance

Individual AEI Guidance



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 1: Guided participation in care and performing with increased confidence and competence

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

Achieved Knowledge		Skills	Attitude and Values	
Yes	Is able to identify the appropriate knowledge base required to deliver safe, person-centred care under some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person-centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person-centred care. Demonstrates positive engagement with own learning.	
No	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor practice.	Under direct supervision is not able to demonstrate safe practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.	

List of Practice Supervisors A sample signature must be obtained for all entries within this document

Name (please print)	Job Title	Signature	Initials	Placement
				<u></u>
				×

List of Practice Assessors

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

Name (please print)	Job Title	Signature	Initials	Placement
				V

List of Academic Assessors

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

Name (please print)	Job Title	Signature	Initials	Placement

Placement 1	
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Placement Provider: (e.g. Trust/Organisation)	
Name of Placement Area:	
Type of Experience: (e.g. Community/Ward Based)	
Placement Telephone Number:	
Placement Contact Email :	
Start Date :	End Date : No. of Hours :
Nominated Person to Support S	Student and Address Concerns
Name :	Designation :
Contact Email:	
Practice Assessor Details:	
Name :	Designation :
Contact Email:	
Academic Assessor Details (for	part) :
Name :	Designation :
Contact Email:	

Placement 1: Orientation

	Placement Area 1		Placement Area 2	
Name of Placement Area :				
Name of Staff Member :				
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student signature)	Initial/Date (Staff signature)	Initial/Date (Student signature)	Initial/Date (Staff signature)
The following criteria need to be met within the first	day of placem	ent		
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained and Telephone number provided. Tel:				
The student has been shown the:				
fire alarms				
fire exits				
fire extinguishers				
Resuscitation policy and procedures have been explained and telephone number provided Tel.:				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies: health and safety 				
incident reporting proceduresinfection prevention and control				
handling of messages and enquiriesother policies				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sickness and absence policies have been explained				
The student is aware of their professional role in practice				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
The following criteria need to be met prior to use				
The student has been shown and given a demonstration of the moving and handling equipment used in the placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

Placement 1: Initial Interview

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

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

Professional Values in Practice (Part 1)

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

The practice assessor has responsibility for assessing Professional Values though the mid-point review can be completed by a practice supervisor in liaison with the practice assessor.

		Achieved Mid-Point Yes/No	Initial/Date	Achieved Final Yes/No	Initial/Date (Final)
Pric	ritise People				
1.	The student maintains confidentiality in accordance with the NMC code.				
2.	The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.				
3.	The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4.	The student is caring, compassionate and sensitive to the needs of others.				
5.	The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Pra	ctise Effectively				
6.	The student maintains consistent, safe and person- centred practice.				
7.	The student is able to work effectively within the inter- disciplinary team with the intent of building professional relationships.				
8.	The student makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence.				
Pres	serve Safety				
9.	The student demonstrates openness (candour), trustworthiness and integrity.				
10.	The student reports any concerns to the appropriate professional member of staff when appropriate, e.g. safeguarding.				
11.	The student demonstrates the ability to listen, seeks clarification and carries out instructions safely.				
12.	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 = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)

		Achieved Mid-Point Yes/No	Initial/Date	Achieved Final Yes/No	Initial/Date (Final)		
Pro	note Professionalism and Trust						
13.	The student's personal presentation and dress code is in accordance with the local policy.						
14.	The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.						
15.	The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.						
Mid	Point Assessment						
	tice Supervisor's Name:	Signa	ature:	Date	e :		
		U					
	ewed and agreed by practice assessor tice Assessor's Name:	Signa	ture:	Date	÷		
End	Point: Student Reflection on meeting Professional V	alues					
Stud	lent Name:						
Sigr	ature:	Date:					
	I Assessment - [please add comments on Final Intervie	w Page]					
Prac	tice Assessor's Name:						
Sigr	ature:	Date:					

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an action plan. This must involve the practice supervisor and the practice assessor (as appropriate) in liaison with the academic assessor.

