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

♥ @ ★ ► Hull

NHS

Health Education Yorkshire and the Humber

BSc (Hons) Nursing (Child)

On-going Achievement Record (OAR) and Skills Log

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

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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 Nursing Child 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:

 Cohort:

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

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

Record of Completion (continued) SUMMARY

| Stage 3 (Yr 3) | Placement Experience | Number of hours | Pass/Fail | Confirmed by Academic Support Tutor (AST) |
|----------------|-------------------------------------|--------------------|-----------|---|
| Placement 7 | | | | |
| Placement 8 | | | | |
| Placement 9 | | | | |
| All Practice S | tandards achieved for Stage 3 | | | |
| TOTAL Ho | | | | |
| TOTAL HOURS C | TOTAL HOURS COMPLETED FOR PROGRAMME | | | |

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 Ongo Log and Stage 3 Practice Assessment Document (Pr the student has completed their placements and skill | AD) and based on this evidence |
| Sign Off Mentor | (PRINT) |
| Signature | Date |
| I can confirm that as far as I am aware, the student h and skills as recorded | as completed their placements |
| 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 / Mentor [Full Name] | Signature | Initials | Date | Placement Area | | |
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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

COMPETENCY FRAMEWORK – via simulation

4. Medicines management

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

| | Academic Level | Competency Statement | Level of Student Performance Expected | |
|--|-------------------|----------------------|--|--|
|--|-------------------|----------------------|--|--|

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

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 nonattendance 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 cord | 2 nd Attempt Assessment Record | | |
|--|----------|--------------------|--|-----------------|--|
| and Control | Achieved | Not achieved | Achieved | Not 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 | | | | | |

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

RECORD OF STUDENT'S ACHIEVEMENT

| | (AST YES | to tick) 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 . | | |

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 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

Date.....

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 1st 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:

•
Signature of Student
Date.
Signature of AST

PLACEMENT 2 STAGE 1 (Year 1)

| Placement 2, Stage 1. | Final inter | view – Summative | |
|---|---|---------------------------------|--------------------------------------|
| | Satis | Unsatisfactory | |
| Professional Attitude in a | Practice always | Practice mainly reflects | Practice reflects |
| Practice Setting – | reflects professional values & attitudes | professional values & attitudes | unprofessional values & attitudes |
| Final Interview | | (development plan | |
| | | must be agreed and recorded) | |
| Mentor to sign their full signature in the | box corresponding to attitude | , | ne student's professional |
| | | | |
| 1. Make the care of people their first | | | |
| The following activities reflect this prin | | ly assessment of the s | student's professional |
| attitudes and values in relation to the | se is: | | |
| 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 | | | |
| | amata tha haalth an | d wellhoing of those in | their care their |
| 2. Work with others to protect and pr | | a wendering of those in | their care, their |
| families, carers and the wider com | • | | |
| The following activities reflect this prin attitudes and values in relation to the | | ly assessment of the s | 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 | | | |
| 3. 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 | | -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 | | | |
| 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

Placement 2 Stage 1,

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 & 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 | <u>Evaluation</u> | | | | | | |
| You may wish to consider the following areas: how practice, multidisciplinary/interagency working, co | | | | | | | |
| Strengths of my knowledge & practice abilities | 6 | | | | | | |
| 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 | |
| | |
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| | |
| | |
| Aspects of practice the student needs to device the student needs to devi | velop |
| | |
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| | |
| | |
| You and your mentor should have reviewed your ac | |
| sections of the Assessment in Practice Document (p | |
| Testimonies Yes / No | Record of attendance verified Yes / No |
| Skills Log checked, signed and discussed Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / 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** 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 Nursing Child 2016

PLACEMENT 3 STAGE 1 (Year 1)

| Placement 3, Stage 1. | Final interv | view – Summative | | | | | |
|---|-----------------------------|--------------------------------|---------------------------|--|--|--|--|
| | Satisfactory Unsatisfactory | | | | | | |
| Professional Attitude in a | Practice always | Practice mainly reflects | Practice reflects | | | | |
| Practice Setting – | reflects professional | professional values & | unprofessional values | | | | |
| Final Interview | values & attitudes | attitudes (development plan | & attitudes | | | | |
| <u>Final interview</u> | | must be agreed and recorded) | | | | | |
| Mentor to sign their full signature in the box corresponding to their assessment of the student's professional attitude | | | | | | | |
| 2. Make the care of people their first | • | | especting their dignity | | | | |
| The following activities reflect this prin | - | | | | | | |
| 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 | | | | | | | |
| 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 | nunity | | | | | | |
| The following activities reflect this prin | | y assessment of the s | student's professional | | | | |
| attitudes and values in relation to the | se is: | I | | | | | |
| 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 re | eputation of your prof | ession | | | | |
| The following activities reflect this princ | iple of care and my as | sessment of the 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 | | | | | | | |
| complying with hygiene, uniform and | | | | | | | |
| dress codes. * Reference to NMC Code (2015) m | | <u> </u> | | | | | |

* 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 Nursing Child 2016

Placement 3 - Stage 1

Final Interview

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 | |
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| Aspects of practice the student needs to dev | velop |
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| | |
| You and your mentor should have reviewed your act sections of the Assessment in Practice Document (p | |
| Testimonies Yes / No | Record of attendance verified 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 | |
| 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): | | | | | |
| 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). | | | | |
| 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 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 Nursing Child 2016

PLACEMENT 4 STAGE 2 (Year 2)

| | Satisfactory | Unsatisfactory | | |
|---|--|--|---|--|
| Professional Attitude in a Practice Setting - <u>Final</u> Interview | Practice always reflects professional values & attitudes | Practice mainly reflects professional values & attitudes (development plan must be agreed and recorded) | Practice reflects unprofessional values 8 attitudes | |
| Mentor to sign their full signature in | the box corresponding to attitude | o their assessment of the | student's professional | |
| 3. Make the care of people their first | | is individuals and respec | ting their dignity | |
| The following activities reflect this p values in relation to these is: | rinciple 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 | | | | |
| being respectful and courteous and non-judgmental | | | | |
| using their skills of empathy and is sensitive to the needs of others | | | | |
| 4. Work with others to protect and p | promote the health and we | ellbeing of those in their (| care, their families. | |
| carers and the wider community The following activities reflect this p values in relation to these is: | | - | | |
| maintaining confidentiality | | | | |
| maintaining records | | | | |
| using problem solving skills | | | | |
| recognising their own limitations and seeking support when unsure of what to do | | | | |
| maintaining professional boundaries | | | | |
| Be open and honest, act with inter The following activities reflect this pr 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 if unable to attend placement | | | | |
| complying with hygiene, uniform and dress codes. | 1 | | | |

