

Undergraduate Bachelor of Science in Nursing NMC Ongoing Achievement Record

Achievement of Standards for Competence for Entry to NMC Professional Register: Adult Field

| Student Details | | Personal Tutor Contact Details | | Cohort Lead Contact Details | |
|------------------------|--|---------------------------------------|--|------------------------------------|--|
| Name | | Name | | Name | |
| Centre | | Telephone extension | | Telephone extension | |
| Cohort | | E-mail | | E-mail | |

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Guidance Notes for Nursing Students, Mentors and Personal Tutors

This document has been designed to provide information on the practice progress of nursing students in accordance with the Nursing and Midwifery Council Standards for Pre-Registration Education (2010).

This booklet contains the NMC stated Standards for Competence for Pre-Registration Nursing Education against which the student's nursing practice and competence¹ will be assessed and recorded. Each Standard for Competence to be achieved for entry to the NMC Register requires supporting evidence. It is the nursing student's responsibility to provide evidence of achievement of the Standards for Competence. The nursing student should indicate against the Standard for Competence, within the four domains in this document, the type of evidence and where it is to be found. The nursing student should present their evidence along with this document to their mentors for the purpose of assessment.

Evidence of achievement of Standards for Competence must be retained in the nursing student's portfolio and can be provided through:

1. **Direct observation** (DO) of the nursing student whilst they are working under supervision. More than one observation of the activity/skill may be appropriate for a mentor to satisfy himself or herself that the nursing student is able to sustain an acceptable level of performance and competence. These observations should take place as part of the normal working role of the student, rather than being contrived for the purpose of assessment. Dates, name of mentor or if appropriate allied professional and location of evidence, including clinical skills booklet if indicated, should be recorded against the identified Standard for Competence in this booklet.
2. **Question and answer session** (QA) between an appropriate member of placement staff and nursing student. To assess underpinning knowledge the student should demonstrate understanding and applications. Dates, name of mentor or if appropriate allied professional, activities/skills undertaken and location of evidence must be recorded by the nursing student against the identified Standard for Competence in this document.
3. **Reflective discussion** (RD) between the mentor and the nursing student regarding the progress in relation to knowledge, understanding and application. Dates, name of mentor or if appropriate allied professional, activities/skills undertaken and location of evidence must be recorded by the student against the identified Standard for Competence in this document.

¹ Competence is defined as 'the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions' (Queensland Nursing Council, 2009 cited and adapted by NMC, 2010)

4. **Reflective writing** (RW) demonstrating knowledge and understanding as applied to specific placement experiences supported by sources of evidence. This must be retained in the nursing student's portfolio and location of evidence must be recorded by the nursing student against the identified Standard for Competence in this document. The use of a reflective model would enhance the process of reflection and underpin critical learning.
5. **Insight visit/record of observed learning statement** (OL). An Observed Learning statement can be obtained from a member of health and social care staff (other than mentor) that the nursing student has worked with as evidence of their observed performance and skills. Patients in exceptional circumstances may be approached, but only after initial discussion with the mentor. All Observed Learning Records/Insight Visit statements must provide sources of evidence in support of achieving Standards for Competence and the nursing student must write a statement and the witness sign it. The insight visit record is a statement of learning with the supporting evidence experienced outside of the hub or spoke placement should link directly to the NMC Standards for Competence that the student is working towards; the aims for the experience should be agreed beforehand and recorded.
6. **Interprofessional learning in practice** (IPL) is when learning takes place with professions other than your own. Best opportunities for interprofessional learning arise from working together in solving patient/client problems and in planning and evaluating the delivery of quality health and social care. The nursing student should complete a 'Centre for Interprofessional Education and Learning' form in support of achieving Standards for Competence.
7. **Work product** (WP) a development by the nursing student such as anonymised care plan, risk assessment, fluid balance records.
8. **Other** (O) any other form of evidence which provides verification of a nursing student's achievement, for example: certificates, patient narratives, inclusion/critiques of articles.

Notes for Mentors: General

Please refer to detailed information regarding mentoring of student nurses in the mentor handbook:
<http://www.nottingham.ac.uk/nursing/practice-learning/mentors/mentors-handbook.aspx>

Mentor's Role: Hub

1. The mentor will review the evidence submitted for the specified part of the course, including evidence completed and signed in the spoke placement and assess the nursing student as competent, or detail their non-achievement of Standards for Competence owing to:
 - Poor/Unsafe Practice
 - Insufficient/inappropriate evidence
 - No opportunity
2. The mentor will meet with the student and the educational representative mid way through the year placement and complete an intermediate tripartite interview, documenting progress and action planning.
3. The mentor will provide a written summative assessment of the nursing student's professional progress at the end of the year/progression point based on the nursing student's performance in both hub and spoke placements.

N.B Please note although there is an expectation the nursing student's assessment is ongoing; the final signing of the standards of competence, summative progression and award of credits for practice must not be completed until the nursing student's final day of the hub placement.

Mentor's Role: Spoke

1. The mentor will review the evidence submitted and may assess the nursing student as competent and should communicate their achievement and non-achievement of Standards for Competence (listed above) with the hub mentor.
2. The mentor will provide a written assessment of the nursing student's professional progress based on the learning activities during the spoke placement.

- There is an emergency telephone number for the University of Nottingham. It is to be used only in exceptional circumstances and outside of normal working hours. The number is: 0115 951 8888

Role of the student

The role of the nursing student in practice is identified from the Practice Levels (adapted Bondy Model 1983). This is a developmental process where nursing student progression is through a Skills Escalator. It is recognised that in some placements, e.g. specialist or critical care, the nursing student may be limited in demonstrating fully their Practice Level of Competence. Recognising that the nursing student's level of competence may fluctuate on the Skills Escalator a minimum Practice Level is identified for the end of each part.

Overview of the progression requirements

1. Nursing students **must** be assessed on the Standards for Competence on each part of the programme, except for domain 3, standard 7.2. In the case of the adult field practice learning competence 7.2., the competence must be identified as achieved once in the course and signed by a registered midwife prior to course completion.
2. Nursing students **must** achieve **generic** Competence and must do so at a minimum of ²degree level regardless of the field in which they intend to practice.
3. Nursing students **must** achieve **field** Competence and must do so at a minimum of ²degree level in their chosen field of practice: i.e.
 - Adult nursing
 - Mental health nursing
 - Learning disabilities nursing
 - Children's nursing
4. Nursing students who fail to achieve the required Bondy level at the end of each part will be permitted one further attempt at the Standards for Competence; refer to the nursing student's handbook for further information.
5. The nursing student's progress towards achievement of the Standards for Competence at the indicated Bondy Practice Level will be monitored by their Personal Tutor. Credits for practice will be awarded by the mentor at the end of each part and a record will be made of the nursing student's progress.

²Adhering to the Nursing and Midwifery Standards for pre-registration nursing education (2010)

Process of Awarding Practice Credits

Awarding Practice credits is a criterion referenced assessment at the 'midpoint' of each grade using both the Bondy levels and the mentor comments to judge how well a nursing student has achieved in practice **within the limits of the Bondy level required for that part of the course.**

1. Mentors are strongly encouraged to add comments on the nursing student's achievement linked to Bondy Key Indicators to facilitate the award of practice credits.
2. At the end of each part, after the summative assessment in the hub (and spokes) pathway, if the nursing student has achieved all NMC Competencies in practice at the level required, the mentor will make a recommended grade based on the **Practice Credits Assessment Criteria (Figure 1).**
3. At the end of each part the student will hand in their Ongoing Achievement Record and the Tutor will review the practice record to ensure the recommended grade matches the Practice Credits Assessment Criteria.
4. Following each assessment the Tutor reviews the grading to ensure the criteria are met. If there are discrepancies they will contact the mentor to discuss.

Transparency in marking is achieved as cross checking the criteria will be one element of the internal moderation process for Ongoing Achievement Records conducted within the Division of Nursing and checked through the external examiner process. A copy of the assessment is kept within the nursing student records. These processes will strengthen inter-assessor reliability.

Figure 1: Nursing - Practice Credits Assessment Criteria

In parts one and two of the programme

45%: Student has achieved all competencies at Bondy level required and feedback comments indicate further development is needed.

55%: Student has achieved all competencies at Bondy level required plus 5 competences above that level and mentor comments indicate student has worked to a satisfactory level in practice with minor development needs identified in feedback.

65%: Student has achieved all competencies at Bondy level required plus 10 competences above the required level and mentor comments indicate student has worked very well overall in practice with positive areas for development identified in feedback.

75%: Student has achieved all competencies at Bondy level required plus 15 competences above the required level and mentor comments indicate student has worked consistently above expected level in practice. Positive areas for development should be identified for feed forward.

In part three of the programme only

Throughout the final 12 week placement, assessment must be with the sign-off mentor. Students are all required to achieve Bondy level 4 at this part of the programme which awards 45%. Therefore **comments from the sign-off mentor are essential** and should link to Bondy Key Indicators to enable students to achieve a higher level when the student has achieved higher than minimum standards in practice in part three of the programme.

Please note:

Should a student fail to achieve any of the competencies at the required level please identify using the 'F' indicator. The Personal Tutor will determine the grade awarded using a given criteria thereon completing the verification.

Students will receive a suggested list of descriptors, focussing on leadership and management skills, to share with their mentors in part 3 of the programme.

Guidance for service user, carer or relative feedback for pre-registered student nurses

The involvement of service users, carers and relatives in the assessment of practice is highly valued, as it supports students' professional development and acquisition of evidence for NMC competencies and skills. Student nurses are required to gain feedback from service users, carers and relatives regarding the care that they have given.