Placement 1: Mid-Point Interview

This discussion must take place half way through the placement.

Student's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and Values:
Practice assessor's comments Discuss with the student their self-assessment and comment on their progression using the Criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and Values:

Placement 1: Mid-Point Review

Ongoing learning and development needs. To be agreed between practice assessor and student - sign and date all entries below.

Learning and development needs	How will these be achieved?
ent's Name:	
ature:	Date:
ice Assessor's Name:	

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

Placement 1: Final Interview

This should take place towards the end of the placement.

Student's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and Values:
Practice assessor's comments
Discuss with the student their self-assessment and comment on their progression using the Criteria for
Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and Values:

Please record any further comments on the next page.

Learning and Development Needs

To be agreed between the practice assessor and student.

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

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

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

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

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

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

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

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

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

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

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.							
Tick if you are : The Patient/Service User Carer/Relative							
	Very Happy	Нарру	l'm Not Sure	Unhappy	Very Unhappy		
How happy were you with the way the student nurse	(•) •)	• • •		() d)	70		
cared for you?	0	0	0	0	0		
listened to you?	0	0	0	0	0		
understood the way you felt?	0	0	0	0	0		
talked to you?	0	0	0	0	0		
showed you respect?	0	0	0	0	0		
What did the student nurse do well?							
What could the student nurse have done differently?							
Practice Supervisor/Practice Assessor's Name:							
Signature: Date:							
Student's Name:							
Signature:		Date:					

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

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

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

Please answer the following questions relating to the student nurse by circulating one answer to each question and adding any comment you wish to share in the space provided. Thank you.						
Q1. How would you rate the nursing care provided by the student nurse?						
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q2. How com	passionate wa	s the student n	urse's care?			Γ
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q3. How resp	ectfully did the	e student nurse	treat you?			_
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q4. How well did the student nurse listen to you?						
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						

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Q5. How clearly did the student nurse communicate with you?						
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Practice Supe	ervisor/Practice	Assessor's Na	ime:			
Signature:			D	ate:		
Student's Name:						
Signature:	e: Date:					

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

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

How happy were you with the way the student nurse	Please place an 'X' on the line for each statement 0 = Very Unsatisfied10 = Very Satisfied				
met your needs?	0				
understood the way you felt?	0				
talked to you?	0				
informed you of your care?	0				
showed you respect?	0				
What did they do well?					
How can they improve?					
Practice Supervisor/Practice Assessor's Name:					
Signature:	Date:				
Student's Name:					
Signature:	Date:				

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

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

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

Please use this space to draw a picture of the student nurse
Practice Supervisor/Practice Assessor's Name:

Practice Supervisor/Practice Assessor's Name:	
Signature:	Date:
Student's Name:	
Signature:	Date:

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

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

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

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

More pages can be downloaded as per university guidelines.

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

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

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

Communication/Additional Feedback	
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Signature:	Date:
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Communication/Additional Feedback	
	>
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback	
Name:	Designation:
Signature:	Date:
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Placement 2)
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Placement Provider: (e.g. Trust/Organisation)	
Name of Placement Area:	
Type of Experience: (e.g. Community/Ward Based)	
Placement Telephone Number:	
Placement Contact Email:	
Start Date :	End Date : No. of Hours :
Nominated Person to Support S	Student and Address Concerns
Name :	Designation :
Contact Email:	
Practice Assessor Details:	
Name :	Designation :
Contact Email:	
Academic Assessor Details (for	part):
Name :	Designation :

