

Name.....

Number.....

Cohort.....

Field.....

Personal Tutor.....

# PRACTICE ASSESSMENT DOCUMENT 2.0

## NURSING

### PART 1

#### Master of Nursing (MNurs) in Nursing with Registration as an Adult Nurse and a Mental Health Nurse programme

PLPAD 2.0, Future Nurse: Standards of proficiency for registered nurses, (NMC 2018)



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

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

## Membership of the Pan London Practice Learning Group (PLPLG)

- Kathy Wilson, Associate Professor, Head of Practice Based Learning, Middlesex University (Chair)
- Nicki Fowler, Programme Leader/Professional Lead, Learning Disabilities, University of Greenwich (Vice Chair)
- Lynn Quinlivan, Practice Programme Co-Ordinator for Pre-Registration Nursing, University of Hertfordshire
- Sue Woodward, Senior Lecturer, King's College London
- Julie Bliss, Head of Practice Learning, King's College London
- Karen Chandler, Associate Professor, Director of Practice Learning, Kingston University and St George's, University of London
- Alex Levine, Faculty Director Practice Learning, Canterbury Christ Church University
- Julie MacLaren, Deputy Divisional Lead – Practice Education, City, University of London
- Michelle Ellis, Senior Lecturer, Child Health, City, University of London
- Yvonne Halpin, Associate Professor (Practice Learning), London South Bank University
- Nigel Davies, Head of Pre-Registration Nursing, University of East London
- Barbara Hoyle, Head of Practice Education University of West London
- Jo Rixon, Principal Lecturer for Practice Learning, Buckinghamshire New University
- Rachel Bacon, Associate Teacher Practice Learning, The University of Nottingham (MEPLG representative)
- David Marston, Senior Strategic Programmes, Planning and Performance Manager, Quality Patient Safety and Commissioning Team (London), Health Education England
- Jane Fish, PLPAD Project Manager
- Ian Grant-Rowan, (PLPAD Document Design) Systems Support/Projects, Middlesex University
- Clara Longley, Gregory Brinsdon, Project Administrator, Middlesex University

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

© PLPLG 2018 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.



<b>Contents</b>	<b>Page</b>
Welcome to the Practice Assessment Document (PAD)	3
Guidance for Using the PAD	5
University Specific Guidelines	6
Criteria for Assessment in Practice	7
List of Practice Supervisors	8
List of Practice Assessors	9
Placement 1	10
Placement 2	28
Assessment of Proficiencies	46
Part 1 Episode of Care Formative	53
Part 1 Episode of Care Summative	56
Part 1 Medicines Management	59
Action Plan	62
Record of Practice Hours	64

### **Statement regarding the use of the term “Parts”**

There are three Practice Assessment Documents in total, which incorporate the range of Future Nurse Standards of proficiency (NMC 2018). “Parts” in this context is used to represent the range of outcomes to be achieved by students at different levels. These parts may differ from the parts of the education programme that will be defined locally by each university provider.

## Welcome to the Practice Assessment Document (PAD)

### Student responsibilities

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses and Standards for education and training* (NMC 2018).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You will work with and receive written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

You are responsible for raising concerns with a nominated person in the practice setting in a timely manner. You should also alert staff to any reasonable adjustments that may be required to support your learning.

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

The Ongoing Achievement Record (OAR) is a separate document that summarises your achievements in each placement and with the main 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 Practice Supervisor, Practice Assessor and Academic Assessor at all times when you are in placement together with the OAR. Alterations should be made in this document by crossing through with one line, with a signature and date.

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

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

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

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

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

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

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

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

### **Practice Assessor responsibilities (Registered Nurse)**

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

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

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

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

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

### **Academic Assessor responsibilities**

Academic Assessors are Registered Nurses and are nominated for each part of the educational programme. The same Academic Assessor cannot contribute to the student assessment in consecutive parts. The Academic Assessor will work in partnership with the Practice Assessor to evaluate and recommend the student for progression for each part of the educational programme. The Academic Assessor will enable scheduled communication and collaboration with the Practice Assessor and this communication can take a variety of forms.