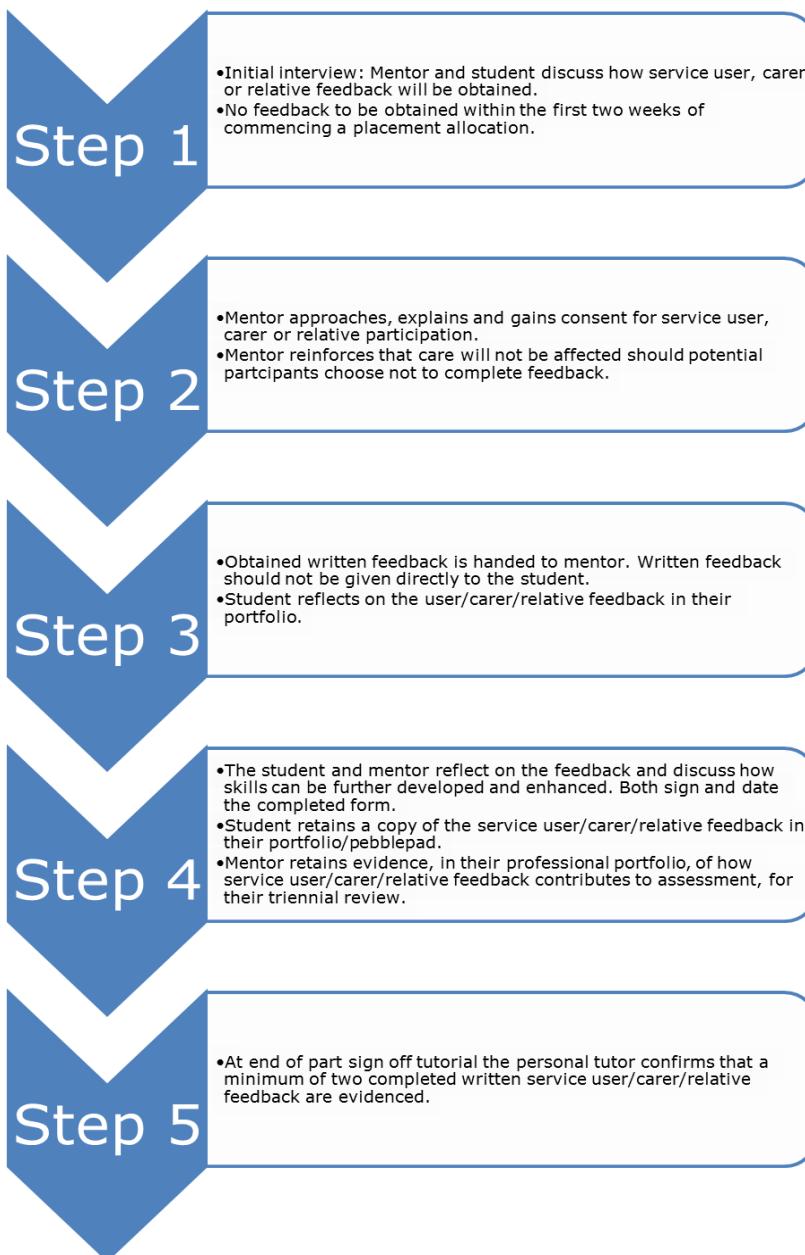
During each part of the programme there is a requirement that mentors seek written feedback about a student's performance from a minimum of two service users, carers or relatives. At least one of these must be feedback from a service user. It is acknowledged that the needs of the service user, carer or relative must remain the primary concern. **Feedback should only be sought by the mentor. There may be some situations when it may not be feasible or appropriate to obtain feedback. It is not necessary for the student to know the identity of the service users, carers and relatives involved.**

At the initial interview the mentor and student will discuss how service user, carer and relative feedback will be achieved. It is not anticipated that a student will seek to gain written feedback within the first two weeks of a placement experience. This is to enable the student to settle into the placement setting and to start to develop relationships with mentors, members of the health care team and with service users, carers and relatives.

The mentor should select and approach the person, explain the purpose of the feedback and ask whether they would like to provide written feedback about the student. The mentor will emphasise that feedback is given in confidence between the student and the mentor and **will not** affect patient care.

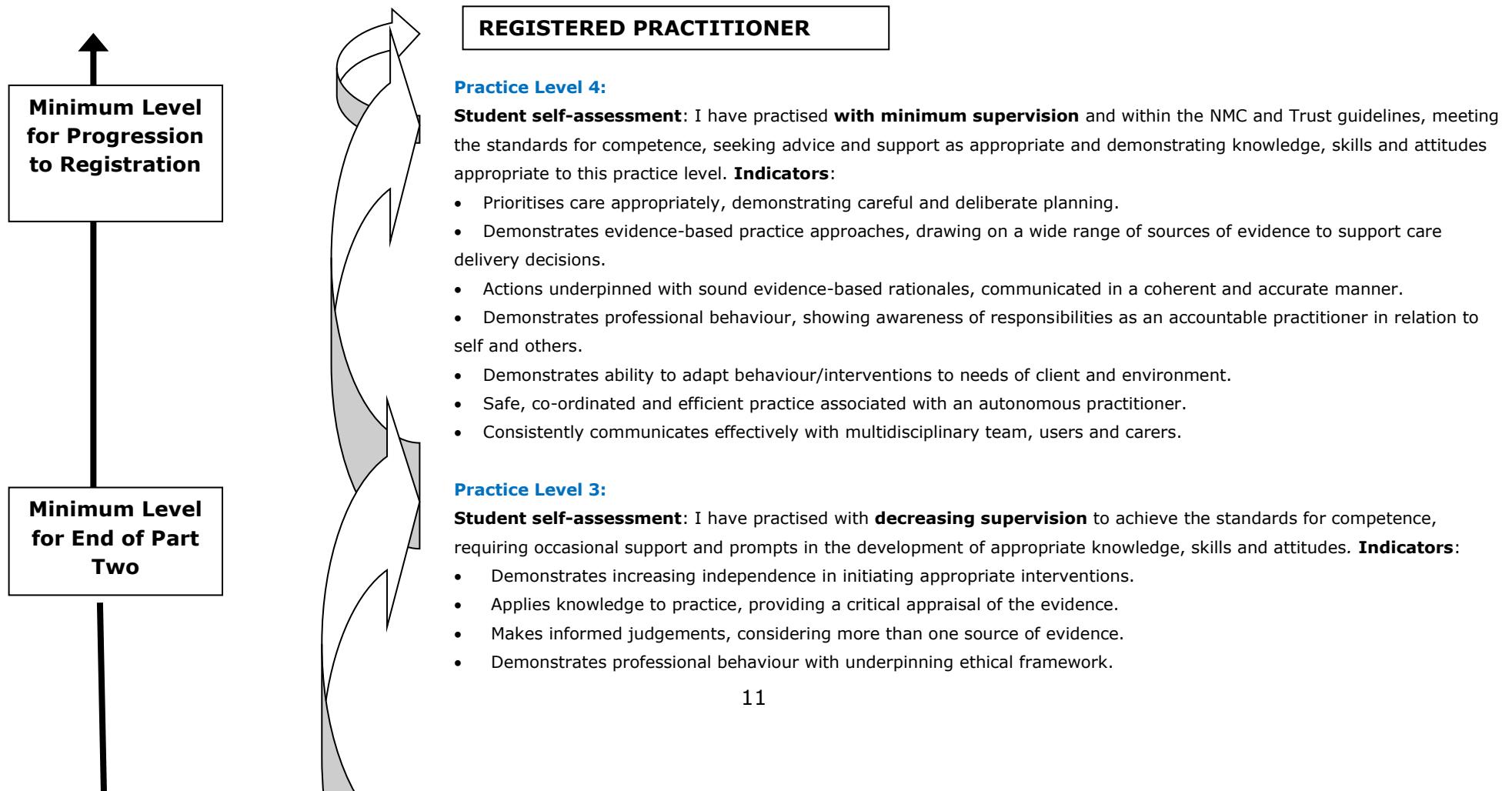
Once consent has been obtained the mentor will collect the written feedback. If the person is unable to write on the form, they can voice their thoughts to another person (not the student) who can record them on their behalf. This may be a relative, friend, or the mentor. The feedback should be handed to the mentor. It should not be given directly to the student. This will increase openness and hopefully the meaningfulness of comments. Following completion of the feedback service users, carers and relatives should not normally be approached to discuss any points raised within the feedback.

The student is required to reflect on the feedback. This written reflection will enable the mentor to facilitate a discussion about the student's feedback and developmental needs. This written feedback will contribute to the evidence that the mentor considers when reviewing a student's assessment of practice.



Skills Escalator Pre-Registration Nursing Courses

The Practice Levels are the minimum levels of achievement for each learning pathway in both hub and spoke. Students may be assessed at achieving beyond the minimal level and should be encouraged to progress towards the higher levels



**Minimum Level
for End of Part
One**

**Commencing
Level for
programme**

- Provides safe and efficient care under minimal supervision, demonstrating increasing confidence in own abilities.
- Gives informed rationale for care, demonstrating transferability of skills and knowledge.
- Communicates effectively with the nursing team and other health/social care professionals.

Practice Level 2:

Student self-assessment: I have practised **with assistance** in the delivery of care to achieve my practice standards for competence demonstrating knowledge, skills and attitudes appropriate to this level. **Indicators:**

- Prioritises care and adapts to meet client needs with support.
- Applies knowledge to practice, identifying possible sources of evidence.
- Makes judgements, providing an evidence based rationale.
- Demonstrates professional behaviour and understanding of professional responsibilities.
- Provides safe care under frequent supervision, demonstrating developing confidence in own abilities.
- Initiates appropriate interventions in relation to essential care without prompts.
- Communicates effectively with clients and the nursing team.