Placement 2: Orientation

	Placeme	nt Area 1	Placement Area 2		
Name of Placement Area :					
Name of Staff Member :					
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student signature)	Initial/Date (Staff signature)	Initial/Date (Student signature)	Initial/Date (Staff signature)	
The following criteria need to be met within the first	day of placem	ent			
A general orientation to the health and social care placement setting has been undertaken					
The local fire procedures have been explained and Telephone number provided. Tel:					
The student has been shown the: • fire alarms • fire exits • fire extinguishers					
Resuscitation policy and procedures have been explained and telephone number provided Tel.:					
Resuscitation equipment has been shown and explained					
The student knows how to summon help in the event of an emergency					
The student is aware of where to find local policies:health and safetyincident reporting procedures					
 infection prevention and control handling of messages and enquiries other policies 					
The student has been made aware of information governance requirements					
The shift times, meal times and reporting sickness and absence policies have been explained					
The student is aware of their professional role in practice					
Policy regarding safeguarding has been explained					
The student is aware of the policy and process of raising concerns					
Lone working policy has been explained (if applicable)					
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)					
The following criteria need to be met prior to use					
The student has been shown and given a demonstration of the moving and handling equipment used in the placement area					
The student has been shown and given a demonstration of the medical devices used in the placement area					

Placement 2: Initial Interview

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

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

Professional Values in Practice (Part 1)

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

The Practice assessor has responsibility for assessing Professional Values though the mid-Point review can be completed by a practice supervisor in liaison with the practice assessor.

		Achieved	Initial/Date	Achieved	Initial/Date
		Mid-Point	initial/Date	Final	(Final)
Derie	ritina Deserta	Yes/No		Yes/No	
	ritise People				
1.	The student maintains confidentiality in accordance with the NMC code.				
2.	The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.				
3.	The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4.	The student is caring, compassionate and sensitive to the needs of others.				
5.	The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Prac	ctise Effectively				
6.	The student maintains consistent, safe and person- centred practice.				
7.	The student is able to work effectively within the inter- disciplinary team with the intent of building professional relationships.				
8.	The student makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence.				
Pres	serve Safety				
9.	The student demonstrates openness (candour), trustworthiness and integrity.				
10.	The student reports any concerns to the appropriate professional member of staff when appropriate, e.g. safeguarding.				
11.	The student demonstrates the ability to listen, seeks clarification and carries out instructions safely.				
12.	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 = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)

	Achieved Mid-Point Yes/No	Initial/Date	Achieved Final Yes/No	Initial/Date (Final)	
Promote Professionalism and Trust					
13. The student's personal presentation and dress code is in accordance with the local policy.					
14. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.					
15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.					
Mid-Point Assessment					
Practice Supervisor's Name:	Sigr	ature:	Dat	e:	
Reviewed and agreed by practice assessor			A		
Practice Assessor's Name:	Sigr	nature:	Dat	e:	
End Point: Student Reflection on meeting Professional V	A				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code (ensure confidentiality is maintained). For each placement, please select a different section of The Code to reflect on.					
Student Name:					
Signature:	Date:				
Final Assessment - [please add comments on Final Intervie Practice Assessor's Name:	w Page]				
Signature:	Date:				

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an action plan. This must involve the practice supervisor and the practice assessor (as appropriate) in liaison with the academic assessor.

Placement 2: Mid-Point Interview

This discussion must take place half way through the placement.

Student's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and Values:
Practice assessor's comments Discuss with the student their self-assessment and comment on their progression using the Criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and Values:

Placement 2: Mid-Point Review

Ongoing learning and development needs.

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

Learning and development needs	How will these be achieved?
	*
ent's Name:	
ent's Name:	Defer
ent's Name: ature:	Date:
	Date:

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

Placement 2: Final Interview

This should take place towards the end of the placement.

Student's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and Values:
Practice assessor's comments
Discuss with the student their self-assessment and comment on their progression using the Criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
The weage.
Skills:
Attitudes and Values:

Please record any further comments on the next page.

