



Name.....
Number.....
Cohort.....
Personal Tutor.....

# PRACTICE ASSESSMENT DOCUMENT

## CHILDREN'S NURSING PART 1

BSc



Please keep your Practice Assessment Document with you at all times in practice in order to review your progress with your Mentor and/or Academic Supervisor.

## Practice Assessment Document

<b>Contents</b>	<b>Page</b>
Welcome to your Practice Assessment Document (PAD)	3
Guidance for using the PAD	4
University Specific Guidelines	5
Descriptors for Assessing Students in Practice	7
List of Mentors/Supervisors	8
Placement 1	10
Placement 2	24
Placement 3	38
Essential Skills Cluster	52
Part 1 Episode of Care	59
Action Plan	62
Record of Practice Clinical Experience Hours	68
Extra Placement Information Forms	74
Extra Record of Meeting Pages	77

## **Welcome to your Practice Assessment Document (PAD)**

### **Student responsibilities**

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the Standards for Pre-Registration Nursing Education (NMC 2010).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement.

Ensure you are familiar with your university assessment and submission processes for this document and contact the academic representative from your university, or refer to the intranet if you require support or advice on specific university procedures.

The Ongoing Achievement Record (OAR) is a separate document that summarises your achievements in each placement and with the main document provides a comprehensive record of your professional development and performance in practice.

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

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

### **Mentor/Supervisor responsibilities**

As a Mentor/Supervisor you have an important role in supporting and guiding the student through their learning experience. This includes facilitating any reasonable adjustments the student may need to get maximum benefit from the placement.

As well as undertaking the required assessments, your role also includes identifying relevant learning opportunities and creating learning and development plans with the student. Duty rotas should support the development of the student/mentor relationship and allow the facilitation of learning. To enable this, 40% of the student's time spent in practice must be under your direct or indirect supervision.

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

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

### **Sign-Off Mentor responsibilities (Part 3 only)**

Sign-off Mentors must allocate time with the student to reflect, give feedback and keep a record of the student's progress in their final period of practice learning. In accordance with 'Due Regard', the assessor must be registered on the same part of the NMC register.

## Guidance for using the PAD to Facilitate and Guide Practice Learning

Assessment criteria in the PAD are based on the NMC Essential skills clusters, progression criteria and standards for competence (NMC 2010). All mentors/supervisors/other professionals who comment in this document should sign and give their details on the record page which can be found in the first section of this document.

### Components of Assessment (see individual university guidance/regulations)

**Professional Values:** These are assessed and must be achieved *by the end of each placement*.

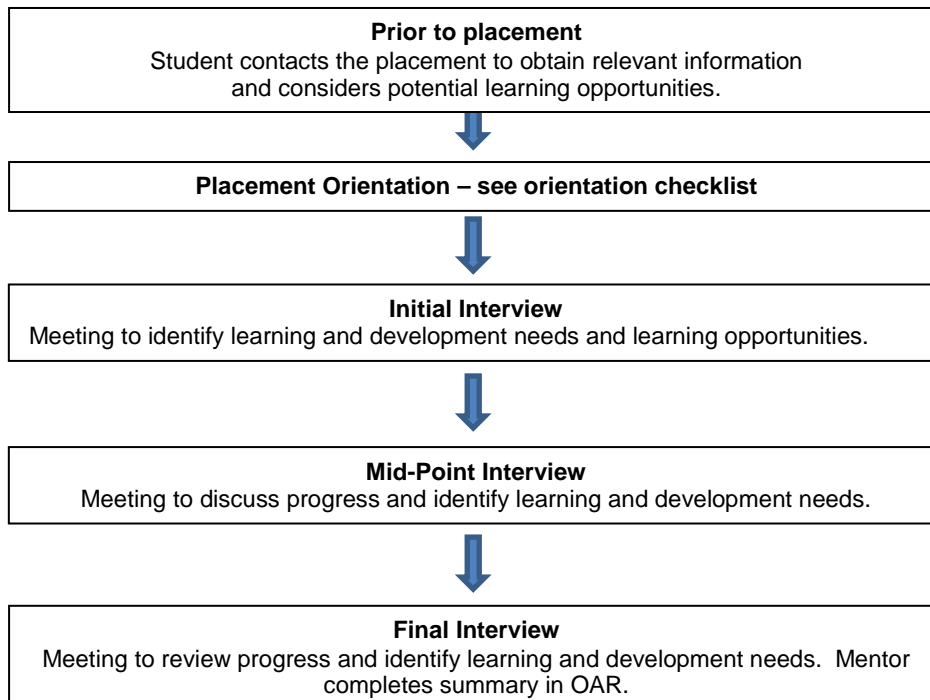
**Essential Skills:** These can be assessed in a range of placements but need to be assessed as achieved at least once *by the end of the Part*.

**Assessment of an Episode of Care:** This assesses the student's progress towards competency and must be achieved *by the end of the Part*. Examples are included in the 'Student and mentor Guide' An additional assessment of 'medicines management' is included in Part 2 and Part 3. Please refer to the 'student and mentor guide' regarding specific guidance on drug calculations in Part 3.

**Patient/Service User/Carer Feedback Form:** The mentor/supervisor must give permission before the person receiving care is approached for feedback on the student's performance. This is not formally assessed but may contribute to the mentor/supervisor's overall feedback.

**Recording Additional Experiences and Feedback:** There are two additional forms (included in each placement section, the first of these relates to working with other healthcare professionals/inter-professional working and the second can be completed by any staff member (inc. academic representatives/link lecturer) who wish to record student progress.

