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| **Number** | ……………………………………………... |
| **Cohort** | ……………………………………………... |
| **Field**  | ……………………………………………... |
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**PRACTICE ASSESSMENT DOCUMENT**

**NURSING**

**Retrieval Placement**

**UG/NDA BSc Nursing**

**(Adult/Mental Health Nursing)**

Future Nurse: Standards of Proficiency for Registered Nurses, (NMC 2018)

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across London, the Midlands, Yorkshire and the East of England regions.

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



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

**Pan Midlands, Yorkshire and East Practice Learning Group**

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across London, the Midlands, Yorkshire and the East of England regions and will be used by students attending the following Universities:

**Membership of the Pan Midlands Yorkshire and East Practice Learning Group (MYEPLG)**

Anglia Ruskin University

Birmingham City University

Coventry University

De Montfort University

Keele University

Leeds Beckett University

Nottingham Trent University

Staffordshire University

Sheffield Hallam University

University College Birmingham

University of Bedfordshire

University of Birmingham

University of Bradford

University of Derby

University of East Anglia

University of Essex

University of Huddersfield

University of Hull

University of Leeds

University of Leicester

University of Lincoln

University of Northampton

University of Nottingham

University of Sheffield

University of Suffolk

University of Wolverhampton

University of Worcester

University of York



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**Standards regarding the use of the term 'Parts'**

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

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| **Welcome to the Practice Assessment Document (PAD)** |

**Student responsibilities**

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Future Nurse: Standards of Proficiency for Registered Nurses and Standards for Education and Training* (NMC 2018).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal university systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You will work with and receive written feedback from a range of staff including practice supervisors and practice assessors and you are required to reflect on your learning. Please use the *Record of working with and learning from others/inter-professional working* pages to reflect on your learning each placement.

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

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

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

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

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

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

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

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

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

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

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

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

**Practice assessor responsibilities** (Registered nurse)

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

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

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

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

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

**Academic assessor responsibilities**

Academic assessors and registered nurses and are nominated for each part of the educational programme. The same academic assessor cannot contribute to the student assessment in consecutive parts. The academic assessor will work in partnership with the practice assessor to evaluate and recommend the student for progression for each part of the educational programme. The academic assessor will enable scheduled communication and collaboration with the practice assessor and this communication can take a variety of forms.

**All communications/additional feedback (not already recorded in the scheduled interviews) from the practice supervisors, practice assessor and academic assessor and other staff members needs to be recorded on the relevant pages in the PAD.**

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| **Guidance for Using the PAD to Facilitate Learning and Assessment in Practice** |

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

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

**Professional Values**:

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

**Proficiencies:**

These reflect aspects of the seven platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed in a range of placements but must be achieved at least once *by the end of the Part.*

**Episode of Care:**

This holistic assessment(s) facilitates and demonstrates the student’s progress and must be achieved *by the end of the Part.*

**Medicines Management**:

There is one assessment included in each part and each must be achieved *by the end of the Part.*

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

Feedback will be sought in relation to how the student cared for the person receiving care. This is not formally assessed but will contribute to overall student feedback.

**Recording Additional Experiences and Feedback:**

There are additional pages for the student to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

**Ongoing Achievement Record (OAR):**

The OAR summarises overall achievements and provides a comprehensive record of student development and overall performance.

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| **Process of Practice Assessment** |

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| **Prior to Placement**Student makes contact to obtain relevant information to support their preparation for practice |
|  |
| **Placement Orientation**(see orientation checklist) |
|  |
| **Initial Interview**Learning and development needs are identified and planned |
|  |
| **Mid-Point Interview**Progress, learning and development needs are identified by the practice assessor |
|  |
| **Final Interview**Progress and achievement are explored by the practice assessor, who also completes summary in the OAR |

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



Thank you for supervising students from the University of Essex. The flowchart below provides guidance for all those involved in practice learning, particularly Practice Assessors and Practice Supervisors. Practice assessment forms 50% of assessed credits in the nursing curriculum. Students are prepared for practice proficiencies through the **Person Centred Care (PCC)** modules which run throughout the nursing programme. Further details of the curriculum and Placement Guidelines are located on our [Nursing Placement website](https://www.essex.ac.uk/departments/health-and-social-care/placements/nursing-placements.). An outline of the curriculum and individual student progress is found on the final page of the student’s Ongoing Achievement Record (OAR).