* 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 opr | ortunity to r | effect on your overall placement | | |
|---|---------------|----------------------------------|--|--|
| 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 & 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: ho practice, multidisciplinary/interagency working, co | | | | |
| Strengths of my knowledge & practice abilities | | | | |
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| | | | | |
| Aspects of my knowledge & practice I need to | develop furth | er and how I will achieve this | | |
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| Mentor Fe | eedback |
|--|---|
| Is the student working at the level expected for this s | stage of training? Yes / No |
| Strengths of the students practice | |
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| Aspects of practice the student needs to device the student needs to devi | (clop |
| • Aspects of practice the student needs to dev | velop |
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| | |
| You and your mentor should have reviewed your act | tion plan(s) and evidence in all of the following |
| sections of the Assessment in Practice Document (p | |
| Testimonies Yes / No | Record of attendance verified Yes / No |
| Skills Log checked, signed and discussed Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / 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 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 Nursing Child 2016

PLACEMENT 5 STAGE 2 (Year 2)

Placement 5, Stage 2,

Final interview – Summative

| | Satisfactory | | Unsatisfactory | | |
|--|-------------------------------------|------|---|--------------------------|--|
| Professional Attitude in a | Practice always | | | Practice reflects | |
| | reflects professional | | reflects professional | unprofessional values & | |
| Practice Setting - <u>Final</u> | values & attitudes | | values & attitudes (development plan | attitudes | |
| Interview | | | must be agreed and | | |
| | | | recorded) | | |
| Mentor to sign their full signature in t | he box corresponding to attitude | o th | eir assessment of the | student's professional | |
| 4. Make the care of people their first | | | | | |
| The following activities reflect this print values in relation to these is: | nciple of care and my asso | ess | ment 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 | | | | | |
| being respectful and courteous and | | | | | |
| non-judgmental | | | | | |
| using their skills of empathy and is | | | | | |
| sensitive to the needs of others | | | | | |
| 5. Work with others to protect and pr | omote the health and we | ellb | eing of those in their of | care, their families, | |
| carers and the wider community | | | | | |
| The following activities reflect this prin | nciple of care and my asse | ess | ment of the student's pr | ofessional attitudes and | |
| values in relation to these is: | | | | | |
| maintaining confidentiality | | | | | |
| maintaining records | | | | | |
| using problem solving skills | | | | | |
| recognising their own limitations and | | | | | |
| seeking support when unsure of what | | | | | |
| to do | | | | | |
| maintaining professional boundaries | | | | | |
| 6. Be open and honest, act with integ | rity and uphold the repu | ıtat | ion of your profession | l | |
| The following activities reflect this print 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 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

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 s | stage of training? Yes / No |
| Strengths of the students practice | |
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| Appendix of practice the student people to do | |
| Aspects of practice the student needs to dev | velop |
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| | |
| You and your mentor should have reviewed your act | |
| sections of the Assessment in Practice Document (p | lease circle). |
| Testimonies Yes / No | Record of attendance verified Yes / No |
| Skills Log checked, signed and discussed Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / 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 (plea | ase print): | | | |
| NAME OF PLACEMENT . | | | | |
| ORGANISATION (e.g. nar | ne 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 le to lack of opportunity' in this placement addressed as a priority in the next placeme | nt. N.B. pract | | |
| | mented during this placement and summand the student has PASSED the placement. | rised on the f | inal interview | |
| Signature of Mentor: Date: | | | | |
| Signature of Mentor: | | Date: | | |
| Signature of Mentor: Signature of Student: | | Date: | | |
| | | Date: Date: | | |
| Signature of Student: | ements have not been achieved to the stand | Date: | | |
| Signature of Student: FAIL (some of the practice el Based on the evidence doc | ements have not been achieved to the stand cumented on this student's performance of view sheet, I confirm that the student has F | Date: dard required) during this pla | acement and | |
| Signature of Student: FAIL (some of the practice el Based on the evidence doc summarised on the final inter If the student has attempted | cumented on this student's performance of | Date: dard required) during this pla AILED on the | acement and placement. | |
| Signature of Student: FAIL (some of the practice el Based on the evidence doc summarised on the final inter If the student has attempte skill then they CANNOT be | cumented on this student's performance of view sheet, I confirm that the student has Fa | Date: dard required) during this pla AILED on the any practice | acement and placement. standard or | |
| Signature of Student: FAIL (some of the practice el Based on the evidence doc summarised on the final inter If the student has attempte skill then they CANNOT be The student's progress has l | cumented on this student's performance of view sheet, I confirm that the student has Fared but been unsuccessful in achieving a deemed to have passed the placement. | Date: dard required) during this pla AILED on the any practice | acement and placement. 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

Signed

Date

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

PLACEMENT 6 STAGE 2 (Year 2)

Placement 6, Stage 2,

Final interview – Summative

| | Satisfactory | linsat | isfactory |
|--|-------------------------------------|---|--------------------------|
| Professional Attitude in a | Practice always | Practice mainly | Practice reflects |
| | reflects professional | reflects professional | unprofessional values & |
| Practice Setting - Final | values & attitudes | values & attitudes | attitudes |
| <u>Interview</u> | | (development plan must be agreed and | |
| | | recorded) | |
| Mentor to sign their full signature in t | he box corresponding to attitude | o their assessment of the | student's professional |
| 5. Make the care of people their first of | | | |
| The following activities reflect this prin values in relation to these is: | nciple of care and my asso | 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 | | | |
| 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 protect | omote the health and we | ellbeing of those in their o | care, their families, |
| carers and the wider community | | | |
| 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: | 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 prin 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 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

| 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 & 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 E | Evaluation | | | |
| | ay wish to consider the following areas: hov ce, multidisciplinary/interagency working, co | | | | |
| • | Strengths of my knowledge & practice abilities | i | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| • | Aspects of my knowledge & practice I need to | develop furth | er and how I will achieve this | | |
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| Mentor Fe | eedback |
|---|--|
| Is the student working at the level expected for this s | stage of training? Yes / No |
| Strengths of the students practice | |
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| | |
| Aspects of practice the student needs to dev | /elop |
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| | |
| You and your mentor should have reviewed your ac | tion plan(s) and evidence in all of the following |
| sections of the Assessment in Practice Document (p | |
| Testimonies Yes / No | 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 | |
| Student signature | Mentor signature |
| | |

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| 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 (plea | NAME OF STUDENT (please print): | | | | | |
| NAME OF PLACEMENT . | | | | | | |
| ORGANISATION (e.g. nar | ne of NHS Trust) | | | | | |
| NAME OF MENTOR (plea | se print): | | | | | |
| | | | | | | |
| PASS (the practice standards | s are being achieved). | | | | | |
| | ocumented during this placement and leet, I confirm that the student has PAS o the next stage. | | | | | |
| Signature of Mentor: Date: | | | | | | |
| Signature of Student: Date: | | | | | | |
| | | | | | | |
| FAIL (some of the practice el | ements have not been achieved to the stan | dard 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)