Learning and Development Needs

To be agreed between the practice assessor and student

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

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

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

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

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

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

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

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

Patient/Service User/Carer Feedback Form 1

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

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.						
Tick if you are : The Patient/Service User Carer/Relative						
	Very Happy	Нарру	l'm Not Sure	Unhappy	Very Unhappy	
How happy were you with the way the student nurse	ê ê	• • •			70	
cared for you?	0	0	0	0	0	
listened to you?	0	0	0	0	0	
understood the way you felt?	0	0	0	0	0	
talked to you?	0	0	0	0	0	
showed you respect?	0	0	0	0	0	
What did the student nurse do well?						
What could the student nurse have done differently?						
Practice Supervisor/Practice Assessor's Name:						
Signature: Date:						
Student's Name:						
Signature: Date:						

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

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

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

Please answer the following questions relating to the student nurse by circulating one answer to each question and adding any comment you wish to share in the space provided. Thank you.						
Q1. How would you rate the nursing care provided by the student nurse?						
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q2. How com	passionate wa	s the student n	urse's care?			
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q3. How resp	ectfully did the	e student nurse	treat you?			
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						
Q4. How well did the student nurse listen to you?						
Poor	Acceptable	Satisfactory	Good	Very Good	Excellent	Exceptional
0	0	0	0	0	0	0
Comments:						

eptional				
0				

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

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

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

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

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

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

Please use this space to	draw a picture of the student nurse	
Please use this space to	draw a picture of the student nurse	
Practice Supervisor/Practice Assessor's Name:		
Signature:	Date:	
Student's Name:		
Signature:	Date:	

Record of working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning in outreach/	
multi-disciplinary team who are supervising your learning a	na summarise delow.
Student's Name:	
Signature:	Date:
Practice Supervisor's Comments:	
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Practice Supervisor's Name:	
Practice Supervisor's Name:	
	Dette
Signature:	Date:
	a hant in la anno ainte, an suith, ina ainch aire, af tha
Student Reflection: Reflect on your learning in outreach/s	short placements or with members of the
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a	short placements or with members of the nd summarise below.
Student Reflection: Reflect on your learning in outreach/s multi-disciplinary team who are supervising your learning a Student's Name:	short placements or with members of the nd summarise below.
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multi-disciplinary team who are supervising your learning a Student's Name:	nd summarise below.
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multi-disciplinary team who are supervising your learning a Student's Name: Signature:	nd summarise below.
multi-disciplinary team who are supervising your learning a Student's Name: Signature:	nd summarise below.
multi-disciplinary team who are supervising your learning a Student's Name: Signature:	nd summarise below.
multi-disciplinary team who are supervising your learning a Student's Name: Signature: Practice Supervisor's Comments:	nd summarise below.
multi-disciplinary team who are supervising your learning a Student's Name: Signature:	nd summarise below.
multi-disciplinary team who are supervising your learning a Student's Name: Signature: Practice Supervisor's Comments: Practice Supervisor's Name:	nd summarise below. Date:
multi-disciplinary team who are supervising your learning a Student's Name: Signature: Practice Supervisor's Comments:	nd summarise below.

Record of Working with and learning from others/inter-professional working

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

Record of Working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning in outreach/short placements or with members of the multi- disciplinary team who are supervising your learning and summarise below.			
Student's Name:			
Signature:	Date:		
Practice Supervisor's Comments:			
Practice Supervisor's Name:			
Signature:	Date:		
Student Reflection: Reflect on your learning in outreach/s disciplinary team who are supervising your learning and sur	short placements or with members of the multi- mmarise below.		
Student's Name:			
Signature:	Date:		
Practice Supervisor's Comments:			
Practice Supervisor's Name:			
Signature:	Date:		
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Record of Working with and learning from others/inter-professional working

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

Incorporating Platforms 1 - 7

Annexe A: Communication and Relationship Management Skills Annexe B: Nursing Procedures

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

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

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

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

Part 1 Assessment of Performance The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills. YES = Achieved: NO = Not Achieved Assessment 1 Assessment 2 Assessment 3 Assessment 4 Yes/No Sign/Date Sign/Date Sign/Date Sign/Date Yes/No Yes/No Yes/No If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank. Participates in assessing needs and planning person-centred care Demonstrates and apply knowledge of 1. commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and sociocultural needs. 2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment. Accurately processes all information 3. gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans. Participates in providing and evaluating person-centred care 4. Work in partnership with people, families and carers to encourage shared decisionmaking to manage their own care when appropriate.

