



Enter personal tutor details

**Student name:** Test Student

**Student ID:** orig\_id:9000

**Cohort:** test

# Edge Hill University

BSc (Hons) Nursing

## Adult Practice Assessment Record

(Including Ongoing Achievement Record)

**Module: test**

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## Introduction

Practice Experience 1

### Key Guidance for the use of the Practice Assessment Record Year 3

The new standards for Pre-registration Nursing require Mentors/Sign-off Mentors to plan practice learning experiences with students, especially those where the student works in a different environment from their Mentor/Sign-off Mentor, to support the achievement of the practice competencies.

It is the mentor/sign-off mentor's responsibility to ensure they meet the NMC requirements of mentor update and triennial review. It is the Supervisor's responsibility to ensure that they have had suitable preparation.

### Hub Practice Experience

Each student must achieve all the competencies in the Professional Values domain by the end of practice experience 1.

Each student must achieve all competencies in all domains by the end of practice experience 2.

The Sign-off Mentor is responsible and accountable for making the final overall practice assessment decision by confirming that the student has successfully completed all practice requirements. This includes year 1 and year 2 competencies in addition to the final summative assessment for year 3.

Sign-off Mentors are required to have the equivalent of one hour a week of additional time to undertake the reflection feedback and record keeping associated with mentoring a student approaching registration.

Sign-off mentors must be on the **same part of the NMC register that the student intends to enter.**

If at any time a student requires additional support the mentor can agree learning opportunities on the student's developmental learning plan.

OR

If at any time a supervisor/mentor/sign-off mentor has concerns about a student's progression an action plan must be initiated and the Practice Education Facilitator (PEF) and appropriate Academic contacted at the earliest opportunity.

### Spoke practice experiences

A spoke experience is defined as a period of 1-4 weeks and adds value to the learning experience. Each spoke Supervisor/Mentor is expected to provide comments which are considered as contributing evidence by the hub mentor towards the student's overall achievement of the practice competencies.

### Short Visit experiences

A short visit experience is defined as a period of less than one week and adds value to the learning experience. Each short visit Supervisor's comments will contribute evidence towards the overall achievement of the practice competencies.

### Guidance on using the competencies to assess the student

Each domain comprises of numbered competency statements in bold type, against which the student is assessed.

The bullet points in bold type form part of this competency statement and require assessment.

The bullet points not in bold are the Essential Skills Clusters (ESCs). These contribute to the supporting evidence of the student's achievement appropriate to the context of the learning environment.

### Student guidance and responsibilities

It is a programme requirement that information about practice assessment is accessible from placement to placement; this is to

assess fitness for practice (NMC Circular 33/2007). It is the student's responsibility:

- To provide all relevant practice documentation for discussion with all Supervisors/Mentors.
- To be proactive in arranging timely progression meetings, including preliminary, interim and final progress interviews.
- To actively engage in the construction of their developmental learning plan.
- To ensure PAR is fully completed in accordance with the deadlines as detailed in the module handbook assessment schedule.

## Retrieval

In the event of a student not achieving the required competencies, the Mentor is responsible in collaboration with the Student, University and Practice support networks, to complete a collaborative action plan.

These statements describe the expected level of performance at each progression point.

### Practice Assessment Record Year 1:

Students will be exposed to a wide range of experiences. They are expected to safely demonstrate fundamental skills and activities with care, compassion, underpinning knowledge and appropriate attitudes under close supervision.

### Practice Assessment Record Year 2:

Students will be exposed to an increasing range of field specific experiences. They are expected to consistently demonstrate skills and activities at an emerging level of competence with care, compassion, underpinning knowledge and appropriate attitudes. They are expected to take responsibility and develop autonomy for care delivery with less direct supervision.

### Practice Assessment Record Year 3:


Students will be exposed to a wide range of field specific experiences. They are expected to consistently demonstrate and promote evidence based care with compassion, confidence, competence and appropriate attitudes. They should take increasing responsibility for care delivery and give support to novice students. The level of supervision should reflect their developing autonomy.


At the point of registration, students must be competent in all domains.


## Record of Placement Support Visits


This page is for recording visits which contribute to the students' experience.

1

 Visitor Name

 Placement Details

 Record Of Visit

 Phone Num.