### Process of practice assessment



Further information / guidance is included in the university specific pages (overleaf) and in the ***Student and Mentor Guide to Practice Learning***

### Guidelines for Assessment and Progression

This document has been designed for use across nine Universities. This section outlines the process for the assessment and progression of students on the Pre-Registration Nursing programmes at the University of Hertfordshire.

#### Placement

A placement is the total period of practice learning within a semester which is related to the relevant stage of the programme of study.

There will be opportunities in a range of practice placement experiences to be assessed in the essential skills, an Episode of Care (parts 1,2 and 3) Medicines Management (in part 3) and the Professional Values in Practice across each part/year (1, 2 and 3) of the programme. This will enable the achievement of the appropriate progression points (1, 2 and 3) and completion of practice learning as determined by the NMC.

#### Assessment of Essential Skills

The assessment of essential skills should be undertaken across the part/year.

The student **ONLY** needs to achieve each essential skill **ONCE** across the part/year (1, 2 or 3) and **NOT** in every practice placement period or practice learning experience. If an essential skill is assessed as achieved early in a part /year (1, 2, and 3), it is expected that the student will maintain that level of competence. **When this does not occur a student will not achieve statement 7 of the Professional Values in Practice component** (*the student makes consistent effort to engage in the requisite standards of care and learning*) and will require an action plan to address this.

#### Assessment of Professional Values in Practice

Assessment of the Professional Values in Practice will be completed in each placement at mid-point and end-point.

#### Assessment of an Episode of Care and Medicines Management (in part 3)

The assessment of these should be undertaken in one placement in the part/year.

#### Submission and Progression

At the **END OF EACH PLACEMENT**, the student will submit the PAD, using University procedures. The Professional Values in Practice statements must be achieved in each area. If this is not achieved then an action plan will be formulated for the next placement. If this is not achieved in the final placement of the part/year or at subsequent retrieval the student will normally be withdrawn from the programme.

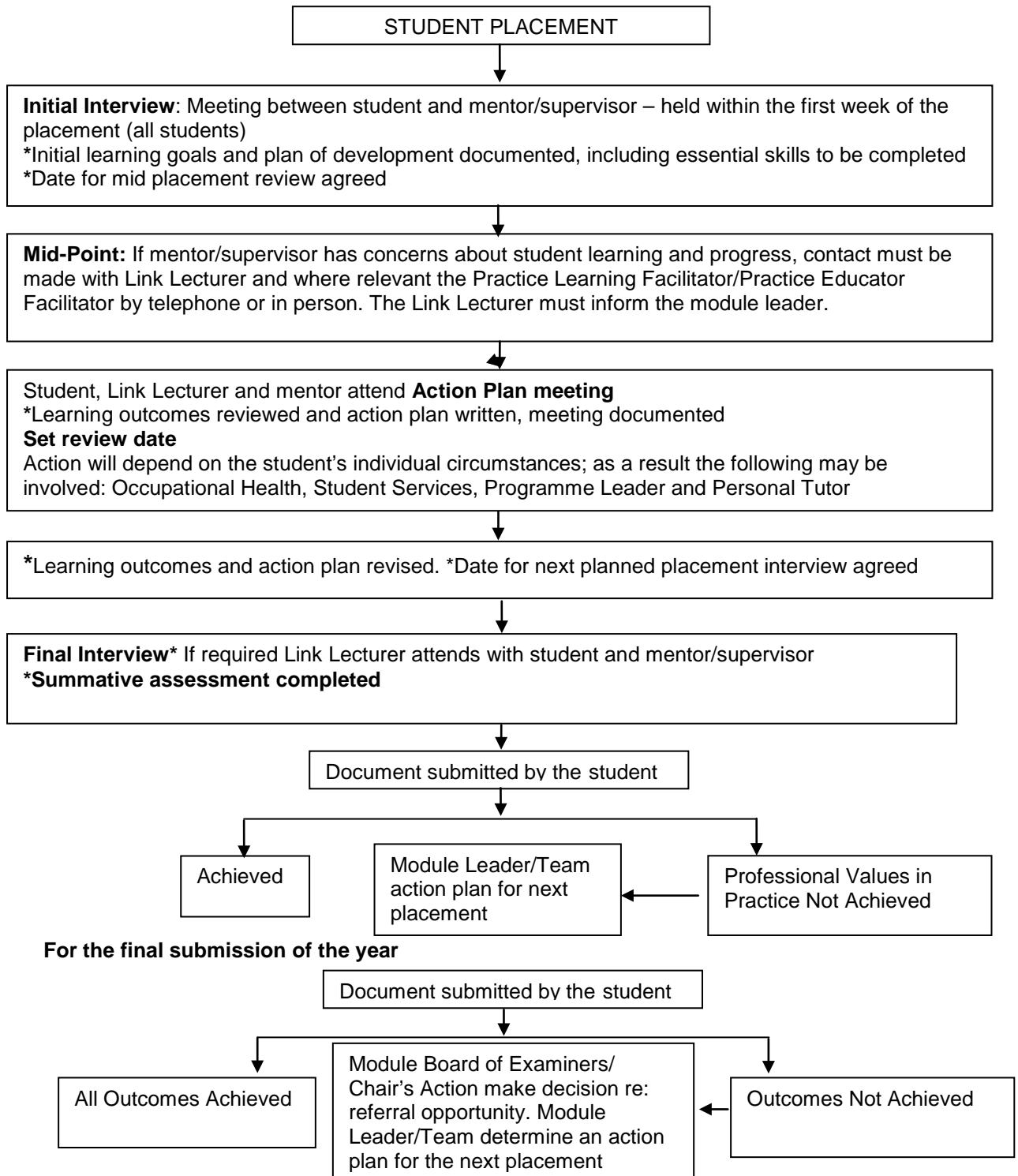
At the **END OF THE PART/YEAR** (1, 2 or 3), the student will submit the PAD, using University procedures. For progression from one part/year to the next, all the essential skills must be achieved alongside the Professional Values in Practice statements and the Episode of Care. In part 3 the Medicines Management assessment must also be achieved.