		YES = Achieved; NO = Not Achieved							
		Asses	ssment 1	Assessment 2		Assessment 3		Assessment 4	
		Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
			If any proficient	cy has not bee	n assessed or is r	ot applicable t	o the Practice area, p	olease leave bla	nk.
Pa	rticipates in providing and evaluating persor	n-centred	care						
5.	Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.								
6.	Provides person-centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.			\mathbf{Q}					
7.	Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.								
8.	Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.								
9.	Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.								

		YES = Achieved; NO = Not Achieved						
	Asse	ssment 1	Asses	Assessment 2		essment 3	Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
		If any proficien	cy has not bee	n assessed or is r	not applicable t	o the Practice area, μ	please leave bla	nk.
Participates in providing and evaluating pe	rson-centred	care						
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains a independent as possible.	5							
 Assists with washing, bathing, shaving an dressing and uses appropriate bed makin techniques. 								
12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.								
 Can explain the signs and symptoms of dehydration of fluid retention and accurate records fluid intake and output. 	əly							
14. Assists with toileting, maintaining dignity a privacy and managing the use of appropriate aids including pans, bottles a commodes.								
15. Selects and uses continence and femining hygiene products, for example, pads, sheaths and appliances as appropriate.	9							

		YES = Achieved; NO = Not Achieved								
		Assessment 1		Assessment 2		Assessment 3		Assessment 4		
		Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	
			If any proficient	cy has not bee	n assessed or is r	ot applicable t	o the Practice area, µ	please leave bla	nk.	
Par	rticipates in procedures for the planning, pro	ovision an	d manageme	ent of perso	on-centred ca	are				
16.	Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence.									
17.	Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.									
18.	Consistently utilises evidence based hand hygiene techniques.				×					
19.	Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately.									
20.	Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.									
21.	Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.									
22.	Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.									

		YES = Achieved; NO = Not Achieved							
		Asses	ssment 1	Assessment 2		Assessment 3		Assessment 4	
		Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
			If any proficient	cy has not bee	n assessed or is n	ot applicable to	o the Practice area, p	please leave bla	nk.
Par	ticipates in procedures for the planning, pro	ovision an	d manageme	nt of perso	on-centred ca	are			
23.	Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting finding.								
Par	ticipates in improving safety and quality of	person-ce	ntred care						
24.	Accurately undertakes person-centred risk assessments proactively using a range of evidence based assessment and improvement tools.								
25.	Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.								
26.	Demonstrates an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.								
27.	Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.								
28.	Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.								

	YES = Achieved; NO = Not Achieved							
	Asses	ssment 1	Asses	Assessment 2		Assessment 3		ssment 4
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
	If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.							
Participates in improving safety and quality of	person-ce	ntred care						
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.								

Part 1 Episode of Care - Formative

(to support development & gain feedback)

This assessment must be completed by the end Part 1.

The Part 1 summative episode of care (final) assessment will be undertaken by the practice assessor.

The practice supervisor/assessor and student will identify an appropriate episode of direct care involving meeting the needs of a person/family receiving care. Professionalism underpins all aspects of the students' performance.

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

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Co-ordinating care.

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

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

Learning Outcomes

The student is able to:

- 1. Work in partnership with the person receiving care, their families and carers (where appropriate), can undertake an accurate assessment and provide evidence based, compassionate and safe nursing care.
- 2. Demonstrate understanding and can apply the relevant knowledge and skills to meet the individual's needs relating to dignity, comfort, hygiene and mobility.
- 3. Communicate effectively utilising appropriate verbal and non-verbal skills in the delivery of person-centred care decisions, taking into consideration the use of personal communication aids as appropriate.
- 4. Identify the impact of lifestyle choices on the individual's mental and physical health and wellbeing and demonstrates the principles of health promotion and preventing ill health.
- 5. Demonstrate that they have maintained professional values and demonstrates knowledge of safety and safeguarding for the person receiving care and the carers and/or family.

