

**University of Hertfordshire
School of Health and Social Work**

**RETURN TO PRACTICE:
Nursing**

MODULE CODE: 6NMH0277

Module Leader: Carolyn Hill

THE PRACTICE ASSESSMENT PROFILE

SEPTEMBER 2013 – JANUARY 2014 ED.

STUDENT NAME

PRACTICE SITE

CONTENTS

General Information	3
Academic Assessment	4
SECTION ONE	6
Placement Attendance Record	7
SECTION TWO	9
Initial Review	10
Intermediate Review	11
Professional Practice Skills Record	13
Comments Record – for Student, Mentor, other health care professional and Lecturer	20
SECTION THREE	23
Proficiency Statement	24
Practice Assessment Grid & Final Interview	25
Practice Assessment Grid & Final Interview (2) – [In the event of resubmission only]	28
Completion of Practice Form – for Module Leader’s use only	30

General Information

NAME:

PROFESSION/ PART OF REGISTER: Nursing / Part 1

REGISTERED NMC NUMBER: PIN.....or PRN.....

MODULE LEADER: Carolyn Hill
Tel.: 01707 28 8529
E-mail: c.m.hill@herts.ac.uk

COURSE DATES: Commenced: 9th September 2013
Expected Completion: 20th January 2014
Revised Completion (Give reason):

SPONSORING TRUST:.....

PLACEMENT SITE(s): Main:.....
Other(s):

Number of Practice Hours Required:

SIGN-OFF MENTOR(S)		
1. Name (Block capitals)	Signature:	Date activated: Contact Tel number:
2. Name (Block capitals)	Signature:	Date activated: Contact Tel number:

For the **Sign-off Mentor to sign:**

I am on the active register for Sign-off Mentors in my Trust.

Signature..... Date.....

N.B. It is your responsibility to check that the sign-off mentor(s) is on the 'active' part of the Mentor Database within the Trust and possesses an up-to-date Mentor Passport. If mentorship status has lapsed, the contents of this document will be invalid. You are required to submit this completed document on the submission date as highlighted in your Module Handbook.

Assessment

This Return to Contemporary Practice module is designed for Nurses who currently do not meet the requirements set by the Nursing and Midwifery Council (NMC) for maintenance of their professional registration. It aims to prepare Nurses to return to 'live' registration and to re-enter clinical practice with the skills, knowledge and competence required in contemporary practice in-order to maintain safe and effective standards of care. This module will also enable the Nurse to return to the pathway of lifelong professional development and learning.

The learning outcomes are set by the NMC for practitioners returning to professional practice (NMC 2008). These outcomes have been put into context for nurses renewing their registration and are as follows: -

Intended Learning Outcomes: Academic Level 6

Knowledge and Understanding

1. Critically discuss the relevant professional legislation, guidelines, codes of practice and policies underpinning nursing practice;
2. Internalise and acknowledge the need to maintain and develop their level of nursing knowledge and competence within the requirements of continued registration and ongoing professional development, and act accordingly.
3. Analyse how health & social care and health promotion policies in the National Health Service impact on the professional role and responsibilities of the nurse.

10b. Intended Learning Outcomes: Skills and Attributes

1. Demonstrate safe and competent nursing care using a holistic approach in relation to patient/client/person-centered care and effective management of appropriate emergency care.
2. Utilise and evaluate appropriate communication skills and evaluate their effectiveness in facilitating person-centred care and pro-active participation within the multi-professional team.
3. Demonstrate the application of professional accountability and responsibility acknowledging the legal and ethical implications for practice.
4. Utilise and evaluate the effectiveness of reflective practice in order to enhance the provision of nursing care.

The practice skills that you will need to complete in order to demonstrate the integration of theory into practice (alongside the evidence-based essay) are linked to the learning outcomes identified above. Both you and your sign-off mentor should regularly review your professional development in relation to these outcomes and the criteria contained within the Practice Assessment Grid. This will

help you to identify early during the module, your strengths and those areas that require further study or practical experience.

Please remember that your status in practice is supernumerary as you are not on the active NMC register. This does not mean that you can not get involved in the patient care, on the contrary, it is advisable to participate actively in the care given so that you can gain more experience and confidence. However, you are only covered according to the Trust's honorary contract, therefore you will need to act under the supervision of the sign-off mentor or a qualified nurse. It is between you and your Sign-off Mentor to decide on the skills you are deemed competent in, providing that your Sign-off mentor accepts the ultimate responsibility for the your actions. However, in legal terms this does not mean that prior experience will not be taken into account if your professional behaviour is brought into question.