Stage 3, Placement 7

Final interview – Summative

| | Satisfactory | | Unsat | isfactory |
|---|---|------|--|-----------------------------------|
| Professional Attitude in a | Practice always | | Practice mainly | Practice reflects |
| Practice Setting - Final | reflects professional values & attitudes | | reflects professional values & attitudes | unprofessional values & attitudes |
| Interview | | | (development plan must be agreed and recorded) | |
| Mentor to sign their full signature in t | he box corresponding to attitude | o th | eir assessment of the | student's professional |
| 6. Make the care of people their first | | | - | |
| The following activities reflect this privative values in relation to these is: | nciple of care and my asse | ess | ment 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 | | | | |
| being respectful and courteous and | | | | |
| non-judgmental | | | | |
| using their skills of empathy and is | | | | |
| sensitive to the needs of others | | | | |
| 7. Work with others to protect and pr | omote the health and we | ellb | eing of those in their o | are, their families, |
| carers and the wider community | | | | |
| The following activities reflect this pri values in relation to these is: | nciple of care and my asse | ess | ment of the student's pr | ofessional attitudes and |
| maintaining confidentiality | | | | |
| maintaining records | | | | |
| using problem solving skills | | | | |
| recognising their own limitations and | | | | |
| seeking support when unsure of what | | | | |
| to do | | | | |
| maintaining professional boundaries | | | | |
| 8. Be open and honest, act with integ | rity and uphold the repu | tat | ion of your profession | |
| The following activities reflect this prin | nciple of care and my asse | ess | ment of the student's pr | ofessional attitudes and |
| values in relation to these is: | | | | 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 | | | | |
| 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

| This interview gives you and your mentor an opportunity to reflect on your progress throughout your placement experience and for a final assessment to be completed. It should be completed within the last week of the placement by you and your mentor. | | | | | | |
|---|--|----------------|--------------------------------|--|--|--|
| NB - 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 | | | | |
| | nay wish to consider the following areas: how ce, multidisciplinary/interagency working, co | | | | | |
| • | Strengths of my knowledge & practice abilities | 3 | | | | |
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| | | | | | | |
| • | Aspects of my knowledge & practice I need to | develop furthe | er and how I will achieve this | | | |
| | | | | | | |
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| | | | | | | |

| Mentor Fe | eedback_ | | | | | |
|---|--|--|--|--|--|--|
| Is the student working at the level expected for this s | stage of training? Yes / No | | | | | |
| Strengths of the students practice | | | | | | |
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| Aspects of practice the student needs to dev | velop | | | | | |
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| | | | | | | |
| | 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 Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date | | | | | |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / 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

Signed

Date

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

PLACEMENT 8 STAGE 3 (Year 3)

| Placement 8, Stage 3. Fin | al Interview - Summative | |
|--|--|---------------------------------------|
| | Satisfactory | Unsatisfactory |
| Professional Attitude in a | Practice always reflects | Practice reflects unprofessional |
| | professional values & attitudes | values & attitudes |
| Practice Setting – | | |
| Final Interview | | |
| Mentor to sign their full signate stu | ure in the box corresponding to dent's professional attitude | o their assessment of the |
| 7. Make the care of people their first c | oncern, treating them as individua | als and respecting their dignity |
| The following activities reflect this prin | | |
| attitudes and values in relation to thes | | |
| 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 | | |
| 8. Work with others to protect and pro | omote the health and wellbeing of | those in their care. their |
| families, carers and the wider comm | 0 | · · · · · · · · · · · · · · · · · · · |
| The following activities reflect this prin attitudes and values in relation to thes | ciple of care and my assessment | 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 | ty and uphold the reputation of yo | our profession |
| The following activities reflect this principand values in relation to these is: | ple of care and my assessment of the | e student's professional attitudes |
| 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

Final Interview

| | terview gives you and your mentor an opport | | |
|---|--|----------------|-------------------------------------|
| | acement experience and for an assessment to ek of the placement by you and your mentor. | be completed | . It should be completed within the |
| | Mentors - Should there be an expectation than nk Lecturer or PLF/CST MUST be present at the | | is going to fail the placement, an |
| | d your mentor should review your on-going dev g 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: |
| | <u>STUDENT Self E</u> | Evaluation | |
| | ay wish to consider the following areas: how e, multidisciplinary/interagency working, co | | |
| • | Strengths of my knowledge & practice abilities | | |
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| | | la alta d'alta | |
| • | Aspects of my knowledge & practice I need to | develop furth | er and how I will achieve this |
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| Mentor Fe | eedback_ |
|---|---|
| Is the student working at the level expected for this s | stage of training? Yes / No |
| Strengths of the students practice | |
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| Aspects of practice the student needs to dev | velop |
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| | |
| You and your mentor should have reviewed your ac | tion plan(s) and avidance in all of the following |
| sections of the Assessment in Practice Document (p | |
| Testimonies Yes / No | Record of attendance verified Yes / No |
| Skills Log checked, signed and discussed Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / 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** 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 Nursing Child 2016

FINAL PLACEMENT 9 STAGE 3 (Year 3)

Final Placement 9 – Stage 3

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

| Placement 9, Stage 3, F | inal interview – Summative | |
|---|---|--|
| Professional Attitude in a Practice Setting – <u>Final Interview</u> | Satisfactory Practice always reflects professional values & attitudes | Unsatisfactory Practice reflects unprofessional values & attitudes |
| Mentor to sign their full signate stu | ure in the box corresponding to dent's professional attitude | their assessment of the |
| 8. Make the care of people their first c | | ls and respecting their dignity |
| The following activities reflect this prin attitudes and values in relation to thes | ciple of care and my assessment | |
| 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 | | |
| Work with others to protect and pro- families, carers and the wider common The following activities reflect this prin attitudes and values in relation to these | unity ciple of care and my assessment | |
| maintaining confidentiality | | |
| maintaining records | | |
| using problems solving skills | | |
| recognising their own limitations and seeking support when unsure of what to do | | |
| maintaining professional boundaries | | |
| 10. Be open and honest, act with integra The following activities reflect this princi 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 | | |
| 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 Nursing Child 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 t | the last week of the placement by you and your Mentors - Should there be an expectation that | Sign Off ment | tor. | |
| Lecture | er or PLF/CST MUST be present at this intervie | w. | | |
| | nd your mentor should review your on-going develor as of the Assessment in Practice Document (ple | | n(s) and evidence in all of the following | |
| | | | | |
| • | 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 S | elf Evaluatior | n | |
| You m | ay wish to consider the following areas: how | | | |
| | isciplinary/interagency working, communica | | | |
| • | Strengths of my knowledge & practice abilities | 5 | | |
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| • | Aspects of my knowledge & practice I need to | o develop furth | her and how I will achieve this | |
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Final Placement 9 - Stage 3

| Sign Off Ment | or Feedback |
|---|---|
| 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 det | velop |
| You and your sign off mentor should have reviewed following sections of the Assessment in Practice Do | |
| Testimonies Yes / No | Record of attendance verified Yes / No |
| Skills Log checked, signed and discussed Yes / No | Practice Evaluation completed (<u>www.healthcareplacements.co.uk</u>) certificate date |
| For the University of Bradford and Huddersfield students only: have you graded their practice? Yes / No | |
| Student signature | Sign Off Mentor signature |