Student Reflection on an Episode of Care

Within your reflection, describe the episode of care and how you assessed, planned, delivered and evaluated person-centred care.
What did you do well?
What would you have done differently?

Practice assessor Feedback

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

	YES = Achie	ved; NO = Not Achieved (Refer to Crite Practice)	ria for Assessment in
Standard of Proficiency	Yes/No	Comments	
Promoting health and preventing ill health Applies the principles of health promotion and improvement as appropriate when caring for the individual and their families.			
Assessing needs and planning care Takes an accurate history and undertakes a person-centred assessment in order to plan effective care.			
Providing and evaluating care Provides person-centred evidence-based care in managing dignity, comfort, hygiene and mobility needs of the individual.			
Improving safety and quality of care Undertakes relevant risk assessment (e.g. falls, skin integrity, mental capacity), that must be required and demonstrates an understanding of the difference between risk aversion and risk management.			
Co-ordinating care Utilises a range of communication skills to effectively engage with the person receiving care, their family/carers and members of the multi-disciplinary team in the provision and evaluation of care.			
Student's Name:		Signature:	Date:
Practice Assessor's Name:		Signature:	Date:

Part 1 Episode of Care - Summative

This assessment must be completed by the end of Part 1 by the student's practice assessor during a specific episode of care.

The practice assessor and student will identify an appropriate episode of direct care involving meeting the needs of a person/family receiving 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 of nursing:

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Co-ordinating care.

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

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

Learning Outcomes

The student is able to:

- 1. Work in partnership with the person receiving care, their families and carers (where appropriate), can undertake an accurate assessment and provide evidence based, compassionate and safe nursing care.
- 2. Demonstrate understanding and can apply the relevant knowledge and skills to meet the individual's needs relating to dignity, comfort, hygiene and mobility.
- 3. Communicate effectively utilising appropriate verbal and non-verbal skills in the delivery of person-centred care decisions, taking into consideration the use of personal communication aids as appropriate.
- 4. Identify the impact of lifestyle choices on the individual's mental and physical health and wellbeing and demonstrates the principles of health promotion and preventing ill health.
- 5. Demonstrate that they have maintained professional values and demonstrates knowledge of safety and safeguarding for the person receiving care and the carers and/or family.

Student Reflection on an Episode of Care

Within your reflection, describe the episode of care and how you assessed, planned, delivered and evaluated person-centred care.
What did you do well?
What would you have done differently?

Practice assessor Feedback

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

	YES = Achieved; NO = Not Achieved (Refer to Criteria for Assessment in Practice)			
Standard of Proficiency	Yes/No	Comments		
Promoting health and preventing ill health Applies the principles of health promotion and improvement as appropriate when caring for the individual and their families.				
Assessing needs and planning care Takes an accurate history and undertakes a person-centred assessment in order to plan effective care.				
Providing and evaluating care Provides person-centred evidence based care in managing dignity, comfort, hygiene and mobility needs of the individual.				
Improving safety and quality of care Undertakes relevant risk assessment (e.g. falls, skin integrity, mental capacity), that must be required and demonstrates an understanding of the difference between risk aversion and risk management.				
Co-ordinating care Utilises a range of communication skills to effectively engage with the person receiving care, their family/carers and members of the multi-disciplinary team in the provision and evaluation of care. If any of the Standards are 'I		this will require a re-assessment and the must be informed.		
Student's Name:		Signature: Date:		
Practice Assessor's Name:		Signature: Date:		

Part 1 Medicines Management

This assessment must be completed by the end of Part 1 where the student safely administers medicines to a group of patients/service users or a caseload of patients/service users in any care settings.

During Part 1 the student should be developing their knowledge and skills in relation to the safe administration of medicines. This assessment should normally be undertaken with one or more patients/service users.

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 ensure students can perform safe administration of medicines under direct supervision.

