

**School of Health Sciences**

**www.nottingham.ac.uk/healthsciences**

**Action Plan**

**For Link Lecturers and Mentors, (all pre-registration nursing courses)**

**Placement Area:**

**Date of Meeting:**

1. Review previous action plan/discussion. Document further discussion below; continue on a separate sheet if necessary. Ensure all sheets are signed and dated.

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| **Review of progress from previous action plan/ Issue or points of action to be discussed if 1st action plan.**(Discuss what improvements have been seen / How does the student feel they are progressing/What are the areas for development) |

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| **Feedback:** Is the student achieving all the points highlighted on the previous action plan? Are they achieving the agreed outcomes? (If not try and give examples where this is not being demonstrated) |

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| **Feed forward:** What behaviour/skills/knowledge do you need to see from the student in order for them to develop and achieve. |

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| **Evidence:** Review the student’s evidence. Are they providing quality/sufficient evidence to meet the required Bondy Level. If not how does this need to improve? Which competencies have they achieved/not achieved? |

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| **Extenuating Circumstances:** Does the student have any extenuating circumstances that may be affecting their ability on placement. (ill health, personal difficulties?) Has there been any significant sickness/absence from placement? If so please contact University Link Lecturer for further advice/guidance. |

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| **Action Plan Review Date:** When will the action plan be reviewed? When do you expect/want to see changes/improvements by? |

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| **Signatures****Student Name:****Signature:****Mentor Name:****Signature:****Others present: Name & Role****Signature:****Date of Meeting/Discussion:** |