Final Placement 9 - Stage 3

Г

| 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 (pleas | NAME OF STUDENT (please print): | | | |
| NAME OF PLACEMENT | | | | |
| ORGANISATION (e.g. nam | 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 PASSED the placement and is ready to progress to registration. | | | | |
| Signature of Mentor: | | Date: | | |
| Signature of Student: Date: | | | | |
| | | | | |
| FAIL (some of the practice elements haven't been achieved'. N.B. practice elements decided in this way should be addressed as a priority in the next placement) | | | | |
| 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 is not ready to progress to registration. | | | | |
| | pted but been unsuccessful in ach CANNOT be deemed to have passed | | - | |
| 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: | | |

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 Name: | Cohort: | |
|-------------------------|------------------------------|-----|
| Field: | Month/Year of 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/ Practice Teacher (Please print) | | Date: / | 1 | 1 |
|---|--|---------|---|---|
| Signature of Sign Off Mentor/ Practice Teacher | | | / | 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.

• NMC & Programme requirements for practice and theory hours have been completed.

| Representative: | Date: | / | 1 | |
|-----------------------------------|-------|---|---|--|
| Signature of University Lecturer: | Dale. | 7 | 7 | |

| 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 | |
| Signature of Lead-Pre Registration | | Dale. | / | / | |
| 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 with the way the 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.

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 with the way the 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.

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 with the way the 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:

Date:

Student signature:

Thank you for your help This form has been designed by Service Users, and with thanks from the Pan London PAD group.

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 ٠
- 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 with the way the 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:

Date:

Student signature:

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 ٠
- 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 with the way the 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:

Date:

Student signature:

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 ٠
- 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 with the way the 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:

Date:

Student signature:

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.

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| How happy were you with the way the student nurse: | Very Happy | Нарру | I'm not sure | Unhappy | Very Unhappy |
| Cared for you? | 0 | 0 | 0 | 0 | 0 |
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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 |

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

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- Your comments will help inform the student nurse's learning ٠
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| How happy were you with the way the student nurse: | Very Happy | Нарру | I'm not sure | Unhappy | Very Unhappy |
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| Talked to you? | 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 |

What did the student nurse do well?

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| Cared for you? | 0 | 0 | 0 | 0 | 0 |
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What did the student nurse do well?

What could the student nurse have done differently?

Mentor signature:

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Student signature:

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Thank you for your help

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Child Nursing ADDITIONAL FIELD EVIDENCE (AFE)

Evidencing your Additional 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, Adult & 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.

Child Field nursing students are required upon registration to have met all the requirements of children and young people between birth and the age of 18 across the full range of dependencies. This will include meeting the needs of children and young people who have acute or urgent care needs, long term or life limiting conditions, mental health problems or learning disabilities. You will also have the opportunity to care for children and young people in various settings, including hospital, the community and the child or young person's home.

Learning Disability

| Recognise a into their car | nd respond t | o the | needs | of people | with a | learning | disability | who | come |
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| Maintain cor | ntinuity of car | e to i | meet n | re-existina | intelle | ctual ph | vsical and | lemo | otional |

| Maintain cor needs | ontinuity of care to meet pre-existing intellectual, physical and e | emotional |
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| inks between l | earning disab | ilities and pl | hysical and m | ental health. | |
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| insure that pe | ople with lea | rning disabi | lities have ad | ccess to health and social | са |

| Ensure that people with | learning c | disahilitias | have acc | page to h | oalth and | social | caro |
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| networks and specialist | services | to provide | support | and pro | tect peop | le who | are |
| vulnerable. | | | | | | | |
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| | Actively list decision-ma to their usua | aking, inc | luding ag | greeing re | easonable | adjus | tments | to minimise | disruption |
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| Γ | Work with | families, | carers, | support | networks | and, | where | necessary, | specialist |

| | | | | networks | and, | where | necessary, | specialist |
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| advocates to | o address | people | s needs. | | | | | |
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| Use | effective | communication | and | active | involveme | ent in | decision | making | about |
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| treat | ment optic | ons taking into a | ccoui | nt the p | erson's wis | shes, | 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 cognition, communication, behaviour, a | |
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| Be aware of the main provisions of mental health laws, especially those relating to capacity, human rights and safeguarding. | |
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| Recognise and address people's essential mental health needs when these exist | |

| alongside o | ther primary health needs. | | |
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| Work and conneeds in lor | ommunicate with others to ma ng term conditions. | aintain contii | nuity in meeting mental health |
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<u>Adult</u>

| A broad understanding of the life span development of adults and older people, their roles within the family context and how this affects their individual needs, health, behaviour and communication. |
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| Understand and recognise the common physical health problems of adults and older |
| people who come into their care, including their effects, treatment and immediate nursing car requirements. |

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| Deliver basic care to adults and older p | people required to meet essential needs. |
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| where there | care to adults and older peo is risk of harm, including first assistance when needed. | | nergency, or act to protect them fe support and obtaining |
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| Provide immediate treatment and care for the adult or older person who becomes acutely ill or is injured. | | | |
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| Mentor signature: | | AST signature: | |
| Make a bas | eline physical health assessn | nent of an ac | dult or older person, monitor |
| their conditi | on and recognise and respon | d to any det | erioration. |
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| | | | re ongoing safe, effective and |
| services. | ased care of an adult or older | person or w | nen accessing specialist |
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Maternal Health

This Field will be evidenced by completing the learning package.

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.