If the essential skills, the Professional Values in Practice or the Episode of Care/Medicines Management (part 3) have **NOT BEEN ACHIEVED** then the student will have failed practice and will normally be offered a retrieval opportunity.

#### Practice Hours

All practice hours must be properly accounted for including sickness and absence and following the Programme policy. At the University of Hertfordshire any practice hours lost are not normally made up while still in the placement area. Any need to make up hours will be put in place by the Programme/Field Tutors and the placement office

## Guidelines for Assessment and Progression



\* Points at which written evidence is required e.g. all meeting notes

Action plan must include:

- Issues of concern
- Management of issues of concern, including support to be given etc.
- Identification of realistic time frame by which student will have achieved the learning outcomes or overcome issues of concern
- Consequences of failure to achieve learning outcomes or overcome issues of concern

### Descriptors for Assessing Students in Practice

The NMC has identified skills and professional behaviours that a student must demonstrate by the first progression point:

These criteria cover:

- Safety, safeguarding and protection of people of all ages, their carers and their families
- Professional values, expected attitudes and the behaviours that must be shown towards people, their carers, their families and others (NMC 2010).

Mentors are required to assess students at the level they are expected to achieve for their progression point. These descriptors should be used when assessing Professional Values, Essential Skills and the Episode of Care.

**By the end of Part 1 the student needs to achieve all the Essential Skills, Professional Values and the Episode of Care Assessment**

**‘Achieved’ must be obtained in all three criteria by the student**

Achieved	Knowledge and understanding	Professional attitude	Participation in care and practical skill
<b>YES</b>	Is able to identify the essential knowledge base, is safe, but may need to develop further understanding	Is able to demonstrate positive engagement with learning and respond appropriately to situations with some assistance	In commonly occurring situations is able to perform care and skills under direct supervision
<b>NO</b>	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, and/or demonstrates unsafe practice	Is not able to focus on the service user and/or appears disengaged from the activity or responds inappropriately to service users/carers or colleagues	With direct supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance







**NB: For some students a placement may be split across two areas**

**Placement 1**

**Placement Provider:**

(e.g. Trust)

**Name of Practice Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Practice Placement Telephone:**

**Placement Contact Email:**

**Start Date..... End Date..... No. of Hours.....**

**Mentor/Co-Mentor/Supervisor Details:**

**Name:**

**Designation:**

**Name:**

**Designation:**

**Other Practice Staff/Key Contacts:**

**Name:**

**Designation:**

**Academic Contact Details:**

(e.g. Link Lecturer)

**Name:**

**Designation:**

**Name:**

**Designation:**

**I have seen and discussed the purpose of the student's Ongoing Achievement Record**

**Mentor's signature:**

**Date:**

**Placement 1: Orientation**

Name of Placement Area	Name of Area 1		Name of Area 2 (if app.)	
	Initial/Date (Student)	Initial/Date (Mentor)	Initial/Date (Student)	Initial/Date (Mentor)
<b>The following criteria need to be met within the first day in placement</b>				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.....				
The student has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>				
Resuscitation policy and procedures have been explained Tel: .....				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained.				
Policy regarding safeguarding has been explained				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
<b>The following criteria need to be met prior to use</b>				
The student has been shown and given a demonstration of the moving and handling equipment used in the clinical area				
The student has been shown and given a demonstration of the medical devices used in the clinical area				
Placement Provider induction/update complete, if applicable				

**Placement 1: Initial Interview**

**Area Name:**

This interview takes place within the first week of the placement

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

**Mentor to identify learning opportunities to enable the student to meet their learning and development needs and assessments**

**Mentor and student to negotiate and agree a learning plan -**

**Student's signature:**

**Date:**

**Mentor's signature:**

**Date:**

**Additional Signature (If Applicable):**

**Date:**

### Professional Values in Practice

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within legal frameworks, and be able to articulate the underpinning values of The Code (2015). Professional values expectations are reflected in the statements below.

**Yes = Achieved, No = Not Achieved (Refer to Grade Descriptors on Page 7)**

<b>Professional attitude, behaviour and responsibility</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
1. The student maintains confidentiality in accordance with the NMC code.					
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues.					
3. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.					
4. The student's personal presentation and dress code is in accordance with the organisation's uniform policy.					
5. The student maintains the person's privacy and dignity and advocates on their behalf.					
6. The student demonstrates openness, trustworthiness and integrity.					
7. The student makes a consistent effort to engage in the requisite standards of care and learning.					

<b>Safe and compassionate care</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
8. The student is attentive, kind, compassionate and sensitive to the needs of others.					
9. The student maintains consistent safe and person-centred practice.					
10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.					
11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.					
12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.					
13. The student is able to work effectively within the multi-disciplinary team with the intent of building professional caring relationships.					