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 routine medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
- 3. Safely and accurately perform medicines calculations.
- 4. Demonstrate that they have maintained appropriate professional values, expected attitudes and behaviours during the administration of medicines.
- 5. Maintain safety and safeguard the patient from harm, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007), where appropriate.

Part 1 Medicines Management

	YES = Achieved; NO = Not Achieved	
Cor	npetency	Yes/No
1.	Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area.	
2.	Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.	
3.	Understands safe storage of medications in the care environment.	
4.	Maintains effective hygiene/infection control throughout.	
5.	Checks prescriptions thoroughly: Right patient/service user Right medication Right time/date/valid period Right dose/last dose Right route/method Special instructions 	
6.	 Checks for allergies demonstrating an understanding of the risks and managing these as appropriate: Asks patient/service user Checks prescription chart or identification band 	
7.	Prepares medications safely. Checks expiry date. Notes any special instructions/contraindications.	
8.	 Calculates doses accurately and safely: Demonstrates to assessor the component parts of the calculation Minimum of three calculations undertaken 	
9.	Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home).	
10.	Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed.	
11.	Describes/demonstrates the procedure in the event of reduced capacity and non-adherence.	
12.	Safely utilises and disposes of equipment.	
13.	Maintains accurate records:	
	 Records, signs and dates where safely administered. 	
14.	Monitors effects and is aware of common side effects and how these are managed.	
15.	Uses appropriate sources of information, e.g. British National Formulary.	
16.	Offers patient/service user further support/advice/education, including discharge/ safe transfer where appropriate.	

Practice	Assessor's	Feedback
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Student's Name:	Signature:	Date :
Practice Assessor's Name:	Signature:	Date :

Action Plan

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

Practice assessor must liaise with the academic assessor.

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

Placement Name :		Date Action Plan Initiated :	
Nature of Concern Refer to Professional Value(s). Proficiency and/or Episode of Care (Specific)	What Does the Studer Need to Demonstrate Objectives and measure of success (Measurable, Achievabl and Realistic)	? and Who Is s Responsible	Date for Review (Timed)
Student's Name :			ate :
Practice Assessor's Nar	ne : Signa	ature : D	ate :
Academic Assessor's N	ame: Signa	ature : D	ate :
Review/Feedback			
Have the objectives been Comments:	n achieved?	YES/NO	
Practice Assessor Name	e: Signa	ture: [Date:

Action Plan

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

Practice assessor must liaise with the academic assessor.

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

Placement Name :		Date Action Plan Initiated :	
Nature of Concern Refer to Professional Value(s). Proficiency and/or Episode of Care (Specific)	What Does the Student Need to Demonstrate? Objectives and measures of success (Measurable, Achievable and Realistic)	and Who Is Responsible	Date for Review (Timed)
Student's Name :	Signa	ture : Da	te :
Practice Assessor's Nan	ne : Signa	ture : Da	te :
Academic Assessor's Na	ame: Signa	ture : Da	te :
Review/Feedback			
Have the objectives been Comments:	n achieved?	YES/NO	
Practice Assessor Name	e: Signat	ure: Da	ite:

PRACTICE HOURS

Please start a new page per placement

To be completed as per your local University Requirements Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

	Date	Placement	Total Hrs	Staff Initials	Shift Type		Date	Placement	Total Hrs	Staff Initials	Shift Type
		Exa	ample of h	ours confirmati	on	Sun	1/7/19	Pixie Ward	7.5	FF	Е
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		Weekly Total =						Weekly Total =			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		Weekly Total =						Weekly Total =			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		Weekly Total =						Weekly Total =			

Total hours of completed practice on this page		Figures	Words
Total hours of sickness/absence on t	this page	Figures	Words
Staff Member: I have checked the hour	rs of experience re	corded by the studer	nt:
Signed:	_ (Staff Member)	Name (print):	
Placement Area:		Date:	
Declaration by Student: I confirm that have worked.	the hours recorde	d on this sheet are a	true and accurate account of the shifts I
Signed:	_(Student)	Name (print):	

It is expected that the student will work a range of shifts to meet NMC requirements.

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

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