 **Student Signature:**

Unsigned

 **Date  
Signed:**

Unsigned

## Domain 1: Professional Values (P)

---

**P.1** **Practises honestly and with integrity, applying the principles of The NMC Code: Professional standards of practice and behaviour for nurses and midwives (2015) and Raising Concerns: Guidance for nurses and midwives (2015).**

- Works within limitations of the role and recognises own level of competence.
  - Displays appropriate interest and enthusiasm.
- 

**P.2** **Consistently displays a professional image in behaviour and appearance.**

- Adheres to local policy and national guidelines on dress code for prevention and control of infection, including: footwear, hair, piercing and nails.
  - Adheres to placement sickness and absence policy.
  - Displays a responsible approach to time management including punctuality and reliability.
- 

**P.3** **Consistently acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries.**

- Engages with people in a way that ensures dignity is maintained whilst adopting an appropriate attitude.
  - Demonstrates an understanding of the impact culture, religion, spiritual beliefs, gender and sexuality have on health, illness and disability.
- 

**P.4** **Consistently displays respect for an individual's rights and choices**

**P.5** **Consistently displays an awareness of how one's own values, beliefs, emotions, health and well-being impact on practice.**

---

## Practice Experience 1

### Interim progress

Circle competencies **yet to be** fully developed:


P.1

P.2

P.3

P.4

P.5

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Retrieval (if applicable)

### Interim progress

Circle competencies **yet to be** fully developed:

P.1

P.2

P.3

P.4

P.5

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned



## Practice Experience 2

### Interim progress

Circle competencies **yet to be** fully developed:

P.1

P.2

P.3

P.4

P.5

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Retrieval (if applicable)

### Interim progress

Circle competencies **yet to be** fully developed:

P.1

P.2

P.3

P.4

P.5

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Domain 2: Communication and interpersonal skills (C)

**C.1 Consistently demonstrates the ability to listen, seek clarity, and carry out instructions safely.**

**C.2 Consistently recognises signs of aggression and takes appropriate action to keep themselves and others safe.**

- Recognises and reports incidents of negative stereotyping to protect the rights and needs of individuals

**C.3 Demonstrates safe and effective communication skills.**

- Initiates, maintains and closes appropriate and constructive professional relationships with individuals, their families and/or carers.
- Uses helpful and enabling ways to maximise communication where hearing, vision, cognition or speech is compromised.
- Records information accurately and clearly.
- When engaging with others, takes into account their physical and emotional responses.
- Practises in a way that recognises, respects and responds to all individual's needs.
- Uses appropriate age and developmental stage communication.
- Demonstrates skills of relationship building and communication to engage with people experiencing distress.
- Uses communication strategies, to identify individuals' and their families/carers key concerns.

**C.4 Demonstrates an awareness of the legal and professional frameworks in relation to informed consent.**

- Gains informed consent from individuals/carers for all aspects of care.

**C.5 Understands and applies the principles of confidentiality and data protection, especially where sharing information is required to safeguard and protect individuals.**

- Reports and documents concerns about individuals, children and families who may be in vulnerable situations.
- Ensures individuals, their families and/or carers are aware of information sharing protocols.

**C.6 Discusses the link between lifestyle choices and health, and takes the opportunity to promote health and well-being.**

- Recognises the role that the family and/or carer may play in achieving health and well-being of the individual.
- Recognises the effects of lifestyle on prenatal and postnatal health.

**C.7 Consistently demonstrates the need to work in partnership with individuals and their families and/or carers.**

**C.8 Consistently promotes the concept, knowledge and practice of self-care with people with acute and long term conditions, using a range of communication skills and strategies.**

## Practice Experience 1

### Interim progress

Circle competencies **yet to be** fully developed:

C.1

C.2

C.3


C.4

C.5

C.6

C.7

C.8

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Practice Experience 2

### Interim progress

Circle competencies **yet to be** fully developed:

C.1

C.2

C.3


C.4

C.5

C.6

C.7

C.8

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Retrieval (if applicable)

### Interim progress

Circle competencies **yet to be** fully developed:

C.1

C.2

C.3

C.4

C.5

C.6

C.7

C.8

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Domain 3: Nursing practice and decision making (N)

### **N.1 Confidently applies safe, person-centred care, under appropriate supervision, for those who are unable to meet their own physical, emotional, psychological and mental health needs across the lifespan.**

- Works in partnership and where appropriate empower individuals, families and carers to be involved in the assessment and care planning process.
- Recognises the changing needs of individuals, families and carers during long term conditions and/or terminal illness.
- Undertakes appropriate holistic assessment and plans, delivers and evaluates care using assessment frameworks and care pathways.
- Records and shares information appropriately based on assessment including physical, social, cultural, psychological, spiritual, genetic and environmental factors.
- Recognises and challenges the effects of health inequalities on an individual's health.
- Delivers evidence based practice.