Practice Level 1:

Student self-assessment: I have practised, **with constant supervision**, in the delivery of essential care to develop the knowledge skills and attitude required to achieve my standards for competence. **Indicators:**

- Undertakes care with direction and supervision from others.
- Identifies possible locations of information to support practice.
- Provides appropriate explanation in relation to care delivery activities.
- Demonstrates professional behaviour and understanding of personal responsibilities.
- Developing the ability to deliver safe and accurate practice.
- Initiates appropriate interventions with prompts.
- Developing communication skills.

Adapted from Bondy (1983)

Revised February 2012

Assessing Values & Behaviours in Student Nurses: A reference tool for Mentors

Recommendations in both the Willis Commission report³ and the Francis report⁴ emphasise the need for nurse education to foster professionalism in their students; in addition, the NMC published new standards for pre-registration nursing education in 2010 which place significant emphasis on compassion in the delivery of care to patients.

However, mentors have reported that it is not always easy to identify the relevant competences that reflect the “softer” skills of being caring and compassionate and it can therefore be difficult to assess nursing students in relation to these behaviours.

The values and behavioural tool, within the OAR, is an aid for mentors to achieve just that. Mentors should consider the statements in the tool in relation to the nursing student they are assessing. If they believe that the answer is “no” to any of the statements, the related competences are cross-referenced alongside. These are the competences that the mentor can then either mark down (i.e. at a lower Bondy level than the required minimum) or fail.

As with all aspects of nursing student assessment, any issues that the mentor identifies should initially be discussed with the nursing student and an action plan written to support them to improve and achieve. If improvement is not seen, then the issue should be escalated as it would for any area where the nursing student was deemed to be failing. The School of Health Sciences Raising and escalating concerns within practice learning environments URL:

<http://www.nottingham.ac.uk/healthsciences/documents/safeguarding-escalation-policy.pdf>

Please Note:

It is important to note that this is a resource for mentors and not a separate assessment tool.

If there are no concerns (i.e. the answer is “yes” to all the statements) this is not an automatic achievement of those mapped competences. The nursing student still has to provide appropriate evidence for all the competences identified in the table.

³ Willis Commission(2012) **Quality with compassion: the future of nursing education. Report of the Willis Commission on Nursing Education, 2012.** Royal College of Nursing ISBN: 978-1-908782-27-4

⁴ The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) **Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary.** The Stationery Office Limited ISBN: 9780102981476

The Placement Support Process

| | |
|---|---|
| DAY 1: In each hub and spoke area (and alternative experiences e.g. field visit), | <ul style="list-style-type: none"> The nursing student is orientated to the clinical environment and completes the documentation for Orientation/Introduction. The mentor and nursing student must review the documentation for the Orientation/Introduction and arrange a date and time for a preliminary interview. An Orientation/Introduction is required in any placement of a week or more duration. |
| WEEK 1: In each hub and spoke area | <ul style="list-style-type: none"> The mentor (and/or other healthcare providers in some spoke areas) and nursing student completes the Preliminary Interview. The nursing student and mentor (and/or other healthcare providers in some spoke areas) discuss the nursing student's learning objectives, including credits for practice, and personal action plans. The nursing student's Ongoing Achievement Record should be reviewed and the learning opportunities identifying to enable the student to achieve the Standards for Competence at the required Bondy level. |
| Subsequent weeks: Hub placement | <ul style="list-style-type: none"> The nursing student works with their mentor (and/or other mentors, registered nurse/healthcare providers) to develop the knowledge, skills and attitudes that are necessary for achievement of the Standards for Competence at the indicated Practice Level of the Bondy Skills Escalator. A Formative Assessment of achievement against the Standards for Competence will be made; values and behaviour record must be completed. The nursing student and the mentor arrange an interview at the end of the first hub placement experience to discuss progress and action plan for spoke experiences. A Professional Progress sheet is completed and signed. If the nursing student is not progressing satisfactorily the placement Practice Learning Team representative should be contacted in the first instance and an interview/action plan undertaken. The mentor in spoke area and Personal Tutor should be notified of any concerns and action plans. |
| Subsequent weeks: Spoke placements | <ul style="list-style-type: none"> The nursing student works with their mentor (and/or other mentors, registered nurse/healthcare providers) to develop the knowledge, skills and attitudes that are necessary for achievement of the Standards for Competence at the appropriate Practice Level of the Skills Escalator. A Formative Assessment of achievement against the Standards for Competence will be made; values and behaviour record must be completed. The nursing student and the mentor arrange an interview at the end of the spoke placement to discuss progress and a Professional Progress sheet is completed. If the nursing student is not progressing satisfactorily please consult a member of the placement Practice Learning Team in the first instance. The nursing student's Personal Tutor, mentor in the hub placement and subsequent spoke area should be notified of any resultant action plans. |
| Tripartite Interview: Hub placement | <ul style="list-style-type: none"> The nursing student will arrange a tripartite meeting between themselves, their mentor and the University Link Lecturer. A Tripartite Intermediate interview sheet is completed and signed; information relating to ongoing progress and including working towards credits for practice must be discussed. If the nursing student is not progressing satisfactorily the Personal Tutor should be involved and an action plan formulated. |
| Final Week: Hub Placement | <ul style="list-style-type: none"> The nursing student and the mentor arrange a Summative Professional Progress Interview in the final week of the hub placement. The results of the summative assessment including the values and behaviour record must be recorded in the student's Ongoing Achievement Record; There is written feedback about a nursing student's performance from a minimum of two service users, carers or relatives The mentor must award a Bondy Practice Level achievement against each Standard for Competence. The mentor must ensure all Standards for Competence are completed, signed and dated, using their full signature. The documentation should be completed before the nursing student's final working day on the placement and a grade for Practice Credits made. If the nursing student fails to achieve one or more of the Standards for Competence the nursing student's Personal Tutor must be notified at the earliest opportunity so that the decision can be discussed with a member of academic staff. |

Mentor's Signature Bank

Mentors are required to verify that they are recorded as active on the register of mentors. If a mentor is unsure of their mentor status please do not sign off a student's achievement, contact your Trust/Organisation mentor database holder to confirm your current status. (Key contacts overleaf)

| Name of placement | Date of signing | Name of mentor/sign-off mentor (please print) | Signature of mentor/sign-off mentor | Date of mentor update | Date of triennial review |
|-------------------|-----------------|---|-------------------------------------|-----------------------|--------------------------|
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Mentor database holder contacts for the School of Health Sciences

| Trust | Contact name | Contact e-mail address |
|--------------------------------------|---------------------------------|--|
| Nottingham University Hospitals | Jennie Cobbold Rachel McGown | mentor.register@nuh.nhs.uk Rachel.mcgown@nuh.nhs.uk |
| Nottinghamshire Healthcare | Ryan Richardson/ Deb Boyer | mentordatabaseadmin@nottshc.nhs.uk |
| Nottinghamshire Citycare Partnership | Tom Tomlinson | tom.tomlinson@nottinghamcitycare.nhs.uk |
| Derbyshire Community Health Services | Connor Eaton | connor.eaton@nhs.net |
| Derby Hospitals | Ayanna Howell | dhft.PLSU@nhs.net |
| Derbyshire Healthcare | Faith Sango | Faith.sango@derbyshcft.nhs.uk |
| Chesterfield Royal Hospital | Carol Hickman/Claire Langford | crhft.centreforpracticelearning@nhs.net |
| Sherwood Forest Hospitals | Sue Froggatt | Sue.froggatt@sfh-tr.nhs.uk |
| All of Lincolnshire (inc non-NHS) | Natasha Gross | IPLU.System@ulh.nhs.uk |
| All PVI | Placement Audit Team | Placement.audit@nottingham.ac.uk |

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Part One

Placement Activity

Please complete the following table indicating all hub and spoke placements undertaken. You should record whether the achievement of your standards of competence and the associated evidence has been documented electronically on PebblePad (with a tick). Please also note any exceptional events, for example suspension/resumptions of studies.

| Placement [Enter placement name] | Name(s) of *Mentor [Print name(s) of any mentor completing standards of competences documentation] | Usual signature of Mentor(s) [Enter sample signature] | Dates From _____ To _____ | | PebblePad used [✓] |
|--|--|---|---|--|------------------------------|
| Hub : | | | | | |
| | | | | | |
| | | | | | |
| Spoke: | | | | | |
| | | | | | |
| | | | | | |
| Hub: | | | | | |
| | | | | | |
| | | | | | |
| Note any exceptional events, for example suspension/resumptions of studies in this space: | | | | | |

*Please note 'mentor' denotes a nurse who has undergone a recognised programme of education/qualification in mentorship and is meeting the ongoing requirements of mentorship. The assigned mentor must be active at the time of supporting the nursing student in clinical practice – **details to be entered on page 16**.