**Students can complete their evidence at any stage prior to the final interview. If there are any issues/areas for concern, these must be recorded in the Mid-Point or Final Interview as appropriate. 'Not Achieved' must trigger an Action Plan at the time of assessment and must be documented. The Action Plan template can be found on page 62**

**Placement 1: Mid-Point Interview**

This interview takes place half way through the placement

**Mentor and Student to sign on the next page**

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

**Placement 1: Mid-Point Interview**  
**Ongoing learning and development needs**

To be agreed between Mentor and Student – sign and date all entries below

<p><b>Identify learning and development needs</b> Refer to progress in achieving personal learning needs, professional values and essential skills.</p>	<p><b>Identify the learning opportunities/support to enable the student to meet their needs</b></p>
<p><b>Review Date:</b></p> <p><b>Student's signature:</b></p> <p><b>Mentor's signature:</b></p> <p><b>Additional Signature (If Applicable):</b></p> <p><i>Any outstanding learning and development needs are to be discussed and documented at the final interview.</i></p>	<p><b>Sign when reviewed:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p>

If specific concerns have been raised about the student's performance this should trigger an Action Plan at the time of assessment and should be documented. The action plan template can be found on page 62



**Placement 1: Final Interview**

This should take place towards the end of the placement

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

Please record any further comments on the next page

**Learning and Development Needs**

To be agreed between the Mentor and Student

**Review learning and development needs identified at the Mid-Point Interview and those to take forward to the next placement**

**Was an Action Plan required to support the student?** YES / NO

**If Yes, was the Academic Representative informed?** YES / NO

**The Action Plan can be found on page 62**

<b>Checklist for assessed documents</b>	<b>Tick</b>	<b>Mentor Initial</b>	<b>Student Initial</b>
The Mentor has signed the professional value statements at both Mid-Point and Final Interview			
The Mentor has signed the relevant skills the student has achieved in this area (where applicable)			
The Mentor has completed and signed the grading of practice document (depending on university requirements)			
The student and Mentor has checked and signed the practice placement hours			
The Mentor and Student have completed all the interview records and development plans, as appropriate			
The Mentor has printed and signed their name on the List of Mentors/Supervisors Record			
The Mentor has completed the Ongoing Achievement Record (OAR)			

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_






**Additional Signature (If Applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/Service User Feedback Form**

**Mentors should obtain consent from patients/service users who should feel able to decline to participate.**

We would like to hear your views about the way the student nurse has looked after you.

- Your feedback will help the student nurse’s learning
- The feedback you give will not change the way you are looked after

Tick if you are:	The Patient/Service User <input type="checkbox"/>	Carer/Relative <input type="checkbox"/>			
<b>How happy were you with the way the student nurse...</b>	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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*

**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines

**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**NB: For some students a placement may be split across two areas**

**Placement 2**

**Placement Provider:**

(e.g. Trust)

**Name of Practice Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Practice Placement Telephone:**

**Placement Contact Email:**

**Start Date..... End Date..... No. of Hours.....**

**Mentor/Co-Mentor/Supervisor Details:**

**Name:**

**Designation:**

**Name:**

**Designation:**

**Other Practice Staff/Key Contacts:**

**Name:**

**Designation:**

**Academic Contact Details:**

(e.g. Link Lecturer)

**Name:**

**Designation:**

**Name:**

**Designation:**

**I have seen and discussed the purpose of the student's Ongoing Achievement Record**

**Mentor's signature:**

**Date:**



**Placement 2: Orientation**

Name of Placement Area	Name of Area 1		Name of Area 2 (if app.)	
	Initial/Date (Student)	Initial/Date (Mentor)	Initial/Date (Student)	Initial/Date (Mentor)
<b>The following criteria need to be met within the first day in placement</b>				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.....				
The student has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>				
Resuscitation policy and procedures have been explained Tel: .....				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained.				
Policy regarding safeguarding has been explained				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
<b>The following criteria need to be met prior to use</b>				
The student has been shown and given a demonstration of the moving and handling equipment used in the clinical area				
The student has been shown and given a demonstration of the medical devices used in the clinical area				
Placement Provider induction/update complete, if applicable				

**Placement 2: Initial Interview**

**Area Name:**

This interview takes place within the first week of the placement

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

**Mentor to identify learning opportunities to enable the student to meet their learning and development needs and assessments**

**Mentor and student to negotiate and agree a learning plan -**

**Student's signature:**

**Date:**

**Mentor's signature:**

**Date:**

**Additional Signature (If Applicable):**

**Date:**

### Professional Values in Practice

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within legal frameworks, and be able to articulate the underpinning values of The Code (2015). Professional values expectations are reflected in the statements below.

**Yes = Achieved, No = Not Achieved (Refer to Grade Descriptors on Page 7)**

<b>Professional attitude, behaviour and responsibility</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
1. The student maintains confidentiality in accordance with the NMC code.					
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues.					
3. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.					
4. The student's personal presentation and dress code is in accordance with the organisation's uniform policy.					
5. The student maintains the person's privacy and dignity and advocates on their behalf.					
6. The student demonstrates openness, trustworthiness and integrity.					
7. The student makes a consistent effort to engage in the requisite standards of care and learning.					

<b>Safe and compassionate care</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
8. The student is attentive, kind, compassionate and sensitive to the needs of others.					
9. The student maintains consistent safe and person-centred practice.					
10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.					
11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.					
12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.					
13. The student is able to work effectively within the multi-disciplinary team with the intent of building professional caring relationships.					

