West Yorks & Humber Pre-Reg Nursing Ongoing Achievement Record & Skills Log, University of Hull Adult 2016



## UNIVERSITY OF Hull

Health Education Yorkshire and the Humber

#### BSc (Hons) Nursing (Adult)

### Ongoing Achievement Record (OAR) and Skills Log

| STUDENT NAME:            | ACADEMIC<br>SUPPORT TUTOR<br>(AST) |
|--------------------------|------------------------------------|
| STUDENT ID<br>NUMBER:    | AST EMAIL:                         |
| UNIVERSITY<br>EMAIL:     | TELEPHONE<br>CONTACT:              |
| TELEPHONE<br>CONTACT:    |                                    |
| PROGRAMME<br>START DATE: | EXPECTED<br>COMPLETION DATE:       |
|                          |                                    |

This document is ESSENTIAL for Student Nurses to evidence their learning & achievement If found please return to: Faculty of Health and Social Care University of Hull Cottingham Road Hull HU6 7RX

| Content  | Page Number |
|--|-------------|
| Introduction   | 4           |
| Record of Stage Completion - Summary                     | 5           |
| Record of RP/Mentor's Signature/Initials who have taught | 7           |
| and/or assessed the student                              |             |
| Placement 1 Module - Skills for Practice                 | 8           |
| Skills for Practice – Learning outcomes                  | 10          |
| Record of Achievement                                    | 14          |
| Action Plan  | 15          |
| Placement 2 Stage 1 (Year 1)                             | 16          |
| Professional Behaviour in Practice – Final Interview     | 17          |
| Final Interview- Placement 2 Stage 1 (Year 1)            | 18          |
| Statement of Placement Achievement                       | 20          |
| Post Placement Meeting with Academic Support Tutor       | 21          |
| Placement 3 Stage 1 (Year 1)                             | 22          |
| Professional Behaviour in Practice – Final Interview     | 23          |
| Final Interview- Placement 3 Stage 1 (Year 1)            | 24          |
| Statement of Placement Achievement                       | 26          |
| Post Placement Meeting with Academic Support Tutor       | 27          |
| Placement 4 Stage 2 (Year 2)                             | 29          |
| Professional Behaviour in Practice – Final Interview     | 30          |
| Final Interview- Placement 4 Stage 2 (Year 2)            | 31          |
| Statement of Placement Achievement                       | 33          |
| Post Placement Meeting with Academic Support Tutor       | 34          |
| Placement 5 Stage 2 (Year 2)                             | 35          |
| Professional Behaviour in Practice – Final Interview     | 36          |
| Final Interview- Placement 5 Stage 2 (Year 2)            | 37          |
| Statement of Placement Achievement                       | 39          |
| Post Placement Meeting with Academic Support Tutor       | 40          |
| Placement 6 Stage 2 (Year 2)                             | 41          |
| Professional Behaviour in Practice – Final Interview     | 42          |
| Final Interview- Placement 6 Stage 2 (Year 2)            | 43          |
| Statement of Placement Achievement                       | 45          |
| Post Placement Meeting with Academic Support Tutor       | 46          |
| Placement 7 Stage 3 (Year 3)                             | 48          |
| Professional Behaviour in Practice – Final Interview     | 49          |
| Final Interview- Placement 7 Stage 3 (Year 3)            | 50          |
| Statement of Placement Achievement                       | 52          |
| Post Placement Meeting with Academic Support Tutor       | 53          |
| Placement 8 Stage 3 (Year 3)                             | 54          |
| Professional Behaviour in Practice – Final Interview     | 55          |
| Final Interview- Placement 8 Stage 3 (Year 3)            | 56          |
| Statement of Placement Achievement                       | 58          |
| Post Placement Meeting with Academic Support Tutor       | 59          |

| West Yorkshire & Humber On-going Achievement Record and Skills Lo   | g Pre-Registration Adult Nursing 2016 |
|---|---------------------------------------|
| Placement 9 Stage 3 (Year 3)  | 61                                    |
| Record of Weekly Review Meetings                                    | 62                                    |
| Professional Behaviour in Practice – Final Interview                | 63                                    |
| Final Interview- Placement 9 Stage 3 (Year 3)                       | 64                                    |
| Statement of Placement Achievement                                  | 66                                    |
| Statement of Overall Practice Achievement for the<br>Programme      | 67                                    |
| End of Programme Self-Declaration of Good Character and Good Health | 68                                    |
| Post Placement Meeting with Academic Support Tutor                  | 69                                    |
| Testimonials  | 70                                    |
| Patient and /or Carer/ Relative                                     | 71                                    |
| Professional / Support Staff  | 84                                    |
| Additional Field Evidence – Adult Nursing                           | 93                                    |
| Learning Disability   | 95                                    |
| Mental Health   | 99                                    |
| Child   | 103                                   |
| Maternal Health   | 105                                   |
| Skills and Medications Log  | 106                                   |
| Student and Mentor Checklist  | 135                                   |
|   |                                       |

#### INTRODUCTION

The Ongoing Achievement Record (OAR) has been developed to evidence the requirements of the Nursing Midwifery Council (NMC). You must achieve specific NMC Practice Standards which are a mandatory requirement for entry to the Nursing register.

This <u>Student Held</u> OAR is held in conjunction with the Practice Assessment Document (PAD), which is a record of your practice learning experiences.

Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, **must be supported and assessed by an appropriately qualified professional.** 

For you to be assessed and 'signed off' on completion of your placements, mentors are guided by the <u>Standards to Support Learning and Assessment in Practice (NMC 2008)</u>

From <u>September 2007</u> a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

From <u>September 2007</u> students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3), or practice teachers where this is a requirement by commissioners. The sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for recording a specialist practice qualification have been achieved (paragraph 3.2.6).

#### YOU MUST:

- [1] Maintain and keep up to date the content of this ongoing 'Ongoing Achievement Record and skills/medication log'
- [2] Share this document with your mentor at all initial interviews and have it accessible at all times during your placement.
- [3] Use this document to record each final interview with your mentor and record the skills & medications you have achieved within the skills/medications log.
- [4] Submit this document along with the Practice Assessment Document (PAD)
- [5] Meet with your Academic Support Tutor (AST) after each placement to discuss your progress (integration of practice/theory). Your AST must sign this document at your meeting.
- [6] Your 'Sign Off' mentor (Practice 9) will use this document to make an informed decision about your competence to proceed to registration (from a practice perspective).
- [7] It is your responsibility to keep this document safe. If it is lost, it will be your responsibility to collect the information to complete it again. Having an incomplete document at the end of P9 for your 'Sign off' mentor to consider may delay your registration with the NMC.

#### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Record of Stage Completion SUMMARY

This is a summary of your achievement of the Practice Standards essential for completing your nursing programme and should be completed at the end of each Stage by you and verified by your AST.

Student Name:..... Student ID: .....

| Stage 1 (Yr 1)                              | Placement Experience         | Number<br>of hours | Pass/Fail | Confirmed by<br>Academic Support<br>Tutor (AST) |
|---|------------------------------|--------------------|-----------|---|
| Placement 1                                 | Module – Skills for Practice |                    |           |   |
| Placement 2                                 |                              |                    |           |   |
| Placement 3                                 |                              |                    |           |   |
| All Practice Standards achieved for Stage 1 |                              |                    |           |   |
| TOTAL Hours Completed for Stage 1           |                              |                    |           |   |

| Stage 2 (Yr 2)    | Placement Experience        | Number<br>of hours | Pass/Fail | Confirmed by<br>Academic Support<br>Tutor (AST) |
|-------------------|-----------------------------|--------------------|-----------|---|
| Placement 4       |                             |                    |           |   |
| Placement 5       |                             |                    |           |   |
| Placement 6       |                             |                    |           |   |
| All Practice Star | ndards achieved for Stage 2 |                    |           |   |
| TOTAL Hour        | s Completed for Stage 2     |                    |           |   |

#### Record of Completion (continued) SUMMARY

| Stage 3 (Yr 3) | Placement Experience          | Number<br>of hours | Pass/Fail | Confirmed by<br>Academic Support<br>Tutor (AST) |
|----------------|-------------------------------|--------------------|-----------|---|
| Placement 7    |                               |                    |           |   |
| Placement 8    |                               |                    |           |   |
| Placement 9    |                               |                    |           |   |
| All Practice S | tandards achieved for Stage 3 |                    |           |   |
| TOTAL Ho       | ours Completed for Stage 3    |                    |           |   |
| TOTAL HOURS O  |                               |                    |           |   |

#### **Confirmation of Completion of Programme Requirements**

I can confirm that the Summary Record of Completion is an accurate record of my achievement during my nursing programme.

Student Nurse: ......(PRINT)

Signature.....

Date.....

I can confirm that I have reviewed the student's Ongoing Achievement Record, Skills Log and Stage 3 Practice Assessment Document (PAD) and based on this evidence the student has completed their placements and skills as recorded.

Sign Off Mentor.....(PRINT)

Signature.....

Date.....

I can confirm that as far as I am aware, the student has completed their placements and skills as recorded

Academic Support Tutor: .....(PRINT)

Signature.....

Date.....

### Record of RP/Mentor's Signature/Initials who have taught and/or assessed the student

|   | assessed the student |          |      |                |  |  |  |
|---|----------------------|----------|------|----------------|--|--|--|
| Registered Practitioner /<br>Mentor [Full Name] | Signature            | Initials | Date | Placement Area |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
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|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
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|   |                      |          |      |                |  |  |  |
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|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |
|   |                      |          |      |                |  |  |  |

# PLACEMENT 1 Module - Skills for Practice (SFP) STAGE 1 (Year 1)

#### Placement 1 Stage 1 -

#### Specific requirements for completion of Assessment 1 Skills for Practice

You will have initial teaching and demonstration of the skills followed by opportunities to practice them in a supported environment where you can ask questions and seek clarification. The intention is to provide you with an opportunity to demonstrate your newly acquired skills. With reference to the competency framework (below) you will be expected to participate in the designated activities under direct supervision.

The four areas of practice you will be assessed in are:

- 1. Infection prevention and control
- 2. Assessing and recording vital signs
- 3. Moving and handling people
- 4. Medicines management

The practice learning outcomes give very clear guidance as to what this means specifically.

| Academic<br>Level | Competency Statement   | Level of Student<br>Performance Expected   | Student role  | Mentor role   |
|-------------------|--|--|---|---|
| Year 1<br>4       | The student has been<br>exposed to the<br>experience/activity/ issues<br>within the outcome and can<br>contribute to a discussion<br>led by the mentor.      | The student can<br>contribute to the<br>discussion by describing<br>how another would<br>undertake the activity/<br>deal with the situation<br>and explaining their role<br>in the experience.                                 | Has observed or<br>been oriented to the<br>experience/situation/<br>issue within the<br>outcome and can<br>contribute to the<br>discussion with the<br>help of the mentor | Facilitates exposure to<br>the<br>experience/situation/issue<br>within the outcome by<br>generating a general<br>discussion around the<br>outcome   |
|                   | The student can accurately describe how they would undertake the activity/ deal with the situation/ what they know about the issues within a chosen example. | The student can describe<br>how they would<br>undertake the activity<br>/deal with the situation/<br>what they know about<br>the issues and offers an<br>acceptable account<br>underpinned by a<br>relevant knowledge<br>base. | Can participate in<br>the discussion of the<br>experience/situation/<br>issue by describing<br>their contribution.  | Supports the student in<br>their discussion by<br>offering examples that<br>relate to the outcome and<br>asking the student to<br>comment on how they<br>would act or deal with the<br>situation ; the mentor<br>shares their knowledge<br>and experiences with the<br>student during the<br>discussion |

#### **COMPETENCY FRAMEWORK** – via simulation

Although this assessment is in a simulated setting, it is vital to demonstrate adherence to the same professional standards as expected in any practice setting. You are therefore required to attend the assessment on time and be dressed appropriately for clinical practice. You will be provided with safe storage space in which to leave your personal belongings. On the date of assessment you are required to attend the allocated section of CSSS 15 minutes prior to with your OAR with personal details completed and your student card. On completion of the assessment, the member of staff assessing you will complete your Ongoing Achievement Record accordingly.

Due to a range of factors, some students do occasionally fail these assessments. If this is the case for you, the module leader will wherever possible identify a date for you to retake the assessment before the end of the semester.

#### PLEASE NOTE:

The date of your assessment is non-negotiable; failure to attend at the designated time without prior discussion and authorisation from the module leader will result in non-attendance being recorded and this will result in you being awarded a fail. Please note any illness leading to non-attendance must be supported by appropriate medical evidence.

#### To be awarded a pass for Module 92506, all of the outcomes must be achieved. Module team member will sign relevant boxes to record their assessment of your achievement/non achievement of outcomes.

#### **LEARNING OUTCOMES**

| Learning Outcomes Assessment 1: Infection Prevention |          | Assessment<br>cord | 2 <sup>nd</sup> Attempt Assessment<br>Record |                 |  |
|--|----------|--------------------|--|-----------------|--|
| and Control  | Achieved | Not<br>achieved    | Achieved                                     | Not<br>achieved |  |
| 1.1 Practise according to the                        |          |                    |  |                 |  |
| underpinning values of 'The code:                    |          |                    |  |                 |  |
| Standards of conduct, performance                    |          |                    |  |                 |  |
| and ethics for nurses and                            |          |                    |  |                 |  |
| midwives' (NMC, 2015);                               |          |                    |  |                 |  |
| 1.2 Work within the limitations of their             |          |                    |  |                 |  |
| role and recognise their own level                   |          |                    |  |                 |  |
| of competence;                                       |          |                    |  |                 |  |
| 1.3 Promote a professional image at                  |          |                    |  |                 |  |
| all times;   |          |                    |  |                 |  |
| 1.4 Demonstrate effective hand                       |          |                    |  |                 |  |
| hygiene and the appropriate use of                   |          |                    |  |                 |  |
| standard infection control                           |          |                    |  |                 |  |
| precautions;   |          |                    |  |                 |  |
| 1.5 Demonstrate accurate use and                     |          |                    |  |                 |  |
| disposal of gloves and aprons;                       |          |                    |  |                 |  |
| 1.6 Apply principles of                              |          |                    |  |                 |  |
| asepsis/infection prevention and                     |          |                    |  |                 |  |
| control where relevant;                              |          |                    |  |                 |  |
|  |          |                    |  |                 |  |

COMMENTS

### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

| Learning Outcomes Assessment 2: Assessing and | 1 <sup>st</sup> Attempt Assessment<br>Record |                 | 2 <sup>nd</sup> Attempt Assessment<br>Record |                 |  |
|---|--|-----------------|--|-----------------|--|
| Recording Vital Signs                         | Achieved                                     | Not<br>achieved | Achieved                                     | Not<br>achieved |  |
| 2.1 Practise according to the                 |  |                 |  |                 |  |
| underpinning values of 'The code:             |  |                 |  |                 |  |
| Standards of conduct, performance             |  |                 |  |                 |  |
| and ethics for nurses and midwives'           |  |                 |  |                 |  |
| (NMC, 2015);                                  |  |                 |  |                 |  |
| 2.2 Work within the limitations of their      |  |                 |  |                 |  |
| role and recognise their own level of         |  |                 |  |                 |  |
| competence;                                   |  |                 |  |                 |  |
| 2.3 Promote a professional image at all       |  |                 |  |                 |  |
| times;  |  |                 |  |                 |  |
| 2.4 Seek consent prior to engaging in         |  |                 |  |                 |  |
| any aspect of a person's care;                |  |                 |  |                 |  |
| 2.5 Accurately measures and records           |  |                 |  |                 |  |
| temperature, pulse, respirations and          |  |                 |  |                 |  |
| blood pressure using manual or                |  |                 |  |                 |  |
| electronic devices;                           |  |                 |  |                 |  |
|   |  |                 |  |                 |  |

#### COMMENTS

| Learning Outcomes Assessment 3: Moving and Handling |          | tempt<br>ent Record | 2 <sup>nd</sup> Attempt<br>Assessment Record |                 |
|---|----------|---------------------|--|-----------------|
| People  | Achieved | Not<br>achieved     | Achieved                                     | Not<br>achieved |
| 3.1 Practise according to the underpinning          |          |                     |  |                 |
| values of 'The code: Standards of                   |          |                     |  |                 |
| conduct, performance and ethics for                 |          |                     |  |                 |
| nurses and midwives' (NMC, 2015);                   |          |                     |  |                 |
| 3.2 Work within the limitations of their role       |          |                     |  |                 |
| and recognise their own level of                    |          |                     |  |                 |
| competence;   |          |                     |  |                 |
| 3.3. Promote a professional image at all            |          |                     |  |                 |
| times;  |          |                     |  |                 |
| 3.4 Seek consent prior to engaging in any           |          |                     |  |                 |
| aspect of a person's care;                          |          |                     |  |                 |
| 3.5 Demonstrate safe manual handling                |          |                     |  |                 |
| techniques;   |          |                     |  |                 |
| COMMENTS  |          |                     |  |                 |
|   |          |                     |  |                 |
|   |          |                     |  |                 |
|   |          |                     |  |                 |
|   |          |                     |  |                 |
|   |          |                     |  |                 |
|   |          |                     |  |                 |

| Learning Outcomes Assessment 4: Medicines Management  | 1 <sup>st</sup> Attempt<br>Assessment<br>Record |                 | 2 <sup>nd</sup> Attempt<br>Assessment Record |                 |
|---|---|-----------------|--|-----------------|
|   | Achieved  | Not<br>achieved | Achieved                                     | Not<br>achieved |
| 4.1 Practise according to the underpinning values<br>of 'The code: Standards of conduct,<br>performance and ethics for nurses and<br>midwives' (NMC, 2015) and Standards for<br>medicines management (NMC, 2010); |   |                 |  |                 |
| <ul> <li>4.2 Work within the limitations of their role and recognise their own level of competence;</li> <li>4.3 Promote a professional image at all times;</li> </ul>  |   |                 |  |                 |
| 4.4 Seek consent prior to engaging in any aspect<br>of a person's care;   |   |                 |  |                 |
| 4.5 Use prescription charts correctly and maintain<br>accurate records;   |   |                 |  |                 |
| 4.6 Utilise and safely dispose of equipment<br>needed to administer medicines e.g.<br>needles, syringes, gloves;  |   |                 |  |                 |
| 4.7 Demonstrate safe practice in medicines administration in <b>one</b> of the following:   |   |                 |  |                 |
| <ul> <li>Tablets and capsules</li> <li>Liquid medicines</li> <li>Injections</li> </ul>  |   |                 |  |                 |
| COMMENTS  |   |                 |  |                 |

#### RECORD OF STUDENT'S ACHIEVEMENT

|   | (AST<br>YES | to tick)<br>NO |
|---|-------------|----------------|
| All Practice Learning outcomes for Semester 1 practice experience have been achieved.       |             |                |
| Level of professional attitude has been assessed as Satisfactory.                           |             |                |
| Action plan for next placement completed with AST.  |             |                |
| The assessment records have been completed accurately i.e. signed and dated by an assessor. |             |                |
| Signature of AST :  |             |                |

Date:....