**All communications/ additional feedback (not already recorded in the scheduled interviews) from the Practice Supervisors, Practice Assessor and Academic Assessor and other staff members needs to be recorded on the relevant pages in the PAD.**

## Guidance for using the PAD to facilitate learning and assessment in practice

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

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

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

**Proficiencies:** These reflect aspects of the 7 Platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed in a range of placements but must be achieved at least once *by the end of the Part*. If a proficiency is assessed as achieved early in the Part it is expected that the student maintains that level of competence and could be re-assessed in subsequent placements during the part

**Episode of Care:** This holistic assessment(s) facilitates and demonstrates the student's progress and must be achieved *by the end of the Part*. *An episode of care must be completed in both placements in part one*.

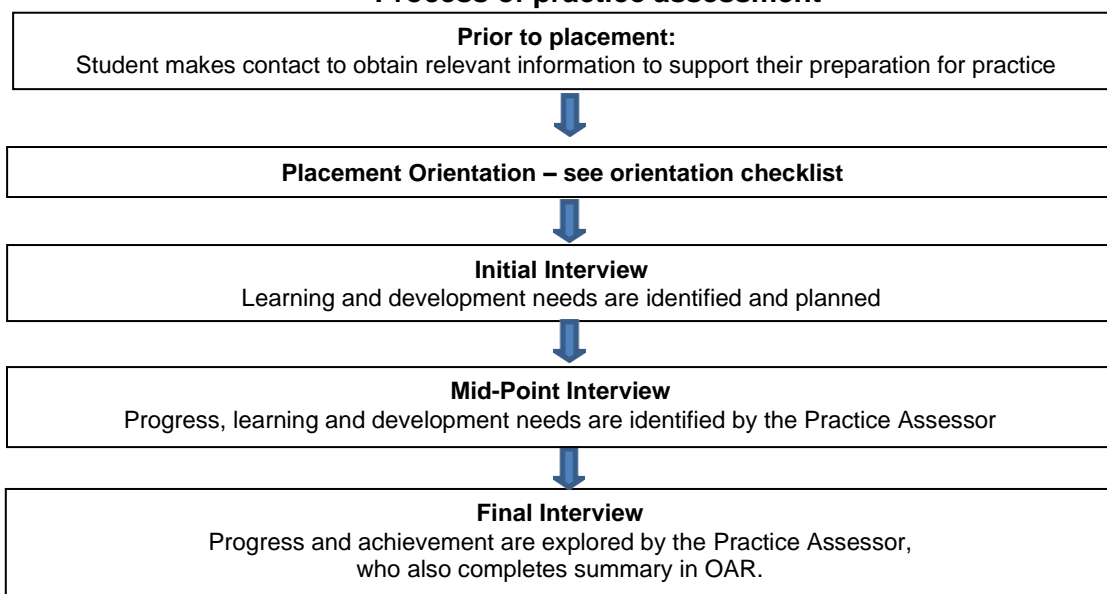
**Medicines Management:** A medication management assessment *must be completed in both placements in part one*.

**Patient/Service User/Carer Feedback Form:** Feedback will be sought in relation to how the student cared for the person receiving care. This is not formally assessed, but will contribute to overall student feedback.

**Recording Additional Experiences and Feedback:** There are additional pages for the student to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