**Process of Assessment in Practice using the Practice Assessment Document (PAD)**

**Nominated or Practice Learning Coordinator (PLC)**

**Prior To Placement:** Student makes contact to the **Placement Area** and obtain relevant information to support their preparation for practice (shift times, rota patterns)

**Contact Person(s):** **PLC** (where applicable) **/Ward Manager/Team Lead**

* Promotes a quality practice learning environment
* Ensures students are allocated to a Practice Supervisor **(PS)** on each shift
* Acts as a point of contact for Practice Supervisors and Practice Assessors **(PA**)
* May assist with Placement Orientation

**Mid-Point Interview**

Progress and achievement are explored by the **PA**

* Receives feedback from **PS**s / Service Users on student performance
* Observes aspects of student’s practice periodically over the placement
* Undertakes and records summative assessment
* **Communicates concerns to Academic Assessor (AA) and agree on an action plan if required.**

**Final Interview**

Progress and achievement are explored by the **PA** towards end or at the end of placement

* PA undertakes and records summative assessments and ***Professional Values in Practice* *to be completed***
* Progress and achievement are explored by the **PA** and the **AA**, and both complete summary in the **OAR**
* Discusses student performance with Academic Assessor – with both agreeing progression decision ***at progression point.***

Links to further information on the Roles of PS, PA and AA below:

[NMC – supporting information on Standards for Student Supervision and Assessment](https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/)

[University of Essex - Supervision and Assessment](https://www.essex.ac.uk/departments/health-and-social-care/placements/nursing-placements#supervision)

[Anglia Ruskin University Practice Hub](https://aru.ac.uk/business-employers/practicehub)

**Placement Orientation and Initial interview (PAD)**

* **Initial Interview**
	+ This can be completed by a **PS** or **PA**.
	+ If completed by the **PS**, they must discuss and agree with the **PA**.
	+ Identify learning opportunities to support student to achieve practice learning outcomes and complete learning contract
* **Placement orientation**
	+ This meeting should take place within the first week of the placement, including using manual handling and medical devices.
* **Establish expectations:**
	+ Supporting the student to identifylearning needs to achieve practice learning outcomes and complete learning contract
	+ Collaborative working to collect and document evidence of performance, providing verbal and written formative feedback to student
	+ Discussion of performance between **PA, PS, AA** and **LL/PE** as needed.



The process of reflection is used throughout the PAD. The example below provides an indication of the level of reflection we would expect students to work towards in relation to the Components of Assessments. Students must record their continuous reflection during placement and work with their supervisors in practice using the pages **Record of working with and learning from others/inter-professional working.**

|  |
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| The reflective process has the potential to enable the student nurse to learn from their experiences, to link theory and practice gaps, and to describe and understand their own feelings and influence, in clinical practice. Engaging in this process will help develop skills as a reflective practitioner. |
| **PART 1 (Year 1)** | **PART 2 (YEAR 2)** | **YEAR 3 (YEAR 3)** |
| Guided Participation | Active Participation | Independent with minimal supervision |
| Level 4 – descriptive reflection | Level 5 – developing reflection | Level 6 – deep, critical reflection |
| A reflective description of what happened and why those things happened. | Step back and reflect on what has happened, explore thoughts, feelings, assumptions and knowledge gaps and try to understand what happened. | Reflection needs to be aware of multiple perspectives from contexts beyond the chosen incident – and how the learning from the chosen incident will impact on other situations. |
| Today I spent time with a female patient. I know from the NMC Code that I should keep the patient’s name confidential. She was admitted after a fall at home with a fractured neck of femur (a break or crack at the top of the thigh bone). When I looked up this type of fracture, I found from the NHS website that falls are a common cause of injury and affect around 1 in 3 adults over 65. The patient went to surgery the next day for a total hip replacement and appears to be recovering well. I observed how quickly the physio team came to help her to mobilise the next day.  | Today I spent time with a female patient, her name will remain confidential (NMC 2018), and was admitted after a fall at home with a fractured neck of femur. Falls are common in the older person and affect around 1 in 3 adults over 65 ([www.nhs.uk](http://www.nhs.uk)). The patient went to surgery the next day for a total hip replacement and appeared to be recovering well. I was surprised to see how quickly the physio team came to mobilise her post-op. The NICE (2017) clinical guidelines informs me that mobilisation should take place the day after surgery. She was doing really well and close to being discharged but started to complain of swelling and redness to her right lower leg. This was later confirmed as a deep vein thrombosis (DVT) which when I looked in the Patient Information leaflet is a possible post-operation complication.  | Today I spent time with a female patient, her name will remain confidential (NMC 2018). She was admitted after a fall at home with a fractured neck of femur. Falls are common in the older person affecting around 1 in 3 adults over 65 ([www.nhs.uk](http://www.nhs.uk)). The patient went to surgery the next day for a total hip replacement and appeared to be recovering well. The NICE guidelines (NICE 2017: CG124) informs me that mobilisation should take place the day after surgery, unless contraindicated. She was doing really well and was close to being discharged but started to complain of swelling and redness to her right lower leg. This was later confirmed as a deep vein thrombosis (DVT) which is a blood clot in a vein in her leg. In the hospital care plan this is identified as a known risk and consequently we had to follow the care pathway which outlines the steps to be taken. The patient expressed concerns about this resulting in her not leaving the hospital due to her age and losing her independence. I liaised with her family to keep them abreast of the changes and encouraged them to visit. |