NMC (2008) *The Prep Handbook*. London. Nursing & Midwifery Council.

SECTION ONE

Placement Attendance Record

You should aim to have approximately: -
- 80% of practice in one practice area
- 20% in specialist areas

In order to broaden experience, you must have opportunities for observational visits to different clinical areas. The 20% of specialist areas can include both Hospital- and community experiences, provided they are within the same Trust. Many specialist nurses and specialist areas are available within the Trust, but you must discuss the specialist experience you wish to gain with the Trust Co-ordinator, as the Return to Practice student is only covered by contract to work within the placement Trust, unless identified otherwise on application.

The student must negotiate specialist areas / observational visits with the Trust co-ordinator/Sign-off mentor and module leader to ensure suitability of the specialist placement, as well as the availability of a suitable Sign-off mentor.

Placement Attendance Record:

PLEASE NOTE: Lecturer & all health care professionals can comment on student progress in the comment section of this document.

Date	Start Time	Finish Time	Total Hours	Placement Area	Sign-off Mentor to sign below: - Signature Block capitals	

Total No. Hours:.....

Placement Attendance Record: *Observational Visits & Specialist areas of practice* (please state specialist area)

Date	Start Time	Finish Time	Total Hours	Placement Area	Sign-off Mentor to sign below: -	
					Signature	Block capitals

Total No Hours :

SECTION TWO

Professional Practice Skills Record

Initial review (To occur within the first week of the placement with the Sign-off Mentor)

Completion of orientation to placement programme.

Date.....

Discussion of practice learning outcomes and skills development

Date.....

Action plan(s): Please list the opportunities that will be made available for the student while on Placement [eg Admission / discharge planning]. Prior experience should be explored here.

Please list the opportunities that can be made available for the student if appropriate time / opportunity arises.

Date:

Sign-off Mentor:..... (Signature)(Capitals)

Student:

Agreed target dates for: - Intermediate Review:

Final Assessment Date:

Intermediate Review (To occur between weeks 7 & 8 of the module)

Sign-off Mentor comments* -Reference should be made here as to whether the student is capable of demonstrating and understanding the criteria highlighted below, or is progressing towards doing so.

CLIENT CENTRED CARE - Has an understanding of the influence of health and social policy; involves clients in the assessment and planning of care; understands the meaning of advocacy.

Comment*

APPROACH TO CARE - States a clear rationale for care given and is aware of possible alternative strategies; and own limitations.

Comment*

DECISION MAKING -Determines the solutions to simple problems and can discuss the rationale to same.

Comment*

EVIDENCE BASED PRACTICE - Understands the importance of using evidence to inform care and can start to discuss some examples; uses the relevant Trust guidelines and is aware of the guidance issued by the National Institute for Health and Clinical Excellence (NICE).

Comment*

PROFESSIONAL RELATIONSHIPS - Can identify the appropriate personnel when referral is required and is aware of the initial actions that can be taken.

Comment*

TEACHING AND HEALTH PROMOTION OPPORTUNITIES - Utilises opportunities for active health promotion. Can evaluate outcome of personal teaching activities.

Comment*

RECORD KEEPING - Maintains effective and appropriate records, albeit with some assistance.

Comment*

COMMUNICATION - Demonstrates an awareness of the effect of verbal and non-verbal cues.

Comment*

Future development and targets

The sign-off mentor should record here in agreement with the student – an action plan discussing how to facilitate the student’s development in achieving the Assessment Grid criteria by the end of their module.

N.B. If – in your professional opinion – the student’s progress is a cause for concern then you must contact the Module Leader with your proposed action plan.

Date:

Sign-off Mentor:..... (Signature)(Capitals)

Student: Self-evaluation of progress and professional development to date.

Student’s comments

Date:

Student:(Signature)(Capitals)

Agreed target for final assessment date:

.....

Professional Practice Skills Record

The following lists either holistic approaches to care or specific skills in which the student must have achieved. The list contains the **minimal** skills required and should not be considered exclusive. Extra skills achieved may also be recorded in the spaces provided.