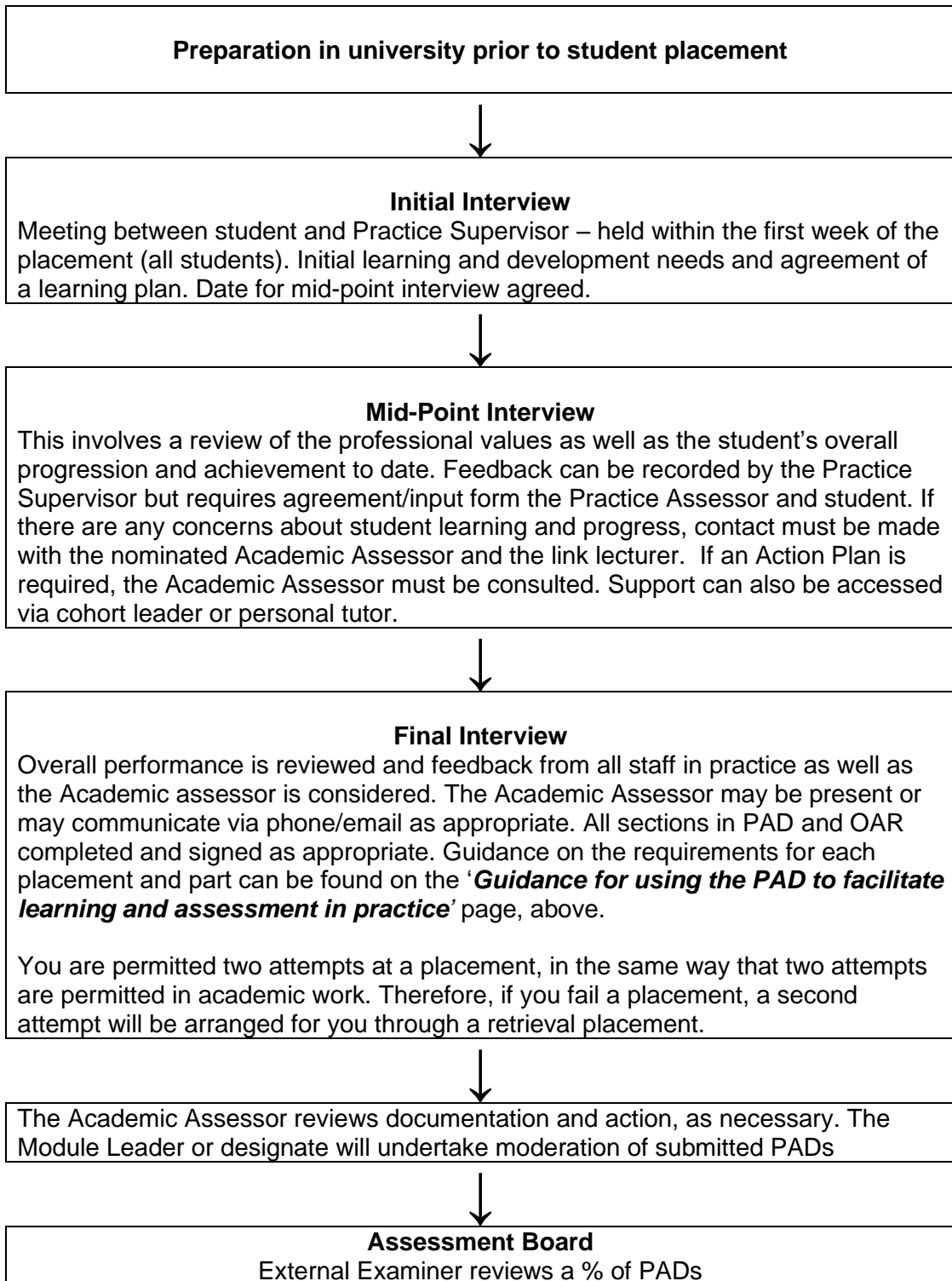
**Ongoing Achievement Record:** The OAR summarises overall achievements and provides a comprehensive record of student development and overall performance.

### Process of practice assessment



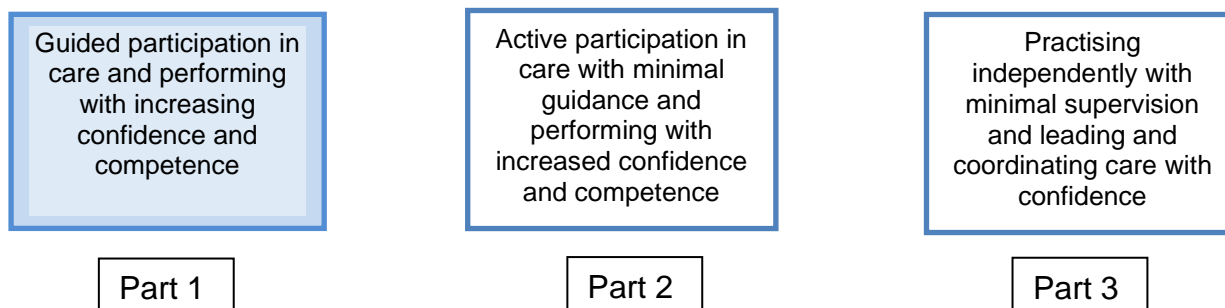
Further information / guidance is included in the university specific pages (overleaf) and in the *Practice Assessment Document Guide*