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| **Criteria for Assessment in Practice****Overall Framework Parts 1 - 3 to be achieved by the end of the part** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guided participation in care and performing with increasing confidence and competence |  | Active participation in care with minimal guidance and performing with increased confidence and competence |  | Practising independently with minimal supervision and leading and coordinating care with confidence |

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|  | Part 1 |  | Part 2 |  | Part 3 |  |

*The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence (NMC, 2018, p5).*

**Part 2: Active participation in care with minimal guidance and performing with minimal guidance and with increased confidence and competence**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Achieved** | **Knowledge** | **Skills** | **Attitude and Values** |
| **Yes** | Has a sound knowledge base to support safe and effective practice and provide the rationale to support decision making. | Utilises a range of skills to deliver safe, person centred and evidence based care with increased confidence and in a range of contexts. | Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge. |
| **No** | Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice. | With supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance. | Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning. |

**List of Practice Supervisors**

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

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| --- | --- | --- | --- | --- |
| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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**List of Practice Assessors**

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

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| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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**List of Academic Assessors**

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

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| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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| **Retrieval Placement**  |

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| **Placement Provider:**(e.g. Trust/Organisation)**Name of Placement Area:****Type of Experience:**(e.g. Community/Ward Based)**Placement Telephone Number:****Placement Contact Email:****Start Date**: …………………. **End Date**: …………………. **No. of Hours**: …….…………. |

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| **Nominated Person to Support Student and Address Concerns****Name: Designation:****Contact Email Address:**  |

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| **Practice Assessor Details:****Name: Designation:****Contact Email Address:**  |

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| **Academic Assessor Details** (for part):**Name: Designation:****Contact Email Address:**  |

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| **Retrieval Placement: Orientation** |
|  |
|  | **Placement Area 1** | **Placement Area 2** |
| **Name of Placement Area:** |  |  |
| **Name of Staff Member:** |  |  |
| **This should be undertaken by a member of staff in the Placement Area** | Initial/Date**(Student signature)** | Initial/Date**(Staff signature)** | Initial/Date(**Student signature)** | Initial/Date**(Staff signature)** |
| **The following criteria need to be met within the first day of placement** |
| A general orientation to the health and social care placement setting has been undertaken |  |  |  |  |
| The local fire procedures have been explainedTel.: ……………………………… |  |  |  |  |
| The student has been shown the:* fire alarms
* fire exits
* fire extinguishers
 |  |  |  |  |
| Resuscitation policy and procedures have been explainedTel.: ………………………………. |  |  |  |  |
| Resuscitation equipment has been shown and explained |  |  |  |  |
| The student knows how to summon help in the event of an emergency |  |  |  |  |
| The student is aware of where to find local policies:* health and safety
* incident reporting procedures
* infection prevention and control
* handling of messages and enquiries
* other policies
 |  |  |  |  |
| The student has been made aware of information governance requirements |  |  |  |  |
| The shift times, meal times and reporting sick policies have been explained |  |  |  |  |
| The student is aware of his/her professional role in practice |  |  |  |  |
| Policy regarding safeguarding has been explained |  |  |  |  |
| The student is aware of the policy and process of raising concerns |  |  |  |  |
| Lone working policy has been explained *(if applicable)* |  |  |  |  |
| Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed) |  |  |  |  |
| **The following criteria need to be met prior to use** |
| The student has been shown and given a demonstration of the moving and handling equipment used in the placement area |  |  |  |  |
| The student has been shown and given a demonstration of the medical devices used in the placement area |  |  |  |  |