The Sign-off Mentor [or Lecturer for simulated exercises in workshops] in signing this form is agreeing that the student has performed the skill and has the theoretical knowledge to do so with understanding. It is recognised that there are some skills that may only be assessed via simulation – eg. Management of Epileptic Seizures – otherwise it is expected that the majority of skills will be experienced through ‘Active Participation’. **Please note that a progress record is provided at the end of the skills section for the Sign-off Mentor to comment on student progress, motivation etc..**

Where bullet points are provided, it is **essential** that the Sign-off Mentor countersigns and dates **each** point.

General skills:			
Skills:	Date of Experience ...		Sign-off mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The student will be able to :	Active Participation	Simulation	
Explain and apply Universal precautions and infection control			
Manual handling and moving of patients			
Follow local resuscitation guidelines			
Discuss the application of local health & safety guidelines			
Applies Aseptic Technique appropriately			

Skills relating to Learning Outcome 1: Demonstrate safe and competent nursing practice using a holistic approach to patient/client care, including effective management of appropriate emergency care.

Where bullet points are provided, it is **essential** that the Sign-off Mentor countersigns each point.

Skills:	Date of Experience ...		Sign-off mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The student will be able to :	Active Participation	Simulation	
Assess, plan, implement and evaluate and re-assess the care of an acutely -/ critically ill patient.			

<p>Monitor, interpret and record and act correctly on patient observations, such as :</p> <ul style="list-style-type: none"> • Temperature • Pulse • Respirations • Blood Pressure • Oxygen saturation • Neurological observations • Fluid Balance • Urinalysis 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Care for a patient in need of:</p> <ul style="list-style-type: none"> • Oxygen Therapy • Suctioning/Removal of obstruction in airways • Intravenous Infusion • Blood Transfusion / Blood products • Naso-gastric and/or PEG tube • Urinary catheter • Stoma 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Assess, plan, implement and evaluate the care of a patient with</p> <ul style="list-style-type: none"> • Blood loss / wound drainage • Tracheostomy Tube • Raised or low body temperature • Epileptic seizures 	<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>

<ul style="list-style-type: none"> • Visual / hearing / speech impairment 			
<ul style="list-style-type: none"> • Unconsciousness 			
<ul style="list-style-type: none"> • Pain • Needs relating to sleep • Needs relating to reduced mobility 	<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>
Advise on health promotion relating to nutritional needs of the patient.			
Advise on health promotion and safety relating to elimination needs of the patient.			

Additional Skills:	Date of Experience ...		Sign-off Mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The following are Additional skills I have achieved :			

Skills relating to Learning Outcome 2: Use effective communication skills that facilitate person centred care and appropriate participation within the multi-professional team.

Where bullet points are provided, it is **essential** that the Sign-off Mentor countersigns each point.

Skills	Date of Experience ...		Sign-off mentor to sign (and comment if indicated) below: Signature Block capitals
	Active Participation	Simulation	
The student will be able to :			
Admit a patient to the ward/unit/area.			
Apply and discuss discharge Planning and Patient Referral			
Communicate effectively with other Health Care Professionals (e.g. 'handover', ward round, team meeting)			
Discuss the Roles and Responsibilities of Health Care Assistants			
Discuss the Roles and Responsibilities of other Health Care Professionals, e.g. <ul style="list-style-type: none"> • Bed manager • Others : 			

Additional Skills:	Date of Experience ...		Sign-off mentor to sign (and comment if indicated) below: Signature Block capitals
	Active Participation	Simulation	
The following are Additional skills I have achieved :			

Skills relating to Learning Outcome 3: Demonstrate an ability to maintain professional accountability and responsibility in professional practice.

ESSENTIAL Skills :	Date of Experience ...		Sign-off Mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The student will be able to :			
Demonstrate the Administration of Drugs according to the Trust Policy			
Identify and apply the legal and ethical issues of obtaining the patient's ' <u>informed consent</u> ' to procedures.			
Identify and apply the Legal and ethical issues with patients who are unable to give 'informed consent'.			
Demonstrate the appropriate and effective use of risk assessment tools.			
Document the given nursing care appropriately.			
Recognises the spiritual / cultural needs of the patient and acts appropriately.			
Deal effectively with expectations raised by patient and/or relatives.			
Effectively use the resources in the clinical area			

Additional Skills:	Date of Experience ...		Sign- off Mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The following are Additional skills I have achieved :			

Skills relating to Learning Outcome 4: Utilise reflective practice skills to improve and enhance the provision of nursing care.

Where bullet points are provided, it is **essential** that the Sign-off Mentor countersigns each point.