## King's College London – Pan London Practice Assessment Document Guidelines



## Criteria for Assessment in Practice

### Overall Framework Parts 1 – 3 to be achieved by the end of the part



*The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence. (NMC, 2018, p 5)*

### Part 1: Guided participation in Care

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

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



### List of Practice Supervisors

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

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

### List of Practice Assessors

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

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

### List of Academic Assessors

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

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

## Placement 1

**Placement Provider:**

(e.g. Trust/Organisation)

**Name of Placement Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Placement Telephone Number:**

**Placement Contact Email:**

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

**Nominated person to support student and address concerns**

**Name:**

**Designation:**

**Contact email address:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact email address:**

### Placement 1: Orientation

	Placement Area 1		Placement Area 2 (if app.)	
<b>Name of Placement Area:</b>				
<b>Name of Staff Member:</b>				
<b>This should be undertaken by a member of staff in the Placement Area</b>	Initial/Date <b>(Student)</b>	Initial/Date <b>(Staff signature)</b>	Initial/Date <b>(Student)</b>	Initial/Date <b>(Staff signature)</b>
<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				
The student is aware of his/her professional role in practice.				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
<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 placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

**Placement 1: Initial Interview**

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

**Placement Area Name:**

<p><b>Student to identify learning and development needs</b> (with guidance from the Practice Supervisor)</p>	
<p><b>Taking available learning opportunities into consideration, the student and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.</b></p>	
<p><b>Outline of learning plan</b></p>	<p><b>How will this be achieved?</b></p>
<p>Learning plan for placement agreed by Practice Assessor (where applicable) YES/NO</p>	
<p><b>Student's Name:</b></p>	<p><b>Signature:</b></p>
<p><b>Practice Supervisor/Assessor's Name:</b></p>	<p><b>Date:</b></p>
<p><b>Signature:</b></p>	<p><b>Date:</b></p>

## Professional Values in Practice (Part 1)

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks, and be able to articulate the underpinning values of The Code (NMC, 2018). Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code.

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

**Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)**

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
<b>Prioritise people</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/carers and all colleagues.				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4. The student is caring, compassionate and sensitive to the needs of others.				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
<b>Practise effectively</b>				
6. The student maintains consistent, safe and person-centred practice.				
7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.				
8. The student makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence.				
<b>Preserve safety</b>				
9. The student demonstrates openness (candour), trustworthiness and integrity.				
10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.				
11. The student demonstrates the ability to listen, 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.				

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
<b>Promote professionalism and trust</b>				
13. The student's personal presentation and dress code is in accordance with the local policy.				
14. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.				
15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.				
<b>Mid-point assessment</b>				
Practice Supervisor Name:		Signature:	Date:	
Reviewed and agreed by Practice Assessor				
Practice Assessor Name:		Signature:	Date:	
<b>End point: Student reflection on meeting Professional Values</b>				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code ( <i>ensure confidentiality is maintained</i> ). For each placement, please select a different section of The Code to reflect on.				
Student Name:		Signature:	Date:	
<b>Final assessment - please add comments on Final Interview Page</b>				
Practice Assessor Name:		Signature:	Date:	

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor.

## Placement 1: Mid-Point Interview

This discussion must take place half way through 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 proficiencies. Identify your strengths and document areas for development.
<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>
<b>Practice Assessor's comments</b> Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>



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

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

**Following the Mid-Point interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.**

Learning and development needs	How will these be achieved?