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| **Retrieval Placement: Initial Interview** |

This can be completed by a practice supervisor (PS) or practice assessor (PA). If completed by the PS, they must discuss and agree with the PA.

This meeting should take place within the first week of the placement.

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| **Placement Area Name:** |
| **Student to identify learning and development needs** *(with guidance from the practice supervisor or practice assessor)* |
|  |
| **Taking available learning opportunities into consideration, the student and practice supervisor/ practice assessor to negotiate and agree a learning plan** |
| **Outline of learning plan** | **How will this be achieved?** |
|  |  |
| Learning plan for placement agreed by practice assessor *(where applicable)* : YES / NO**Student's Name:** **Signature: Date:****Practice Supervisor/Assessor's Name:** **Signature: Date:** |

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| **Professional Values in Practice**  |

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

The practice assessor has responsibility for assessing Professional Values though the mid-point review can be completed by a practice supervisor in liaison with the practice assessor.

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

|  | **Achieved Mid-Point****Yes/No** | **Initial/Date** | **Achieved Final****Yes/No** | **Initial/Date (Final)** |
| --- | --- | --- | --- | --- |
| **Prioritise People** |
| 1. The student maintains confidentiality in accordance with the NMC code.
 |  |  |  |  |
| 1. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues.
 |  |  |  |  |
| 1. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf.
 |  |  |  |  |
| 1. The student is caring, compassionate and sensitive to the needs of others.
 |  |  |  |  |
| 1. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.
 |  |  |  |  |
| **Practise Effectively**  |
| 1. The student maintains consistent, safe and person-centred practice based on best available evidence.
 |  |  |  |  |
| 1. The student manages appropriate and constructive relationships within the inter-disciplinary team with the intent of building professional relationships.
 |  |  |  |  |
| 1. The student makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others.
 |  |  |  |  |
| 1. The student demonstrates the potential to lead and work autonomously, seeks support where appropriate and responds positively to feedback.
 |  |  |  |  |
| **Preserve Safety** |
| 1. The student demonstrates openness (candour), trustworthiness and integrity.
 |  |  |  |  |
| 1. The student reports any concerns to a member of staff when appropriate, e.g. safeguarding.
 |  |  |  |  |
| 1. The student demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely.
 |  |  |  |  |
| 1. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.
 |  |  |  |  |
| **Promote Professionalism and Trust** |
| 1. The student's personal presentation and dress code is in accordance with the local policy.
 |  |  |  |  |
| 1. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement.
 |  |  |  |  |
| 1. The student demonstrates that they use self-reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and decision-making process (PART2)
 |  |  |  |  |
| 1. The student acts as a role model in promoting a professional image and acts as an ambassador for the profession. (PART 3)
 |  |  |  |  |
| **Mid-Point Assessment** **Practice Supervisor's Name: Signature: Date:****Reviewed and agreed by Practice Assessor****Practice Assessor's Name: Signature: Date:** |
| **End Point: Student Reflection on meeting Professional Values** |
| **Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code of Conduct** *(ensure confidentiality is maintained).* For each placement, please select a different section of The Code to reflect on. |
| **Student Name:** **Signature: Date:** |
| **Final Assessment** - [please add comments on Final Interview Page]**Practice Assessor's Name:** **Signature: Date:** |

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an action plan. This must involve the practice supervisor and the practice assessor (as appropriate) in liaison with the academic assessor.

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| **Retrieval Placement: Mid-Point Interview** |

This discussion must take place half way through the placement.

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

**Ongoing learning and development needs.**

To be agreed between practice assessor and student - sign and date all entries below.

|  |
| --- |
| **Following the mid-point interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their practice assessor how these will be achieved.** |
| **Learning and development needs** | **How will these be achieved?** |
|  |  |
| **Student's Name:** **Signature: Date:****Practice Assessor's Name:** **Signature: Date:** |

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

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| **Retrieval Placement: Final Interview** |

This should take place towards the end of the placement.