Skills:	Date of Experience ...		Sign-off Mentor to sign (and comment if indicated) below:
	Active Participation	Simulation	Signature Block capitals
The student will be able to :			
Explain the auditing strategies in place to improve the quality of nursing care delivery			
Prepare a patient for Investigations/ Anaesthetics/theatres.			
Receive a patient from investigations / anaesthetics / theatres and plan / implement the appropriate nursing care.			
Recognise and implement the developments in the provision of <ul style="list-style-type: none"> • Eye care • Mouth care • Pressure sore prevention / treatment • Wound management Others :	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
Can explain key concepts of nursing, such as <ul style="list-style-type: none"> • Team Nursing • Essence of Care Benchmarking • Clinical Governance 	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

<ul style="list-style-type: none"> Clinical Supervision <p>Others :</p>			
Explain new health services provided by specialist nurses			
Utilises effectively diagnostic tools, e.g. ECG, urinalysis / Clinitec.			

Additional Skills:	Date of Experience ...		Sign-off Mentor to sign (and comment if indicated) below:
	Signature	Block capitals	
The following are Additional skills I have achieved :	Active Participation	Simulation	

Comment Sheet

Students should record in this section a reflection of their progress / learning and additional achievements. Comments by the sign-off mentor and other health care professionals regarding the student's development and particular achievements are also invited.

Date / Comments:	Please sign below: Signature & Block capitals please

Comment Sheet

Students should record in this section a reflection of their progress / learning and additional achievements. Comments by the sign-off mentor and other health care professionals regarding the student's development and particular achievements are also invited.

Date / Comments:	Please sign below: Signature & Block capitals please

Comment Sheet

Students should record in this section a reflection of their progress / learning and additional achievements. Comments by the sign-off mentor and other health care professionals regarding the student's development and particular achievements are also invited.

Date / Comments:	Please sign below: Signature & Block capitals please

SECTION THREE

Confirmation of Practice Proficiency & Practice Assessment Grid

Confirmation of Practice Proficiency

Student Details:

Full name (Print).....

Return to Practice (Nursing) programme.....

Sign-off Mentor Details:

Full name (Print).....

NMC Pin number.....

Trust/PCT/Employer (placement provider).....

Date of assessment.....

Sign-off Mentor Statement	Signature of Sign-off Mentor and date (in appropriate box)
Having made the final assessment of practice I hereby confirm that this student has successfully met the required Nursing and Midwifery Council standards of proficiency for re-entry to the register.	
Having made the final assessment of practice I hereby confirm that this student has NOT met the required Nursing and Midwifery Council standards of proficiency for re-entry to the register.	

Practice Assessment Grid and Final Interview

STATEMENT OF PERFORMANCE by Sign-off Mentor

- Please **sign all** boxes that correspond to the performance that has been demonstrated by the student.
- To achieve a **pass** the student must have performed confidently to the standards stated for each criteria.
- Leave box(es) empty if the performance level has not been achieved and write comments on the following pages as appropriate. **Non-demonstration of a criteria leads to a referral.**

DOMAINS	CRITERIA
CLIENT CENTRED CARE	Implements individualized care and proposes alternatives in response to client's needs. Is aware of the impact of local and national health and social policy.
	Sign
APPROACH TO CARE	Explores possible alternatives to care and explanation for same.
	Sign
DECISION MAKING	Proposes alternative management strategies and options.
	Sign
EVIDENCE BASED PRACTICE	Actively uses evidence to promote 'best' practice.
	Sign
PROFESSIONAL RELATIONSHIPS	Takes appropriate action when instigating referral.
	Sign
TEACHING AND HEALTH PROMOTION OPPORTUNITIES	Has an understanding of the effectiveness of health education / health promotion initiatives.
	Sign
RECORD KEEPING	Able to identify key significant facts from past and present records that affect care decisions.
	Sign
COMMUNICATION	Demonstrates effective listening and responding skills.
	Sign

Sign-off Mentor:- (Signature)

Date:

(Block capitals)

Please turn to the next page

Practice Assessment Grid & Final Interview (Continued)

Sign-off Mentor: Comments

Date:

Please comment on the student's achievements / strengths / weaknesses and motivation. If any criteria has not been achieved to the standard set, then you must comment below. *In the case of referral, the Sign-off Mentor must contact the module leader at the earliest possible opportunity in order to discuss the proposed plan of action.*

Please suggest below an action plan for future needs even if you have awarded a 'pass' for the Practice Assessment Grid. *(For example - future learning opportunities that will increase the student's understanding or further development).*

Sign-off Mentor to sign below: -

(Signature) (Block capitals).....