**Student's Name:**

**Signature:**

**Date:**

**Practice Assessor's Name:**

**Signature:**

**Date:**

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

**Placement 1: Final Interview**

This should take place towards the end of the placement

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

Please record any further comments on the next page

## Learning and Development Needs

To be agreed between the Practice Assessor and Student

**Practice Assessor to identify specific areas to take forward to the next placement**

<b>Was an Action Plan required to support the student?</b>	<b>YES / NO</b>
<b>If Yes, was the Academic Assessor informed?</b>	<b>YES / NO</b>






Checklist for assessed documents	Tick	Practice Assessor Initial	Student Initial
The professional value statements have been signed at both Mid-Point and Final Interview	<input type="checkbox"/>		
The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed	<input type="checkbox"/>		
The practice placement hours have been checked and signed	<input type="checkbox"/>		
All the interview records and development plans have been completed and signed as appropriate	<input type="checkbox"/>		
The Practice Supervisors and Practice Assessor have printed and signed their name on the appropriate list at the beginning of the document.	<input type="checkbox"/>		
The Practice Assessor has completed the Ongoing Achievement Record (OAR)	<input type="checkbox"/>		

<b>Student's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Practice Assessor's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Additional Signature (If Applicable, e.g. Academic Assessor):</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Patient/Service User/Carer Feedback Form**

**Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate.**

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.

Tick if you are:	The Patient/Service User <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 you?	<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?**

**Practice Supervisor/Practice Assessor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines

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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines

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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines

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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines



**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

## Placement 2

**Placement Provider:**

(e.g. Trust/Organisation)

**Name of Placement Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Placement Telephone Number:**

**Placement Contact Email:**

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

**Nominated person to support student and address concerns**

**Name:**

**Designation:**

**Contact email address:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact email address:**

### Placement 2: Orientation

	Placement Area 1		Placement Area 2 (if app.)	
<b>Name of Placement Area:</b>				
<b>Name of Staff Member:</b>				
<b>This should be undertaken by a member of staff in the Placement Area</b>	Initial/Date (Student)	Initial/Date (Staff signature)	Initial/Date (Student)	Initial/Date (Staff signature)
<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				
The student is aware of his/her professional role in practice.				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
<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 placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

**Placement 2: Initial Interview**

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

**Placement Area Name:**

<p><b>Student to identify learning and development needs</b> (with guidance from the Practice Supervisor)</p>
---

**Taking available learning opportunities into consideration, the student and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.**

Outline of learning plan	How will this be achieved?

Learning plan for placement agreed by Practice Assessor (where applicable) YES/NO		
<b>Student's Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Practice Supervisor/Assessor's Name:</b>		
<b>Signature:</b>		<b>Date:</b>

## Professional Values in Practice (Part 1)

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks, and be able to articulate the underpinning values of The Code (NMC, 2018). Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code.

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

**Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)**

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
<b>Prioritise people</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/carers and all colleagues.				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.				
4. The student is caring, compassionate and sensitive to the needs of others.				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
<b>Practise effectively</b>				
6. The student maintains consistent, safe and person-centred practice.				
7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.				
8. The student makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence.				
<b>Preserve safety</b>				
9. The student demonstrates openness (candour), trustworthiness and integrity.				
10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.				
11. The student demonstrates the ability to listen, 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.				



	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
<b>Promote professionalism and trust</b>				
13. The student's personal presentation and dress code is in accordance with the local policy.				
14. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.				
15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.				
<b>Mid-point assessment</b>				
Practice Supervisor Name:		Signature:	Date:	
Reviewed and agreed by Practice Assessor				
Practice Assessor Name:		Signature:	Date:	
<b>End point: Student reflection on meeting Professional Values</b>				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code ( <i>ensure confidentiality is maintained</i> ). For each placement, please select a different section of The Code to reflect on.				
Student Name:		Signature:	Date:	
<b>Final assessment - please add comments on Final Interview Page</b>				
Practice Assessor Name:		Signature:	Date:	

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor.

## Placement 2: Mid-Point Interview

This discussion must take place half way through the placement

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

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

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

**Following the Mid-Point interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.**

Learning and development needs	How will these be achieved?