Working in Clinical Practice – Expectations

Excerpts adapted from A) nursing student handbook and B) Mentor handbook

A) In many areas care is provided over a 24 hour day and 7 day week. At any one time there are likely to be a large number of nursing students on placement in individual areas. In order that students gain the most from their clinical placements, it is important that they are flexible in how they organise their shifts. The following are guidelines regarding the required attendance at practice placements:

1. Nursing students work a 40 hour week throughout the programme: 37½ practice, excluding breaks, and 2½ hours reflection on practice. Duty time must be taken on a weekly basis to prevent nursing students contravening the European Working Time Directive (EWTD). Time off must not be accrued as time owing, the School of Health Sciences (SHS) will not automatically record hours worked in excess of 40 hours.
2. During weeks where there is clinical supervision (this occurs from part two of the programme) nursing students should work a 40 hour week: 34 hours practice, excluding breaks, 3½ hours clinical supervision and 2½ hours reflection on practice.
3. Specific duty times will be negotiated by the nursing student with their supervising mentor or ward Practice Learning Team (PLT) representative. Any requests for specific off duty should be submitted to the PLT representative as soon as practicably possible i.e. when placement confirmation is detailed on ARC POW 6 weeks prior to commencement of placement.
4. On all placements, nursing students should expect to work some weekends and may be expected to work some night shifts on placements over 4 weeks duration Whilst it is not generally recommended in the first six months of the programme, if a student agrees to do so, night duty can be undertaken alongside the mentor. The NMC do, however, expect all students to undertake some night duty as part of their programme to gain a full range of practice experience and to prepare students for professional practice as a registrant.
5. When placements fall on a bank holiday, nursing students are expected to work these as normal days. For placements that do not provide a service on bank holidays (e.g. some non-twenty-four hour day service areas) and it is not practically possible to complete a 40 hour practice week then this can be taken as a self-directed study day. As with any other day, bank holidays may be negotiated as days off by the nursing student being available to work alternate days during the bank holiday week
6. In placement areas where nursing students may work long shifts (e.g. 12 hours) it is strongly recommended that the nursing students should not work more than two long shifts in a row, and nursing students are reminded that they are not allowed to work more than three long shifts in a row without then having at least three days off
7. Whilst finding a part-time or temporary job is important for most nursing students the SHS would advise them not to work more than 8 hours a week. Additionally when undertaking ANY work as an agency nurse or via NHSP, nursing students cannot undertake shifts on clinical areas where they are currently undertaking placement allocations

B) As a guide the mentor handbook suggests that:

1. Nursing students would not normally be expected to work more than one weekend in every four weeks.
2. Nursing students would not normally be expected to work more than a maximum of 3 night shifts in a six week period.

Record of Attendance

Record of Attendance Part 1: Guidance

It is the nursing student's responsibility to ensure that this record is 'an accurately completed record' of their time in practice. The Hub/Spoke mentor or Supervisor must confirm each entry as an accurate record. At the earliest opportunity the student will notify the practice area and allocations team at the University of Nottingham of any reason for absence. The Hub/Spoke mentor or Supervisor will contact the PLT education representative for the area if they have any concerns related to individual student attendance.

| Please Enter Year | | | 2017 | | | | | | |
|-------------------|--|---------------|-------------------|--------------------|-------------|--------|----------------------------------|--|--|
| Key: | (1) Area codes Key: H = Hub Area; S = Spoke Area; IS = Insight Visit; F= Field visit; SIM = Simulated Practice; R = reflection (2) Additional Information Codes: WM = Worked with mentor; S = Sick A = Absent; L = Late; ED = Early Departure | | | | | | | | |
| Date | Day of Week | Area Code (1) | Time Duty Started | Time Duty Finished | Hours/Shift | | Additional Information Codes (2) | Hours Running Total (Per week) | Signature of Hub mentor/Deputising mentor/Supervisor |
| | Week 1 | | | | Days | Nights | | | |
| 09.01.2017 | Monday | SP | 09.00 | 17.00 | 7.5 | | Induction | 7.5 | <i>B. Rodgers</i> |
| 10.01.2017 | Tuesday | H | 07.00 | 15.00 | 7.5 | | WM | 15 | <i>H Jorden</i> |
| 11.01.2017 | Wednesday | H | 07.00 | 15.00 | 7.5 | | WM | 22.5 | <i>H Jorden</i> |
| 12.01.2017 | Thursday | H | 13.00 | 21.00 | 7.5 | | W | 30 | <i>H Jorden</i> |
| 13.01.2017 | Friday | H | 07.00 | 15.00 | 7.5 | | W | 37.5 | <i>H Jorden</i> |
| 09 - 15 Jan | - | R | - | | 2.5 | | - | 40 | <i>H Jorden</i> |
| | Week 2 | | | | Days | Nights | | | |
| 16.01.2017 | Monday | H | 13.00 | 21.00 | 7.5 | | WM | 7.5 | <i>S. Daniel</i> |
| 17.01.2017 | Tuesday | IS | 09.00 | 17.00 | 7.5 | | - | 15 | <i>S. Daniel</i> |
| 19.01.2017 | Thursday | H | 07.00 | 15.00 | - | | S | 15 | <i>H Jorden</i> |
| 20.01.2017 | Friday | H | 13.00 | 21.00 | 7.5 | | WM | 22.5 | <i>H Jorden</i> |
| 21.01.2017 | Saturday | H | 07.00 | 15.00 | 7.5 | | WM | 30 | <i>H Jorden</i> |
| 16 - 22 Jan | - | R | - | - | 2.5 | | - | 32.5 | <i>S. Daniel</i> |

Orientation sheets

| Orientation to Hub: _____ placement To be completed by the nursing student on their first working day | Introduction to Hub placement To be completed by the nursing student and reviewed by the mentor during their first week on the placement |
|---|--|
| <ol style="list-style-type: none"> 1. I know my responsibilities in the event of fire (✓) <input type="checkbox"/>, cardiac arrest (✓) <input type="checkbox"/> and other emergency situations (✓) <input type="checkbox"/> 2. I have been shown the layout of the placement, including fire and resuscitation equipment, as relevant (✓) <input type="checkbox"/> 3. I know my responsibilities with regard to health and safety at work (✓) <input type="checkbox"/> 4. I have been made aware of the moving and handling equipment available in this area (as appropriate) (✓) <input type="checkbox"/> 5. I am aware of who the: Practice Representative * _____ and the University Link Lecturer * _____ are for this Practice area (*insert names) 6. I am aware of the policy for reporting sickness and absence for placement and the University (✓) <input type="checkbox"/> <p>Signature of Nursing Student _____ Date _____</p> <p>Point 2 Orientated by (To be completed by a staff member) (signed) _____ Print Name _____ Designation _____ Date _____</p> | <p>I have been shown the following:</p> <ol style="list-style-type: none"> 1. The procedure for receiving and referring messages and enquiries (✓) <input type="checkbox"/> 2. The policy and procedure for administration of medicines in this area (as relevant) (✓) <input type="checkbox"/> 3. Location and access to policies and procedures, as relevant to the placement, including the safeguarding policy (✓) <input type="checkbox"/> 4. Placement profile and learning opportunities (✓) <input type="checkbox"/> <p>Student declaration: I agree to abide by the local policies and procedures, to make known any concerns I have regarding my placement experience and to take responsibility for my own learning.</p> <p>Signature of Nursing Student _____ Date _____</p> <p>Signature of Mentor _____ Print Name _____</p> |

| | |
|--|--|
| | Date _____ |
| Orientation to Spoke: _____ placement To be completed by the nursing student on their first working day | Introduction to Spoke placement To be completed by the nursing student and reviewed by the mentor during their first week on the placement |
| <p>1. I know my responsibilities in the event of fire (✓) <input type="checkbox"/>, cardiac arrest (✓) <input type="checkbox"/> and other emergency situations (✓) <input type="checkbox"/></p> <p>2. I have been shown the layout of the placement, including fire and resuscitation equipment, as relevant (✓) <input type="checkbox"/></p> <p>3. I know my responsibilities with regard to health and safety at work (✓) <input type="checkbox"/></p> <p>4. I have been made aware of the moving and handling equipment available in this area (as appropriate) (✓) <input type="checkbox"/></p> <p>5. I am aware of who the: Practice Representative * _____ and the University Link Lecturer * _____ are for this Practice area (*insert names)</p> <p>6. I am aware of the policy for reporting sickness and absence for placement and the University (✓) <input type="checkbox"/></p> <p>Signature of Nursing Student _____ Date _____</p> <p>Point 2 Orientated by (To be completed by a staff member) (signed) _____ Print Name _____ Designation _____ Date _____</p> | <p>I have been shown the following:</p> <ol style="list-style-type: none"> 1. The procedure for receiving and referring messages and enquiries (✓) <input type="checkbox"/> 2. The policy and procedure for administration of medicines in this area (as relevant) (✓) <input type="checkbox"/> 3. Location and access to policies and procedures, as relevant to the placement, including the safeguarding policy (✓) <input type="checkbox"/> 4. Placement profile and learning opportunities (✓) <input type="checkbox"/> <p>Student declaration: I agree to abide by the local policies and procedures, to make known any concerns I have regarding my placement experience and to take responsibility for my own learning.</p> <p>Signature of Nursing Student _____ Date _____</p> <p>Signature of Mentor _____ Print Name _____ Date _____</p> |

| | |
|---|--|
| <p>Orientation to Hub: _____ placement</p> <p>To be completed by the nursing student on their first working day</p> | <p>Introduction to Hub placement</p> <p>To be completed by the nursing student and reviewed by the mentor during their first week on the placement</p> |
| <ol style="list-style-type: none"> 1. I know my responsibilities in the event of fire (✓) <input type="checkbox"/>, cardiac arrest (✓) <input type="checkbox"/> and other emergency situations (✓) <input type="checkbox"/> 2. I have been shown the layout of the placement, including fire and resuscitation equipment, as relevant (✓) <input type="checkbox"/> 3. I know my responsibilities with regard to health and safety at work (✓) <input type="checkbox"/> 4. I have been made aware of the moving and handling equipment available in this area (as appropriate) (✓) <input type="checkbox"/> 5. I am aware of who the: Practice Representative * _____ and the University Link Lecturer * _____ are for this Practice area (*insert names) 6. I am aware of the policy for reporting sickness and absence for placement and the University (✓) <input type="checkbox"/> | <p>I have been shown the following:</p> <ol style="list-style-type: none"> 1. The procedure for receiving and referring messages and enquiries (✓) <input type="checkbox"/> 2. The policy and procedure for administration of medicines in this area (as relevant) (✓) <input type="checkbox"/> 3. Location and access to policies and procedures, as relevant to the placement, including the safeguarding policy (✓) <input type="checkbox"/> 4. Placement profile and learning opportunities (✓) <input type="checkbox"/> |
| <p>Signature of Nursing Student _____</p> <p>Date _____</p> <p>Point 2 Orientated by (To be completed by a staff member) (signed) _____</p> <p>Print Name _____</p> <p>Designation _____</p> <p>Date _____</p> | <p>Student declaration: I agree to abide by the local policies and procedures, to make known any concerns I have regarding my placement experience and to take responsibility for my own learning.</p> <p>Signature of Nursing Student _____</p> <p>Date _____</p> <p>Signature of Mentor _____</p> <p>Print Name _____</p> <p>Date _____</p> |

Preliminary interviews

Role of the Nursing Student: Part One

Minimum Practice to be achieved at end of Part 1: Bondy Level: 2

The aim of this meeting is for the nursing student and their mentor to:

- Discuss the nursing student's action plan and their personal learning objectives
- Identify the learning opportunities that are available to enable the nursing student to achieve these and the NMC Standards for Competence

The nursing student **must** complete the section 'my goals for this placement' **prior** to the meeting. *Student may wish to meet Personal Tutor for assistance with this activity for their first clinical placement.