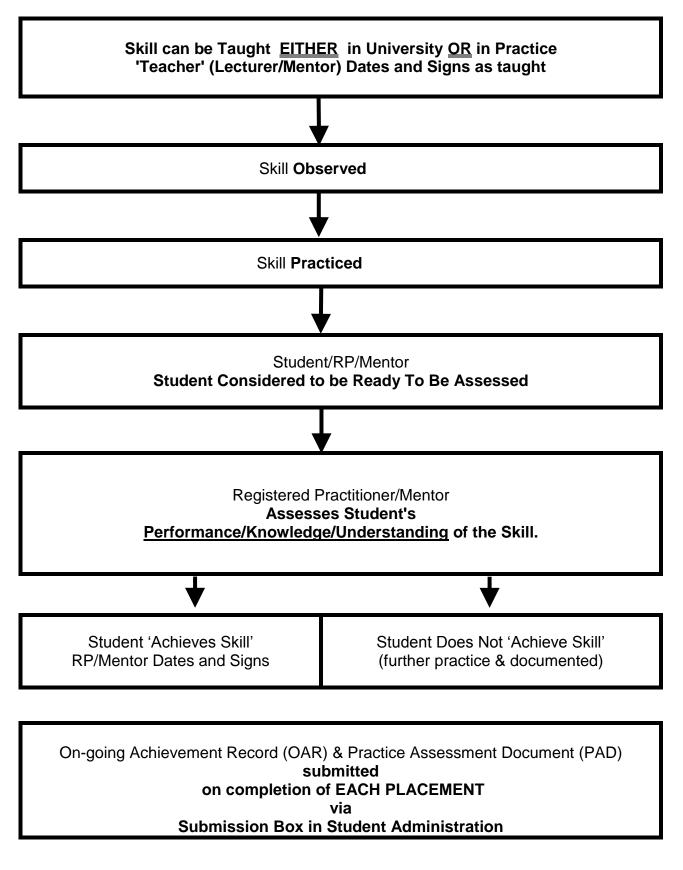
Each skill has been identified as important by both clinical practitioners and lecturers, and will help you demonstrate that you have achieved the NMC (2010) Standards of Competency for entry to the Register.

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.

Flow Chart for the Achievement of Clinical Skills



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 <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> | Pra | ersity or actice Taught | | Registered Nurse: Skill Achieved S Stage 1 | | Registered Nurse: Skill Achieved Stage 2 | | Regis Nur Skill Ac Stag | se: hieved |
|---|----------|-------------------------------|-----|---|---------|---|---------|----------------------------------|---------------|
| end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| | | Mai | านส | al Handlir | ng | | | | |
| Transfers ie chair to bed | SFP | 3.5 | | | | | | | |
| Demonstrate use of equipment Specify x2: | | - | | · | | · | | | |
| 1] | SFP | 3.5 | | | | | | | |
| 2] | SFP | 3.5 | | | | | | | |
| After a Fall or From Floor | | | | | | | | | |
| Postural Management | | | | | | | | | |
| Update in classroom (Stage 1) | SFP | 3.0 | | | 1 | | | | |
| Update in classroom (Stage 2) | | | | | | | | | |
| Update in classroom (Stage 3) | | | | | | | | | |
| | | Basic L | ife | Support | (BLS) | | | | |
| Demonstrate Process Within Classroom (Stage 1) | Sem 1 | SFP | | | | | | | |
| Demonstrate Process Within Classroom (Stage 2) | | | | | | | | | |
| Demonstrate Process Within Classroom (Stage 3) | | | | | | | | | |
| First aid demonstrated within classroom | Sem1 | SFP | | | | | | | |
| Emergency Equipment Checks | | | | | | | | | |
| | STL | JDENT & | PA | TIENT SAI | FETY (S | PS) | | | |
| Classroom Update Stage 1 | Sem1 | SFP | | | | | | | |
| Classroom Update Stage 2 | | | | | | | | | |
| Classroom Update Stage 3 | | | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. | University or Practice Skill Taught | | | ord and Skil Regis Nur Skill Ac | tered se: hieved | Regis Nu Skill Ach | stered rse: nieved | Regis Nu Skill Ad | stered rse: chieved |
|---|---|------------|-----------|--|------------------------|--------------------------|--------------------------|-------------------------|---------------------------|
| All skills must be completed by end of stage 3 | Date | Initial | | Stag Date | e 1 Initial | Sta Date | ge 2 Initial | Stag Date | ge 3 Initial |
| | Date | | E ; | SAFET | | Date | initial | Date | initiai |
| Classroom Update Stage 1 | Sem 1 | SFP | Τ | | | | | | |
| Classroom Update Stage 2 | | | | | | | | | |
| Classroom Update Stage 3 | | | | | | | | | |
| | IN | FORMAT | | | | - | | | |
| Undertaken DH e-learning stage 1 | Sem 1 | SFP | | | | - | _ | _ | _ |
| Undertaken DH e-learning stage 2 | | | | | | | | | |
| Undertaken DH e-learning stage 3 | | | | | | | | | |
| APPLYING INFECTION CON | | OCEDUR | ES | USING PE | RSONA | L PROTE | CTIVE EC | UIPMEN | T (PPE) |
| Hand washing | SFP | 1.4 | Γ | | | | | | |
| Uses PPE appropriately | SFP | 1.5 | | | | | | | |
| Food hygiene/handling | | | | | | | | | |
| Sterilising feeding equipment | | | | | | | | | |
| Aseptic technique | SFP | 1.6 | | | | | | | |
| Clean technique | SFP | 1.6 | | | | | | | |
| Isolation barrier nursing | SFP | | | | | | | | |
| Reverse barrier nursing | | | | | | | | | |
| | | Handlir | ng ð | & Disposa | l of: | | | | |
| Clinical waste | SFP | 4.6 | | | | | | | |
| Sharps | SFP | 4.6 | | | | | | | |
| Body fluids: blood/vomit/faeces/sputum | Sem1 | SFP | | | | | | | |
| Dealing with spillage | Sem1 | SFP | | | | | | | |
| Bed Linen | Sem1 | SFP | | | | | | | |
| E with service users and ca Centred approach To include v | arers, fan and dem | nonstratii | n b ng | embers self-awa | of multi reness i | -agency n challe | nging sit | uations | |
| Demonstrates Listening & Attending Skills with: | | | | | | | | | |
| Infant | | | | | | | | | |
| Toddler | | | | | | | | | |
| School age child | | | | | | | | | |
| Adolescent | | | | | | | | | |