**Student's Name:**

**Signature:**

**Date:**

**Practice Assessor's Name:**

**Signature:**

**Date:**

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

## Placement 2: Final Interview

This should take place towards the end of the placement

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

Please record any further comments on the next page

## Learning and Development Needs

To be agreed between the Practice Assessor and Student

**Practice Assessor to identify specific areas to take forward to the next placement**

**Was an Action Plan required to support the student?**

**YES / NO**

**If Yes, was the Academic Assessor informed?**

**YES / NO**

<b>Checklist for assessed documents</b>	<b>Tick</b>	<b>Practice Assessor Initial</b>	<b>Student Initial</b>
The professional value statements have been signed at both Mid-Point and Final Interview			
The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed			
The practice placement hours have been checked and signed			
All the interview records and development plans have been completed and signed as appropriate			
The Practice Supervisors and Practice Assessor have printed and signed their name on the appropriate list at the beginning of the document.			
The Practice Assessor has completed the Ongoing Achievement Record (OAR)			

**Student's Name:**

**Signature:**

**Date:**

**Practice Assessor's Name:**

**Signature:**

**Date:**

**Additional Signature (If Applicable, e.g. Academic Assessor):**

**Name:**






**Signature:**

**Date:**

**Patient/Service User/Carer Feedback Form**

**Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate.**

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.

Tick if you are:	The Patient/Service User <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 you?	<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?**

**Practice Supervisor/Practice Assessor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

More pages can be downloaded as per University guidelines

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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines



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

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

**Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

**Student Name:**

**Signature:**

**Date:**

**Practice Supervisor's Comments:**

**Practice Supervisor Name:**

**Signature:**

**Date:**

More pages can be downloaded as per University guidelines

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

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

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/additional feedback</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

More pages can be downloaded as per University guidelines

## Assessment of Proficiencies

Incorporating Platforms 1 – 7

Annexe A: Communication and relationship management skills

Annexe B: Nursing procedures

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

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

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

Proficiencies marked with an \* can be met in either Part 1 or Part 2

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

**Part 1 Assessment of Performance:** The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

<b>Participates in assessing needs and planning person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.								
2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.								
3. Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans.								
<b>Participates in providing and evaluating person-centred care</b>								
4. Work in partnership with people, families and carers to encourage shared decision-making to manage their own care when appropriate.								

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



<b>Participates in providing and evaluating person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.								
6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.								
7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.								
8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.								

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

<b>Participates in providing and evaluating person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.								
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.								
11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques.								
12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.								
13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.								
*14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pa bottles and commodes.								

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

<b>Participates in providing and evaluating person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
*15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.								
16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence.								
<b>Participates in procedures for the planning, provision and management of person-centred care</b>								
17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.								
18. Consistently utilises evidence based hand washing techniques.								
19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately.								
20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.								

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

<b>Participates in procedures for the planning, provision and management of person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.								
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.								
*23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.								
<b>Participates in improving safety and quality of person-centred care</b>								
24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools.								
25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.								

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

<b>Participates in the coordination of person-centred care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Placement 1</b>		<b>Placement 2</b>		<b>Placement 3</b>		<b>Placement 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>
26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.								
27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.								
28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.								
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.								
*Part 2 No.12 (May be met in Part 1, see OAR.) Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate)								

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

**Part 1 Episode of Care - Formative Placement One** (to support development & gain feedback)

This assessment must be completed by the end of Part 1.

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

**Guidelines**

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

The aim of this assessment is to demonstrate the student's progression in the following 5 platforms within the *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

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

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

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

**Learning outcomes**

**The student is able to:**

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

**Student reflection on an episode of care**

**Within your reflection, describe the episode of care and how you assessed, delivered and evaluated care.**

**What did you do well?**

**What would you have done differently?**

<b>Practice Assessor 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 Criteria for Assessment in Practice)</b>		
<b>Standard of proficiency</b>	<b>Yes/No</b>	<b>Comments</b>
<b>Assessing needs and planning care</b> Takes an accurate history and undertakes a person centred assessment in order to plan effective care.		
<b>Providing and evaluating care</b> Provides person-centred evidence based care in managing dignity, comfort, hygiene and mobility needs of the individual.		
<b>Promoting health and preventing ill health</b> Applies the principles of health promotion and improvement as appropriate when caring for the individual and their families.		
<b>Improving safety and quality of care</b> Undertakes relevant risk assessments (e.g. falls, skin integrity, mental capacity) that may be required and demonstrates an understanding of the difference between risk aversion and risk management.		
<b>Coordinating Care</b> Utilises a range of communication skills to effectively engage with the person receiving care, their family/carers and members of the multidisciplinary team in the provision and evaluation of care.		
<b>Student's Name:</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Practice Supervisor/Practice Assessor's Name:</b>		
<b>Signature:</b>	<b>Date:</b>	