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

***Please record any further comments on the next page.***

|  |
| --- |
| **Learning and Development Needs** |

To be agreed between the practice assessor and student

|  |
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| **Practice assessor to identify specific areas to take forward to the next placement:** |

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| **Was an action plan required to support the student?****If Yes, was the academic assessor informed?** | **YES / NO****YES / NO** |
| **If Yes, have the objectives been achieved?** | **YES / NO** |

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| **Checklist for assessed documents** | **Tick** | **Practice Assessor Initial** | **Student Initial** |
| The professional value statements have been signed at both mid-point and final interview |  |  |  |
| The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed |  |  |  |
| The practice placement hours have been checked and signed |  |  |  |
| All the interview records and development plans have been completed and signed as appropriate |  |  |  |
| The practice supervisors and practice assessor have printed and signed their name on the appropriate list at the beginning of the document |  |  |  |
| The practice assessor has completed the Ongoing Achievement Record (OAR) |  |  |  |
| **Student's Name:** **Signature: Date:****Practice Assessor's Name:** **Signature: Date:****Additional Signature** *(if applicable, e.g. academic assessor)***:** **Signature: Date:** |

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| **Patient/Service User/Child/Young Person/Carer Feedback Guidance** |

Thank you for agreeing to provide feedback on the care you have received from one of our student nurses. There are four different forms for you to choose from. The form you select is entirely up to you as the service user. Prior to providing feedback the student nurse's practice supervisor or practice assessor will gain your consent. If you are under the age of 16, parental consent will be needed. In consenting you are agreeing to provide honest feedback about the student’s professionalism, this will inform the assessment process along with future practice, audit and evaluation purposes.

Should you not wish for your information to be used in this way, please tick the box on the relevant form and your data will only be used to inform the students' assessment.

Please note, to maintain all aspects of confidentiality and in line with General Data Protection Regulations (GDPR) you should ensure that you do not identify yourself or the organisation in which you are receiving care. Once you have provided your feedback, the practice supervisor/ assessor will review this and sign and date it. This information will then be stored and accessed in line with AEI and professional regulations.

**Please Note: Patient/Service User/Child/Young Person/Carer should not sign this form.**

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| **Patient/Service User/Child/Young Person/Carer Feedback Form 1** |

🗖 I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the student nurse's assessment

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| **We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse's learning.** |
| **Tick if you are : The Patient/Service User Carer/Relative**  |
| **How happy were you with the way the student nurse……..** | ***Very Happy*** | ***Happy*** | ***I'm Not Sure*** | ***Unhappy*** | ***Very Unhappy*** |
| MC900423171[1] | MC900423169[1] | MC900434403[1] | MC900423165[1] | MC900423163[1] |
| **….. cared for you?** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **….. listened to you?** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **….. understood the way you felt?** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **….. talked to you?** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **…..showed you respect?** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **What did the student nurse do well?** |
| **What could the student nurse have done differently?** |
| **Practice Supervisor/Practice Assessor's Name:** **Signature: Date:****Student's Name:** **Signature: Date:** |

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

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| **Patient/Service User/Child/Young Person/Carer Feedback Form 2** |

🗖 I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the student nurse's assessment

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| Please answer the following questions relating to the student nurse by circulating one answer to each question and adding any comment you wish to share in the space provided. Thank you. |
| **Q1. How would you rate the nursing care provided by the student nurse?** |
| ***Poor*** | ***Acceptable*** | ***Satisfactory*** | ***Good*** | ***Very Good*** | ***Excellent*** | ***Exceptional*** |
| **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **Comments:** |
| **Q2. How compassionate was the student nurse's care?** |
| ***Poor*** | ***Acceptable*** | ***Satisfactory*** | ***Good*** | ***Very Good*** | ***Excellent*** | ***Exceptional*** |
| **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **Comments:** |
| **Q3. How respectfully did the student nurse treat you?** |
| ***Poor*** | ***Acceptable*** | ***Satisfactory*** | ***Good*** | ***Very Good*** | ***Excellent*** | ***Exceptional*** |
| **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **Comments:** |
| **Q4. How well did the student nurse listen to you?** |
| ***Poor*** | ***Acceptable*** | ***Satisfactory*** | ***Good*** | ***Very Good*** | ***Excellent*** | ***Exceptional*** |
| **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **Comments:** |