#### Statement of Non-Achievement (must be completed by AST)

If student has failed to achieve any of the above, please record below together with the reason(s) why and ensure these are transferred to the plan of action to be taken to the next placement. If they have failed and subsequently passed any element within the semester, this should also be recorded here.

#### Ongoing development:

#### ACTION PLAN

In this you should include aspects of practice that need to be focused upon during the next clinical placement. These should be generic and include learning outcomes not previously attempted or achieved.

To help keep the plan of action clear, it should take the form of SMART goals.

- Specific
- Measurable
- Achievable
- Realistic
- Time Framed

e.g. the student will not be late for any of their shifts during the six week placement.

e.g. the student will demonstrate use of 2 forms of non-verbal communication during interaction with patients by the end of week 3 of the next placement.

As this is the 1<sup>st</sup> professional development action plan you will have devised, you will do this with support from your AST.

In preparation for the tutorial you have booked during the assessment period, you need to have identified an action plan that takes into account the experiences (good and not so good) that you have had during this module.

This action plan will be discussed with your AST and <u>must</u> be discussed with the mentor on the next placement at the initial interview. Your mentor on your next placement is required to sign to acknowledge that she/he has seen this action plan. We, the student and AST have agreed that the following specific goals need to be achieved in my next practice experience:

٠

- •

Signature of Student .....

Date. .....

Signature of AST .....

Date.....

# PLACEMENT 2 STAGE 1 (Year 1)

| Placement 2, Stage 1                         | Final intervi                            | ew – Summative                                 |  |
|--|--|--|--|
|  | Satisfactory Unsatisfactory              |  |  |
| Professional Attitude in a                   | Practice always<br>reflects professional | Practice mainly reflects professional values & | Practice reflects<br>unprofessional values |
| Practice Setting –                           | values & attitudes                       | attitudes                                      | & attitudes                                |
| Final Interview                              |  | (development plan<br>must be agreed and        |  |
|  |  | recorded)                                      |  |
| Mentor to sign their full signature in the   | box corresponding to attitude            | o their assessment of th                       | ne student's professional                  |
| 1. Make the care of people their first       | concern, treating the                    | m as individuals and r                         | especting their dignity                    |
| The following activities reflect this prir   | nciple of care and m                     | y assessment of the s                          | student's professional                     |
| attitudes and values in relation to the      |  | ,  | •  |
| communication with people (patients,         |  |  |  |
| their carers/family and colleagues)          |  |  |  |
| including listening.                         |  |  |  |
| maintaining people's privacy and             |  |  |  |
| dignity                                      |  |  |  |
| being respectful and courteous and non-      |  |  |  |
| judgmental                                   |  |  |  |
| using their skills of empathy and is         |  |  |  |
| sensitive to the needs of others             |  |  |  |
| 2. Work with others to protect and pr        | omote the health and                     | d wellbeing of those in                        | their care, their                          |
| families, carers and the wider comr          | nunity                                   |  |  |
| The following activities reflect this prir   | nciple of care and m                     | y assessment of the s                          | student's professional                     |
| attitudes and values in relation to the      |  | ·  |  |
| maintaining confidentiality                  |  |  |  |
| maintaining records                          |  |  |  |
| using problems solving skills                |  |  |  |
| recognising their own limitations and        |  |  |  |
| seeking support when unsure of what to       |  |  |  |
| do   |  |  |  |
| maintaining professional boundaries          |  |  |  |
| 3. Be open and honest, act with integr       | ity and uphold the r                     | eputation of your prof                         | ession                                     |
| The following activities reflect this princi | · ·                                      |  |  |
| and values in relation to these is:          | r · · · · · · · · · · · · · · · · · · ·  | or any bradent                                 | I  |
| working alongside other members of           |  |  |  |
| the health care team                         |  |  |  |
| taking responsibility for making the         |  |  |  |
| most out of their learning opportunities     |  |  |  |
| managing feedback about their learning       |  |  |  |
| using reflection as a means of               |  |  |  |
| identifying their own learning needs         |  |  |  |
| and limitations                              |  |  |  |
| timekeeping is satisfactory and they         |  |  |  |
| communicate appropriately is unable to       |  |  |  |
| attend placement                             |  |  |  |
| complying with hygiene, uniform and          |  |  |  |
| dress codes.                                 |  |  |  |
| * Reference to NMC Code (2015) m             |  | alalan making ahay                             | t what is reversion as                     |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### **Final Interview**

| This interview gives you and your mentor an opportunity to reflect on your overall placement experience and for a progress assessment to be completed. It should be completed within the last |  |               |                                |  |  |  |
|---|--|---------------|--------------------------------|--|--|--|
| NB for  | week of the placement by you and your mentor.<br>NB for Mentors - Should there be an expectation that the student is going to fail the placement, an AST, Link Lecturer or PLF/CST, MUST be present at this interview. |               |                                |  |  |  |
| You ar  | You and your mentor should review your on-going development plan(s) and evidence in all of the following sections of the Practice Assessment Document & OAR (please circle).   |               |                                |  |  |  |
| •   | Testimonies  | Yes / No      | Mentor's Initials:             |  |  |  |
| •   | Record of attendance/hours verified  | Yes / No      | Mentor's Initials:             |  |  |  |
| •   | Skills Log/Practice Standards & Medications verified, signed and discussed   | Yes / No      | Mentor's Initials:             |  |  |  |
|   | STUDENT Self E   | Evaluation    |                                |  |  |  |
|   | ay wish to consider the following areas: how<br>ce, multidisciplinary/interagency working, co  |               |                                |  |  |  |
| •   | Strengths of my knowledge & practice abilities   |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
| •   | Aspects of my knowledge & practice I need to   | develop furth | er and how I will achieve this |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |
|   |  |               |                                |  |  |  |

| Is the student working at the level expected for this stage of training? Yes / No  • Strengths of the students practice  • Aspects of practice the student needs to develop  You and your mentor should have reviewed your action plan(s) and evidence in all of the following sections of the Assessment in Practice Document (please circle).  Testimonies Yes / No Skills Log checked, signed and discussed For the University of Bradford and Huddersfield students only; have you graded their practice? Yes / No Student signature Mentor signature Mentor signature   | Mentor Feedback   |                  |  |  |  |  |
|--|---|------------------|--|--|--|--|
| Aspects of practice the student needs to develop You and your mentor should have reviewed your action plan(s) and evidence in all of the following sections of the Assessment in Practice Document (please circle). Testimonies Yes / No Record of attendance verified Yes / No Skills Log checked, signed and discussed Yes / No Skills Log checked, signed and discussed For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / No   | Is the student working at the level expected for this stage of training? Yes / No |                  |  |  |  |  |
| You and your mentor should have reviewed your action plan(s) and evidence in all of the following sections of the Assessment in Practice Document (please circle).         Testimonies       Record of attendance verified Yes / No         Skills Log checked, signed and discussed Yes / No       Practice Evaluation completed (www.healthcareplacements.co.uk) certificate date         For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / No       Image: Complete of the compl | Strengths of the students practice  |                  |  |  |  |  |
| sections of the Assessment in Practice Document (please circle).         Testimonies         Yes / No         Skills Log checked, signed and discussed         Yes / No         Practice Evaluation completed         (www.healthcareplacements.co.uk) certificate date         For the University of Bradford and Huddersfield         students only: have you graded their practice? Yes /         No  |   | velop            |  |  |  |  |
| Yes / No       Yes / No         Skills Log checked, signed and discussed       Practice Evaluation completed         Yes / No       (www.healthcareplacements.co.uk) certificate date         For the University of Bradford and Huddersfield       students only: have you graded their practice? Yes / No  |   |                  |  |  |  |  |
| Yes / No       (www.healthcareplacements.co.uk) certificate date         For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / No       No  |   |                  |  |  |  |  |
| students only: have you graded their practice? Yes /<br>No   |   |                  |  |  |  |  |
| Student signature Mentor signature   | students only: have you graded their practice? Yes /                              |                  |  |  |  |  |
|  | Student signature   | Mentor signature |  |  |  |  |

| STATEMENT OF PLACEMENT ACHIEVEMENT |
|------------------------------------|
|------------------------------------|

(mentors please note this is a duplicate of the statement in the practice assessment document and must be completed here as well)

NAME OF STUDENT (please print): .....

ORGANISATION (e.g. name of NHS Trust) .....

NAME OF MENTOR (please print): .....

**PASS** (the practice standards are being achieved).

Some of the practice elements (......) have been deferred in line with the assessment criteria as they were 'not been achieved due to lack of opportunity' in this placement. N.B. practice elements decided in this way should be addressed as a priority in the next placement)

Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has **PASSED** the placement.

Signature of Mentor:

Signature of Student:

Date:

Date:

FAIL (some of the practice elements have not been achieved to the standard required)

Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has **FAILED** on the placement.

If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.

The student's progress has been discussed and an **ACTION PLAN** developed to be used in the next placement.

| Signature of Mentor:  | Date: |  |
|-----------------------|-------|--|
| Signature of Student: | Date: |  |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Support Tutor (AST) – AST to complete

Comments on student's reflective skills and how this can be further developed

Comments on student's overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

## PLACEMENT 3 STAGE 1 (Year 1)

| Placement 3, Stage 1. Final interview – Summative  |  |                         |   |  |
|--|--|-------------------------|---|--|
| Professional Attitude in a<br>Practice Setting –<br><u>Final Interview</u>                         | Satisfactory           Practice always<br>reflects professional<br>values & attitudes         Practice mainly reflects<br>professional values &<br>attitudes<br>(development plan<br>must be agreed and<br>recorded) |                         | Unsatisfactory<br>Practice reflects<br>unprofessional values<br>& attitudes |  |
| Mentor to sign their full signat   |  |                         | issessment of the   |  |
|  | udent's profession   |                         |   |  |
| 2. Make the care of people their first   |  |                         |   |  |
| The following activities reflect this prin   |  | y assessment of the s   | student's professional  |  |
| attitudes and values in relation to these  | Se IS:   |                         |   |  |
| communication with people (patients,   |  |                         |   |  |
| their carers/family and colleagues)  |  |                         |   |  |
| including listening.<br>maintaining people's privacy and   |  |                         |   |  |
| dignity  |  |                         |   |  |
| being respectful and courteous and non-  |  |                         |   |  |
| judgmental   |  |                         |   |  |
| using their skills of empathy and is   |  |                         |   |  |
| sensitive to the needs of others   |  |                         |   |  |
| 3. Work with others to protect and pr  | omote the health and   | d wellbeing of those in | their care. their   |  |
| families, carers and the wider com   |  | 8                       |   |  |
| The following activities reflect this prin   | nciple of care and m   | y assessment of the s   | student's professional  |  |
| attitudes and values in relation to the  | Se IS:   |                         |   |  |
| maintaining confidentiality  |  |                         |   |  |
| maintaining records  |  |                         |   |  |
| using problems solving skills  |  |                         |   |  |
| recognising their own limitations and  |  |                         |   |  |
| seeking support when unsure of what to   |  |                         |   |  |
| do   |  |                         |   |  |
| maintaining professional boundaries  |  |                         |   |  |
| 4. Be open and honest, act with integr   | ity and uphold the r   | eputation of your profe | ession  |  |
| The following activities reflect this princi   | • •  |                         |   |  |
| and values in relation to these is:  | 1 5  |                         | 1   |  |
| working alongside other members of   |  |                         |   |  |
| the health care team   |  |                         |   |  |
| taking responsibility for making the   |  |                         |   |  |
| most out of their learning opportunities   |  |                         |   |  |
| managing feedback about their learning   |  |                         |   |  |
| using reflection as a means of   |  |                         |   |  |
| identifying their own learning needs   |  |                         |   |  |
| and limitations  |  |                         |   |  |
|  |  |                         |   |  |
| timekeeping is satisfactory and they   |  |                         |   |  |
| timekeeping is satisfactory and they communicate appropriately is unable to                        |  |                         |   |  |
| timekeeping is satisfactory and they<br>communicate appropriately is unable to<br>attend placement |  |                         |   |  |
| timekeeping is satisfactory and they communicate appropriately is unable to                        |  |                         |   |  |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Placement 3 - Stage 1

#### Final Interview (End of Stage)

This interview gives you and your mentor an opportunity to reflect on your placement experience and for a progress assessment to be completed. It should be completed within the last week of the placement by you and your mentor.

NB for Mentors - Should there be an expectation that the student is going to fail the placement, an AST, Link Lecturer or PLF/CST, MUST be present at this interview.