The nursing student **must** bring their action plan to the meeting. *Student to meet Personal Tutor for assistance with this activity for their first clinical placement.

HUB Placement

***My goals for this placement are**

***Action plan to achieve in key areas of learning**

Reasonable adjustments and/or risk assessments relating to disability/learning needs/ pregnancy have been discussed, where disclosed.

If the student has an individual support plan for practice this has been shared with mentor: Yes/No/ Not applicable

Comments and discussion

Placement Area _____

Name of Mentor (print) _____ Signature of Mentor _____

Signature of Nursing Student _____ Date _____

SPOKE Placement

My goals for this placement are

Action plan to achieve in key areas of learning

Reasonable adjustments and/or risk assessments relating to disability/learning needs/ pregnancy have been discussed, where disclosed.

If the student has an individual support plan for practice this has been shared with mentor: Yes/No/ Not applicable

Comments and discussion

Placement Area _____

Name of Mentor (print) _____ Signature of Mentor _____

Signature of Nursing Student _____ Date _____

HUB Placement

My goals for this placement are

Action plan to achieve in key areas of learning

Reasonable adjustments and/or risk assessments relating to disability/learning needs/ pregnancy have been discussed, where disclosed.

If the student has an individual support plan for practice this has been shared with mentor: Yes/No/ Not applicable

Comments and discussion

Placement Area _____

Name of Mentor (print) _____ Signature of Mentor _____

Signature of Nursing Student _____ Date _____

Professional Progress Interview: First Hub Placement

Nursing Student's Name _____ Mentor's Name _____ Placement Name _____

Professional conduct: Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Time keeping and attendance: Underpinning principles: punctuality; flexibility, shift pattern; reliability

Sickness in hours:

Absence in hours:

Initiative and enthusiasm: Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Has the nursing student been involved in any incident(s) requiring an IR1 report? *Yes/No (*delete as appropriate)

Mentor's Signature _____

Personal Tutor: No Incident noted: Tick () – no action required

OR Incident (s) reported: has the incident been followed up and recorded on PebblePad? *Yes/No (*delete as appropriate)

Personal Tutor's Signature _____

Action plan for subsequent experience

Signature of Mentor _____ Date _____

Signature of Nursing Student _____ Date _____

Professional Progress Interview: Spoke Placement

Nursing Student's Name _____ Mentor's Name _____ Placement Name _____

Professional conduct: Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Time keeping and attendance: Underpinning principles: punctuality; flexibility, shift pattern; reliability

Sickness in hours:

Absence in hours:

Initiative and enthusiasm: Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Has the nursing student been involved in any incident(s) requiring an IR1 report? *Yes/No (*delete as appropriate)

Mentor's Signature _____

Personal Tutor: No Incident noted: Tick () – no action required

OR Incident (s) reported: has the incident been followed up and recorded on PebblePad? *Yes/No (*delete as appropriate)

Personal Tutor's Signature _____

Action plan for subsequent experience

Signature of Mentor _____ Date _____

Signature of Nursing Student _____ Date _____

Tripartite Interview

The aim of this meeting **between the mentor, University Link Lecturer for the placement and the nursing student** is to:

- Review the initial and ongoing action plans
- Discuss the progress that the student has made towards achieving their personal learning objectives and the NMC Standards for Competence at the appropriate Practice Level in hub and spoke placements to date
- Identify the nursing student's strengths and learning needs
- Formulate a new action plan to assist the nursing student's achievements. If there are concerns please contact the Practice Learning Team Representative/Personal Tutor

It is the nursing student's responsibility to provide evidence of the progress they have made towards achievement of their objectives and the NMC Standards for Competence.

| | |
|---|--|
| Review of progress and evidence to support this (to be completed by the nursing student) | New action plan (Please provide further evidence of any additional interviews in relation to the nursing student's progress) |
| Comments and discussion, to include predictions for credits for practice (refer to action plans) | Name of Mentor (print) _____ Signature _____ Name of University Link Lecturer (print) _____ Signature _____ Signature of Nursing Student Date _____ |

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Values and Behaviour Tool

NB: If the answer is "no" to any of the values and behaviours identified below, the relevant competencies must be recorded as not achieved. However, answering "yes" to a question is not an automatic achievement of the related competences. Please see page 14 for guidance on completion of this process.

| | | HUB (1st) | Spoke | HUB (2nd) |
|--|-------------------|------------------|--------------|------------------|
| Compassion | | | | |
| <ul style="list-style-type: none"> The nursing student demonstrates consistently that they are polite & courteous to patients, carers and colleagues. <p style="text-align: center;">(Domain 1: Competency 1 & 2. Domain 2: Competencies 1 & 5)</p> | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student demonstrates consistently that they are kind to patients, carers and colleagues. <p style="text-align: center;">(Domain 1: Competency 1 & 2: Competencies 1 & 5)</p> | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student demonstrates a consistent ability to maintain the privacy of patients, carers and colleagues. <p style="text-align: center;">(Domain 1: Competency 1 & 3. Domain 2: Competency 4)</p> | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student demonstrates a consistent ability to maintain the dignity of patients, carers and colleagues. <p style="text-align: center;">(Domain 1: Competency 1 & 3. Domain 2: Competency 4)</p> | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student demonstrates a consistent ability to empathise with patients, carers and colleagues. <p style="text-align: center;">(Domain 1: Competency 1 & 2. Domain 2: Competency 1, 4 & 5. Domain 4: Competency 4)</p> | Yes/No | Yes/No | Yes/No | |
| | Mentor signatures | | | |
| | Date | | | |
| <p>If answered no to any of the above statements you must comment... if applicable please indicate placement area(s)</p> | | | | |

| | | HUB (1st) | Spoke | HUB (2nd) |
|---|-------------------|-----------|--------|-----------|
| Professional Behaviours | | | | |
| <ul style="list-style-type: none"> The nursing student is consistently safe in their clinical practice. (Domain 1: Competency 1 & 7. Domain 3: Competency 6) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student provides timely responses to requests from patients, carers and colleagues. (Domain 2: Competency 1 & 2) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student works within their own limitations at all times. (Domain 1: Competency 8. Domain 3: Competency 1) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student consistently obtains verbal consent from patients when undertaking nursing activities (Domain 1: Competency 2. Domain 2: Competency 2) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student acts professionally at all times. (Domain 1: Competency 2. Domain 2: Competency 5. Domain 4: Competency 4) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student is trustworthy. (Domain 1: Competency 1) | Yes/No | Yes/No | Yes/No | |
| <ul style="list-style-type: none"> The nursing student accepts constructive feedback in a positive manner. (Domain 4: Competency 4) | Yes/No | Yes/No | Yes/No | |
| | Mentor signatures | | | |
| | Date | | | |
| If answered no to any of the above statements you must comment... if applicable please indicate placement area(s) | | | | |
| | | | | |

Are there additional comments on separate documentation? Yes/No

Part One Standards for Competence to be Achieved for Entry to the Register

Domain 1: Professional Values

Generic Standard for Competence

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

Field Standard for Competence

Adult nurses must also be able at all times to promote the rights, choices and wishes of all adults and, where appropriate, children and young people, paying particular attention to equality, diversity and the needs of an ageing population. They must be able to work in partnership to address people's needs in all healthcare settings.

| Competence | HUB Formative | | SPOKE Formative | | HUB Summative | |
|---|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 1. All nurses must practise with confidence according to The code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions. | | | | | | |

| | | | | | | | |
|------|---|--|--|--|--|--|--|
| 1.1. | Adult nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life. | | | | | | |
| 2. | All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care. | | | | | | |
| 3. | All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, ageing, death and dying. Nurses must understand how these activities influence public health. | | | | | | |
| 4. | All nurses must work in partnership with service users, carers, families, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety. | | | | | | |
| 5. | All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations. | | | | | | |

| | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|--|--|-------------------------------|-------------------|-------------------------------|-------------------|-------------------------------|-------------------|
| Competence | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 6. | All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care. | | | | | | |
| 7. | All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal. | | | | | | |
| 8. | All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary. | | | | | | |
| 9. | All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation. | | | | | | |
| PebblePad ePortfolio: some or all of the practice achievement records for this Part have been recorded on PebblePad please tick (✓) | | | | | | | |
| Mentor's signature | | | | | | | |
| Date signed | | | | | | | |

Part One Standards for Competence to be Achieved for Entry to the Register

Domain 2: Communication and Interpersonal skills

Generic Standard for Competence

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

Field Standard for Competence

Adult nurses must demonstrate the ability to listen with empathy. They must be able to respond warmly and positively to people of all ages who may be anxious, distressed, or facing problems with their health and wellbeing.