**Students can complete their evidence at any stage prior to the final interview. If there are any issues/areas for concern, these must be recorded in the Mid-Point or Final Interview as appropriate. 'Not Achieved' must trigger an Action Plan at the time of assessment and must be documented. The Action Plan template can be found on page 62**

**Placement 2: Mid-Point Interview**

This interview takes place half way through the placement

**Mentor and Student to sign on the next page**

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

**Placement 2: Mid-Point Interview**  
**Ongoing learning and development needs**

To be agreed between Mentor and Student – sign and date all entries below

<p><b>Identify learning and development needs</b> Refer to progress in achieving personal learning needs, professional values and essential skills.</p>	<p><b>Identify the learning opportunities/support to enable the student to meet their needs</b></p>
<p><b>Review Date:</b></p> <p><b>Student's signature:</b></p> <p><b>Mentor's signature:</b></p> <p><b>Additional Signature (If Applicable):</b></p> <p><i>Any outstanding learning and development needs are to be discussed and documented at the final interview.</i></p>	<p><b>Sign when reviewed:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p>

If specific concerns have been raised about the student's performance this should trigger an Action Plan at the time of assessment and should be documented. The action plan template can be found on page 62

**Placement 2: Final Interview**

This should take place towards the end of the placement

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

Please record any further comments on the next page

**Learning and Development Needs**

To be agreed between the Mentor and Student

**Review learning and development needs identified at the Mid-Point Interview and those to take forward to the next placement**

**Was an Action Plan required to support the student? YES / NO**

**If Yes, was the Academic Representative informed? YES / NO**

**The Action Plan can be found on page 62**

<b>Checklist for assessed documents</b>	<b>Tick</b>	<b>Mentor Initial</b>	<b>Student Initial</b>
The Mentor has signed the professional value statements at both Mid-Point and Final Interview			
The Mentor has signed the relevant skills the student has achieved in this area (where applicable)			
The Mentor has completed and signed the grading of practice document (depending on university requirements)			
The student and Mentor has checked and signed the practice placement hours			
The Mentor and Student have completed all the interview records and development plans, as appropriate			
The Mentor has printed and signed their name on the List of Mentors/Supervisors Record			
The Mentor has completed the Ongoing Achievement Record (OAR)			

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Signature (If Applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_








**Patient/Service User Feedback Form**

**Mentors should obtain consent from patients/service users who should feel able to decline to participate.**

We would like to hear your views about the way the student nurse has looked after you.

- Your feedback will help the student nurse’s learning
- The feedback you give will not change the way you are looked after

Tick if you are:	The Patient/Service User <input type="checkbox"/>	Carer/Relative <input type="checkbox"/>			
<b>How happy were you with the way the student nurse...</b>	Very Happy 	Happy 	I’m not sure 	Unhappy 	Very unhappy 
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What did the student nurse do well?**

**What could the student nurse have done differently?**

<b>Mentor Signature:</b>	<b>Date:</b>
<b>Student Signature:</b>	<b>Date:</b>

Thank you for your help  
*This form has been designed by Service Users*

**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines

**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**NB: For some students a placement may be split across two areas**

**Placement 3**

**Placement Provider:**

(e.g. Trust)

**Name of Practice Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Practice Placement Telephone:**

**Placement Contact Email:**

**Start Date..... End Date..... No. of Hours.....**

**Mentor/Co-Mentor/Supervisor Details:**

**Name:**

**Designation:**

**Name:**

**Designation:**

**Other Practice Staff/Key Contacts:**

**Name:**

**Designation:**

**Academic Contact Details:**

(e.g. Link Lecturer)

**Name:**

**Designation:**

**Name:**

**Designation:**

**I have seen and discussed the purpose of the student's Ongoing Achievement Record**

**Mentor's signature:**

**Date:**

**Placement 3: Orientation**

Name of Placement Area	Name of Area 1		Name of Area 2 (if app.)	
	Initial/Date (Student)	Initial/Date (Mentor)	Initial/Date (Student)	Initial/Date (Mentor)
<b>The following criteria need to be met within the first day in placement</b>				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.....				
The student has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>				
Resuscitation policy and procedures have been explained Tel: .....				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained.				
Policy regarding safeguarding has been explained				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
<b>The following criteria need to be met prior to use</b>				
The student has been shown and given a demonstration of the moving and handling equipment used in the clinical area				
The student has been shown and given a demonstration of the medical devices used in the clinical area				
Placement Provider induction/update complete, if applicable				

**Placement 3: Initial Interview**

**Area Name:**

This interview takes place within the first week of the placement

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

**Mentor to identify learning opportunities to enable the student to meet their learning and development needs and assessments**

**Mentor and student to negotiate and agree a learning plan -**

**Student's signature:**

**Date:**

**Mentor's signature:**

**Date:**

**Additional Signature (If Applicable):**

**Date:**



### Professional Values in Practice

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within legal frameworks, and be able to articulate the underpinning values of The Code (2015). Professional values expectations are reflected in the statements below.

**Yes = Achieved, No = Not Achieved (Refer to Grade Descriptors on Page 7)**

<b>Professional attitude, behaviour and responsibility</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
1. The student maintains confidentiality in accordance with the NMC code.					
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues.					
3. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.					
4. The student's personal presentation and dress code is in accordance with the organisation's uniform policy.					
5. The student maintains the person's privacy and dignity and advocates on their behalf.					
6. The student demonstrates openness, trustworthiness and integrity.					
7. The student makes a consistent effort to engage in the requisite standards of care and learning.					

<b>Safe and compassionate care</b>					
	<b>Student Evidence / Comments</b>	<b>Achieved Mid-Point Yes/No</b>	<b>Initial/ Date</b>	<b>Achieved Final Yes/No</b>	<b>Initial/ Date (Final)</b>
8. The student is attentive, kind, compassionate and sensitive to the needs of others.					
9. The student maintains consistent safe and person-centred practice.					
10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.					
11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.					
12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.					
13. The student is able to work effectively within the multi-disciplinary team with the intent of building professional caring relationships.					