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| **Q5. How clearly did the student nurse communicate with you?** |
| ***Poor*** | ***Acceptable*** | ***Satisfactory*** | ***Good*** | ***Very Good*** | ***Excellent*** | ***Exceptional*** |
| **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** | **⭘** |
| **Comments:** |
| **Practice Supervisor/Practice Assessor's Name:** **Signature: Date:****Student's Name:** **Signature: Date:** |

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| **Patient/Service User/Child/Young Person/Carer Feedback Form**  |

🗖 I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the student nurse's assessment

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| **How happy were you with the way the student nurse…….?** | **Please place an 'X' on the line for each statement***0 = Very Unsatisfied…………………………………10 = Very Satisfied* |
| **….. met your needs?** | *0 ……………………………………………………….…………………..10* |
| **….. understood the way you felt?** | *0 ……………………………………………………….…………………..10* |
| **….. talked to you?** | *0 ……………………………………………………….…………………..10* |
| **….. informed you of your care?** | *0 ……………………………………………………….…………………..10* |
| **…..showed you respect?** | *0 ……………………………………………………….…………………..10* |
| **What did they do well?** |
|  |
| **How can they improve?** |
|  |
| **Practice Supervisor/Practice Assessor's Name:** **Signature: Date:****Student's Name:** **Signature: Date:** |

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| **Patient/Service User/Child/Young Person/Carer Feedback Form**  |

🗖 I do not wish for my feedback to be used to inform future practice, audit or evaluation purposes, but I am happy for it to inform the student nurse's assessment

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| *Please answer the following questions relating to the student nurse* |
| **Q1. Did the student nurse talk to you?** |
|  |
| **Q2. Was the student nurse kind to you?** |
|  |
| **Q3. Did the student nurse listen to you?** |
|  |
| **Colour in how many stars you would give the student nurse** |
|  |
|  |  |  |  |  |

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| **Please use this space to draw a picture of the student nurse** |
|  |
| **Practice Supervisor/Practice Assessor's Name:** **Signature: Date:****Student's Name:** **Signature: Date:** |

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| **Record of working with and learning from others/inter-professional working** |
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| **Record of Communication/Additional Feedback** |

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

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| **Communication/Additional Feedback** |
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| **Record of Communication/Additional Feedback** |

These records can be completed by practice supervisors, practice assessors, academic assessors or any other members of the team involved in the supervision and/or assessment of the student.

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| **Communication/Additional Feedback** |
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| **Name: Designation:****Signature: Date:** |
| **Communication/Additional Feedback** |
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| **Name: Designation:****Signature: Date:** |
| **Communication/Additional Feedback** |
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***More pages can be downloaded as per university guidelines.***

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| **Name: Designation:****Signature: Date:** |

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| **Record of Peer Feedback** |
| Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspective as well as enabling students to develop skills in peer review and feedback. (NMC, 2018)These records can be completed by peers, i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback. |
| **Peer Feedback** |
|  |
| **Name: Programme/Year:****Signature: Date:** |
| **Peer Feedback** |
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| **Name: Programme/Year:****Signature: Date:** |

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| **Peer Feedback** |
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| **Name: Programme/Year:****Signature: Date:** |
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|  |
| **Name: Programme/Year:****Signature: Date:** |

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**PRACTICE HOURS**

***Please start a new page per placement***

***To be completed as per your local University Requirements***

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Placement** | **Total Hrs** | **Staff****Initials** | **Shift Type** |  | **Date** | **Placement** | **Total Hrs** | **Staff****Initials** | **Shift Type** |
|  Example of hours confirmation | Sun | 1/7/19 | Pixie Ward | 7.5 | FF | E |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |   |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
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| Sat  |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |

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| **Total hours of completed practice on this page Figures Words****Total hours of sickness/absence on this page Figures Words****Staff Member:** I have checked the hours of experience recorded by the student: Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff Member) Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Placement Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Declaration by Student:** I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked. Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student) Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| Shift Codes - D = Day Shift N = Night Shift S = Sickness A = Absent |

**PRACTICE HOURS**

***Please start a new page per placement***

***To be completed as per your local University Requirements***

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|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
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