| Competence | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|-------------------|--|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 1. | All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs. | | | | | | |
| 2. | All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it. | | | | | | |

| | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|------|--|-------------------------------|-------------------|-------------------------------|-------------------|-------------------------------|-------------------|
| | Competence | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 3. | All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate. | | | | | | |
| 3.1. | Adult nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies. | | | | | | |
| 4. | All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration. | | | | | | |

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| 5. | All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries. | | | | | | |
| 6. | All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication. | | | | | | |
| 7. | All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language. | | | | | | |
| 8. | All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality. | | | | | | |
| PebblePad ePortfolio: some or all of the practice achievement records for this Part have been recorded on PebblePad please tick (✓) | | | | | | | |
| Mentor's signature | | | | | | | |
| Date signed | | | | | | | |

Part One Standards for Competence to be Achieved for Entry to the Register

Domain 3: Nursing Practice and Decision Making

Generic Standard for Competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field Standard for Competence

Adult nurses must be able to carry out accurate assessment of people of all ages using appropriate diagnostic and decision-making skills. They must be able to provide effective care for service users and others in all settings. They must have in-depth understanding of and competence in medical and surgical nursing to respond to adults' full range of health and dependency needs. They must be able to deliver care to meet essential and complex physical and mental health needs.

| Competence | HUB Formative | | SPOKE Formative | | HUB Summative | |
|--|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 1. All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly. | | | | | | |

| | | | | | | | |
|------|---|--|--|--|--|--|--|
| 1.1. | Adult nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment. | | | | | | |
| 2. | All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability. | | | | | | |
| 3. | All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement. | | | | | | |
| 3.1. | Adult nurses must safely use a range of diagnostic skills, employing appropriate technology, to assess the needs of service users. | | | | | | |
| 4. | All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement. | | | | | | |

| Competence | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|-------------------|---|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 4.1. | Adult nurses must safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions, where relevant, in medical and surgical nursing practice, providing information and taking account of individual needs and preferences. | | | | | | |
| 4.2. | Adult nurses must recognise and respond to the changing needs of adults, families and carers during terminal illness. They must be aware of how treatment goals and service users' choices may change at different stages of progressive illness, loss and bereavement. | | | | | | |
| 5. | All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion. | | | | | | |

| | | | | | | | |
|------|---|--|--|--|--|--|--|
| 6. | All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes. | | | | | | |
| 7. | All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe. | | | | | | |
| 7.1. | Adult nurses must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care. | | | | | | |
| 7.2. | In the case of the adult field practice learning competence 7.2., the competence must be identified as achieved once in the course and signed by a registered midwife, on page 142, prior to course completion. | | | | | | |

| Competence | | HUB formative | | SPOKE formative | | HUB Summative | |
|--|--|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 8. | All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves. | | | | | | |
| 8.1. | Adult nurses must work in partnership with people who have long-term conditions that require medical or surgical nursing, and their families and carers, to provide therapeutic nursing interventions, optimise health and wellbeing, facilitate choice and maximise self-care and self-management. | | | | | | |
| 9. | All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse. | | | | | | |
| 10. | All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others. | | | | | | |
| PebblePad ePortfolio: some or all of the practice achievement records for this Part have been recorded on PebblePad please tick (✓) | | | | | | | |
| Mentor's signature | | | | | | | |
| Date signed | | | | | | | |

Part One Standards for Competence to be Achieved for Entry to the Register

Domain 4: Leadership, Management and Team Working

Generic Standard for Competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field Standard for Competence

Adult nurses must be able to provide leadership in managing adult nursing care, understand and coordinate interprofessional care when needed, and liaise with specialist teams. They must be adaptable and flexible, and able to take the lead in responding to the needs of people of all ages in a variety of circumstances, including situations where immediate or urgent care is needed. They must recognise their leadership role in disaster management, major incidents and public health emergencies, and respond appropriately according to their levels of competence.

| | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|-------------------|---|--------------------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Competence | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 1. | All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare. | | | | | | |
| 2. | All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services. | | | | | | |
| 3. | All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced. | | | | | | |

Student's name _____

This page is to be photocopied and kept in the student's record

| | | HUB Formative | | SPOKE Formative | | HUB Summative | |
|--|---|-------------------------------|-------------------|-------------------------------|-------------------|-------------------------------|-------------------|
| Competence | | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award | Type and Location of Evidence | Bondy Level Award |
| 4. | All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation. | | | | | | |
| 5. | All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills. | | | | | | |
| 6. | All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given. | | | | | | |
| 7. | All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies. | | | | | | |
| PebblePad ePortfolio: some or all of the practice achievement records for this Part have been recorded on PebblePad please tick (✓) | | | | | | | |
| Mentor's signature | | | | | | | |
| Date signed | | | | | | | |

Student's name _____

This page is to be photocopied and kept in the student's record

Summative Mentor Only

N.B Please note although there is an expectation the nursing student's assessment is ongoing; the final signing of the standards of competence, summative progression and award of credits for practice must not be completed until the nursing student's final day of the hub placement.

I can confirm that all standards for competence have been achieved at Bondy Level 2 or above (✓)

OR that all standards for competence have **not** been achieved at Bondy Level 2 or above (✓)

Any standards for competence that have not been achieved should be detailed below.

Mentor's Signature _____

State Profession of Mentor _____

Student's Signature _____

Date _____

Personal Tutor's Signature _____

Date _____

If applicable: Standards for competence not achieved/not achieved at the required level

| Competence | Reason | Signature | Reassessment | | |
|-------------------|---------------|------------------|-----------------------|-------------|------------------|
| | | | Level achieved | Date | Signature |
| | | | | | |

Student's name _____ This page is to be photocopied and kept in the student's record

Summative Professional Progress Interview

Nursing Student's Name _____ Mentor's Name _____

Placement Name _____ Minimal Bondy Level to be achieved: 2

Time keeping and attendance: Underpinning principles: punctuality; flexibility; shift pattern; reliability

Sickness in hours:

Absence in hours:

Professional conduct: Underpinning principles: trustworthy; honesty; compassion; dress code; respects clients/colleagues

Initiative and enthusiasm

Underpinning principles: commitment to learning; identifies and actively seeks learning opportunities

Student's name _____

This page is to be photocopied and kept in the student's record

Overall comments (please refer to evidence and Bondy)

Student Comments

Has the nursing student been involved in any incident(s) requiring an IR1 report? *Yes/No (*delete as appropriate)

Mentor's Signature _____

Personal Tutor: No Incident noted: Tick () – no action required

OR Incident (s) reported: has the incident been followed up and recorded on PebblePad? *Yes/No (*delete as appropriate)

Personal Tutor's Signature _____

Is there any additional paperwork recording achievement or identifying issues in Part One? **Yes/No*** (*delete as appropriate)

Signature of Mentor _____ Date _____

Signature of Nursing Student _____ Date _____

Student's name _____

This page is to be photocopied and kept in the student's record

End of Part One: Credits for Practice

Nursing Student's Name _____ Mentor's Name _____

Hub Placement Name _____ Minimal Bondy Level to be achieved: 2

Please refer to the full guide on pages 8 & 9 for the process of Awarding Practice Credits

Summary:

Number of standards of competence awarded at*Bondy Level 1

Number of standards of competence awarded at Bondy Level 2

Number of standards of competence awarded at Bondy Level 3

Number of standards of competence awarded at Bondy Level 4

Please confirm the feedback comments have been reviewed (✓)

*If the nursing student has received any Standards of Competence at Bondy level I or below, a grade of ' F' should be awarded and a first attempt referral made.

MENTOR ONLY

Recommended Practice Credits Grade: **F** **45%** **55%** **65%** **75%** (please circle one)

Grade Awarded _____ % Signature _____ Date _____

Should a student fail to achieve any of the competencies at the required level please identify using the 'F' indicator. The Personal Tutor will determine the grade awarded using a given criteria thereon completing the verification.

Student's name _____

This page is to be photocopied and kept in the student's record

PERSONAL TUTOR ONLY

Recommended Practice Credits Grade agreed **Yes/No (please delete)**

If **Yes** please sign and date at end of this box

If **No** please discuss with mentor and document agreed grade awarded along with comments

Grade Awarded _____ %

Comments:

Tutor's Signature _____

Date _____

For moderation purposes only:

Comments:

Signature of Moderator _____

Date _____

IF USED ONLY NOTES: Student's name _____ and this page is to be photocopied and kept in the student's record

Please use this space for any additional notes ONLY for part one (further copies of this form can be found in the 'spare documentation' section)

Date: **Placement:**

Present:

Comments including any action plans:

IF USED ONLY NOTES: Student's name _____ and this page is to be photocopied and kept in the student's record

Declaration [FIRST SUMMATIVE ATTEMPT]

Dates from _____ to _____ Placement Name _____

Sign-off mentor to sign either box A or B

Box A Sign-off Mentor Declaration of Achievement:

I have had opportunity to review the nursing student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards for competency.

I confirm that the named nursing student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

Signature of Sign-off Mentor Date

Box B Sign-off Mentor Declaration of Non-Achievement:

I have had opportunity to review the nursing student's Nursing and Midwifery Council Ongoing Achievement Record and have accessed the evidence in support of achievement of the standards for competency.

I am unable to confirm that the named nursing student has successfully completed all practice requirements and is capable of safe and effective practice at the end of the programme.