**Students can complete their evidence at any stage prior to the final interview. If there are any issues/areas for concern, these must be recorded in the Mid-Point or Final Interview as appropriate. 'Not Achieved' must trigger an Action Plan at the time of assessment and must be documented. The Action Plan template can be found on page 62**

**Placement 3: Mid-Point Interview**

This interview takes place half way through the placement

**Mentor and Student to sign on the next page**

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

**Placement 3: Mid-Point Interview**  
**Ongoing learning and development needs**

To be agreed between Mentor and Student – sign and date all entries below

<p><b>Identify learning and development needs</b> Refer to progress in achieving personal learning needs, professional values and essential skills.</p>	<p><b>Identify the learning opportunities/support to enable the student to meet their needs</b></p>
<p><b>Review Date:</b></p> <p><b>Student's signature:</b></p> <p><b>Mentor's signature:</b></p> <p><b>Additional Signature (If Applicable):</b></p> <p><i>Any outstanding learning and development needs are to be discussed and documented at the final interview.</i></p>	<p><b>Sign when reviewed:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p> <p><b>Date:</b></p>

If specific concerns have been raised about the student's performance this should trigger an Action Plan at the time of assessment and should be documented. The action plan template can be found on page 62

**Placement 3: Final Interview**

This should take place towards the end of the placement

<b>Student's self-assessment/reflection on progress</b> Reflect on your overall progression referring to your personal learning needs, professional values and essential skills. Identify your strengths and document areas for development.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>
<b>Mentor's comments</b> Discuss with the student their self-assessment and comment on their progress using the assessment descriptors below, detailing evidence used to come to your decision.
<b>Knowledge and Understanding:</b>
<b>Professional Attitude:</b>
<b>Participation in Care and Practical Skill:</b>

Please record any further comments on the next page

**Learning and Development Needs**

To be agreed between the Mentor and Student

**Review learning and development needs identified at the Mid-Point Interview and those to take forward to the next placement**

**Was an Action Plan required to support the student?** YES / NO

**If Yes, was the Academic Representative informed?** YES / NO

**The Action Plan can be found on page 62**

<b>Checklist for assessed documents</b>	<b>Tick</b>	<b>Mentor Initial</b>	<b>Student Initial</b>
The Mentor has signed the professional value statements at both Mid-Point and Final Interview			
The Mentor has signed the relevant skills the student has achieved in this area (where applicable)			
The Mentor has completed and signed the grading of practice document (depending on university requirements)			
The student and Mentor has checked and signed the practice placement hours			
The Mentor and Student have completed all the interview records and development plans, as appropriate			
The Mentor has printed and signed their name on the List of Mentors/Supervisors Record			
The Mentor has completed the Ongoing Achievement Record (OAR)			

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_






**Additional Signature (If Applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/Service User Feedback Form**

**Mentors should obtain consent from patients/service users who should feel able to decline to participate.**

We would like to hear your views about the way the student nurse has looked after you.

- Your feedback will help the student nurse’s learning
- The feedback you give will not change the way you are looked after

Tick if you are:	The Patient/Service User <input type="checkbox"/>	Carer/Relative <input type="checkbox"/>			
<b>How happy were you with the way the student nurse...</b>	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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*

**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines



**Record of working with other health care professionals/inter-professional working**

Record reflections on your learning in outreach/short practice placements  
or with members of the multi-disciplinary team.

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

Date	Time spent	Reflections on your learning
Details of your experience		
Supervisor's comments and Signature		

More pages can be downloaded as per University guidelines

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

## **Assessment of Essential Skills**

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

The Grade Descriptors are 'Yes' (This skill has been achieved), 'No' (this skill has not been achieved). Refer to Grade Descriptors on page 7 for further details.

**Assessment of Essential Skills**

**Skills Cluster I: Care, Compassion and Communication:**

**People can trust the student nurse to respect them as individuals and strive to help them to preserve their dignity at all times.**

	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
1. Recognises, and acts within, legal frameworks and local policy in delivering person centred care.								
2. Uses ways to maximise communication where hearing, vision or speech is compromised.								
<b>People can trust the student nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from harassment and exploitation.</b>								
3. Demonstrates an understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability.								
<b>People can trust the student nurse to engage with them in a warm, sensitive and compassionate way.</b>								
4. Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, taking into account, people's physical and emotional responses making appropriate use of touch.								
5. Evaluates ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*

Practice Assessment Document

<b>People can trust the student nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.</b>								
<b>YES = Achieved, NO = Not Achieved</b>								
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
6. Records information accurately and clearly on the basis of observation and communication.								
7. Responds in a way that confirms what a person is communicating and always seeks to confirm understanding.								
8. Effectively communicates people's stated needs and wishes to other professionals.								
<b>People can trust the student nurse to protect and keep as confidential all information relating to them.</b>								
9. Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and public protection.								
10. Applies the principles of data protection.								
<b>People can trust the student nurse to gain their consent based on sound understanding in order to allow an informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.</b>								
11. Seeks consent prior to sharing confidential information outside of the professional care team, subject to agreed safeguarding protection procedures.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*