## Part 1 Episode of Care – Summative Placement Two

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

### Guidelines

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

The aim of this assessment is to demonstrate the student's progression in the following 5 platforms within the *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

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

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

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

### Learning outcomes

#### The student is able to:

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

**Student reflection on an episode of care**

**Within your reflection, describe the episode of care and how you assessed, delivered and evaluated care.**

**What did you do well?**

**What would you have done differently?**

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

## Part 1 Placement One Medicines Management

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

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

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

**The student must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies.**

**Regulatory requirements:** *Future Nurse: Standards of Proficiency for Registered Nurses* (NMC 2018), *The Code* (NMC 2018), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016)

The aim of this assessment is to ensure students can perform safe administration of medicines under direct supervision.

### Learning outcomes

#### The student is able to:

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Prepare routine medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
3. Safely and accurately perform medicines calculations.
4. Demonstrate that they have maintained appropriate professional values, expected attitudes and behaviours during the administration of medicines.
5. Maintain safety and safeguard the patient from harm, demonstrating understanding of the Mental Capacity Act (DH 2005) and The Mental Health Act (DH 1983, amended 2007), where appropriate.

YES = Achieved No = Not Achieved			
Competency	Yes/No	Competency	Yes/No
1. Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines		7. Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications	
2. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding		8. Calculates doses accurately and safely <ul style="list-style-type: none"> <li>• Demonstrates to assessor the component parts of the calculation</li> <li>• Minimum of 3 calculations undertaken</li> </ul>	
3. Understands safe storage of medications in the care environment.		9. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home)	
4. Maintains effective hygiene/infection control throughout		10. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed	
5. Checks prescription thoroughly. <ul style="list-style-type: none"> <li>• Right patient/service user</li> <li>• Right medication</li> <li>• Right time/Date/Valid period</li> <li>• Right dose/last dose</li> <li>• Right route/method</li> <li>• Special instructions</li> </ul>		11. Describes/demonstrates the procedure in the event of non-adherence.	
		12. Safely utilises and disposes of equipment	
		13. Maintains accurate records. <ul style="list-style-type: none"> <li>• Records, signs and dates when safely administered</li> </ul>	
		14. Monitors and reports effects and is aware of common side effects and how these are managed	
6. Checks for allergies demonstrating an understanding of the risks and management of these as appropriate <ul style="list-style-type: none"> <li>• Asks patient/service user</li> <li>• Checks prescription chart or identification band</li> </ul>		15. Uses appropriate sources of information e.g. British National Formulary	
		16. Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	

**Practice Assessor Feedback**

**Student reflection on learning and development**

**Student's Name:**

**Signature:**

**Date:**

**Practice Assessor's Name:**

**Signature:**

**Date:**

## Part 1 Placement Two Medicines Management

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

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

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

**The student must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies.**

**Regulatory requirements:** *Future Nurse: Standards of Proficiency for Registered Nurses* (NMC 2018), *The Code* (NMC 2018), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016)

The aim of this assessment is to ensure students can perform safe administration of medicines under direct supervision.

### Learning outcomes

#### The student is able to:

6. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
7. Prepare routine medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
8. Safely and accurately perform medicines calculations.
9. Demonstrate that they have maintained appropriate professional values, expected attitudes and behaviours during the administration of medicines.
10. Maintain safety and safeguard the patient from harm, demonstrating understanding of the Mental Capacity Act (DH 2005) and The Mental Health Act (DH 1983, amended 2007), where appropriate.