I can confirm that I have referred this matter to (within the Division of Nursing, for further action)

Signature of Sign-off Mentor Date

Sign-off mentor to read the following statements and *initial one statement only

| | |
|--|-------------|
| I confirm that I have had the required protected time of an hour per week or equivalent | * (Initial) |
| OR I am unable to confirm that I have had the required protected time of an hour per week or equivalent | * (Initial) |

Name of Sign-Off Mentor (Print) Signature Date

Name of Nursing Student (Print) Signature Date

Name of Personal Tutor (Print) Signature Date

Essential Skills Assessment Section

Essential Skills Assessment

Guidelines for mentors undertaking practical assessments

The Nursing and Midwifery Council introduced the Essential Skills Clusters in 2007 (ESCs Circular 07/2007) and the summative assessment of essential skills in five clusters is a requirement of all field in the Standards for pre-registration training (NMC, 2010). The five essential skills clusters the NMC identify are:

- Care, compassion and communication
- Organisational aspects of care
- Infection prevention and control
- Nutrition and fluid management
- Medicines management.

The specific Essential Skills to be achieved by the end of part one are undertaken in theory and are:

| Essential Skill | Mode of Assessment | To be achieved by: |
|--|-----------------------|--|
| Temperature, pulse, respiration and blood pressure measurement | Practical Examination | Only to be attempted/achieved by end of Part 1 |
| Medicine calculation test | Examination | Only to be attempted/achieved by end of Part 1 |

The student is also required by the University of Nottingham to pass a number of practical skills in part one and they are

| Practice Skills | Mode of Assessment | To be achieved by: |
|--------------------|-----------------------|--|
| Hand hygiene | Practical Examination | Only to be attempted/achieved by end of Part 1 |
| Basic life support | Practical Examination | Only to be attempted/achieved by end of Part 1 |
| First aid | Practical Examination | Only to be attempted/achieved by end of Part 1 |

The specific Essential Skill to be achieved by the end of part two is undertaken in theory and is:

| Essential Skill | Mode of Assessment | To be achieved by: |
|-------------------------|----------------------------|--|
| Aseptic/clean technique | Assessment in theory block | Only to be attempted/achieved by end of Part 2 |

The specific Essential Skills to be achieved by the end of part three are undertaken in theory and are:

| Essential Skill | Mode of Assessment | To be achieved by: |
|-------------------------------|-----------------------------|--|
| Patient group directions test | Examination in theory block | Only to be attempted/achieved by end of Part 3 |
| Medicine calculation test | Examination in theory block | Only to be attempted/achieved by end of Part 3 |

The specific Essential Skills listed below may be undertaken at any point of the course including part one (unless indicated otherwise) BUT must be achieved by the end of the part indicated

These Essential Skill Assessments only have to be passed on one occasion but it is expected that the nursing student will continue to demonstrate competence at a level appropriate to the part of the course in which they are practising and the corresponding level of the Bondy skills escalator.

| Essential Skill | Mode of Assessment | To be achieved by: |
|---|---------------------------|---------------------------|
| Measurement of height, weight and body mass index | Assessment in Practice | End of Part 2 |
| Assesses hydration/dehydration and monitors and records fluid balance | Assessment in Practice | End of Part 3 |
| Nutritional assessment and monitors and records dietary intake | Assessment in Practice | End of Part 3 |
| Enteral feeding | Assessment in Practice | End of Part 3 |
| Intravenous fluids | Assessment in Practice | End of Part 3 |
| Medicines administration | Assessment in Practice | End of Part 3 |

Notes:

Nursing Students can have as much formative learning/practice as they feel they require but only TWO summative attempts are allowed for each assessment.

The following brief guidelines are to assist mentors with these assessments. If you have any queries please don't hesitate to contact your Practice Learning Team [PLT] educational representative:

- During the preliminary interview, identify with the nursing student if any assessments are to be carried out.
- Should a nursing student disclose a disability to you, contact your local Division of Nursing Centre and ask for the Disability Liaison Officer for guidance.
- Check the assessment criteria and ascertain whether the summative assessment will be possible in the placement.
- Allow the nursing student the opportunity to practice the skill prior to arranging the assessment.
- During practice give the nursing student clear and specific feedback on their strengths/weaknesses.
- Mutually agree the opportunity/or set a date to undertake the summative assessment/s.
- Assess the nursing student against the given criteria. **Each criterion must be achieved for the nursing student to be awarded a pass (P).**
- Give the nursing student feedback and record the result of the assessment.
- Where a fail (F) is awarded, give the nursing student specific reasons as to why they have failed, document on the assessment form and develop an action plan.
- Mentors should use their discretion on the day of assessment in the event of any unexpected circumstances such as deterioration of the patient, the nursing student becoming unwell, an emergency in the area or equipment failure. A note of events should be made in the action plan of the Ongoing Achievement Record
- **NB:** It is expected that the assessment will be undertaken by the primary mentor. In exceptional circumstances, the assessment may be another mentor other than the primary mentor.

Student's name _____

This page is to be photocopied and kept in the student's record

Temperature, Pulse, Respirations and Blood Pressure – Practical examination

Nursing Student: _____ Assessor: _____ Date(s): _____ / _____

Situation: You are required to measure the temperature, pulse, respirations and blood pressure (manually and using an automated device) for an individual. The observations need to be carried out so that the Temperature, Pulse and Respiration come prior to the manual blood pressure and then the automated blood pressure reading is last. You have up to 20 minutes to carry out this assessment.

To be achieved in part 1 of the programme

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

| Criteria | | Summative Attempt | 1 | 2 |
|---|---|-------------------|---|---|
| 1. | Demonstrates a safe, professional approach to the individual | | | |
| 2. | Gains consent from 'patient' and prepares them appropriately | | | |
| 3. | Checks the identity according to local policies and procedures and inserts correct date and time on to observation chart | | | |
| 4. | Safely and accurately carries out the radial pulse measurement | | | |
| 5. | Gains correct reading within 5 beats (+/-) | | | |
| 6. | Safely and accurately carries out measurement of the respirations | | | |
| 7. | Gains correct reading within 2 respirations (+/-) | | | |
| 8. | Safely and accurately carries out temperature measurement | | | |
| 9. | Gains correct reading | | | |
| 10. | Safely and accurately carries out the blood pressure measurement using a manual device (applies correct cuff to 'patient' and identifies their brachial pulse; measures blood pressure on the 'patient'.) | | | |
| 11. | Gains correct reading within 10mmHg (+/-) for systolic and diastolic measurements | | | |
| 12. | Safely and accurately carries out the blood pressure measurement using an automated device (applies correct cuff to 'patient' and identifies their brachial pulse; measures blood pressure on the 'patient'.) | | | |
| 13. | Documents all readings accurately | | | |
| Question 1: Were any of the readings you have just taken abnormal? | | | | |
| Question 2 When finding an abnormal reading what actions would you take? | | | | |

Summative attempt no. 1

Assessor's Signature: _____
Result – Pass / Fail

Summative attempt no. 2

Assessor's Signature: _____
Result – Pass / Fail

Comments –

Comments –

Nursing Student's Signature: _____

Nursing Student's Signature: _____

Student's name _____ This page is to be photocopied and kept in the student's record

Measures Height, Weight, BMI

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

Responds appropriately to findings outside normal range for weight and height.

Takes and records accurate measurements of weight, height and body mass index, according to local policy

To be achieved by the end of part 2 of the programme

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

Summative Attempt

| Criteria | | 1 | 2 |
|-----------------|--|----------|----------|
| 1. | Demonstrates a safe, professional, caring approach to the individual | | |
| 2. | Gains valid consent from the individual | | |
| 3. | Follows correct infection control procedures | | |
| 4. | Prepares equipment required | | |
| 5. | Accurately measures the height of the individual | | |
| 6. | Accurately weighs the individual | | |
| 7. | Accurately calculates the BMI | | |
| 8. | Records measurements and BMI | | |
| 9. | Identifies normal BMI parameters | | |

Summative attempt no. 1

Mentor's Signature:

Result – Pass / Fail

Summative attempt no. 2

Result – Pass / Fail

Mentor's Signature:

Nursing Student's Signature:

Comments –

Comments –

Student's name _____

This page is to be photocopied and kept in the student's record

Safely performs basic wound care using clean and aseptic techniques through simulation:

To remove used dressing and replace with a new dressing using an aseptic technique. The wound does NOT require cleansing.

Nursing Student: _____ **Tutor:** _____ **Date(s):** _____ / _____

To be achieved in part 2 of the programme – **IN SCHOOL**

Students are to wear uniform and to wash their hands prior to commencing this simulation

A professional approach should be demonstrated

The student has up to 30 minutes to complete the assessment all criteria must be passed to be awarded a pass mark

Please insert P=PASS or F=Fail in the appropriate attempt box

Summative Attempt

| Criteria | | 1 | 2 |
|-----------------|--|----------|----------|
| 1. | States has washed hands and puts on a disposable apron | | |
| 2. | States how the surface to be used would be cleaned | | |
| 3. | Prepares equipment safely | | |
| 4. | Opens pack and arranges equipment without contamination | | |
| 5. | Safely removes and disposes of used dressing | | |
| 6. | Applies sterile dressing without contamination | | |
| 7. | Disposes of equipment safely | | |
| 8. | States would wash hands | | |
| | Questions | | |
| 9. | What advice would you give a patient to help prevent infection and to promote healing? | | |
| 10. | State 2 differences in technique between a clean and an aseptic technique | | |

Sterile packs and procedures vary between trusts; it is the basic principles of Aseptic Non Touch Technique that are being assessed.

Summative attempt no. 1

Result – Pass / Fail

Assessor's Signature:

Nursing Student's Signature:

Summative attempt no. 2

Result – Pass / Fail

Assessor's Signature:

Nursing Student's Signature:

Comments –

Comments –

Student's name

This page is to be photocopied and kept in the student's record

Assesses Hydration/Dehydration and Monitors and Records Fluid Balance

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

Accurately monitors and records fluid intake and output in accordance with local policy and identifies signs of dehydration and acts to correct these. To be achieved by the end of the programme. All criteria must be passed to be awarded a pass mark.

Please insert P=Pass or F=Fail in the appropriate box.