You and your mentor should review your on-going development plan(s) and evidence in all of the following sections of the Practice Assessment Document & OAR (please circle).

| • | Testimonies  | Yes / No | Mentor's Initials: |
|---|--|----------|--------------------|
| • | Record of attendance/hours verified  | Yes / No | Mentor's Initials: |
| • | Skills Log/Practice Standards & Medications verified, signed and discussed | Yes / No | Mentor's Initials: |

#### **STUDENT Self Evaluation**

You may wish to consider the following areas: how you have made links between theory and practice, multidisciplinary/interagency working, communication skills, practice skills

• Strengths of my knowledge & practice abilities

• Aspects of my knowledge & practice I need to develop further and how I will achieve this

| Mentor Fe   | eedback_  |  |  |  |
|---|---|--|--|--|
| Is the student working at the level expected for this s   | stage of training? Yes / No   |  |  |  |
| Strengths of the students practice  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| Aspects of practice the student needs to develop  |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
| You and your mentor should have reviewed your act   |   |  |  |  |
| sections of the Assessment in Practice Document (p  | ·   |  |  |  |
| Testimonies<br>Yes / No   | Record of attendance verified<br>Yes / No   |  |  |  |
| Skills Log checked, signed and discussed<br>Yes / No  | Practice Evaluation completed<br>( <u>www.healthcareplacements.co.uk</u> ) certificate date |  |  |  |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No |   |  |  |  |
| Student signature   | Mentor signature  |  |  |  |

| STATEMENT OF PLACEMENT ACHIEVEMENT (End of Stage)<br>(mentors please note this is a duplicate of the statement in the practice assessment<br>document and must be completed here as well)   |                        |       |  |  |
|---|------------------------|-------|--|--|
| NAME OF STUDENT (plea   | ase print):            |       |  |  |
| NAME OF PLACEMENT .   |                        |       |  |  |
| ORGANISATION (e.g. nar  | ne of NHS Trust)       |       |  |  |
| NAME OF MENTOR (plea  | se print):             |       |  |  |
|   |                        |       |  |  |
| PASS (the practice standard   | s are being achieved). |       |  |  |
| Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has <b>PASSED</b> the placement and is ready to <b>progress to the next stage</b> .        |                        |       |  |  |
| Signature of Mentor: Date:  |                        |       |  |  |
| Signature of Student: Date:   |                        |       |  |  |
|   |                        |       |  |  |
| FAIL (some of the practice elements have not been achieved to the standard required)  |                        |       |  |  |
| Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has <b>FAILED</b> on the placement and has not completed this stage. |                        |       |  |  |
| If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.   |                        |       |  |  |
| The student's progress has been discussed and an <b>ACTION PLAN</b> developed to be used in the next placement.   |                        |       |  |  |
| Signature of Mentor:  |                        | Date: |  |  |
| Signature of Student:   |                        | Date: |  |  |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Support Tutor (AST) - AST to complete

Comments on Student's reflective skills and how this can be further developed

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

# STAGE 2 (Year 2)

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

## PLACEMENT 4 STAGE 2 (Year 2)

| Placement 4, Stage 2  | Final interview  | – Summative  |                           |
|---|--|--|---------------------------|
| Satisfactory Unsatisfactory   |  |  |                           |
| Professional Attitude in a<br>Practice Setting - <u>Final</u><br>Interview  | Practice always<br>reflects professional<br>values & attitudes | Practice mainly<br>reflects professional<br>values & attitudes<br>(development plan<br>must be agreed and<br>recorded) | Practice reflects         |
| Mentor to sign their full signature in t  | he box corresponding t<br>attitude                             | o their assessment of t  | he student's professional |
| 3. Make the care of people their first  |  | as individuals and resp  | ecting their dignity      |
| The following activities reflect this prin<br>values in relation to these is:   |  |  |                           |
| communication with people (patients,<br>their carers/family and colleagues)<br>including listening.   |  |  |                           |
| maintaining people's privacy and dignity  |  |  |                           |
| being respectful and courteous and non-judgmental   |  |  |                           |
| using their skills of empathy and is sensitive to the needs of others   |  |  |                           |
| <ol> <li>Work with others to protect and proceeding of the second process and the wider community.<br/>The following activities reflect this print values in relation to these is:</li> </ol> |  | -  |                           |
| maintaining confidentiality   |  |  |                           |
| maintaining records   |  |  |                           |
| using problem solving skills  |  |  |                           |
| recognising their own limitations and<br>seeking support when unsure of what<br>to do   |  |  |                           |
| maintaining professional boundaries   |  |  |                           |
| <ol> <li>Be open and honest, act with integ<br/>The following activities reflect this prin<br/>values in relation to these is:</li> </ol>   | nciple of care and my ass                                      |  |                           |
| working alongside other members of the health care team   |  |  |                           |
| taking responsibility for making the<br>most out of their learning<br>opportunities   |  |  |                           |
| managing feedback about their learning  |  |  |                           |
| using reflection as a means of<br>identifying their own learning needs<br>and limitations   |  |  |                           |
| timekeeping is satisfactory and they<br>communicate appropriately if unable<br>to attend placement  |  |  |                           |
| complying with hygiene, uniform and dress codes.  |  |  |                           |

\* Reference to NMC Code (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### **Final Interview**

| This interview gives you and your mentor an opportunity to reflect on your overall placement experience and for a progress assessment to be completed. It should be completed within the last   |                  |                                    |  |  |
|---|------------------|------------------------------------|--|--|
| week of the placement by you and your mentor.<br>NB for Mentors - Should there be an expectation t  |                  | is going to fail the placement, an |  |  |
| AST, Link Lecturer or PLF/CST, MUST be present at this interview.<br>You and your mentor should review your on-going development plan(s) and evidence in all of the following sections of the Practice Assessment Document & OAR (please circle). |                  |                                    |  |  |
| Testimonies   | Yes / No         | Mentor's Initials:                 |  |  |
| Record of attendance/hours verified   | Yes / No         | Mentor's Initials:                 |  |  |
| Skills Log/Practice Standards & Medications<br>verified, signed and discussed   | s<br>Yes / No    | Mentor's Initials:                 |  |  |
| STUDENT Sel   | f Evaluation     |                                    |  |  |
| You may wish to consider the following areas: practice, multidisciplinary/interagency working,  |                  |                                    |  |  |
| Strengths of my knowledge & practice abiliti  | es               |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
| Aspects of my knowledge & practice I need   | to develop furth | er and how I will achieve this     |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |
|   |                  |                                    |  |  |

| <ul> <li>Is the student working at the level expected for this stage of training? Yes / No</li> <li>Strengths of the students practice</li> </ul>                  |   |
|--|---|
| Strengths of the students practice   |   |
|  |   |
| Aspects of practice the student needs to develop   |   |
| You and your mentor should have reviewed your action plan(s) and evidence in all of the following sections of the Assessment in Practice Document (please circle). | J |
| Testimonies     Record of attendance verified       Yes / No     Yes / No  |   |
| Skills Log checked, signed and discussed       Practice Evaluation completed         Yes / No       (www.healthcareplacements.co.uk) certificate date              |   |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No  |   |
| Student signature Mentor signature   |   |

(mentors please note this is a duplicate of the statement in the practice assessment document and must be completed here as well)

NAME OF STUDENT (please print): .....

ORGANISATION (e.g. name of NHS Trust) .....

NAME OF MENTOR (please print): .....

**PASS** (the practice standards are being achieved).

Some of the practice elements (......) have been deferred in line with the assessment criteria as they were 'not been achieved due to lack of opportunity' in this placement. N.B. practice elements decided in this way should be addressed as a priority in the next placement)

Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has **PASSED** the placement.

Signature of Mentor:

Signature of Student:

Date:

Date:

FAIL (some of the practice elements have not been achieved to the standard required)

Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has **FAILED** on the placement.

If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.

The student's progress has been discussed and an **ACTION PLAN** will be developed with the appropriate lecturer and used in the next placement.

| Signature of Mentor:  | Date: |  |
|-----------------------|-------|--|
| Signature of Student: | Date: |  |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Support Tutor (AST) – AST to complete

Comments on Student's reflective skills and how this can be developed in the future

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

## PLACEMENT 5 STAGE 2 (Year 2)

| Placement 5, Stage 2.   | Final interview -  | - Su  | mmative  |   |  |
|---|--|-------|--|---|--|
|   | Satisfactory   |       | Unsatisfactory   |   |  |
| Professional Attitude in a<br>Practice Setting - <u>Final</u><br>Interview  | Practice always<br>reflects professional<br>values & attitudes | -     | Practice mainly<br>reflects professional<br>values & attitudes<br>(development plan<br>must be agreed and<br>recorded) | Practice reflects<br>unprofessional values &<br>attitudes |  |
| Mentor to sign their full signature in t  | he box corresponding t<br>attitude                             | o the | eir assessment of the  | student's professional                                    |  |
| 4. Make the care of people their first of<br>The following activities reflect this prin<br>values in relation to these is:              |  |       |  |   |  |
| communication with people (patients,<br>their carers/family and colleagues)<br>including listening.<br>maintaining people's privacy and |  | -     |  |   |  |
| dignity<br>being respectful and courteous and<br>non-judgmental   |  |       |  |   |  |
| using their skills of empathy and is<br>sensitive to the needs of others<br>5. Work with others to protect and pr                       | omote the health and w   | ellbr | aing of those in their o   | are, their families                                       |  |
| carers and the wider community<br>The following activities reflect this prin<br>values in relation to these is:                         |  |       |  |   |  |
| maintaining confidentiality   |  |       |  |   |  |
| maintaining records   |  |       |  |   |  |
| using problem solving skills  |  | -     |  |   |  |
| recognising their own limitations and<br>seeking support when unsure of what<br>to do   |  |       |  |   |  |
| maintaining professional boundaries   |  |       |  |   |  |
| 6. Be open and honest, act with integ<br>The following activities reflect this prin<br>values in relation to these is:                  |  |       |  |   |  |
| working alongside other members of<br>the health care team  |  |       |  |   |  |
| taking responsibility for making the<br>most out of their learning<br>opportunities   |  |       |  |   |  |
| managing feedback about their<br>learning<br>using reflection as a means of   |  |       |  |   |  |
| identifying their own learning needs and limitations  |  |       |  |   |  |
| timekeeping is satisfactory and they<br>communicate appropriately if unable<br>to attend placement                                      |  |       |  |   |  |
| complying with hygiene, uniform and dress codes.  |  |       |  |   |  |

\* Reference to NMC Code (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Placement 5 - Stage 2

#### **Final Interview**

This interview gives you and your mentor an opportunity to reflect on your overall placement experience and for a progress assessment to be completed. It should be completed within the last week of the placement by you and your mentor.

NB for Mentors - Should there be an expectation that the student is going to fail the placement, an AST, Link Lecturer or PLF/CST, MUST be present at this interview.

You and your mentor should review your on-going development plan(s) and evidence in all of the following sections of the Practice Assessment Document (PAD) & OAR (please circle).

| • | Testimonies  | Yes / No | Mentor's Initials: |
|---|--|----------|--------------------|
| • | Record of attendance/hours verified  | Yes / No | Mentor's Initials: |
| • | Skills Log/Practice Standards & Medications verified, signed and discussed | Yes / No | Mentor's Initials: |

#### **STUDENT Self Evaluation**

You may wish to consider the following areas: how you have made links between theory and practice, multidisciplinary/interagency working, communication skills, practical skills

• Strengths of my knowledge & practice abilities

• Aspects of my knowledge & practice I need to develop further and how I will achieve this

| Mentor Fe   | eedback   |
|---|---|
| Is the student working at the level expected for this   | stage of training? Yes / No   |
| • Strengths of the students practice  |   |
| • Aspects of practice the student needs to de   | velop   |
| You and your mentor should have reviewed your ac sections of the Assessment in Practice Document (p           |   |
| Testimonies<br>Yes / No   | Record of attendance verified<br>Yes / No   |
| Skills Log checked, signed and discussed Yes / No   | Practice Evaluation completed<br>( <u>www.healthcareplacements.co.uk</u> ) certificate date |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No |   |
| Student signature   | Mentor signature  |
|   |   |

| (mentors please note the second se   | EMENT OF PLACEMENT ACHIEVEME<br>his is a duplicate of the statement in the<br>iment and must be completed here as we  | practice asse  | essment                               |
|---|---|--|---------------------------------------|
| NAME OF STUDENT (plea   | ase print):   |  |                                       |
| NAME OF PLACEMENT .   |   |  |                                       |
| ORGANISATION (e.g. nar  | me of NHS Trust)  |  |                                       |
| NAME OF MENTOR (plea  | se print):  |  |                                       |
|   |   |  |                                       |
| PASS (the practice standards  | s are being achieved).  |  |                                       |
| were 'not been achieved du  | ts () have been deferred in line with the a<br>ue to lack of opportunity' in this placement<br>addressed as a priority in the next placeme                                    | nt. N.B. pract   |                                       |
|   | mented during this placement and summa<br>t the student has <b>PASSED</b> the placement.  | rised on the f   | inal interview                        |
|   |   |  |                                       |
| Signature of Mentor:  |   | Date:  |                                       |
| Signature of Mentor:<br>Signature of Student:   |   | Date:  |                                       |
|   |   | Date:<br>Date:   |                                       |
| Signature of Student:   |   | Date:  |                                       |
| Signature of Student:   | ements have not been achieved to the stand  | Date:  | )                                     |
| Signature of Student:<br>FAIL (some of the practice el<br>Based on the evidence doc   | ements have not been achieved to the stand<br>cumented on this student's performance of<br>view sheet, I confirm that the student has F                                       | Date:<br>dard required)<br>during this pla                                 | acement and                           |
| Signature of Student:<br>FAIL (some of the practice el<br>Based on the evidence doo<br>summarised on the final inter<br>If the student has attempted  | cumented on this student's performance of   | Date:<br>dard required)<br>during this pla<br>AILED on the                 | acement and placement.                |
| Signature of Student:<br>FAIL (some of the practice el<br>Based on the evidence doo<br>summarised on the final inter<br>If the student has attempte<br>skill then they CANNOT be                                  | cumented on this student's performance of view sheet, I confirm that the student has <b>F</b> aced but been unsuccessful in achieving a                                       | Date:<br>dard required)<br>during this pla<br>AILED on the<br>any practice | acement and placement.<br>standard or |
| Signature of Student:<br>FAIL (some of the practice el<br>Based on the evidence doo<br>summarised on the final inter<br>If the student has attemptor<br>skill then they CANNOT be<br>The student's progress has b | cumented on this student's performance of<br>view sheet, I confirm that the student has Fa<br>ed but been unsuccessful in achieving a<br>deemed to have passed the placement. | Date:<br>dard required)<br>during this pla<br>AILED on the<br>any practice | acement and placement.<br>standard or |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Support Tutor (AST) - AST to complete

Comments on Student's reflective skills and how this can be further developed

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

## PLACEMENT 6 STAGE 2 (Year 2)

| Placement 6, Stage 2.   | Final interview –  | Summative  |   |
|---|--|--|---|
|   | Satisfactory   | Unsat  | isfactory   |
| Professional Attitude in a<br>Practice Setting - <u>Final</u><br>Interview  | Practice always<br>reflects professional<br>values & attitudes | Practice mainly<br>reflects professional<br>values & attitudes<br>(development plan<br>must be agreed and<br>recorded) | Practice reflects<br>unprofessional values &<br>attitudes |
| Mentor to sign their full signature in t                                    | attitude   |  |   |
| 5. Make the care of people their first                                      | -  |  |   |
| The following activities reflect this print values in relation to these is: | nciple of care and my ass                                      | essment of the student's pr  | ofessional attitudes and                                  |
| communication with people (patients,  |  |  |   |
| their carers/family and colleagues)   |  |  |   |
| including listening.  |  |  |   |
| maintaining people's privacy and  |  |  |   |
| dignity<br>being respectful and courteous and                               |  |  |   |
| being respectful and courteous and non-judgmental                           |  |  |   |
| using their skills of empathy and is  |  |  |   |
| sensitive to the needs of others  |  |  |   |
| 6. Work with others to protect and pr                                       | omote the health and we  | ellbeing of those in their o   | are, their families.                                      |
| carers and the wider community  |  | <b>j</b>   | ····,   |
| The following activities reflect this prin                                  | nciple of care and my ass                                      | essment of the student's pr  | ofessional attitudes and                                  |
| values in relation to these is:   | T  |  | 1   |
| maintaining confidentiality   |  |  |   |
| maintaining records   |  |  |   |
| using problem solving skills  |  |  |   |
| recognising their own limitations and                                       |  |  |   |
| seeking support when unsure of what   |  |  |   |
| to do   |  |  |   |
| maintaining professional boundaries   |  |  |   |
| 7. Be open and honest, act with integ                                       | rity and uphold the repu                                       | Itation of your profession   |   |
| The following activities reflect this print values in relation to these is: | nciple of care and my ass                                      | essment of the student's pr  | ofessional attitudes and                                  |
| working alongside other members of  |  |  |   |
| the health care team  |  |  |   |
| taking responsibility for making the  |  |  |   |
| most out of their learning  |  |  |   |
| opportunities   |  |  |   |
| managing feedback about their   |  |  |   |
| learning<br>using reflection as a means of                                  |  |  |   |
| identifying their own learning needs  |  |  |   |
| and limitations   |  |  |   |
| timekeeping is satisfactory and they  |  |  |   |
| communicate appropriately if unable   |  |  |   |
| to attend placement   |  |  |   |
| complying with hygiene, uniform and   |  |  |   |
| dress codes.  |  |  |   |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### **Final Interview**

| experience | ew gives you and your mentor an opp<br>and for a progress assessment to be cor<br>placement by you & your mentor. |               |                                    |
|------------|---|---------------|------------------------------------|
| NB for Men | tors - Should there be an expectation tha<br>ecturer or PLF/CST, MUST be present at t                             |               | is going to fail the placement, an |
|            | ur mentor should review your on-going dev<br>ctions of the Practice Assessment Docume                             |               |                                    |
| • Tes      | timonies  | Yes / No      | Mentor's Initials:                 |
| • Rec      | cord of attendance/hours verified   | Yes / No      | Mentor's Initials:                 |
|            | Is Log/Practice Standards & Medications fied, signed and discussed  | Yes / No      | Mentor's Initials:                 |
|            | STUDENT Self E  | Evaluation    |                                    |
|            | ish to consider the following areas: how ultidisciplinary/interagency working, co                                 |               |                                    |
|            | engths of my knowledge & practice abilities   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
| • Asp      | ects of my knowledge & practice I need to   | develop furth | er and how I will achieve this     |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |
|            |   |               |                                    |

| Mentor Fe   | eedback   |
|---|---|
| Is the student working at the level expected for this   | stage of training? Yes / No   |
| Strengths of the students practice  |   |
| • Aspects of practice the student needs to dev  | velop   |
| You and your mentor should have reviewed your ac sections of the Assessment in Practice Document (p           |   |
| Testimonies<br>Yes / No   | Record of attendance verified<br>Yes / No   |
| Skills Log checked, signed and discussed<br>Yes / No  | Practice Evaluation completed<br>( <u>www.healthcareplacements.co.uk</u> ) certificate date |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No |   |
| Student signature   | Mentor signature  |
|   |   |

| STATEMENT OF PL  | ACEMENT | ACHIEVEMENT |
|------------------|---------|-------------|
| JIAIEMIENI UF PL |         |             |

(mentors please note this is a duplicate of the statement in the practice assessment document and must be completed here as well)

NAME OF STUDENT (please print): .....