Recommendation: *(Please circle)*

PASS

REFER

Practice Assessment Grid & Final Interview (Continued)

Discussion: Proposed Action Plan

Date:

Sign-Off Mentor's comments from the previous page; outcome of the practice assessment grid and the present discussion should enable a comprehensive plan of action to be formulated. Please make sure that requirements discussed and time period in which extra practice is to be completed, is clearly stated.

Sign-off Mentor: (Sign) (Block capitals).....

Module Leader: (sign) (Block capitals)

Student: (Sign) (Block capitals)

Second attempt: Practice Assessment Grid

The next two pages are to be used at the end of an agreed 'further practice development period' in the event of the student being referred on the practice assessment grid.

STATEMENT OF PERFORMANCE by Sign-off Mentor

- Please **sign all** boxes that correspond to the performance that has been demonstrated by the student.
- To achieve a **pass** the student must have performed confidently to the standards stated for each criteria.
- Leave box(es) empty if the performance level has not been achieved and write comments on the following pages as appropriate. **Non-demonstration of a criteria leads to a fail grade** (unless extenuating circumstances exist).

DOMAINS	CRITERIA
CLIENT CENTRED CARE	Implements individualized care and proposes alternatives in response to client's needs. Is aware of the impact of local and national health and social policy.
	Sign
APPROACH TO CARE	Explores possible alternatives to care and explanation for same.
	Sign
DECISION MAKING	Proposes alternative management strategies and options.
	Sign
EVIDENCE BASED PRACTICE	Actively uses evidence to promote 'best' practice.
	Sign
PROFESSIONAL RELATIONSHIPS	Takes appropriate action when instigating referral.
	Sign
TEACHING AND HEALTH PROMOTION OPPORTUNITIES	Has an understanding of the effectiveness of health education / promotion initiatives.
	Sign
RECORD KEEPING	Able to identify key significant facts from past and present records that affect care decisions.
	Sign
COMMUNICATION	Demonstrates effective listening and responding skills.
	Sign

Sign-off Mentor:- (Signature)

Date:

(Block capitals)

Please turn to the next page

Practice Assessment Grid & Final Interview (Continued)

Sign-off Mentor: Comments

Date:.....

If any criteria has not been achieved to the standard set, then you must comment below. **In the case of referral at this point (ie. second attempt), it is imperative that the practice assessor contacts the module leader at the earliest possible opportunity in order to discuss the proposed course of action.**

Otherwise, please comment on the student's achievements / strengths / weaknesses / motivation.

Please suggest below an action plan for future needs even if you have awarded a 'pass' for the Practice Assessment Grid. *(For example - future learning opportunities that will increase the student's understanding or further development).*

Sign-off Mentor to sign below: -

(Signature)

(Block capitals)

Recommendation: - (Please circle)

PASS

REFER

Confirmation of Practice Proficiency (for 2nd attempt only)

Student Details:

Full name (Print).....

Return to Practice (Nursing)

programme.....

Sign-off Mentor Details:

Full name

(Print).....

NMC Pin number.....

Trust/PCT/Employer (placement

provider).....

Date of assessment.....

Sign-off Mentor Statement	Signature of Sign-off Mentor and date (in appropriate box)
Having made the final assessment of practice I hereby confirm that this student has successfully met the required Nursing and Midwifery Council standards of proficiency for re-entry to the register.	
Having made the final assessment of practice I hereby confirm that this student has NOT met the required Nursing and Midwifery Council standards of proficiency for re-entry to the register.	

Completion of Practice Requirements

FOR MODULE LEADER'S USE ONLY

This Practice Assessment Portfolio (PAP) must have been submitted to the Undergraduate Office by the summative point.

Required Practice Hours

Practice Area	Hours completed
Placement area	
Specialist area / Observation	
GRAND TOTAL
Required hours =	

Practice Assessment Profile (PAP)

	<i>Please tick below</i>			
Confirmation of Practice Proficiency statement	Yes		No	
Required practice hours, checked & verified?	Yes		No	
PAP document comprehensively completed?	Yes		No	
NMC stipulated requirements completed? (State requirements below)	Requirements completed? <i>Please comment below</i>			
PAP complete				
Module Leader: (signature)	Date:			