| SKILLS Essential skills in BOLD Desirable skills in italic's. | Pra | rsity or ctice Taught | | Regist Nurs Skill acl Stag | se: hieved | Regist Nurs Skill acl Stag | se: hieved | Regist Nurs Skill acl Stag | se: hieved |
|---|----------|-----------------------------|-----|-------------------------------------|---------------|-------------------------------------|---------------|-------------------------------------|---------------|
| All skills must be completed by end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| Parents/carers | | | | | | | | | |
| Relatives / Extended family | | | | | | | | | |
| Parents relatives who are unable to understand English | | | | | | | | | |
| Refers to /uses translation service | | | | | | | | | |
| Adapts to and responds to communication difficulties <i>i.e.</i> language, culture, hearing, speech, The use of play to | | | | | | | | | |
| The use of play to communicate | | | | | | | | | |
| Use of age appropriate distraction techniques | | | | | | | | | |
| Promotes family centred care | | | | | | | | | |
| Demonstrates self - awareness in challenging situations. | | | | | | | | | |
| Care of patient with complex communication needs. | | | | | | | | | |
| Breaking bad news | SFP | | | | | | | | |
| ۲ With health and Including v | social c | - | ssi | onals wit | thin and | l across o | - | • | |
| Demonstrates effective | | | | | | | | | |
| communication by: | | 1 | 1 | | | 1 | 1 | 1 | |
| Interacting effectively with the Inter-professional team | | | | | | | | | |
| Accurate message | | | | | | | | | |
| taking/reporting and documenting | | | | | | | | | |
| Accessing & using electronic records as per | | | | | | | | | |
| organisational policy Hand- over of care – | | | | | | | | | |
| written and verbal for a | | | | | | | | | |
| single patient ie SBAR Hand-over of care – written | | | | | | | | | |
| and verbal for a group of patients ie SBAR | | | | | | | | | |
| Documents and reports | | | | | | | | | |
| accidents/serious incidents according to Trust policy | | | | | | | | | |
| Documents and raises concerns/complaints and safeguarding issues according to Trust policy | | | | | | | | | |

| SKILLS | University or Practice | | | Registered Nurse: | | Registered Nurse: | | Registered Nurse: | |
|--|---------------------------|---------|----|----------------------|---------|----------------------|-----------------|----------------------|---------|
| Essential skills in BOLD | | | | | | | | | |
| Desirable skills in italic's. All skills must be completed | Skill | Faught | | Skill Ac Stag | | - | chieved ge 2 | Skill Ac Stag | |
| by end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| PARTICI | | | PF | | | | | Dute | Intia |
| | OF NU | IRSING | С | ARE & | DELIV | ERY | | | |
| Arranged admission | | | | | | | | | |
| Unplanned/Emergency Admission | | | | | | | | | |
| Assessment of child and family and completion of appropriate documents | | | | | | | | | |
| Assessment tools- Specify 2 | | | | | | | | | |
| Tool 1 | | | | | | | | | |
| Tool 2 | | | | | | | | | |
| Pharmalogical Pain control intervention | | | | | | | | | |
| Specify | | | | | | | | | |
| Non-pharmalogical Pain control intervention | | | | | | | | | |
| Specify | | | | | | | | | |
| | | Care of | Со | mplex Pa | tient | | | | · |
| Caring for a child with central venous line | | | | | | | | | |
| Care of a baby in an incubator | | | | | | | | | |
| Care of a baby under a radiant heater | | | | | | | | | |
| Participates in BLS | | | | | | | | | |
| Participates in complex life support | | | | | | | | | |
| Participate and supports individuals in emergency first aid situation. | | | | | | | | | |
| Participates in Basic Airway Support Management | | | | | | | | | |
| Care of child with complex elimination needs: state example | | | | | | | | | |
| Cather care : indwelling / intermittent urinary catheter | | | | | | | | | |
| Care of Stoma | | | | | | | | | |

| SKILLS Essential skills in BOLD Desirable skills in italic's. | Pr | ersity or actice I Taught | | Regis Nur Skill Ac | se: | Regis Nur Skill Ac | se: | Regis Nur Skill Ac | se: |
|--|---------|---------------------------------|-----|--------------------------|---------|--------------------------|---------|--------------------------|---------|
| All skills must be completed | | | | Stag | | Stag | | Staę | |
| by end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| A: | | nt, Monitori /ital Signs 8 | | | | | | | |
| NEWS | | | | | | | | | |
| Blood pressure - manual (to be demonstrated in the classroom) | SFP | 2.5 | | | | | | | |
| Blood pressure – electronic | SFP | 2.5 | | | | | | | |
| Pulse – radial | SFP | 2.5 | | | | | | | |
| Pulse – Brachial | SFP | 2.5 | | | | | | | |
| Pulse – Carotid | SFP | | | | | | | | |
| Assessment of capillary refill | | | | | | | | | |
| Temperature taking methods utilised i) | SFP | 2.5 | | | | | | | |
| ii) | | | | | | | | | |
| Respirations | SFP | 2.5 | | | | | | | |
| Maintain Fluid Balance chart | | | | | | | | | |
| Oxygen saturation monitoring | | | | | | | | | |
| Care of febrile child | | | | | | | | | |
| Apnoea monitor | | | | | | | | | |
| Blood Glucose Monitoring | | | | | | | | | |
| Physical Measurements | | | | | | | | | |
| Weight | SFP | | | | | | | | |
| Length / height | | | | | | | | | 1 |
| Head circumference | | 1 | | | | | | | |
| Documentation on to centile chart | | | | | | | | | |
| Body Mass Index | SFP | | | | | <u> </u> | | <u> </u> | |
| | Care of | complex pat | ien | t | | | | | |
| Assessment of capillary fill | | | | | | | | | |
| Assessment of respiratory distress i.e. nasal flaring, noise, effort, recession. | | | | | | | | | |
| Neurologic assessment | | | | | | | | | |
| Paediatric Advanced Warning Score (PAWS) | | | | | | | | | |