ORGANISATION (e.g. name of NHS Trust) .....

NAME OF MENTOR (please print): .....

**PASS** (the practice standards are being achieved).

Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has **PASSED** the placement and is ready to **progress to the next stage**.

Signature of Mentor:

Date:

Signature of Student:

Date:

**FAIL** (some of the practice elements have not been achieved to the standard required)

Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has **FAILED** on the placement and has not completed this stage.

If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.

The student's progress has been discussed and an **ACTION PLAN** developed to be used in the next placement.

| Signature of Mentor:  | Date: |  |
|-----------------------|-------|--|
| Signature of Student: | Date: |  |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Personal Academic Tutor (AST) – AST to complete

Comments on Student's reflective skills and how this can be further developed

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

# STAGE 3 (Year 3)

### PLACEMENT 7 STAGE 3 (Year 3)

| Placement 7, Stage 3.   | Final interview – Summ  | ative  |
|---|---|--|
| Professional Attitude in a<br>Practice Setting –<br><u>Final Interview</u>  | Satisfactory<br>Practice always reflects<br>professional values & attitudes | Unsatisfactory<br>Practice reflects unprofessional<br>values & attitudes |
| Mentor to sign their full signate stu   | ure in the box corresponding to<br>dent's professional attitude             | o their assessment of the  |
| 6. Make the care of people their first c<br>The following activities reflect this prin<br>attitudes and values in relation to thes  | ciple of care and my assessmen  |  |
| communication with people (patients,<br>their carers/family and colleagues)<br>including listening.                                 |   |  |
| maintaining people's privacy and<br>dignity<br>being respectful and courteous and non-  |   |  |
| judgmental<br>using their skills of empathy and is  |   |  |
| <ul><li>sensitive to the needs of others</li><li>7. Work with others to protect and pro</li></ul>                                   | omote the health and wellbeing of   | those in their care, their   |
| families, carers and the wider comm<br>The following activities reflect this prin<br>attitudes and values in relation to thes       | ciple of care and my assessmen  | t of the student's professional  |
| maintaining confidentiality   |   |  |
| maintaining records   |   |  |
| using problems solving skills   |   |  |
| recognising their own limitations and<br>seeking support when unsure of what to<br>do   |   |  |
| maintaining professional boundaries   |   |  |
| <b>8.</b> Be open and honest, act with integrid<br>The following activities reflect this principand values in relation to these is: |   | -  |
| working alongside other members of the health care team   |   |  |
| taking responsibility for making the  |   |  |
| most out of their learning opportunities<br>managing feedback about their learning  |   |  |
| using reflection as a means of  |   |  |
| identifying their own learning needs and limitations  |   |  |
| timekeeping is satisfactory and they<br>communicate appropriately is unable to<br>attend placement                                  |   |  |
| complying with hygiene, uniform and dress codes.  |   |  |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

#### **Final Interview**

| B - S | eek of the placement by you and your mentor.<br>hould there be an expectation that the student | is going to fail  | the placement an AST Link      |
|-------|--|-------------------|--------------------------------|
| ectur | er or PLF/CST must be present at this interview  | V                 |                                |
|       | nd your mentor should review your on-going<br>llowing sections of the Practice Assessmen       |                   |                                |
|       | -  |                   |                                |
| ٠     | Testimonies  | Yes / No          | Mentor's Initials:             |
| •     | Record of attendance/hours verified  | Yes / No          | Mentor's Initials:             |
| •     | Skills Log/Practice Standards & Medications verified, signed and discussed                     | Yes / No          | Mentor's Initials:             |
|       | STUDENT Self   | <u>Evaluation</u> |                                |
|       | nay wish to consider the following areas: ho<br>ce, multidisciplinary/interagency working, co  |                   |                                |
| •     | Strengths of my knowledge & practice abilities   | s                 |                                |
|       |  | •                 |                                |
|       |  |                   |                                |
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|       |  |                   |                                |
|       |  |                   |                                |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |
| •     | Aspects of my knowledge & practice I need to   | o develop furth   | er and how I will achieve this |

| <ul> <li>Is the student working at the level expected for this stage of training? Yes / No</li> <li>Strengths of the students practice</li> </ul>                  |
|--|
| Strengths of the students practice   |
|  |
| • Aspects of practice the student needs to develop   |
| You and your mentor should have reviewed your action plan(s) and evidence in all of the following sections of the Assessment in Practice Document (please circle). |
| Testimonies     Record of attendance verified       Yes / No     Yes / No  |
| Skills Log checked, signed and discussed         Practice Evaluation completed           Yes / No         (www.healthcareplacements.co.uk)                         |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No  |
| Student signature Mentor signature   |

| STATEMENT OF PLACEMENT ACHIEVEMENT |
|------------------------------------|
|------------------------------------|

(mentors please note this is a duplicate of the statement in the practice assessment document and must be completed here as well)

NAME OF STUDENT (please print): .....

ORGANISATION (e.g. name of NHS Trust) .....

NAME OF MENTOR (please print): .....

**PASS** (the practice standards are being achieved).

Some of the practice elements (......) have been deferred in line with the assessment criteria as they were 'not been achieved due to lack of opportunity' in this placement. N.B. practice elements decided in this way should be addressed as a priority in the next placement)

Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has **PASSED** the placement.

Signature of Mentor:

Signature of Student:

Date:

Date:

FAIL (some of the practice elements have not been achieved to the standard required)

Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has **FAILED** on the placement.

If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.

The student's progress has been discussed and an **ACTION PLAN** developed to be used in the next placement.

| Signature of Mentor:  | Date: |  |
|-----------------------|-------|--|
| Signature of Student: | Date: |  |

Placement 7 – Stage 3

#### Post Placement Meeting with Personal Academic Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Supervising Tutor (AST) – AST to complete

Comments on Student's reflective skills and how this can be developed in the future

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

## PLACEMENT 8 STAGE 3 (Year 3)

| Placement 8, Stage 3.   | Final interview – Summati                                   | ive  |
|---|---|--|
|   | Satisfactory  | Unsatisfactory<br>Practice reflects unprofessional |
| Professional Attitude in a  | Practice always reflects<br>professional values & attitudes | values & attitudes                                 |
| Practice Setting –  |   |  |
| Final Interview   |   |  |
| Mentor to sign their full signate   | ure in the box corresponding to                             | o their assessment of the                          |
| stu   | dent's professional attitude                                |  |
| 7. Make the care of people their first c  |   |  |
| The following activities reflect this prin<br>attitudes and values in relation to thes  |   | t of the student's professional                    |
| communication with people (patients,  |   |  |
| their carers/family and colleagues)   |   |  |
| including listening.<br>maintaining people's privacy and  |   |  |
| dignity   |   |  |
| being respectful and courteous and non-   |   |  |
| judgmental  |   |  |
| using their skills of empathy and is  |   |  |
| sensitive to the needs of others  |   |  |
| 8. Work with others to protect and pro  | _   | those in their care, their                         |
| families, carers and the wider comm   | •   |  |
| The following activities reflect this prin attitudes and values in relation to thes   |   | t of the student's professional                    |
| maintaining confidentiality   |   |  |
| maintaining records   |   |  |
| using problems solving skills   |   |  |
| recognising their own limitations and   |   |  |
| seeking support when unsure of what to  |   |  |
| do  |   |  |
| maintaining professional boundaries   |   |  |
| 9. Be open and honest, act with integri   |   |  |
| The following activities reflect this principation of the second | ple of care and my assessment of the                        | e student's professional attitudes                 |
| and values in relation to these is:   |   |  |
| working alongside other members of the health care team   |   |  |
| taking responsibility for making the  |   |  |
| most out of their learning opportunities  |   |  |
| managing feedback about their learning  |   |  |
| using reflection as a means of  |   |  |
| identifying their own learning needs and  |   |  |
| limitations   |   |  |
| timekeeping is satisfactory and they  |   |  |
| communicate appropriately is unable to  |   |  |
| attend placement<br>complying with hygiene, uniform and   |   |  |
| dress codes.  |   |  |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Placement 8 - Stage 3

#### **Final Interview**

| This in | terview gives you and your mentor an opport  | unity to reflea | ct on your overall progress during |
|---------|--|-----------------|------------------------------------|
| your pl | acement experience and for an assessment to ek of the placement by you and your mentor.  |                 |                                    |
|         | Mentors - Should there be an expectation that<br>ink Lecturer or PLF/CST MUST be present at the pr |                 | is going to fail the placement, an |
|         | d your mentor should review your on-going dev<br>ng sections of the Assessment in Practice Docu  |                 |                                    |
| •       | Testimonies  | Yes / No        | Mentor's Initials:                 |
| •       | Record of attendance/hours verified  | Yes / No        | Mentor's Initials:                 |
| •       | Skills Log/Practice Standards & Medications verified, signed and discussed   | Yes / No        | Mentor's Initials:                 |
|         | STUDENT Self E   | Evaluation      |                                    |
|         | ay wish to consider the following areas: hov<br>e, multidisciplinary/interagency working, co   |                 |                                    |
| •       | Strengths of my knowledge & practice abilities   | i               |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
|         | Aspects of my knowledge & practice I need to   | dovelop furth   | or and how I will achieve this     |
|         | Aspects of my knowledge & practice Theed to  |                 |                                    |
|         |  |                 |                                    |
|         |  |                 |                                    |
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|         |  |                 |                                    |
|         |  |                 |                                    |

| Mentor Fe  | eedback   |
|--|---|
| Is the student working at the level expected for this  | stage of training? Yes / No   |
| • Strengths of the students practice   |   |
| <ul> <li>Strengths of the students practice</li> <li>Aspects of practice the student needs to deviate the student needs to d</li></ul> | velop   |
| You and your mentor should have reviewed your ac<br>sections of the Assessment in Practice Document (p   |   |
| Testimonies<br>Yes / No  | Record of attendance verified<br>Yes / No   |
| Skills Log checked, signed and discussed Yes / No  | Practice Evaluation completed<br>( <u>www.healthcareplacements.co.uk</u> ) certificate date |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No  |   |
| Student signature  | Mentor signature  |
|  |   |

| STATEMENT OF PLACEMENT | ACHIEVEMENT |
|------------------------|-------------|
|                        |             |

(mentors please note this is a duplicate of the statement in the practice assessment document and must be completed here as well)

NAME OF STUDENT (please print): .....

ORGANISATION (e.g. name of NHS Trust) .....

NAME OF MENTOR (please print): .....

**PASS** (the practice standards are being achieved).

Some of the practice elements (......) have been deferred in line with the assessment criteria as they were 'not been achieved due to lack of opportunity' in this placement. N.B. practice elements decided in this way should be addressed as a priority in the next placement)

Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has **PASSED** the placement.

Signature of Mentor:

Signature of Student:

Date:

Date:

FAIL (some of the practice elements have not been achieved to the standard required)

Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has **FAILED** on the placement.

If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement.

The student's progress has been discussed and an **ACTION PLAN** developed to be used in the next placement.

| Signature of Mentor:  | Date: |  |
|-----------------------|-------|--|
| Signature of Student: | Date: |  |

#### Post Placement Meeting with Personal Academic Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Personal Academic Tutor (AST) – AST to complete

Comments on Student's reflective skills and how this can be further developed

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

## FINAL PLACEMENT 9 STAGE 3 (Year 3)

#### Final Placement 9 – Stage 3

| Date | Record of Key Issues<br>may also inform the on-going development plan(s) | Student<br>Initials | Sign off<br>Initials |
|------|--|---------------------|----------------------|
|      | may also inform the on-going development plan(s)                         | Initials            | Initials             |
|      |  |                     |                      |
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#### Record of Weekly Review Meetings with Sign Off Mentor

| Placement 9, Stage 3.   | Final interview – Summa  | ative   |
|---|--|---|
|   | Satisfactory   | Unsatisfactory                                      |
| Professional Attitude in a<br>Practice Setting –                                      | Practice always reflects<br>professional values & attitudes    | Practice reflects unprofessional values & attitudes |
| Final Interview   |  |   |
| Mentor to sign their full signatu<br>stu  | ure in the box corresponding t<br>dent's professional attitude | o their assessment of the                           |
| 8. Make the care of people their first c  | oncern, treating them as individu                              | als and respecting their dignity                    |
| The following activities reflect this prin attitudes and values in relation to thes   |  | t of the student's professional                     |
| communication with people (patients, their carers/family and colleagues)              |  |   |
| including listening.<br>maintaining people's privacy and<br>dignity                   |  |   |
| being respectful and courteous and non-<br>judgmental                                 |  |   |
| using their skills of empathy and is sensitive to the needs of others                 |  |   |
| 9. Work with others to protect and pro  | omote the health and wellbeing of                              | those in their care, their                          |
| families, carers and the wider comm   | unity  |   |
| The following activities reflect this prin attitudes and values in relation to thes   |  | t of the student's professional                     |
| maintaining confidentiality   |  |   |
| maintaining records   |  |   |
| using problems solving skills   |  |   |
| recognising their own limitations and<br>seeking support when unsure of what to<br>do |  |   |
| maintaining professional boundaries   |  |   |
| 10. Be open and honest, act with integri  | ty and uphold the reputation of y                              | our profession                                      |
| The following activities reflect this principand values in relation to these is:      |  |   |
| working alongside other members of the health care team                               |  |   |
| taking responsibility for making the  |  |   |
| most out of their learning opportunities  |  |   |
| managing feedback about their learning  |  |   |
| using reflection as a means of identifying their own learning needs and               |  |   |
| limitations   |  |   |
| timekeeping is satisfactory and they  |  |   |
| communicate appropriately is unable to  |  |   |
| attend placement  |  |   |
| complying with hygiene, uniform and dress codes.                                      |  |   |

\* Reference to NMC *Code* (2015) may assist your decision making about what is regarded as 'satisfactory professional conduct' from a student. NB Any professional behaviour or attitude assessed by your mentor as failing to reflect appropriate professional standards, may be subject to further investigation by the University and/or relevant Trust/Clinical Placement

Date completed .....