<b>Skills Cluster II: Organisational Aspects of Care</b>								
<b>People can trust the student nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs: to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.</b>								
<b>YES = Achieved, NO = Not Achieved</b>								
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
12. Responds appropriately when faced with an emergency or a sudden deterioration in a person's physical or psychological condition. (for example, abnormal vital signs, collapse, cardiac arrest, self harm, extremely challenging behaviour, attempted suicide), including seeking help from an appropriate person.								
13. Accurately undertakes and records a baseline assessment of weight, height, temperature, pulse, respiration, blood pressure using manual and electronic devices.								
<b>People can trust the student nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.</b>								
14. Shares information with colleagues and seeks advice from appropriate sources where there is a concern or uncertainty.								
15. Uses support systems to recognise, manage and deal with own emotions.								
<b>People can trust the student nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.</b>								
16. Responds appropriately to compliments and comments.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*

<b>People can trust the student nurse to work safely under pressure and maintain the safety of services users at all times.</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Assessment 1</b>		<b>Assessment 2</b>		<b>Assessment 3</b>		<b>Assessment 4</b>	
	<b>Yes/No</b>	<b>Sign/Date</b>	<b>Yes/No</b>	<b>Sign/Date</b>	<b>Yes/No</b>	<b>Sign/Date</b>	<b>Yes/No</b>	<b>Sign/Date</b>
17. Recognises when situations are becoming unsafe and reports appropriately.								
18. Understands and applies the importance of rest for effective practice.								
<b>People can trust the student nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.</b>								
19. Under supervision assesses risk within current sphere of knowledge and competence.								
<b>People can trust the student nurse to work to prevent and resolve conflict and maintain a safe environment.</b>								
20. Recognises signs of aggression and responds appropriately to keep self and others safe.								
21. Assists others or obtains assistance when help is required.								
<b>People can trust the student nurse to select and manage medical devices safely.</b>								
22. Safely uses and disposes of medical devices under supervision and in keeping with local and national policy and understands reporting mechanism relating to adverse incidents.								
<b>Skills Cluster III: Infection Prevention and Control</b>								
<b>People can trust the student nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.</b>								
23. Follows local and national guidelines and adheres to standard infection control precautions.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*



Practice Assessment Document

	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
24. Recognises potential signs of infection and reports to relevant senior members of staff.								
<b>People can trust the student nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.</b>								
25. Demonstrates effective hand hygiene and the appropriate use of Standard Infection Control Precautions when caring for all people.								
26. Participates in the cleaning of multi-use equipment between each person.								
<b>People can trust the student nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.</b>								
27. Adheres to local policy and national guidelines on dress code for the prevention and control of infection including footwear, hair, piercing and nails.								
<b>People can trust the student nurse to act, in a variety of environments, including the home setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.</b>								
28. Adheres to health and safety at work legislation, and infection control policies regarding the safe disposal of all waste and 'sharps'.								
29. Ensuring dignity is preserved when collecting and disposing of bodily fluids and soiled linen.								
<b>Skills Cluster IV: Nutrition and Fluid Management</b>								
<b>People can trust the student nurse to assess and monitor their fluid status and in partnership with them formulate an effective plan of care.</b>								
30. Accurately monitors and records fluid intake and output.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*

Practice Assessment Document

	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
31. Recognises and reports reasons for poor fluid intake and output.								
<b>People can trust the student nurse to assist them in creating an environment that is conducive to eating and drinking.</b>								
32. Ensures that people are ready for the meal that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance in line with local policy.								
33. Ensures that appropriate food and fluids are available as required.								
34. Reports to appropriate person where there is a risk of meals being missed.								
<b>Skills Cluster V: Medicines Management</b>								
<b>People can trust the student nurse to correctly and safely undertake medicines calculations.</b>								
35. Is competent in basic medicines calculations. This may include (as appropriate) <ul style="list-style-type: none"> <li>• Tablets and capsules</li> <li>• Liquid medicines</li> <li>• Injections.</li> </ul>								
<b>People can trust the student nurse to have an understanding of legal and ethical frameworks that relate to safe administration of medicines in practice.</b>								
36. Demonstrates understanding of legal and ethical frameworks that relate to safe administration of medicines in practice.								
<b>People can trust the student nurse to administer medicines safely in a timely manner.</b>								
37. Administers, and where necessary prepares medicines safely under direct supervision.								

*If any skill has not been assessed or is not applicable to the Practice area, please leave blank.*

### **Part 1 Episode of Care**

This assessment must be completed by the end of Part 1 under the direct supervision of the student's mentor during a specific episode of care

#### **Guidelines**

**The mentor and student will identify an appropriate episode of direct care involving meeting the needs of one patient/service user. The student will assess, plan, deliver and evaluate the care for the patient/service user.**

The aim of this assessment is to demonstrate the student's progression in the following four competency domains in the context of the relevant field of nursing:

- Professional values
- Communication and interpersonal skills
- Nursing practice and decision-making
- Team working

#### **Learning outcomes**

1. The student provides safe, basic person-centred care within an appropriate timeframe under the supervision of the mentor.
2. The student demonstrates that they have maintained appropriate professional values, expected attitudes and behaviours during the episode of care.
3. The student demonstrates that they have maintained safety and safeguarding for the patient and carers or family.