| West Yorkshire & Humber Or SKILLS Essential skills in BOLD | Univer | sity or | | Regist Nur | tered | Regis | stered se: | | stered |
|--|----------|----------|-----|------------------|----------|-------|-----------------|------------------|-----------------|
| Desirable skills in italic's. All skills must be completed | Skill T | aught | | Skill Ac Stag | | | chieved ge 2 | Skill Ac Stag | chieved ge 3 |
| by end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| | MEETI | NG HYGII | ENE | E AND TO | ILET NEI | EDS | | | |
| Care of skin | SFP | | | | | | | | |
| Umbilical cord | SFP | | | | | | | | |
| Eye care | SFP | | | | | | | | |
| Care of mouth, teeth | SFP | | | | | | | | |
| Bathing an Individual in bed | SFP | | | | | | | | |
| Pressure area care | | | | | | | | | |
| Assistance with hygiene | SFP | | | | | | | | |
| Assisting with toilet needs: | | | | | | | | | |
| Nарру | SFP | | | | | | | | |
| Toilet | SFP | | | | | | | | |
| Bedpan/urinary bottle | SFP | | | | | | | | |
| М | EETING I | HYDRAT | 101 | I / NUTR | TIONAL | NEEDS | | | |
| Assess nutritional status & tool used i.e. state tool | SFP | | | | | | | | |
| Calculate feed volume | | | | | | | | | |
| Calculation of required fluid needs | | | | | | | | | |
| Oral feed: breast | | | | | | | | | |
| Oral feed: bottle | | | | | | | | | |
| Oral feed: weaning diet | | | | | | | | | |
| Oral feed: older child | | | | | | | | | |
| Drinking | | | | | | | | | |
| Management of Enteral Feeding: | | | | | | | | | |
| Nasogastric/PEG feeds | | | | | | | | | |
| Insert a naso gastric tube | | | | | | | | | |
| Accurately records, interprets and reports fluid intake & outputs | | | | | | | | | |
| Enteral feeding child with complex needs. Specify i.e. Gastronomy/PEG feeds 1 | | | | | | | | | |
| Child with displaced / removed gastronomy | | | | | | | | | |
| Intravenous infusion: care of the infusion site | | | | | | | | | |
| Use of feed pump | | | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> | Prac | rsity or ctice aught | | Regist Nurs Skill Ac Stag | se: hieved le 1 | Nu Skill Ach | ge 2 | Regis Nur Skill Ach Stag | se: nieved ge 3 |
|---|------------|----------------------------|-----|------------------------------------|-----------------------|-----------------|-----------|-----------------------------------|-----------------------|
| end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| Care of Blood transfusion | | | | | | | | | |
| Care of peripheral line | | | | | | | | | |
| Care of giving set | | | | | | | | | |
| Care of volumetric pump | | | | | | | | | |
| Care of syringe driver | | | | | | | | | |
| | MENS: C | COLLECT | IN | G, RECO | RDING, | REPOR | TING | | |
| Urine collection: 2 methods | | | | | | | | | |
| Method 1 | | | | | | | | | |
| Method 2 | | | | | | | | | |
| Faecal/stool sample | SFP | | | | | | | | |
| Throat swab | | | | | | | | | |
| Wound swab | SFP | | | | | | | | |
| Sputum via suction catheter | | | | | | | | | |
| Naso-pharengeal aspirtae | | | | | | | | | |
| Accurately documents and reports results from specimens. Specify 2 | | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| | | Manage | eme | ent of air | way | | | | |
| Correct positioning | | | | | | | | | |
| Oral/nasal suctioning | | | | | | | | | |
| | | Care of | Со | mplex Pa | atient | | | | |
| Care of tracheotomy | | | | | | | | | |
| Tracheotomy tube suctioning | | | | | | | | | |
| Change of tracheotomy | | | | | | | | | |
| Care of pa | tient: pre | and pos | t p | rocedure | e (diagn | ostic or | surgical) | | |
| Routine pre procedure care | | | | | | | | | |
| Preparation of child and family taking into account individual needs | | | | | | | | | |
| Preparation of area/equipment | | | | | | | | | |
| Emergency pre-procedure care (complex) | | | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> | Prac | rsity or ctice ſaught | | Regis Nur Skill Ac Stag | se: hieved | Nui Skill Ad | stered rse: chieved ge 2 | Regis Nur Skill Ac Stag | se: hieved |
|---|------------|-----------------------------|-----|----------------------------------|---------------|-----------------|-----------------------------------|----------------------------------|---------------|
| end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| Care of child with altered levels of consciousness | | | | Date | | Duit | | 2410 | |
| Perform neurovascular | | | | | | | | | |
| observations | | | | | | | | | |
| Wound care; assess plan implement and evaluate wound healing | | | | | | | | | |
| Care of the unconscious child | | | | | | | | | |
| APPRE | CIATING | DIVERS | ITY | & EXPR | ESSING | SEXUA | LITY | | |
| Respects an individual's dignity and privacy Provides age appropriate | SFP SFP | | | | | | | | |
| care. | SFF | | | | | | | | |
| Provides gender | | | | | | | | | |
| appropriate care. Provides appropriate | | | | | | | | | |
| spiritual/ religious/ cultural | | | | | | | | | |
| support where required. | | | | | | | | | |
| Involvement of Family and | | | | | | | | | |
| friends in the care and support of the child where | | | | | | | | | |
| appropriate. | | | | | | | | | |
| | E | END OF L | IF | E/DYING/ | LOSS | | | | |
| Demonstrate ability to | SFP | | | | | | [| | |
| support a child and family at a time of loss/end of life | | | | | | | | | |
| Perform last offices for a child | SFP | | | | | | | | |
| Demonstrate an understanding of procedures following death and complete | | | | | | | | | |
| relevant documentation | | | | | | | | | |
| Provides on-going support to the family that is sensitive to family, cultural and religious need. | | | | | | | | | |
| | S | AFEGUA | RD | ING CHI | LDREN | | | 1 | |
| Address child protection issues | | | | | | | | | |
| Able to identify policies | | | | | | | | | |
| and procedures around | | | | | | | | | |
| safeguarding children | | | | | | | | | |
| Assessment of child/family and completion of | | | | | | | | | |
| documentation | | | | | | | | | |

| SKILLS Essential skills in BOLD Desirable skills in italic's. All skills must be completed by end of stage 3 | Univer Prac Skill T | | Nurse: Skill Achieved Skil | | d Skill | egistered Nurse: Achieved Stage 2 | Nu Skill Ad | stered 'se: chieved ge 3 | |
|--|---------------------------|------------|-------------------------------|--------------|---------|--|----------------|-----------------------------------|--|
| | Promot | ion of gro | ow | th and devel | opment | | - | | |
| Uses age appropriate play | | | | | • | | | | |
| to stimulate growth and development | | | | | | | | | |
| Promotion of breast feeding | | | | | | | | | |
| Weaning advice | | | | | | | | | |
| Promotes use of cup over bottle | | | | | | | | | |
| Assesses child against developmental milestones | | | | | | | | | |
| Undertakes teaching activity to meet need (i.e. 1- 1 or group) | | | | | | | | | |
| Of a child/children | | | | | | | | | |
| Of parents/carers | | | | | | | | | |
| Of a sibling | | | | | | | | | |
| Addresses health promotion: | | | | | | | | | |
| 1) | | | | | | | | | |
| 2) | | | | | | | | | |
| 3) | | | | | | | | | |
| | | Nursi | ing | Process | | | | | |
| Planning care for the individual | | | | | | | | | |
| Evaluating care for the individual | | | | | | | | | |
| Prioritising care for the individual | | | | | | | | | |
| Documents care accurately | | | | | | | | | |
| Documents accidents | | | | | | | | | |
| according to Trust policy | | | | | | | | | |
| Documents complaints according to Trust policy | | | | | | | | | |
| Transfer of Information /Discharge planning | | | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> <i>end of stage 3</i> | University or Practice Skill Taught | | Registered Nurse: Skill Achieved Stage 1 | Registered Nurse: Skill Achieved Stage 2 | | Regis Nur Skill Ac Staq | hieved |
|---|---|-----|---|---|--|----------------------------------|--------|
| | Mana | ger | nent Skills | | | | |
| Leads & co-ordinates care for a shift on at least 4 occasions: | | | | | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Able to delegate workload appropriately. Manages change | | | | | | | |
| effectively Identifies learning needs within team, plans & undertakes teaching activity to meet need (i.e. 1- 1, group) Undertakes referrals to | | | | | | | |
| other professionals & agencies as appropriate. | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> | University or Practice Skill Taught | | | Regist Nur Skill Ac Stag | se: hieved | Registered Nurse: Skill Achieved Stage 2 | | Regis Nur Skill Ach Stag | se: nieved |
|---|---|------------|------|-----------------------------------|---------------|---|----------|-----------------------------------|---------------|
| end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| Safely admini To include: calculating administration, monit | dose, act toring dos | ual giving | , pe | erforming | safety c | hecks, pi | eparatio | n of drug | |
| Calculate Drug Dosage (Stage 1) | SFP | | | | | | | | |
| Calculate Drug Dosage (Stage 2) | | | | | | | | | |
| Calculate Drug Dosage (Stage 3) | | | | | | | | | |
| Follows storage and administration of 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 administration of medication for an individual patient for at least 1 shift (Stage 2) | | | | | | | | | |
| Manages the safe administration of medications for a group of patients for at least 1 shift (Stage 3) | | | | | | | | | |
| Administer Oxygen Therapy | | | | | | | | | |
| Use Oxygen Humidification | | | | | | | | | |