### West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Final Placement 9 - Stage 3

#### **Final Interview**

| This interview gives you and your Sign Off mentor an opportunity to reflect on your overall progress during your final placement experience and for a progress assessment to be completed. It should be completed |                                     |                   |  |  |
|---|-------------------------------------|-------------------|--|--|
| within the last week of the pla   | acement by you and you              | ur Sign Off mento | or.  |  |
| NB for Mentors - Should then<br>Lecturer or PLF/CST MUST I  |                                     |                   | going to fail the placement, an AST, Link                |  |
| You and your mentor should  | review your on-going d              | evelopment plan   | (s) and evidence in all of the following                 |  |
| sections of the Assessment in   | n Practice Document (p              | lease circle).    |  |  |
| Testimonies   |                                     | Yes / No          | Mentor's Initials:                                       |  |
| Record of attendance  | e/hours verified                    | Yes / No          | Mentor's Initials:                                       |  |
| Skills Log/Practice S<br>verified, signed and c   | tandards & Medications<br>discussed | s<br>Yes / No     | Mentor's Initials:                                       |  |
|   | <u>STUDENT</u>                      | Self Evaluation   |  |  |
| You may wish to consider to multidisciplinary/interagen   |                                     |                   | ade links between theory and practice,<br>actical skills |  |
| Strengths of my know  | wledge & practice abiliti           | es                |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
| Aspects of my knowl   | edge & practice I need              | to develop furthe | er and how I will achieve this                           |  |
|   | 5                                   |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
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|   |                                     |                   |  |  |

#### Final Placement 9 - Stage 3

| Sign Off Mentor  | Feedback  |
|--|---|
| Is the student working at the level expected for this sta  | ge of training? Yes / No  |
| Strengths of the students practice   |   |
| Aspects of practice the student needs to devel You and your sign off mentor should have reviewed yo following sections of the Assessment in Practice Docur Testimonies | our action plan(s) and evidence in all of the                                     |
|  | /es / No  |
| Yes / No (y  | Practice Evaluation completed<br>www.healthcareplacements.co.uk) certificate date |
| For the University of Bradford and Huddersfield<br>students only: have you graded their practice? Yes /<br>No  |   |
| Student signature S  | Sign Off Mentor signature   |

Final Placement 9 - Stage 3

Г

| STATEMENT OF PLACEMENT ACHIEVEMENT<br>(mentors please note this is a duplicate of the statement in the practice assessment<br>document and must be completed here as well)                                       |                               |       |  |
|--|-------------------------------|-------|--|
| NAME OF STUDENT (pleas   | se print):                    |       |  |
| NAME OF PLACEMENT  |                               |       |  |
| ORGANISATION (e.g. name  | e of NHS Trust)               |       |  |
| NAME OF MENTOR (please   | e print):                     |       |  |
|  |                               |       |  |
| PASS (the practice standards   | have been achieved)           |       |  |
| Based on the evidence documented during this placement and summarised on the final interview comment sheet, I confirm that the student has <b>PASSED</b> the placement and is ready to progress to registration. |                               |       |  |
| Signature of Mentor: Date:   |                               |       |  |
| Signature of Student:  |                               |       |  |
|  |                               | Date: |  |
| FAIL (some of the practice ele   | ments have not been achieved) |       |  |
| Based on the evidence documented on this student's performance during this placement and summarised on the final interview sheet, I confirm that the student has <b>FAILED</b> on the placement.                 |                               |       |  |
| If the student has attempted but been unsuccessful in achieving any practice standard or skill then they CANNOT be deemed to have passed the placement and is not ready to progress to registration.             |                               |       |  |
| The student's progress has been discussed and an <b>ACTION PLAN</b> developed to be used in the next placement.  |                               |       |  |
|  |                               |       |  |
| Signature of Mentor:   |                               | Date: |  |

Final Placement 9 - Stage 3

#### Statement of Overall Practice Achievement for Programme

Declaration of achievement of NMC requirements for eligibility to apply for registration on Part 1 of the NMC register, Registered Nurse

| Student's FULL<br>Name: | Cohort:                      |     |
|-------------------------|------------------------------|-----|
| Field:                  | Month/Year of<br>Completion: | /20 |

#### Declaration by Sign off Mentor/Practice Teacher

I have reviewed the student's Ongoing Achievement Record, Skills Log and Stage 3 Practice Assessment Document (PAD) and can confirm that I am on the same Part and within the same Field of the NMC register as the student and have:

- worked with the student for at least 40% of the completed placement.
- had time to reflect upon the student's abilities, given timely feedback and recorded the student's on-going progress & achievement ,
- assessed the student's overall performance on his/her final placement

I therefore sign to confirm that to the best of my knowledge this student is a capable, safe and effective practitioner, who has achieved the required practice standards for eligibility to apply for registration with the Nursing Midwifery Council (NMC).

| Name of Sign Off Mentor/<br>Practice Teacher (Please print) | Date: | 1 | 1 |
|---|-------|---|---|
| Signature of Sign Off Mentor/<br>Practice Teacher           | Date. | / | 1 |

#### Declaration by Designated Academic Representative:

I have reviewed the student's Ongoing Achievement Record, Stage 3 Practice Assessment Document (PAD) and Self Declaration of Good Health and Character and can confirm to the best of my knowledge that:

• All practice standards required to be achieved for eligibility to apply for registration with the NMC have been achieved & signed off by a Sign-off Mentor/Practice Teacher.

| <ul> <li>NMC &amp; Programme requirements</li> </ul> | s for practice and theory hou | urs have been completed. |
|--|-------------------------------|--------------------------|
| Name of Designated University                        |                               |                          |
| Representative:                                      |                               | Dete: / /                |

Signature of University Lecturer:

| Date: | / | / |
|-------|---|---|
|       |   |   |

| Declaration by Lead - Pre Registration Nursing:   |  |       |   |   |  |
|---|--|-------|---|---|--|
| I confirm that to the best of my knowledge, all NMC requirements for registration have been |  |       |   |   |  |
| successfully met  |  |       |   |   |  |
| Name of Lead-Pre Registration   |  |       |   |   |  |
| Nursing:  |  | Date: | 1 | 1 |  |
| Signature of Lead-Pre Registration  |  | Dale. | 1 | / |  |
| Nursing:  |  |       |   |   |  |

#### End of Programme Self-Declaration of Good Character and Good Health.

As you are aware at the beginning of the programme you completed a Disclosure and Barring Service check which provided information about your status re Good Character and had an Occupational Health assessment re Good Health. Following this you were required to make a self-declaration upon re-enrolment each year regarding your character and health. These assessments only told us of your status at the time they were completed.

As a registered nurse you will have a responsibility to provide information about any police cautions/convictions, civil convictions, police investigations and health matters to your employer as they and when they occur. As a student you have a similar responsibility to inform your personal academic tutor / cohort lead of any convictions / cautions / police investigations / health matters as they occur.

At the end of the programme the Lead for Pre-Registration Nursing is required to confirm that you are eligible to register having completed the requirements of the programme and provide an indication as to any matters related to Good Character and Good Health that may impact on your ability to register.

You are referred to the relevant NMC site http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/Applying-for-entry-to-the-register/ for information on this. If an issue is highlighted then it may need to be investigated, in which case you will be contacted by a member of the lecturing staff. Information or issues relating to good character or good health will be treated in the strictest confidence and kept in your personal file.

You are required to complete the information below during your post P9 placement meeting with your AST. On completion, Your AST will then forward this along with the Statement of Overall Practice Achievement on the previous page to the Programme Lead.

| Student Name:  |
|--|
| Student No Field   |
| Convictions or cautions during the programme: YES / NO (please circle) |
| Health Problems: YES / NO (please circle)                              |
| AST / Intake Lead aware: YES / NO / NOT APPLICABLE (please circle)     |
| Signed (Print Name)  |
| Signed (Signature)   |
| Dated  |

#### Post Placement Meeting with Academic Support Tutor (AST)

It is <u>your responsibility</u> to arrange to meet with your AST following <u>every</u> practice placement to review your progress and to discuss your placement experience. You should write a reflective account of your placement experience to discuss with your AST prior to meeting with them.

#### Record of Meeting with Academic Support Tutor (AST) – AST to complete

Comments on Student's reflective skills and how this can be further developed

Comments on Students overall progress and achievements during placement

Advice for future development of practice skills, knowledge and professional attributes

### **TESTIMONIALS**

#### **GUIDANCE**

The following pages provide an opportunity for any service user/carer and/or professional/support worker/peer who you have worked with to comment on (for example) your approach in being caring and compassionate, your practice abilities, the knowledge you apply within your practice & your professionalism.

Discussion MUST be undertaken between yourself & mentor or a qualified member of the team in which you are working before requesting that they seek testimony from a service user or carer on your behalf.

As a student you **MUST NOT** approach a patient, carer or relative directly.

Service users and carers should **NOT** sign these pages (for reasons of confidentiality). Mentors should countersign all testimonials given by service users/carers.

Mentors may also write a testimonial on behalf of the service user/carer if they are unable to do so themselves.

All service users/carers have the right to decline being involved in obtaining testimonials. This should always be upheld and respected.

Mentors may wish to use Testimonials to inform the on-going and final assessment of students during the placement.

#### Patient and/or Carer/Relative Testimonial

We would like you to tell us about how well the student nurse has looked after you.

- Your comments will help inform the student nurse's learning
- The comments you give will not change the way you or your family member is looked after.

| Tick if you are: The Patient/Service User  Carer/Relative |            |       |              |         |              |
|---|------------|-------|--------------|---------|--------------|
| How happy were you<br>with the way the<br>student nurse:  | Very Happy | Нарру | I'm not sure | Unhappy | Very Unhappy |
| Cared for you?  | 0          | 0     | 0            | 0       | 0            |
| Listened to your needs?                                   | 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?

Mentor signature:

Date:

Student signature:

Date:

Thank you for your help

This form has been designed by Service Users, and with thanks from the Pan London PAD group.

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|--|------------|-------|--------------|---------|--------------|
| How happy were you<br>with the way the<br>student nurse: | Very Happy | Нарру | I'm not sure | Unhappy | Very Unhappy |
| Cared for you?   | 0          | 0     | 0            | 0       | 0            |
| Listened to your needs?                                  | 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?

Mentor signature:

Date:

Student signature:

Date:

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| Listened to your needs?                                  | 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?

Mentor signature:

Date:

Date:

Student signature:

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| Listened to your needs?                                   | 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            |

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Date:

Date:

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| 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            |

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| Listened to your needs?                                   | 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            |

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Mentor signature:

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Student signature:

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| Listened to your needs?                                   | 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            |

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Mentor signature:

Student signature:

Date:

Date:

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| Listened to your needs?                                  | 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?

Mentor signature:

Date:

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| Talked to you?  | 0          | 0     | 0            | 0       | 0            |
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| Showed you respect?                                      | 0          | 0     | 0            | 0       | 0            |

What did the student nurse do well?

What could the student nurse have done differently?

Mentor signature:

Date:

Student signature:

Date:

| comment     | on your professional attributes, knowledge a | nu practice skills.    |
|-------------|--|------------------------|
| ate         | Comments                                     | Print Name/Role        |
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| Ident to id | entify which Practice Standards these comm   | ents can be mapped to: |
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| Date            | Comments   | Print Name/Role |
|-----------------|--|-----------------|
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| Student to iden | tify which Practice Standards these comments can | be mapped to:   |

| e          | Comments                                    | Print Name/Role        |
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| dent to id | lentify which Practice Standards these comm | ents can be mapped to: |
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| te         | Comments                                    | Print Name/Role         |
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# **Adult Nursing**

# ADDITIONAL FIELD EVIDENCE (AFE)

### **Evidencing your Alternative Field Learning Outcomes**

The NMC (2010) has stipulated that nursing students should be 'confident' in caring for patients/service users from fields of nursing other than their own by the end of the programme.

In order to facilitate this requirement you will be taught about other fields of nursing in the University and will be expected to pursue placement opportunities which will enable you to engage in practical aspects of care related to fields of nursing allied to your own.

# Please discuss how you might do this with your AST prior to placement and during placement with your Mentor as part of your Preliminary Interview.

Where possible you should reflect upon the alternative field learning opportunities you have observed or undertaken as part of your own field experience or 'complementary' placement experience and should utilise quality research based evidence and/or policy guidelines to underpin your discussion of what has informed this practice. Your evidence should be signed and dated as achieved by your Mentor and AST.

# You are expected to achieve & evidence the 'Additional Field' learning outcomes identified on the next few pages by the end of Stage 2 (P6) for Learning Disability, Mental Health, Child & Maternal Health.

The learning outcomes once achieved must be verified by your mentor in clinical practice and by your Academic Support Tutor when you meet.

Adult Field nursing students are required upon registration to have met all the requirements of a general nurse under European Law. This will include meeting the needs of children and young people who have acute or urgent care needs, maternal health needs, people with long term or life limiting conditions, people with mental health problems and people with learning disabilities.

# Learning Disability

| Recognise and into their care | respond to   | the  | needs   | of people   | e with a  | a learr | ning | disability | who   | come    |
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| Mentor                        |              |      |         | AST         |           |         |      |            |       |         |
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| Maintain contin               | uity of care | to r | neet pl | re-existing | g intelle | ectual, | phy  | /sical and | l emo | otional |

| Maintain co<br>needs | ntinuity of care to meet pre- | existing intellectual, physical and emotional |
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| Mentor<br>signature: |                               | AST<br>signature:                             |

| Understand the prevention, effects and links between learning disabilities and ph | treatment of common health problems, the pysical and mental health. |
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| Mentor<br>signature:  | AST<br>Signature:   |
| Ensure that people with learning disabil  | ities have access to health and social care                         |
|   | ovide support and protect people who are                            |
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| Mentor     | AST        |  |
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| decision-making, including agreeing rea     | I involve people with learning disabilities in<br>sonable adjustments to minimise disruption |  |  |
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| to their usual way of life, and promote the | eir autonomy, wellbeing and social inclusion.  |  |  |
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| Work with families, carers, support n       | etworks and, where necessary, specialist   |  |  |
| advocates to address people's needs.        |  |  |  |

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| Use   | effective  | communication     | and   | active   | involvement  | in  | decision    | making   | about    |
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| treat | ment optic | ons taking into a | ccoul | nt the p | erson's wish | es, | lifestyle a | nd capad | city for |
| cons  | ent.       |                   |       |          |              |     |             |          |          |

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#### Mental Health

| Use basic mental health skills to reduce the distress associated with mental health problems and help promote recovery. |                               |                   |                             |
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| Act promptly  | to reduce the risk of harm in | a crisis and      | I to protect people who are |
| vulnerable.   |                               |                   |                             |
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Have a basic understanding of mental health promotion, the links between physical and mental health problems and the aetiology and treatment of common mental health problems.

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|               | Appreciate the impact of mental health problems and distress on a person's |              |              |
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| cognition, co | ommunication, behaviour, life  | style and re | lationships. |
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| Be aware of  | the main provisions of menta     | ai nealth law | s, especially those relating to |
| сараску, пи  | iman rights and safeguarding     |               |                                 |
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| Recognise a  | and address people's essenti     | al mental he  | alth needs when these exist     |
| alongside of | ther primary health needs.       |               |                                 |
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| Work and conneeds in lor | Work and communicate with others to maintain continuity in meeting mental health needs in long term conditions. |            |  |
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#### <u>Child</u>

| Have a broad understanding of the development of children and young people within     |
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| the family context and how this affects their individual needs, health, behaviour and |
| communication.  |

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| Work with children, young peop<br>care. | le, their families and others to provide family centred |
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| Understand common physical and mental health problems associated and adolescence, their effects and treatment. | ated with childhood |
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| Deliver the basic care required to meet essential needs  |                     |
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|   |               |                                 |            | nts, children and young people |
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|   |               | ency, or to act to protect ther |            | re is a risk of harm, prior to |
|   | reterral or w | hen accessing specialist serv   | /ICes.     |                                |
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West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

#### Maternal Health

This Field will be evidenced by completing the learning package.

West Yorkshire & Humber On-going Achievement Record and Skills Log Pre-Registration Adult Nursing 2016

### **Skills & Medications Log**

# **Introduction**

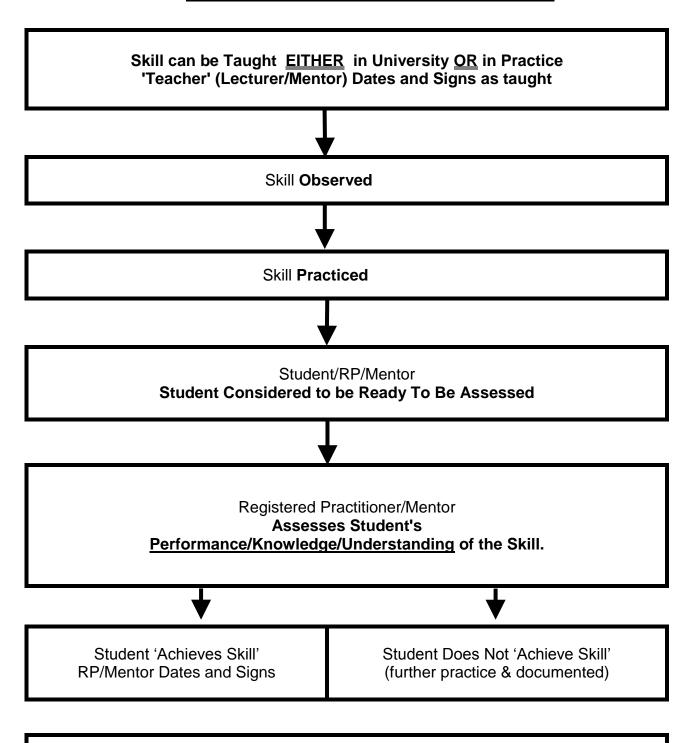
Attainment of the professional skills outlined in this Skills Log (SL) are essential for the development of your nursing competence and the assessment of your progress in practice.

Each skill has been identified as important by both clinical practitioners and lecturers, and will help you demonstrate that you have achieved the NMC (2010) Standards of Competency for entry to the Register.

You should remember at all times when you have been deemed to have achieved safe performance of a skill you will still always work under the supervision of a First level Nurse (R P) /Mentor.