Practice Assessment Document

<b>Mentor feedback</b> Based on the student's reflection, your observation and discussion of the episode of care, please assess and comment on the following: <b>Yes = Achieved, No = Not Achieved (Refer to Grade Descriptors on Page 7)</b>		
Domain	Level	Comments
<b>Professional values</b> Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries.		
<b>Communication and interpersonal skills</b> Demonstrates safe and effective communication skills both orally and in writing.		
<b>Nursing practice and decision making</b> Demonstrates safe, basic, person-centred care within an appropriate timeframe.		
<b>Team working</b> Acts in a way that values the roles and responsibilities in the team and interacts appropriately.		
<b>If any of the Domains are 'Not Achieved' this will require a re-assessment and the academic representative must be informed</b>		
<b>Student's signature:</b>		<b>Date:</b>
<b>Mentor's signature:</b>		<b>Date:</b>

**Action Plan**

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

The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	

**Action Plan**

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

The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	

**Action Plan**

An action plan is required when a student's performance causes concern  
 The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	



**Action Plan**

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

The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	

**Action Plan**

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

The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	

**Action Plan**

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

The mentor/supervisor must liaise with the academic representative and senior practice representative

Date	Placement Name	Date for Review
Area of Concern Note professional value or Essential Skill number if appropriate	Criteria for Success / Support Available	Review Meeting
		Date:
		Reviewer:
		Comments:
Signed (Mentor).....	Date.....	Mentor's Name (please print)
Signed (Student) .....	Date .....	.....
Signed (Academic Representative).....	Date.....	

Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**  
**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			

<b>Total hours completed on this page....</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**

Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**  
**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		Weekly Total =					Weekly Total =			

<b>Total hours completed on this page....</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**

Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**

**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			

<b>Total hours completed on this page.... Figures</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**

Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**  
**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			

<b>Total hours completed on this page....</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**

Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**

**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			

<b>Total hours completed on this page....</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**



Practice Assessment Document

**Please start a new page per placement**  
**To be completed as per your local University Requirements**

**PRACTICE HOURS**

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by Mentor/Supervisor

Date	Placement	Total Hrs	Registrant Initials	Shift Type	Date	Placement	Total Hrs	Registrant Initials	Shift Type	
Example of hours confirmation					Sun	1/7/13	Pixie Ward	7.5	FF	E
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			
Mon					Mon					
Tue					Tue					
Wed					Wed					
Thu					Thu					
Fri					Fri					
Sat					Sat					
Sun					Sun					
		<b>Weekly Total =</b>					<b>Weekly Total =</b>			

<b>Total hours completed on this page....</b>	<b>Words</b>
Signed: _____ (Mentor)	Name (print): _____
<b>Verification by Mentor:</b> I have checked the hours of experience recorded by the student,	
Clinical Area: _____	Date: _____
<b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.	
Signed: _____ (Student)	Date: _____

**It is expected that the student will work a range of shifts to meet NMC Requirements**

**Shift Codes**  
**D = Day Shift, N= Night Shift, S= Sickness, A = Absent**

**Placement Number:**







Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**



Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

**Ongoing Feedback from Staff in Practice**

Practice Assessment Document

This can be completed by any individual involved in the student learning e.g. the mentor, staff (other than the mentor), practice educator, link lecturer or personal tutor. This is in addition to the pages referring to Inter-professional Working, as above.

Date/time	Signature/ Designation	Comments

This PAD document has been developed by the Pan London Steering Group in collaboration with practice partners, mentors, academic staff, students and service users across the London Region.

### **Membership of the Pan London Practice Assessment Document Steering Group**

- Zoe Scullard, Principal Lecturer, Practice Learning, Buckinghamshire New University (Chair)
- Joady Mitchell, Principal Lecturer Practice Learning & Clinical Skills Teaching, London South Bank University (Vice Chair) (*Child Lead & NMC Liaison*)
- Kath Sharples, Senior Lecturer Adult Nursing and Practice Innovation, Faculty of Health, Social Care Sciences and Education, Kingston University and St George's, University of London (*Mentor Handbook*)
- Kathy Wilson, Head of Practice Based Learning, Middlesex University (*Adult Lead*)
- Angela Parry, Director of Clinical Education, Florence Nightingale School of Nursing & Midwifery, King's College London (*Adult Lead*)
- Michelle Ellis Senior Lecturer & Practice Lead, Child Health, City University London (*Child Lead*)
- Mark Jones, Senior Lecturer & Head of Practice Education. School of Health Sciences, City University London
- Nicki Fowler Programme Leader/Professional Lead, Learning Disabilities, University of Greenwich (*Mental Health Lead*)
- Matt Snowden, Director of Contracts, College of Nursing, Midwifery and Healthcare, University of West London (*Pan London Implementation Plan*)
- Alan Randle, Associate Dean (AQA-Practice Enhancement), University of Hertfordshire (*Learning Disability Lead*)
- Mark Statham, Head of Pre-Registration and CPPD, London LETB Shared Service.
- David Marston, Senior Commissioning Manager Non-Medical Commissioning & Quality Management, London LETB Shared Services
- Chris Caldwell, Dean of Healthcare Professions, Health Education North Central and East London (*Representing London LETBs*)
- Louise Morton, Head of Nursing and Non-Medical Clinical Education & Acting Assistant Chief Nurse, Great Ormond Street Hospital for Children NHS Foundation Trust, London (*Representing the London Directors' of Nursing*)
- Sue West, Academic Dean, Faculty of Society & Health, Buckinghamshire New University (*Representing The Council of Deans*)
- Jane Fish, PLPAD Project Manager
- Josee Soobadoo, PLPAD Project Team Associate
- Ian Grant-Rowan PLPAD Project Administrator

The development of this document was funded by Health Education North Central and East London, Health Education North West London and Health Education South London.

© PLPLG 2014 All rights reserved. No part of this work may be photocopied, recorded or otherwise reproduced without the prior permission of the Pan London Practice Learning Group.



**Health Education  
North West London**



**Health Education  
North Central and East London**



**Health Education South London**