| SKILLS <i>Essential skills in BOLD</i> Desirable skills in italic's. <i>All skills must be completed by</i> | Pra | rsity or ctice ſaught | | Regis Nur Skill Ac Stag | se: hieved | Nur | hieved | Regis Nur Skill Ac Stag | se: hieved |
|---|----------|-----------------------------|----|----------------------------------|---------------|-----------|----------|----------------------------------|---------------|
| end of stage 3 | Date | Initial | | Date | Initial | Date | Initial | Date | Initial |
| Additional Ski | lls Unde | | | | | ea/Univer | sity Set | ting | |
| | | – BUT | NC | DT LISTE | D - | | | | |
| | | | | | | | | | |
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Medication Used in Practice Placement

A minimum of <u>5 medications in Stage 1 and a minimum of 10 medications in both Stages 2 & 3</u> MUST be 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 | | |
| Action: | How does the medication work? | |
| Effect / Indication | Why were the patients taking the medication? | |
| Route | Oral / IM / SC / Topical / PR/Transdermal | |
| Dose | medication 20mg tablets | |
| Common Side effects (Please relate this to a patient/service user you are caring for /involved with) | What are they? How did you check for side effects and how did you manage the patient if they had a side effect? | |
| Contra- indications (Please relate this to a patient/service user you are caring for /involved with) | What are they? Did the patient have any? What are the common ones for this medication? | |
| Drug Calculation (you must show workings out | (you must show workings out) Patient prescribed 40mgs thus needs 2 x 20mg tablets | |
| Safely given drug to identified individual (indicate route used) | Route Mentor Signature Date | |

STAGE ONE

| Medication 1 | ; Name of Medication | Medication 2; Name of Medication |
|---------------------------------|----------------------|----------------------------------|
| Action | | |
| | | |
| | | |
| Effect / | | |
| Indication | | |
| | | |
| Route | | |
| Noute | | |
| 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 | | |
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| | | |
| Safely given | Route | Route |
| drug to | | |
| identified | Mentor Signature | Mentor Signature |
| individual | | |
| (indicate route used | Date | Date |
| I Oute used | | |

| 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 | | |
| J | | |
| | | |
| Safely given | Route | Route |
| drug to | | |
| identified | Mentor Signature | Mentor Signature |
| individual | Mentor Signature | |
| (indicate | | |
| route used | Date | Date |

| Medication 5 | ; Name of Medication … | |
|-------------------|------------------------|--|
| Action | | |
| | | |
| | | |
| Effect / | | |
| Indication | | |
| | | |
| | | |
| Route | | |
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| 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 | | |
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| Safely given | Douto | |
| drug to | Route | |
| identified | | |
| individual | Mentor Signature | |
| (indicate | | |
| route used | Date | |
| 10410 4004 | | |

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 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 | 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 | | |
| 5 | | |
| | | |
| 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 | | |
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| Effect / | | |
| Indication | | |
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| Route | | |
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| 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 | | |
| n en inge e ut | | |
| | | |
| 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 | | |
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| Effect / | | |
| Indication | | |
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| Dose | | |
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| 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 | | |
| noningo 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 | | |
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| Route | | |
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| Dose | | |
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| 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 | | |
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| Safely given | Route | Route |
| drug to | | |
| identified | Mantan Cianatura | Mantas Cisnatura |
| 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 | | |
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| | | |
| Route | | |
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| Duse | | |
| 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 | | |
| Ŭ | | |
| | | |
| Safely given | Route | Route |
| drug to | | |
| identified | Mentor Signature | Mentor Signature |
| individual | | |
| (indicate | Data | Data |
| route used | Date | Date |

| Medication 3 | ; Name of Medication | Medication 4; Name of Medication |
|--------------------------|----------------------|----------------------------------|
| Action | | |
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| Effect / | | |
| Indication | | |
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| | | |
| Route | | |
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| Dose | | |
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| Common | | |
| Side effects | | |
| (Please relate | | |
| this to a | | |
| patient/service | | |
| user you are | | |
| caring for | | |
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| Contra- | | |
| indications | | |
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| patient/service | | |
| user you are | | |
| caring for | | |
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| workings out | | |
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| | | |
| 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 | | |
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| Indication | | |
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| 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 | | |
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| workings out | | |
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| 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 |
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| this to a | | |
| patient/service | | |
| user you are | | |
| caring for | | |
| /involved with) | | |
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| indications | | |
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| this to a | | |
| patient/service user you are | | |
| caring for | | |
| /involved with) | | |
| Drug | | |
| Calculation | | |
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| workings out | | |
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| 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 | | |
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| Effect / | | |
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| Route | | |
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| 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 | | |
| 5 | | |
| | | |
| Safely given | Route | Route |
| drug to | | |
| identified | Mentor Signature | Mentor Signature |
| individual | | |
| (indicate | Dete | Data |
| 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 | | | |
| 4 | - 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: | | | |
| | - Sign and date ALL Professional Behaviours | | | |
| | - Verify, sign and date all testimonies, clinical skills, practice standards, AFE (Essential | | | |
| | Outcomes for Other Fields) evidence and medications as taught AND achieved | | | |
| | - Student to undertake self-reflection: achievements, progress and future learning needs | | | |
| | Mentor to verify if meeting standard expected for stage/end of programme Complete placement evaluation – receipt to be verified by Mentor | | | |
| | | | | |
| | Reflect on effectiveness of reasonable adjustments and document in PSA Record weekly meetings signed and dated (final 'Sign Off' placement) | | | |
| | - Complete Statement of Practice Achievement signed and dated (PASS/FAIL) | | | |
| | Or | | | |
| | Complete Statement of Overall Practice Achievement signed/ dated by Mentor & Student | | | |
| | Declaration (Final 'Sign Off' placement) | | | |