#### Achieving your Clinical Skills – Guidance

- 1. It is a requirement that <u>ALL Essential Skills</u> <u>must be met by the end of your programme</u> in order to be eligible to register with the NMC.
- 2. You should **<u>observe</u>** and **<u>practice with guidance</u>** skills as many times as you wish before you and your RP/Mentor agree you are ready to be assessed as skill achieved. *Remember repetition and practising of skills with formative feedback is a useful aid to developing competence.*
- 3. A Registered Practitioner (RP)/Mentor <u>must sign that you have been TAUGHT as well as</u> <u>ACHIEVED the skill.</u>
- 4. RP / Mentors who teach and assess skills must sign & complete the table on page 7.
- 5. 'Skill Achieved' is defined as undertaking a skill safely and consistently with no RP/Mentor intervention. You must also ensure patient/service user comfort and should be able to articulate the principles underpinning the skill.
- 6. <u>You must be proactive in seeking opportunities</u> within your placement in order to achieve Essential skills.
- 7. Desirable skills [those in italics] can also be signed off as 'skill achieved' if the opportunity is available. Any additional skills (not in the Skills Log) that you have observed, practised and/or achieved can be recorded on page 115.
- 8. <u>**REMEMBER you must never work beyond your competence.**</u> An RP/Mentor should guide you as to the appropriateness of observing and practicing any clinical skills.
- 9. If you experience difficulty in achieving an 'Essential Skill' you should discuss this with your RP/Mentor and (where appropriate) your Link Lecturer as soon as you area aware of this so that you have every opportunity put into place to attain them.
- 10. <u>During your placement you must have this document and your PAD with you and accessible at all times</u> for you and your RP/Mentors and when required your named Link lecturer to discuss.
- 11. You MUST submit your OAR on completion of each placement on the dates specified by the University programme administrators along with your PAD. You will have it returned to you during your post placement meeting with your AST. You may photocopy sections of this and your PAD for your own Personal Development Profile PRIOR to submission.
- 12. REMEMBER; once a skill has been signed by a Mentor as achieved, the expectation is that you will continue to perform that skill to a competent standard throughout your placements.



On-going Achievement Record (OAR) & Practice Assessment Document (PAD) submitted on completion of EACH PLACEMENT via Submission Box in Student Administration

# SKILLS

#### In Order to have the following skills signed off as 'skill achieved' you must

Have been taught, observed and practiced the skill whilst ensuring the individual's comfort, safety, dignity and privacy is maintained throughout the procedure, respecting individuality, culture, age and choice.

Perform the skill as a safe and smooth practice based activity with no need for RP/Mentor intervention whilst articulating the rationale for the skill.

Demonstrate effective communication skills throughout the performance of the skill. Complete all record keeping for the identified skill.

At all times adhere to the relevant local Organisation policies and procedures and NMC Guidelines.

Once a skill has been achieved, the expectation is that you will continue to perform that skill to a competent standard.

| SKILLS   | University or<br>Practice<br>Skill Taught |          |                | Registered<br>Nurse:      |          | Registered<br>Nurse:      |         | Registered<br>Nurse:      |         |
|--|---|----------|----------------|---------------------------|----------|---------------------------|---------|---------------------------|---------|
| Essential skills in BOLD<br>Desirable skills in italic's.<br>All skills must be completed by |   |          |                | Skill Achieved<br>Stage 1 |          | Skill Achieved<br>Stage 2 |         | Skill Achieved<br>Stage 3 |         |
| end of stage 3   | Date                                      | Initial  |                | Date                      | Initial  | Date                      | Initial | Date                      | Initial |
| Manual Handling  |   |          |                |                           |          |                           |         |                           |         |
| Transfers ie chair to bed  | SFP                                       | 3.5      |                |                           |          |                           |         |                           |         |
| Demonstrate use of<br>equipment Specify x2:  |   | ·        |                |                           |          |                           |         |                           |         |
| 1]   | SFP                                       | 3.5      |                |                           |          |                           |         |                           |         |
| 2]   | SFP                                       | 3.5      |                |                           |          |                           |         |                           |         |
| After a Fall or From Floor   |   |          |                |                           |          |                           |         |                           |         |
| Update in classroom<br>(Stage 1)   | SFP                                       | 3.0      |                |                           |          |                           |         |                           |         |
| Update in classroom<br>(Stage 2)   |   |          |                |                           |          |                           |         |                           |         |
| Update in classroom<br>(Stage 3)   |   |          |                |                           |          |                           |         |                           |         |
|  | 1   | Basic L  | ife            | Support                   | (BLS)    |                           |         |                           |         |
| Demonstrate Process  | Sem                                       |          |                |                           | . ,      |                           |         |                           |         |
| Within Classroom<br>(Stage 1)  | 1   | SFP      |                |                           |          |                           |         |                           |         |
| Demonstrate Process<br>Within Classroom  |   |          |                |                           |          |                           |         |                           |         |
| (Stage 2)  |   |          |                | 4                         |          |                           |         |                           |         |
| Demonstrate Process<br>Within Classroom  |   |          |                |                           |          |                           |         |                           |         |
| (Stage 3)  |   |          |                |                           |          |                           |         |                           |         |
| First aid demonstrated within classroom  | SFP                                       |          |                |                           |          |                           |         |                           |         |
| Emergency Equipment<br>Checks  |   |          |                |                           |          |                           |         |                           |         |
|  | STU                                       | DENT & P | <b>&gt;</b> Δ. | TIENT SA                  | FETY (S  | PS)                       |         |                           |         |
| Classroom Update Stage 1   | Sem                                       | SFP      |                |                           | <u> </u> | ,                         |         |                           |         |
| Classroom Update Stage 2   | -   |          |                |                           |          |                           |         |                           |         |
| Classroom Update Stage 3   |   |          |                |                           |          |                           |         |                           |         |

| SKILLS   |                       | rsity or<br>ctice |           | Regis<br>Nur         |                      |                     | stered<br>rse:  |          | stered<br>rse:  |
|--|-----------------------|-------------------|-----------|----------------------|----------------------|---------------------|-----------------|----------|-----------------|
| <i>Essential skills in BOLD</i><br>Desirable skills in italic's.   | Skill Taught          |                   |           | Skill Ac             | hieved               | Skill Ach           | nieved          | Skill Ad | chieved         |
| All skills must be completed by<br>end of stage 3                  | Date                  | Initial           |           | Stag<br>Date         | e 1<br>Initial       | Date                | ge 2<br>Initial | Date     | ge 3<br>Initial |
|  | Duit                  |                   | E         | SAFET                |                      | 2410                | initia          | Duit     | iiiiu           |
| Classroom Update Stage 1   | Sem 1                 | SFP               | Τ         |                      |                      |                     |                 |          |                 |
| Classroom Update Stage 2   |                       |                   |           |                      |                      |                     |                 |          |                 |
| Classroom Update Stage 3   |                       |                   |           |                      |                      |                     |                 |          |                 |
|  | IN                    | FORMAT            | 10        |                      | NANCE                | E                   |                 |          |                 |
| Undertaken DH e-learning stage 1                                   | Sem 1                 | SFP               |           |                      |                      |                     |                 |          |                 |
| Undertaken DH e-learning<br>stage 2                                |                       |                   |           |                      |                      |                     |                 |          |                 |
| Undertaken DH e-learning<br>stage 3                                |                       |                   |           |                      |                      |                     |                 |          |                 |
| APPLYING INFECTION CON   | ITROL PF              | ROCEDUR           | ES        | USING PE             | RSONA                | L PROTE             | CTIVE EQ        |          | T (PPE)         |
| Hand washing   | SFP                   | 1.4               |           |                      |                      |                     |                 |          |                 |
| Uses PPE appropriately   | SFP                   | 1.5               |           |                      |                      |                     |                 |          |                 |
| Food hygiene/handling  |                       |                   |           |                      |                      |                     |                 |          |                 |
| Aseptic technique: surgical wounds                                 | SFP                   | 1.6               |           |                      |                      |                     |                 |          |                 |
| Aseptic technique: non-<br>surgical wounds                         | SFP                   | 1.6               |           |                      |                      |                     |                 |          |                 |
| Clean technique  | SFP                   | 1.6               |           |                      |                      |                     |                 |          |                 |
| Isolation barrier nursing  | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| Reverse barrier nursing  |                       |                   |           |                      |                      |                     |                 |          |                 |
| Handling & Disposal of:  |                       |                   |           |                      |                      |                     | ·               |          |                 |
| Clinical waste   | SFP                   | 4.6               |           |                      |                      |                     |                 |          |                 |
| Sharps   | SFP                   | 4.6               |           |                      |                      |                     |                 |          |                 |
| Body fluids:<br>blood/vomit/faeces/sputum                          | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| Dealing with spillage  | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| Bed Linen  | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| E<br>with service users and ca<br>Centred approach<br>To include v | arers, far<br>and den | nonstrati         | d n<br>ng | nembers<br>self-awai | of multi<br>reness i | -agency<br>n challe | nging sit       | uations  |                 |
| Demonstrates Listening & Attending Skills with:                    |                       |                   |           |                      |                      |                     |                 |          |                 |
| Adults and Young Persons   | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| Family/Carers  | SFP                   |                   |           |                      |                      |                     |                 |          |                 |
| Patients/Carers unable to<br>understand/speak English              |                       |                   |           |                      |                      |                     |                 |          |                 |

| SKILLS<br>Essential skills in BOLD<br>Desirable skills in italic's.<br>All skills must be completed   | University or<br>Practice<br>Skill Taught |          | Registered<br>Nurse:<br>Skill achieved<br>Stage 1 |           | Registered<br>Nurse:<br>Skill achieved<br>Stage 2 |         | Regis<br>Nur<br>Skill ac<br>Stag | se:<br>hieved  |         |
|---|---|----------|---|-----------|---|---------|----------------------------------|--|---------|
| by end of stage 3   | Date                                      | Initial  |   | Date      | Initial   | Date    | Initial                          | Date   | Initial |
| Refers to /uses translation service   |   |          |   |           |   |         |                                  |  |         |
| Demonstrates effective<br>listening/attending skills<br>for patients with complex<br>communication needs <i>i.e.</i><br>language, hearing, speech,<br>learning disability, dementia,<br>mental health | SFP                                       |          |   |           |   |         |                                  |  |         |
| Demonstrates effective<br>listening/attending skills with<br>relatives/carers with complex<br>communication needs   | SFP                                       |          |   |           |   |         |                                  |  |         |
| Breaking bad news   | SFP                                       |          |   |           |   |         |                                  |  |         |
| Including v<br>Demonstrates effective<br>communication by:  | erbal, n                                  | on-verba | l an  | d written | forms   | of comm | unicatio                         | on in iteration is a second seco |         |
| Interacting effectively with the Inter-professional team  |   |          |   |           |   |         |                                  |  |         |
| Accurate Message<br>taking/reporting and<br>documenting   |   |          |   |           |   |         |                                  |  |         |
| Accessing & using<br>electronic records as per<br>organisational policy   |   |          |   |           |   |         |                                  |  |         |
| Hand- over of care –<br>written and verbal for a<br>single patient  |   |          |   |           |   |         |                                  |  |         |
| Hand-over of care – written<br>and verbal for<br>a group of patients  |   |          |   |           |   |         |                                  |  |         |
| Documents and reports<br>accidents/serious incidents<br>according to Trust policy   |   |          |   |           |   |         |                                  |  |         |
| Documents and raises<br>concerns/complaints and<br>safeguarding issues<br>according to Trust policy   |   |          |   |           |   |         |                                  |  |         |

| West Yorkshire & Humber On    | 0 0        |             |      |            |            | Ŭ         |         |          |         |
|-------------------------------|------------|-------------|------|------------|------------|-----------|---------|----------|---------|
| SKILLS                        |            | rsity or    |      | Regist     |            | -         | stered  | Regis    |         |
| Essential skills in BOLD      |            | ctice       |      | Nur        |            |           | rse:    | Nur      |         |
| Desirable skills in italic's. | Skill 1    | Faught      |      | Skill Ac   |            |           | chieved | Skill Ac |         |
| All skills must be completed  |            |             |      | Stag       | je 1       | Sta       | ge 2    | Stag     | je 3    |
| by end of stage 3             | Date       | Initial     |      | Date       | Initial    | Date      | Initial | Date     | Initial |
| PARTICI                       | ΡΑΤΕΙ      | N THE       | PF   | ROCES      | S & M/     | ANAGE     | EMENT   | •        |         |
|                               | OF NU      | RSING       | C    | ARE &      | DELIV      | 'ERY      |         |          |         |
| fro                           | m first po | oint of cor | ntac | t to trans | ition or o | discharge | 9       |          |         |
| Arranged admission            |            |             |      |            |            |           |         |          |         |
| Unplanned/Emergency           |            |             |      |            |            |           |         |          |         |
| Admission                     |            |             |      |            |            |           |         |          |         |
| Undertake assessment of       |            |             |      |            |            |           |         |          |         |
| an Individual                 |            |             |      |            |            |           |         |          |         |
| Able to prioritise and plan   |            |             |      |            |            |           |         |          |         |
| care for an Individual        |            |             |      |            |            |           |         |          |         |
| Able to evaluate care given   |            |             |      |            |            |           |         |          |         |
| to an Individual              |            |             |      |            |            |           |         |          |         |
| Able to prioritise and plan   |            |             |      |            |            |           |         |          |         |
| care for a group of patients  |            |             |      |            |            |           |         |          |         |
| Able to evaluate care given   |            |             |      |            |            |           |         |          |         |
| to a group of patients        |            |             |      |            |            |           |         |          |         |
| Accurate documentation of     |            |             |      |            |            |           |         |          |         |
| care delivered                |            |             |      |            |            |           |         |          |         |
| Able to offer appropriate     |            |             |      |            |            |           |         |          |         |
| health promotion advice       |            |             |      |            |            |           |         |          |         |
| within a plan of care         |            |             |      |            |            |           |         |          |         |
| Sharing of discharge          |            |             |      |            |            |           |         |          |         |
| Information with              |            |             |      |            |            |           |         |          |         |
| patient/carer on Discharge    |            |             |      |            |            |           |         |          |         |
| Undertakes referral to        |            |             |      |            |            |           |         |          |         |
| professional/agencies         |            |             |      |            |            |           |         |          |         |
| (transition/discharge         |            |             |      |            |            |           |         |          |         |
| planning)                     |            |             |      |            |            |           |         |          |         |
| Undertakes lead in co-        |            |             |      |            |            |           |         |          |         |
| ordinating care for a group   |            |             |      |            |            |           |         |          |         |
| of patients (caseload) x 4    |            |             |      |            |            |           |         |          |         |
| occasions                     |            |             |      |            |            |           |         |          |         |
| Able to delegate workload     |            |             |      |            |            |           |         |          |         |
| appropriately                 |            |             | -    |            |            |           |         |          |         |
| Plans and undertakes          |            |             |      |            |            |           |         |          |         |
| teaching activity (patient,   |            |             |      |            |            |           |         |          |         |
| carer, colleague)<br>Manages  |            |             |      |            |            |           |         |          |         |
| changing/challenging          |            |             |      |            |            |           |         |          |         |
| situations appropriately      |            |             |      |            |            |           |         |          |         |
| situations appropriately      |            |             | 1    |            |            |           |         |          |         |

| SKILLS<br>Essential skills in BOLD  | Univ | ersity or<br>actice          |  | Regis<br>Nur     | tered   | Regis<br>Nur     | tered   | Regist<br>Nur    |         |
|---|------|------------------------------|--|------------------|---------|------------------|---------|------------------|---------|
| Desirable skills in italic's.<br>All skills must be completed                         |      | Skill Taught                 |  | Skill Ac<br>Stag | hieved  | Skill Ac<br>Stag | hieved  | Skill Ac<br>Stag | hieved  |
| by end of stage 3   | Date | Initial                      |  | Date             | Initial | Date             | Initial | Date             | Initial |
| A   |      | nt, Monitori<br>ital Signs & |  |                  |         |                  |         |                  |         |
| NEWS  |      |                              |  |                  |         |                  |         |                  |         |
| Blood pressure - manual<br>(to be demonstrated in the<br>classroom)                   | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| Blood pressure –<br>electronic  | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| Pulse – radial  | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| Pulse – Brachial  | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| Pulse – Carotid   | SFP  |                              |  |                  |         |                  |         |                  |         |
| Assessment of capillary refill  |      |                              |  |                  |         |                  |         |                  |         |
| Temperature taking<br>methods utilised<br>i)  | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| ii)   |      |                              |  |                  |         |                  |         |                  |         |
| Respirations  | SFP  | 2.5                          |  |                  |         |                  |         |                  |         |
| Assessment of respiratory<br>distress i.e. nasal flaring,<br>noise, effort, recession |      |                              |  |                  |         |                  |         |                  |         |
| Oxygen saturation<br>monitoring   | SFP  |                              |  |                  |         |                  |         |                  |         |
| Neurological assessment   |      |                              |  |                  |         |                  |         |                  |         |
| Glasgow coma scale  |      |                              |  |                  |         |                  |         |                  |         |
| Care of central venous line   |      |                              |  |                  |         |                  |         |                  |         |
| Care of unconscious patient   | SFP  |                              |  |                  |         |                  |         |                  |         |
| Peak flow   |      |                              |  |                  |         |                  |         |                  |         |
| Blood Glucose Monitoring  |      |                              |  |                  |         |                  |         |                  |         |
| Accurately Measure:   |      |                              |  |                  |         |                  |         |                  |         |
| Weight  | SFP  |                              |  |                  |         |                  |         |                  |         |
| Body Mass Index   | SFP  |                              |  |                  |         |                  |         |                  |         |
| Assessment, monitoring<br>and reporting of pain in an<br>Individual:                  |      |                              |  | I                | I       |                  |         |                  |         |
| Chronic   |      |                              |  |                  |         |                  |         |                  |         |
| Acute   |      |                              |  |                  |         |                  |         |                  |         |
| Assessment tools (specify)<br>i)<br>ii)   |      |                              |  |                  |         |                  |         |                  |         |
| Evaluates Pain Interventions  |      |                              |  |                  |         |                  |         |                  |         |