YES = Achieved No = Not Achieved			
Competency	Yes/No	Competency	Yes/No
1. Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines		7. Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications	
2. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding		8. Calculates doses accurately and safely <ul style="list-style-type: none"> <li>• Demonstrates to assessor the component parts of the calculation</li> <li>• Minimum of 3 calculations undertaken</li> </ul>	
3. Understands safe storage of medications in the care environment.		9. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home)	
4. Maintains effective hygiene/infection control throughout		10. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed	
5. Checks prescription thoroughly. <ul style="list-style-type: none"> <li>• Right patient/service user</li> <li>• Right medication</li> <li>• Right time/Date/Valid period</li> <li>• Right dose/last dose</li> <li>• Right route/method</li> <li>• Special instructions</li> </ul>		11. Describes/demonstrates the procedure in the event of non-adherence.	
		12. Safely utilises and disposes of equipment	
		13. Maintains accurate records. <ul style="list-style-type: none"> <li>• Records, signs and dates when safely administered</li> </ul>	
		14. Monitors and reports effects and is aware of common side effects and how these are managed	
6. Checks for allergies demonstrating an understanding of the risks and management of these as appropriate <ul style="list-style-type: none"> <li>• Asks patient/service user</li> <li>• Checks prescription chart or identification band</li> </ul>		15. Uses appropriate sources of information e.g. British National Formulary	
		16. Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	



**Practice Assessor Feedback**

**Student reflection on learning and development**

**Student's Name:**

**Signature:**

**Date:**

**Practice Assessor's Name:**

**Signature:**

**Date:**

## Simulated Practice Learning

This page is to record the practice learning hours associated with simulated practice learning only.  
You are responsible for having your hours signed at the end of each simulation session.

**Please ensure that all details are printed clearly**

Date	Title of session	Number of Practice Learning hours	Staff signature (please ensure you also sign the signatory list)

<b>Total hours of completed simulated practice on this page</b>	<b>Figures</b>	<b>Words</b>
<p><b>Staff member:</b> I have checked the hours of experience recorded by the student, and signed the simulated practice signatory list.</p> <p>Signed: _____ <b>(Staff member)</b>                      Name (print): _____</p> <p style="margin-left: 180px;">Date: _____</p>		
<p><b>Declaration by Student:</b> I confirm that the hours recorded on this sheet are a true and accurate record of the simulated practice learning hours I have completed.</p> <p>Signed: : _____ <b>(Student)</b>                      Date: _____</p>		

### Simulated Practice Learning Signatory list

Name	Job title	Organisation	Signature	Initials

**Note: Practice Assessors**

### Action Plan

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

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

Placement Name		Date action plan initiated:		
Nature of concern  Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the student need to demonstrate; <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review  (Timed)	Review/feedback
				<b>Date:</b>  <b>Comments:</b>
<b>Student's Name:</b>			<b>Signature:</b>	<b>Date:</b>
<b>Practice Assessor's Name:</b>			<b>Signature:</b>	<b>Date:</b>
<b>Academic Assessor's Name:</b>			<b>Signature:</b>	<b>Date:</b>
				<b>Practice Assessor Name:</b>  <b>Signature:</b>

### Action Plan

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

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

Placement Name		Date action plan initiated:		
Nature of concern  Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the student need to demonstrate; <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review  (Timed)	Review/feedback
				<b>Date:</b>  <b>Comments:</b>
<b>Student's Name:</b>		<b>Signature:</b>	<b>Date:</b>	<b>Practice Assessor Name:</b>  <b>Signature:</b>
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Academic Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	

## PRACTICE HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type		
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type
Example of hours confirmation				Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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 HOURS

*Please start a new page per placement*

*To be completed as per your local University Requirements*

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

Date	Placement	Total Hrs	Staff Initials	Shift Type	Date	Placement	Total Hrs	Staff Initials	Shift Type	
Example of hours confirmation					Sun	1/7/19	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 of completed practice on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Total hours of Sickness/Absence on this page</b>	<b>Figures</b>	<b>Words</b>
<b>Staff member:</b> I have checked the hours of experience recorded by the student,		
Signed: _____ (Staff member)	Name (print): _____	
Placement 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**