Summative Attempt

| Criteria | | 1 | 2 |
|----------|---|---|---|
| 1. | Demonstrates a safe, professional, caring approach to the individual | | |
| 2. | Gains valid consent from the individual | | |
| 3. | Follows correct infection control procedures | | |
| 4. | Enters fluid input and output accurately onto the appropriate record | | |
| 5. | Accurately measures and records as appropriate: <ul style="list-style-type: none"> a. Oral intake (if applicable) b. Intravenous intake (if applicable) c. Enteral intake (other than oral, if applicable) | | |
| 6. | Accurately measures and records fluid output: <ul style="list-style-type: none"> d. Urinary e. Other (if applicable) | | |
| 7. | Disposes of equipment safely | | |
| 8. | Accurately calculates the 12/24 hour intake and output | | |
| 9. | Recognises whether this is a positive or negative balance for the individual | | |
| 10. | Identifies signs and symptoms shown by the individual which indicate that they are dehydrated | | |
| 11. | Explains the possible reasons why the individual has become dehydrated | | |
| 12. | Take appropriate actions to correct the dehydration and prevent any further dehydration according to local policy | | |
| 13. | Explains the need for recording fluid intake and output on the individual and documents the assessment findings adjusting the plan of care appropriately | | |

Summative attempt no. 1

Result – Pass / Fail

Mentor's Signature:

Nursing Student's Signature:

Summative attempt no. 2

Result – Pass / Fail

Mentor's Signature:

Nursing Student's Signature:

Comments –

Comments –

Student's name _____ This page is to be photocopied and kept in the student's record

Nutritional Assessment and Monitors and Records Dietary Intake

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

Accurately monitors dietary intake and completes relevant documentation according to local policy by making a comprehensive assessment of patient/client needs in relation to nutrition identifying, documenting and communicating level of risk in accordance with local policy.

To be achieved by the end of part 3 of the programme

All criteria must be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box

| Summative Attempt | | | |
|--------------------------|---|----------|----------|
| Criteria | | 1 | 2 |
| 1. | Demonstrates a safe, professional, caring approach to the individual | | |
| 2. | Gains valid consent from the individual | | |
| 3. | Is able to accurately complete a food record to include: a. What is offered to the individual b. What is observed / reported to be consumed by the individual | | |
| 4. | Communicates effectively to gain an accurate patient/client history | | |
| 5. | Accurately completes a nutritional risk assessment | | |
| 6. | Recognises any actual or potential problem with the individual's dietary intake. | | |
| 7. | Communicates the level of risk to other appropriate professionals | | |
| 8. | Identifies when reassessment needs to take place | | |
| 9. | Documents the assessment appropriately | | |
| 10. | Can explain the local support and reporting systems to deal with nutritional problems | | |

Summative attempt no. 1

Mentor's Signature: _____

Result – Pass / Fail

Summative attempt no. 2

Mentor's Signature: _____

Result – Pass / Fail

Nursing Student's Signature: _____

Nursing Student's Signature: _____

Comments –

Comments –

Enteral Feeding

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

Administers enteral feeds safely and maintains equipment in accordance with local policy.

To be achieved by the end of part 3 of the programme

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

| Criteria | | Summative Attempt | |
|-----------------|--|--------------------------|----------|
| | | 1 | 2 |
| 1. | Demonstrates a safe, professional, caring approach to the individual | | |
| 2. | Gains valid consent from the individual | | |
| 3. | Follows correct infection control procedures | | |
| 4. | Selects the correct feed | | |
| 5. | Checks the expiry date and the condition of feed | | |
| 6. | Prepares equipment | | |
| 7. | Places the individual in an appropriate position for feeding | | |
| 8. | Ascertains the enteral feeding tube is correctly sited and is patent in accordance with the local policy | | |
| 9. | Attaches feeding tube to the administration equipment | | |
| 10. | Delivers the feed at the correct rate according to the feeding regime | | |
| 11. | Monitors the individual appropriately during feeding | | |
| 12. | On completion of the feed flushes the enteral tube in accordance with the local policy | | |
| 13. | Caps the end of the enteral tube and positions the tube for safety and comfort | | |
| 14. | Disposes/maintains equipment safely | | |
| 15. | Documents the procedure accurately | | |
| 16. | Monitors the individual appropriately after feeding | | |

Summative attempt no. 1

Mentor's Signature:

Result – Pass / Fail

Summative attempt no. 2

Result – Pass / Fail

Mentor's Signature:

Nursing Student's Signature:

Nursing Student's Signature:

Comments –

Comments –

Student's name _____ This page is to be photocopied and kept in the student's record

Intravenous Fluids

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

Monitors and assesses patients/clients receiving IV fluids.

Documents progress against prescription and markers of hydration according to local policy

To be achieved by the end of part 3 of the programme.

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box

| Summative Attempt | | | |
|--------------------------|--|----------|----------|
| | Criteria | 1 | 2 |
| 1. | Demonstrates a safe, professional, caring approach to the individual | | |
| 2. | Gains consent from patient and prepares them appropriately | | |
| 3. | Follows correct infection control procedures | | |
| 4. | Checks that correct infusion is in place | | |
| 5. | Checks that infusion is running to time | | |
| 6. | Monitors infusion site for signs of abnormality and pain | | |
| 7. | Checks date for IV giving set to be changed | | |
| 8. | Evaluate and discuss the individuals hydration status | | |
| 9. | Monitors and discuss possible contraindications e.g. fluid overload | | |
| 10. | Explains how patient should subsequently be monitored | | |
| 11. | Completes documentation accurately | | |

Summative attempt no. 1

Mentor's Signature:

Result – Pass / Fail

Summative attempt no. 2

Result – Pass / Fail

Mentor's Signature:

Nursing Student's Signature:

Nursing Student's Signature:

Comments –

Comments –

Medicines Administration

The student and mentor have agreed to the assessment taking place:

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

If second attempt required

Student: _____ **Mentor:** _____ **Placement:** _____ **Date:** _____

- Accurately calculates medicines frequently encountered within field
- Safely manages drug administration and monitors effects.
- Safely and effectively administers medicines via routes and methods commonly used within field and maintains accurate records.

For an individual or a small group of patients depending on setting i.e. 4 or more

In accordance with the local policy and NMC Standards for Medicine Administration (NMC 2007)

If necessary, the assessment may take place over a number of days, for example in a community setting

The student should have knowledge of the therapeutic use of all medications that they administer

To be achieved by the end of part 3 of the programme

All criteria to be passed to be awarded a pass mark

Please insert P=Pass or F=Fail in the appropriate attempt box.

[Assessment table on next page]

Summative attempt no. 1 Mentor's Signature: _____
Result – Pass / Fail _____

Nursing Student's Signature: _____

Summative attempt no. 2 Mentor's Signature: _____
Result – Pass / Fail _____

Nursing Student's Signature: _____

Comments –

Comments –

Medicines Administration

| Criteria | | | Summative Attempt | |
|-----------------|--|--|--------------------------|----------|
| | | | 1 | 2 |
| 1. | Demonstrates a safe, professional, caring approach to the individual | | | |
| 2. | Gains valid consent from the individual | | | |
| 3. | Follows correct infection control procedures whilst preparing and administering medicines | | | |
| 4. | Prepares equipment required (as appropriate) | | | |
| 5. | Checks and confirms: | | | |
| 5A. | The identity according to local policy and procedures | | | |
| 5B. | Allergies or adverse effects | | | |
| 5C. | Weight if required | | | |
| 6. | Checks the Patient Specific Direction (Prescription) | | | |
| 6A. | Date | | | |
| 6B. | Time | | | |
| 6C. | Start and Review date as appropriate | | | |
| 6D. | Name and form of the medicine to be given | | | |
| 6E. | Last time dose given | | | |
| 6F. | Dose prescribed | | | |
| 6G. | Route of administration | | | |
| 6H. | Signed by the prescriber/transcriber * | | | |
| 6I. | Any additional advice e.g. after food | | | |
| 6J. | Any once only or as required medicines needed | | | |
| 7. | Reports any errors or concerns about the prescription | | | |
| 8. | Demonstrate knowledge of the therapeutic use, dose, routes, side effects, precautions and contraindications of the medicine with reference to the BNF, BNFC or pharmacist as appropriate | | | |
| 9. | Selects the correct medication, checks the label and dose carefully against the prescription (including any diluent) | | | |
| 10. | Checks the expiry date | | | |
| 11. | Calculates the correct dose | | | |
| 12. | Measures/dispenses the correct dose | | | |
| 13. | Performs final check of the individual's identity | | | |
| 14. | Administers medication and observes it is taken | | | |
| 15. | Completes documentation accurately | | | |

*NB: Applicable only where there is a Transcribing Policy in place

Essential Skills Assessments and Practice Examinations Record of Achievement

Nursing Student's Name: _____ Cohort: _____ Personal Tutor's Name: _____

| Assessment | Date achieved (Leave blank if not achieved)* | Attempt (Enter One or Two) | Name of assessor (Print) | Signature of assessor |
|---|--|--------------------------------------|-------------------------------------|------------------------------|
| Temperature, pulse, respiration and blood pressure measurement | | | | |
| Medicine calculations test (part 1) | | | | |
| Hand hygiene | | | | |
| Basic life support | | | | |
| First Aid | | | | |
| Height, weight and BMI | | | | |
| Aseptic/clean technique | | | | |
| Nutritional assessment and monitors and records dietary intake | | | | |
| Assesses hydration/dehydration and monitors and records fluid balance | | | | |
| Enteral feeding | | | | |
| Intravenous fluids | | | | |
| Medicines administration | | | | |
| Patient group directions | | | | |
| Medicine calculations test (part 3) | | | | |

*Any second attempt fails must be reported to the student's Personal Tutor