| SKILLS<br>Essential skills in BOLD<br>Desirable skills in italic's.<br>All skills must be completed | Pra    | rsity or<br>ctice<br>Taught |     | Regis<br>Nur<br>Skill Ac<br>Stag | se:<br>hieved: | Nu<br>Skill A | stered<br>rse:<br>chieved<br>ge 2 | Nu<br>Skill Ad | stered<br>rse:<br>chieved<br>ge 3 |
|---|--------|-----------------------------|-----|----------------------------------|----------------|---------------|-----------------------------------|----------------|-----------------------------------|
| by end of stage 3   | Date   | Initial                     |     | Date                             | Initial        | Date          | Initial                           | Date           | Initial                           |
|   |        | NG HYGI                     | EN  |                                  |                |               |                                   |                |                                   |
| Assessment of risk to skin  | SFP    |                             |     | [                                |                |               | 1                                 |                |                                   |
| integrity ie use of<br>assessment tool,<br>documenting and reporting                                |        |                             |     |                                  |                |               |                                   |                |                                   |
| Managing on-going risk to skin integrity  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Eye care  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Care of mouth,<br>teeth/dentures  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Bathing an Individual in bed  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Assistance with hygiene   | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Care of skin  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Shaving   |        |                             |     |                                  |                |               |                                   |                |                                   |
| Assisting with toilet needs:  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Toilet  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Bedpan/urinary bottle   | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| М   | EETING | HYDRAT                      | 101 | N / NUTR                         | ITIONAL        | NEEDS         | 5                                 |                |                                   |
| Assess nutritional status<br>& tool used ie MUST tool   | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Assistance with eating  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Assistance with drinking  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Management of Enteral<br>Feeding:   |        |                             |     |                                  |                |               |                                   |                |                                   |
| Nasogastric/PEG feeds   |        |                             |     |                                  |                |               |                                   |                |                                   |
| Use of Feeding Pump   |        |                             |     |                                  |                |               |                                   |                |                                   |
| Insert a naso gastric tube  |        |                             |     |                                  |                |               |                                   |                |                                   |
| Participate in parenteral<br>Feeding  |        |                             |     |                                  |                |               |                                   |                |                                   |
| Clinical assessment of<br>hydration status  | SFP    |                             |     |                                  |                |               |                                   |                |                                   |
| Management and care of<br>Intravenous Infusion  | YR 2   |                             |     |                                  |                |               |                                   |                |                                   |
| Care of peripheral line   | YR 2   |                             |     |                                  |                |               |                                   |                |                                   |
| Care of giving set  | YR 2   |                             |     |                                  |                |               |                                   |                |                                   |
| Use of volumetric pump  |        |                             |     |                                  |                |               |                                   |                |                                   |
| Use of syringe driver   |        |                             |     |                                  |                |               |                                   |                |                                   |

| <b>SKILLS</b><br><i>Essential skills in BOLD</i><br>Desirable skills in italic's.<br><i>All skills must be completed by</i> | University or<br>Practice<br>Skill Taught |           |          | Nur<br>Skill Ac | Registered<br>Nurse:<br>Skill Achieved<br>Stage 1 |           | Registered<br>Nurse:<br>Skill Achieved<br>Stage 2 |      | Registered<br>Nurse:<br>Skill Achieved<br>Stage 3 |  |
|---|---|-----------|----------|-----------------|---|-----------|---|------|---|--|
| end of stage 3  | Date                                      | Initial   |          | Date            | Initial   | Date      | Initial   | Date | Initial   |  |
| Care of Blood transfusion   |   |           |          |                 |   |           |   |      |   |  |
| Accurately records,<br>interprets and reports fluid<br>intake & outputs <i>ie</i><br>stoma/urinary catheter/vomit           | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Catheter care: indwelling<br>urinary catheter   | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Catheter care: intermittent urinary catheter  | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Urethral catheterisation  | YR 2                                      |           |          |                 |   |           |   |      |   |  |
| Care of Stoma   |   |           |          |                 |   |           |   |      |   |  |
| SPECI   | MENS: C                                   | OLLECT    | 'IN      | G, RECO         | RDING,  | REPOR     | TING  | •    |   |  |
| Preparation of patient for specimen collection  | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Specimen collection to include:   |   | L         | <u>.</u> | 1               |   | 1         | 1   |      |   |  |
| Urine sample and testing:   |   |           |          |                 |   |           |   |      |   |  |
| Method 1 (urinalysis)   | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Method 2 (MSU)  | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Faecal/stool sample   | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Throat swab   |   |           |          |                 |   |           |   |      |   |  |
| Wound swab  | SFP                                       |           |          |                 |   |           |   |      |   |  |
| Sputum sample   |   |           |          |                 |   |           |   |      |   |  |
| Accurately documents and reports results  |   |           |          |                 |   |           |   |      |   |  |
| Care of F   | Patient: F                                | Pre- Proc | ed       | ure (Diag       | nostic a  | and/or Su | urgical)  |      |   |  |
| Routine pre- procedure<br>clinical assessment and<br>preparation of an<br>individual  |   |           |          |                 |   |           |   |      |   |  |
| Emergency pre-procedure care (complex care)   |   |           |          |                 |   |           |   |      |   |  |
| Care of P   | atient: P                                 | ost- Proc | ed       | lure (Diag      | gnostic   | and/or S  | urgical)  |      | <u> </u>  |  |
| Care of an individual with<br>altered levels of<br>consciousness  |   |           |          |                 |   |           |   |      |   |  |
| Accurate recording,<br>Interpretation & reporting<br>of post-operative<br>observations<br>Assessment and recording          |   |           |          |                 |   |           |   |      |   |  |
| of wound post -operatively  |   |           |          |                 |   |           |   |      |   |  |

| <b>SKILLS</b><br><i>Essential skills in BOLD</i><br>Desirable skills in italic's.<br><i>All skills must be completed by</i> |      |         | ctice |          | tered<br>se:<br>hieved<br>je 1 | Registered<br>Nurse:<br>Skill Achieved<br>Stage 2 |         | Registered<br>Nurse:<br>Skill Achieved<br>Stage 3 |         |
|---|------|---------|-------|----------|--------------------------------|---|---------|---|---------|
| end of stage 3  | Date | Initial |       | Date     | Initial                        | Date  | Initial | Date  | Initial |
| Wound care: on-going<br>assessment and evaluation<br>of wound/wound healing   | SFP  |         |       |          |                                |   |         |   |         |
| Removal of drain  |      |         |       |          |                                |   |         |   |         |
| Removal of skin closures<br>Specify:  |      |         |       |          |                                |   |         |   |         |
| Removal of cannula  |      |         |       |          |                                |   |         |   |         |
| APPRE   |      |         | IT)   | A EXPR   | ESSING                         | SEXUA   | LITY    |   | 1       |
| Respects an individual's dignity and privacy  | SFP  |         |       |          |                                |   |         |   |         |
| Provides age appropriate care   | SFP  |         |       |          |                                |   |         |   |         |
| Provides gender<br>appropriate care   | SFP  |         |       |          |                                |   |         |   |         |
| provides appropriate<br>spiritual/religious/cultural<br>support where required  | SFP  |         |       |          |                                |   |         |   |         |
| Involvement of<br>Family/friends in the care &<br>support of the patient<br>where appropriate                               | SFP  |         |       |          |                                |   |         |   |         |
|   | ľ    |         | IF    | E/DYING/ | LOSS                           |   |         |   | L       |
| Demonstrate ability to  | SFP  |         |       |          |                                |   |         |   | [       |
| support the patient and<br>family at a time of loss/end<br>of life  |      |         |       |          |                                |   |         |   |         |
| Perform last offices  | SFP  |         |       |          |                                |   |         |   |         |
| Demonstrate an<br>understanding of procedures<br>following death and complete<br>relevant documentation                     |      |         |       |          |                                |   |         |   |         |
| Provides on-going support to<br>the family that is sensitive to<br>family, cultural and religious<br>need.                  |      |         |       |          |                                |   |         |   |         |

| SKILLS<br>Essential skills in BOLD<br>Desirable skills in italic's.<br>All skills must be completed by             | Pra      | ersity or<br>actice<br>Taught |     | Regist<br>Nur<br>Skill Ac<br>Stag | se:<br>hieved<br>je 1 |           | se:<br>ieved<br>ge 2 | Regis<br>Nur<br>Skill Ach<br>Stag | rse:<br>nieved<br>ge 3 |
|--|----------|-------------------------------|-----|-----------------------------------|-----------------------|-----------|----------------------|-----------------------------------|------------------------|
| end of stage 3   | Date     | Initial                       |     | Date                              | Initial               | Date      | Initial              | Date                              | Initial                |
| Safely admini<br>To include: calculating<br>administration, moni<br>Calculate Drug Dosage                          | dose, ac | tual giving                   | , p | erforming                         | safety c              | hecks, pi | eparatio             | n of drug                         |                        |
| (Stage 1)  | 566      |                               |     |                                   |                       |           |                      |                                   |                        |
| Calculate Drug Dosage<br>(Stage 2)   |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Calculate Drug Dosage<br>(Stage 3)   |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Follows storage and<br>administration of<br>medicines policy   |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Oral Medication  | SFP      | 4.7                           |     |                                   |                       |           |                      |                                   |                        |
| Sub-Cutaneous Injection  | SFP      | 4.7                           |     |                                   |                       |           |                      |                                   |                        |
| Intramuscular Injection  | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Inhaled Medication   | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Nebulised Medication   | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Enteral Medication   | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Transdermal Medication   | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Eye-Drops  | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Rectal Medication  | SFP      |                               |     |                                   |                       |           |                      |                                   |                        |
| Topical Medication   |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Manages the safe<br>administration of<br>medication for an<br>individual patient for at<br>least 1 shift (Stage 2) |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Manages the safe<br>administration of<br>medications for a group of<br>patients for at least 1 shift<br>(Stage 3)  |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Administer Oxygen Therapy  |          |                               |     |                                   |                       |           |                      |                                   |                        |
| Use Oxygen Humidification  |          |                               |     |                                   |                       |           |                      |                                   |                        |

| <b>SKILLS</b><br><i>Essential skills in BOLD</i><br>Desirable skills in italic's.<br><i>All skills must be completed by</i> | Prac     | sity or<br>ctice<br>aught |    | Regist<br>Nur<br>Skill Ac<br>Stag | se:<br>hieved | Regis<br>Nur<br>Skill Ac<br>Stag | se:<br>hieved: | Regis<br>Nur<br>Skill Ac<br>Stag | se:<br>hieved |
|---|----------|---------------------------|----|-----------------------------------|---------------|----------------------------------|----------------|----------------------------------|---------------|
| end of stage 3  | Date     | Initial                   |    | Date                              | Initial       | Date                             | Initial        | Date                             | Initial       |
| Additional Ski  | IIs Unde | rtaken In                 | Th | e Placen                          | nent Are      | ea/Univer                        | sity Set       | ting                             |               |
|   |          | – BUT                     | NC | DT LISTE                          | D -           |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |
|   |          |                           |    |                                   |               |                                  |                |                                  |               |

#### **Medication Used in Practice Placement**

#### A minimum of <u>5 medications in Stage 1 and 10 medications in both Stages 2 & 3 MUST be</u> identified, ideally from different drug groups. Drugs must NOT be repeated / duplicated - you need to provide evidence of understanding

|  | Example of completed Medication page   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Name of Medic<br>Action:   | How does the medication work?  |  |  |  |  |  |  |  |  |
| Action.  | How does the medication work?  |  |  |  |  |  |  |  |  |
| Effect /<br>Indication   | Why were the patients taking the medication?   |  |  |  |  |  |  |  |  |
| Route  | Oral / IM / SC / Topical / PR/Transdermal  |  |  |  |  |  |  |  |  |
| Dose   | medication 20mg tablets  |  |  |  |  |  |  |  |  |
| Common Side  | What are they?   |  |  |  |  |  |  |  |  |
| effects<br>(Please relate<br>this to a<br>patient/service<br>user you are<br>caring for<br>/involved with)     | How did you check for side effects and how did you manage the patient if they had a side effect? |  |  |  |  |  |  |  |  |
| Contra-  | What are they?   |  |  |  |  |  |  |  |  |
| indications<br>(Please relate<br>this to a<br>patient/service<br>user you are<br>caring for<br>/involved with) | Did the patient have any?<br>What are the common ones for this medication?                       |  |  |  |  |  |  |  |  |
| Drug<br>Calculation<br>(you must<br>show<br>workings out   | (you must show workings out)<br>Patient prescribed 40mgs thus needs 2 x 20mg tablets             |  |  |  |  |  |  |  |  |
| Safely given<br>drug to<br>identified<br>individual<br>(indicate route<br>used)                                | Route  |  |  |  |  |  |  |  |  |
| ,  | Date   |  |  |  |  |  |  |  |  |

## **STAGE ONE**

| Medication 1               | ; Name of Medication | Medication 2; Name of Medication |
|----------------------------|----------------------|----------------------------------|
| Action                     |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Effect /                   |                      |                                  |
| Indication                 |                      |                                  |
|                            |                      |                                  |
| Route                      |                      |                                  |
| Noule                      |                      |                                  |
| Dose                       |                      |                                  |
|                            |                      |                                  |
| Common                     |                      |                                  |
| Side effects               |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are<br>caring for |                      |                                  |
| /involved with)            |                      |                                  |
| Contra-                    |                      |                                  |
| indications                |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are               |                      |                                  |
| caring for                 |                      |                                  |
| /involved with)            |                      |                                  |
| Drug                       |                      |                                  |
| Calculation                |                      |                                  |
| (you must<br>show          |                      |                                  |
|                            |                      |                                  |
| workings out               |                      |                                  |
|                            |                      |                                  |
| Safely given               | Route                | Route                            |
| drug to                    |                      |                                  |
| identified                 | Montor Signaturo     | Montor Signaturo                 |
| individual                 | Mentor Signature     | Mentor Signature                 |
| (indicate                  |                      |                                  |
| route used                 | Date                 | Date                             |

| Medication 3             | ; Name of Medication | Medication 4; Name of Medication |
|--------------------------|----------------------|----------------------------------|
| Action                   |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Effect /                 |                      |                                  |
| Indication               |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Route                    |                      |                                  |
|                          |                      |                                  |
| Dose                     |                      |                                  |
|                          |                      |                                  |
| Common                   |                      |                                  |
| Side effects             |                      |                                  |
| (Please relate           |                      |                                  |
| this to a                |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Contra-                  |                      |                                  |
| indications              |                      |                                  |
| (Please relate this to a |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Drug                     |                      |                                  |
| Calculation              |                      |                                  |
| (you must                |                      |                                  |
| show                     |                      |                                  |
| workings out             |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Safely given             | Route                | Route                            |
| drug to                  |                      |                                  |
| identified               | Mentor Signature     | Mentor Signature                 |
| individual               |                      |                                  |
| (indicate                |                      |                                  |
| route used               | Date                 | Date                             |

| Medication 5      | ; Name of Medication … |  |
|-------------------|------------------------|--|
| Action            |                        |  |
|                   |                        |  |
|                   |                        |  |
| Effect /          |                        |  |
| Indication        |                        |  |
|                   |                        |  |
|                   |                        |  |
| Route             |                        |  |
|                   |                        |  |
| Dose              |                        |  |
|                   |                        |  |
| Common            |                        |  |
| Side effects      |                        |  |
| (Please relate    |                        |  |
| this to a         |                        |  |
| patient/service   |                        |  |
| user you are      |                        |  |
| caring for        |                        |  |
| /involved with)   |                        |  |
| Contra-           |                        |  |
| indications       |                        |  |
| (Please relate    |                        |  |
| this to a         |                        |  |
| patient/service   |                        |  |
| user you are      |                        |  |
| caring for        |                        |  |
| /involved with)   |                        |  |
| Drug              |                        |  |
| Calculation       |                        |  |
| (you must<br>show |                        |  |
|                   |                        |  |
| workings out      |                        |  |
|                   |                        |  |
| Safely given      | Douto                  |  |
| drug to           | Route                  |  |
| identified        |                        |  |
| individual        | Mentor Signature       |  |
| (indicate         |                        |  |
| route used        | Date                   |  |
|                   |                        |  |

# **STAGE TWO**

| Medication 1               | ; Name of Medication | Medication 2; Name of Medication |
|----------------------------|----------------------|----------------------------------|
| Action                     |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Effect /                   |                      |                                  |
| Indication                 |                      |                                  |
|                            |                      |                                  |
| Route                      |                      |                                  |
| Noule                      |                      |                                  |
| Dose                       |                      |                                  |
|                            |                      |                                  |
| Common                     |                      |                                  |
| Side effects               |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are<br>caring for |                      |                                  |
| /involved with)            |                      |                                  |
| Contra-                    |                      |                                  |
| indications                |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are               |                      |                                  |
| caring for                 |                      |                                  |
| /involved with)            |                      |                                  |
| Drug                       |                      |                                  |
| Calculation                |                      |                                  |
| (you must<br>show          |                      |                                  |
|                            |                      |                                  |
| workings out               |                      |                                  |
|                            |                      |                                  |
| Safely given               | Route                | Route                            |
| drug to                    |                      |                                  |
| identified                 | Montor Signaturo     | Montor Signaturo                 |
| individual                 | Mentor Signature     | Mentor Signature                 |
| (indicate                  |                      |                                  |
| route used                 | Date                 | Date                             |

| Medication 3               | ; Name of Medication | Medication 4; Name of Medication |
|----------------------------|----------------------|----------------------------------|
| Action                     |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Effect /                   |                      |                                  |
| Indication                 |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Route                      |                      |                                  |
|                            |                      |                                  |
| Dose                       |                      |                                  |
|                            |                      |                                  |
| Common                     |                      |                                  |
| Side effects               |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are               |                      |                                  |
| caring for                 |                      |                                  |
| /involved with)            |                      |                                  |
| Contra-                    |                      |                                  |
| indications                |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are<br>caring for |                      |                                  |
| /involved with)            |                      |                                  |
| Drug                       |                      |                                  |
| Calculation                |                      |                                  |
| (you must                  |                      |                                  |
| show                       |                      |                                  |
| workings out               |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Safely given               | Route                | Route                            |
| drug to                    |                      |                                  |
| identified                 | Mentor Signature     | Mentor Signature                 |
| individual                 |                      |                                  |
| (indicate                  |                      |                                  |
| route used                 | Date                 | Date                             |

| Medication 5                    | ; Name of Medication | Medication 6; Name of Medication |
|---------------------------------|----------------------|----------------------------------|
| Action                          |                      |                                  |
|                                 |                      |                                  |
|                                 |                      |                                  |
| Effect /                        |                      |                                  |
| Indication                      |                      |                                  |
|                                 |                      |                                  |
|                                 |                      |                                  |
| Route                           |                      |                                  |
|                                 |                      |                                  |
| Dose                            |                      |                                  |
|                                 |                      |                                  |
| Common                          |                      |                                  |
| Side effects                    |                      |                                  |
| (Please relate                  |                      |                                  |
| this to a                       |                      |                                  |
| patient/service                 |                      |                                  |
| user you are                    |                      |                                  |
| caring for                      |                      |                                  |
| /involved with)                 |                      |                                  |
| Contra-                         |                      |                                  |
| indications                     |                      |                                  |
| (Please relate                  |                      |                                  |
| this to a                       |                      |                                  |
| patient/service<br>user you are |                      |                                  |
| caring for                      |                      |                                  |
| /involved with)                 |                      |                                  |
| Drug                            |                      |                                  |
| Calculation                     |                      |                                  |
| (you must                       |                      |                                  |
| show                            |                      |                                  |
| workings out                    |                      |                                  |
|                                 |                      |                                  |
|                                 |                      |                                  |
| Safely given                    | Route                | Route                            |
| drug to                         |                      |                                  |
| identified                      | Montor Signaturo     | Montor Signaturo                 |
| individual                      | Mentor Signature     | Mentor Signature                 |
| (indicate                       |                      |                                  |
| route used                      | Date                 | Date                             |

| Medication 7             | '; Name of Medication | Medication 8; Name of Medication |
|--------------------------|-----------------------|----------------------------------|
| Action                   |                       |                                  |
|                          |                       |                                  |
|                          |                       |                                  |
| Effect /                 |                       |                                  |
| Indication               |                       |                                  |
|                          |                       |                                  |
|                          |                       |                                  |
| Route                    |                       |                                  |
|                          |                       |                                  |
| Dose                     |                       |                                  |
|                          |                       |                                  |
| Common                   |                       |                                  |
| Side effects             |                       |                                  |
| (Please relate           |                       |                                  |
| this to a                |                       |                                  |
| patient/service          |                       |                                  |
| user you are             |                       |                                  |
| caring for               |                       |                                  |
| /involved with)          |                       |                                  |
| Contra-                  |                       |                                  |
| indications              |                       |                                  |
| (Please relate this to a |                       |                                  |
| patient/service          |                       |                                  |
| user you are             |                       |                                  |
| caring for               |                       |                                  |
| /involved with)          |                       |                                  |
| Drug                     |                       |                                  |
| Calculation              |                       |                                  |
| (you must                |                       |                                  |
| show                     |                       |                                  |
| workings out             |                       |                                  |
|                          |                       |                                  |
|                          |                       |                                  |
| Safely given             | Route                 | Route                            |
| drug to                  |                       |                                  |
| identified               | Mentor Signature      | Mentor Signature                 |
| individual               |                       |                                  |
| (indicate                |                       |                                  |
| route used               | Date                  | Date                             |

| Medication 9                    | ; Name of Medication | Medication 10; Name of Medication |
|---------------------------------|----------------------|-----------------------------------|
| Action                          |                      |                                   |
|                                 |                      |                                   |
|                                 |                      |                                   |
| Effect /                        |                      |                                   |
| Indication                      |                      |                                   |
|                                 |                      |                                   |
|                                 |                      |                                   |
| Route                           |                      |                                   |
|                                 |                      |                                   |
| Dose                            |                      |                                   |
|                                 |                      |                                   |
| Common                          |                      |                                   |
| Side effects                    |                      |                                   |
| (Please relate                  |                      |                                   |
| this to a                       |                      |                                   |
| patient/service                 |                      |                                   |
| user you are                    |                      |                                   |
| caring for                      |                      |                                   |
| /involved with)                 |                      |                                   |
| Contra-                         |                      |                                   |
| indications                     |                      |                                   |
| (Please relate                  |                      |                                   |
| this to a                       |                      |                                   |
| patient/service<br>user you are |                      |                                   |
| caring for                      |                      |                                   |
| /involved with)                 |                      |                                   |
| Drug                            |                      |                                   |
| Calculation                     |                      |                                   |
| (you must                       |                      |                                   |
| show                            |                      |                                   |
| workings out                    |                      |                                   |
|                                 |                      |                                   |
|                                 |                      |                                   |
| Safely given                    | Route                | Route                             |
| drug to                         |                      |                                   |
| identified                      | Montor Signaturo     | Montor Signaturo                  |
| individual                      | Mentor Signature     | Mentor Signature                  |
| (indicate                       |                      |                                   |
| route used                      | Date                 | Date                              |

### **STAGE THREE**

| Medication 1               | ; Name of Medication | Medication 2; Name of Medication |
|----------------------------|----------------------|----------------------------------|
| Action                     |                      |                                  |
|                            |                      |                                  |
|                            |                      |                                  |
| Effect /                   |                      |                                  |
| Indication                 |                      |                                  |
|                            |                      |                                  |
| Route                      |                      |                                  |
| Noule                      |                      |                                  |
| Dose                       |                      |                                  |
|                            |                      |                                  |
| Common                     |                      |                                  |
| Side effects               |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are<br>caring for |                      |                                  |
| /involved with)            |                      |                                  |
| Contra-                    |                      |                                  |
| indications                |                      |                                  |
| (Please relate             |                      |                                  |
| this to a                  |                      |                                  |
| patient/service            |                      |                                  |
| user you are               |                      |                                  |
| caring for                 |                      |                                  |
| /involved with)            |                      |                                  |
| Drug                       |                      |                                  |
| Calculation                |                      |                                  |
| (you must<br>show          |                      |                                  |
|                            |                      |                                  |
| workings out               |                      |                                  |
|                            |                      |                                  |
| Safely given               | Route                | Route                            |
| drug to                    |                      |                                  |
| identified                 | Montor Signaturo     | Montor Signaturo                 |
| individual                 | Mentor Signature     | Mentor Signature                 |
| (indicate                  |                      |                                  |
| route used                 | Date                 | Date                             |

| Medication 3             | ; Name of Medication | Medication 4; Name of Medication |
|--------------------------|----------------------|----------------------------------|
| Action                   |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Effect /                 |                      |                                  |
| Indication               |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Route                    |                      |                                  |
|                          |                      |                                  |
| Dose                     |                      |                                  |
|                          |                      |                                  |
| Common                   |                      |                                  |
| Side effects             |                      |                                  |
| (Please relate           |                      |                                  |
| this to a                |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Contra-                  |                      |                                  |
| indications              |                      |                                  |
| (Please relate this to a |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Drug                     |                      |                                  |
| Calculation              |                      |                                  |
| (you must                |                      |                                  |
| show                     |                      |                                  |
| workings out             |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Safely given             | Route                | Route                            |
| drug to                  |                      |                                  |
| identified               | Mentor Signature     | Mentor Signature                 |
| individual               |                      |                                  |
| (indicate                |                      |                                  |
| route used               | Date                 | Date                             |

| Medication 5             | ; Name of Medication | Medication 6; Name of Medication |
|--------------------------|----------------------|----------------------------------|
| Action                   |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Effect /                 |                      |                                  |
| Indication               |                      |                                  |
|                          |                      |                                  |
|                          |                      |                                  |
| Route                    |                      |                                  |
|                          |                      |                                  |
| Dose                     |                      |                                  |
|                          |                      |                                  |
| Common                   |                      |                                  |
| Side effects             |                      |                                  |
| (Please relate           |                      |                                  |
| this to a                |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Contra-<br>indications   |                      |                                  |
|                          |                      |                                  |
| (Please relate this to a |                      |                                  |
| patient/service          |                      |                                  |
| user you are             |                      |                                  |
| caring for               |                      |                                  |
| /involved with)          |                      |                                  |
| Drug                     |                      |                                  |
| Calculation              |                      |                                  |
| you must                 |                      |                                  |
| show                     |                      |                                  |
| workings out             |                      |                                  |
| Ū                        |                      |                                  |
|                          |                      |                                  |
| Safely given             | Route                | Route                            |
| drug to                  |                      |                                  |
| identified               | Mentor Signature     | Mentor Signature                 |
| individual               |                      |                                  |
| (indicate                |                      |                                  |
| route used               | Date                 | Date                             |

| Medication 7                    | '; Name of Medication | Medication 8; Name of Medication |
|---------------------------------|-----------------------|----------------------------------|
| Action                          |                       |                                  |
|                                 |                       |                                  |
|                                 |                       |                                  |
| Effect /                        |                       |                                  |
| Indication                      |                       |                                  |
|                                 |                       |                                  |
|                                 |                       |                                  |
| Route                           |                       |                                  |
|                                 |                       |                                  |
| Dose                            |                       |                                  |
|                                 |                       |                                  |
| Common                          |                       |                                  |
| Side effects                    |                       |                                  |
| (Please relate                  |                       |                                  |
| this to a                       |                       |                                  |
| patient/service                 |                       |                                  |
| user you are                    |                       |                                  |
| caring for                      |                       |                                  |
| /involved with)                 |                       |                                  |
| Contra-                         |                       |                                  |
| indications                     |                       |                                  |
| (Please relate                  |                       |                                  |
| this to a                       |                       |                                  |
| patient/service<br>user you are |                       |                                  |
| caring for                      |                       |                                  |
| /involved with)                 |                       |                                  |
| Drug                            |                       |                                  |
| Calculation                     |                       |                                  |
| (you must                       |                       |                                  |
| show                            |                       |                                  |
| workings out                    |                       |                                  |
|                                 |                       |                                  |
|                                 |                       |                                  |
| Safely given                    | Route                 | Route                            |
| drug to                         |                       |                                  |
| identified                      | Montor Signaturo      | Montor Signaturo                 |
| individual                      | Mentor Signature      | Mentor Signature                 |
| (indicate                       |                       |                                  |
| route used                      | Date                  | Date                             |

| Medication 9                 | ; Name of Medication | Medication 10; Name of Medication |
|------------------------------|----------------------|-----------------------------------|
| Action                       |                      |                                   |
|                              |                      |                                   |
|                              |                      |                                   |
| Effect /                     |                      |                                   |
| Indication                   |                      |                                   |
|                              |                      |                                   |
|                              |                      |                                   |
| Route                        |                      |                                   |
|                              |                      |                                   |
| Dose                         |                      |                                   |
|                              |                      |                                   |
| Common                       |                      |                                   |
| Side effects                 |                      |                                   |
| (Please relate               |                      |                                   |
| this to a                    |                      |                                   |
| patient/service              |                      |                                   |
| user you are                 |                      |                                   |
| caring for                   |                      |                                   |
| /involved with)              |                      |                                   |
| Contra-                      |                      |                                   |
| indications                  |                      |                                   |
| (Please relate               |                      |                                   |
| this to a<br>patient/service |                      |                                   |
| user you are                 |                      |                                   |
| caring for                   |                      |                                   |
| /involved with)              |                      |                                   |
| Drug                         |                      |                                   |
| Calculation                  |                      |                                   |
| (you must                    |                      |                                   |
| show                         |                      |                                   |
| workings out                 |                      |                                   |
| - J                          |                      |                                   |
|                              |                      |                                   |
| Safely given                 | Route                | Route                             |
| drug to                      |                      |                                   |
| identified                   | Mentor Signature     | Mentor Signature                  |
| individual                   |                      |                                   |
| (indicate                    |                      |                                   |
| route used                   | Date                 | Date                              |

#### Student & Mentor Checklist – Completion of PAD & OAR

|    | Guidance for Completion of Practice Assessment Document (PAD)                                 |  |
|----|---|--|
| 1  | Orientation to Placement  |  |
| 1. | Mentor and student will:  |  |
|    | - Complete Orientation to Practice Setting (first shift) & complete placement details page in |  |
|    | PAD   |  |
|    | - Accurately record attendance record/sick leave/authorised/non authorised & total hours      |  |
|    | accurately by shift – signed by mentor or registered nurse on a shift basis                   |  |
| 2. | Initial Interview (first week of placement)   |  |
|    | Mentor and student will:  |  |
|    | - Review previous experience/placement and Mentor comments in OAR                             |  |
|    | - Identify and discuss current Learning needs student   |  |
|    | - Identify and discuss which practice standards, skills and AFE can be achieved               |  |
|    | - Agree and write an initial development plan   |  |
|    | - Set date for Intermediate progress review   |  |
| 3. | Intermediate Interview (mid-point of placement)   |  |
|    | Mentor and student will:  |  |
|    | - Identify and reflect upon student progress – using NMC PRACTICE STANDARDS and               |  |
|    | Assessment marking tool (GRID) to assess the students' progress and achievement               |  |
|    | - Review Ongoing Development plan and learning outcomes                                       |  |
|    | - Sign and date all practice standards achieved   |  |
| 4. | Final Interview (last week of placement)  |  |
|    | Mentor and student will:  |  |
|    | - Identify and reflect upon student progress – use NMC PRACTICE STANDARDS and                 |  |
|    | marking Tool (GRID) to re-assess the student's OVERALL progress and achievement               |  |
|    | - Sign and date all practice standards achieved/not achieved/failed                           |  |
|    | - Sign and date Professional behaviour in practice – satisfactory/unsatisfactory              |  |
|    | - Reflect upon complementary placements undertaken/testimonials - check all                   |  |
|    | signed/dated  |  |
|    | - Sign and date Statement of Placement Achievement – PASS/FAIL                                |  |
|    | - Placement Evaluation completed (receipt to be submitted with PAD)                           |  |
|    |   |  |
|    | Guidance for Completion of On-going Achievement Record (OAR)                                  |  |
| 1. | Final Interview   |  |
|    | Mentor and Student will:  |  |
|    | <ul> <li>Sign and date ALL Professional Behaviours</li> </ul>                                 |  |
|    | - Verify, sign and date all testimonies, clinical skills, practice standards, AFE (Essential  |  |
|    | Outcomes for Other Fields) evidence and medications as taught AND achieved                    |  |
| 1  | - Student to undertake self-reflection: achievements, progress and future learning needs      |  |
|    | <ul> <li>Mentor to verify if meeting standard expected for stage/end of programme</li> </ul>  |  |
|    | <ul> <li>Complete placement evaluation – receipt to be verified by Mentor</li> </ul>          |  |
|    | <ul> <li>Reflect on effectiveness of reasonable adjustments and document in PSA</li> </ul>    |  |
| 1  | - Record weekly meetings signed and dated (final 'Sign Off' placement)                        |  |
|    | - Complete Statement of Practice Achievement signed and dated (PASS/FAIL)                     |  |
| 1  | Or  |  |
|    | Complete Statement of Overall Practice Achievement signed/ dated by Mentor & Student          |  |
| 1  | Declaration (Final 'Sign Off' placement)  |  |