### **N.2 Empowers individuals to meet their essential needs in relation to safety, security, well-being and comfort, promoting their dignity at all times. This must include accurate monitoring and recording of:**

- personal hygiene needs.
- nutritional requirements.
- fluid requirements.
- elimination needs.
  - Follows food hygiene procedures in accordance with local policy.
  - Identifies and responds where there is a risk of individuals missing meals/feeds.
  - Undertakes a variety of appropriate techniques to promote comfort and relieve distress.

### **N.3 Recognises and acts appropriately when an individual's physical or psychological condition is deteriorating, demonstrating how to respond in an emergency and administer essential first aid.**

- Demonstrates knowledge of normal vital sign ranges at different developmental stages, and responds appropriately to changes.
- Measures and documents vital signs, and responds appropriately to signs outside the normal range.
- Recognises verbal and non-verbal indicators of pain and distress in individuals across the lifespan.
- Uses appropriate tools when assessing pain.
- Reports pain in individuals and ensure appropriate intervention, evaluation and care modification is provided.

### **N.4 Uses and disposes of medical devices safely under supervision according to local and national policy, reporting any incidents or near misses.**

- Safely uses medical devices under supervision when caring for individuals across a range of medical and/or surgical experiences.

### **N.5 Pro-actively works within the laws governing health and safety at work, including safe manual handling and infection control.**

- Reports safety incidents regarding individuals to senior colleagues.
- Works within legal frameworks to protect self and others.
- Safely disposes of all waste, including blood and other bodily fluids, soiled linen and sharps, including in the home setting.
- Adheres to health and safety policies when working in the community and in people's homes, for example, lone worker policy.

**N.6 Consistently applies a comprehensive knowledge of pharmacology, and safely and accurately carries out medicines calculations, preparation and administration under direct supervision in accordance with local policies. This includes:**

- tablets and capsules
- liquid medicines
- injections, including unit dose, sub and multiple unit dose, SI unit conversion
  - Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice.
  - Demonstrates an understanding of types of prescribing, prescribers, and methods of supply and storage.
  - Prepares and safely administers medication under direct supervision.
  - Uses knowledge of commonly administered medicines in order to act promptly if side effects and adverse reactions occur.
  - Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves.
  - Recognises the particular vulnerability of individuals in relation to accurate medicines calculations.
  - Applies understanding of the particular vulnerability of individuals when performing accurate medicines calculations and reports concerns promptly through appropriate channels, modifying care as necessary to maintain safety.
  - Involves individuals, families and/or carers in administration and self-administration of medication.

**N.7 Safely and accurately uses a range of diagnostic skills, employing appropriate technology, to assess the needs of individuals.**

- Prepares individuals and their families and/or carers for clinical intervention

**N.8 Working in partnership recognises and respects an individual's expertise and knowledge, and right to self-determination regarding their health and well-being.**

- Encourages and enables informed decision making.
- Facilitates choice and maximises self-care and self-management.
- Acknowledges the support which may be needed at different transitions within the life cycle or journey through services.
- Demonstrates an awareness of advocacy, and that all individuals have the right to lead full and independent lives, and the ability to apply this principle to their practice.
- Demonstrates understanding of health and social care policies relating to the health and well-being of individuals, and how these inform practice.
- Demonstrates, understands and appreciates why care is delivered in the individual's home, or in another environment that suits their age, needs and preferences.

**N.9 Record and evaluate measurements of weight, height, length, body mass index and other measures of nutritional status.**

**N.10 Accurately undertake record and interpret a range of baseline assessments using manual and electronic devices.**

**N.11 Confidently promotes and applies the principles of wound management, healing and asepsis.**

## Retrieval (if applicable)

### Interim progress

Circle competencies **yet to be** fully developed:

N.1

N.2

N.3

N.4

N.5

N.6


N.7

N.8

N.9

N.10

N.11

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Practice Experience 2

### Interim progress

Circle competencies **yet to be** fully developed:

N.1

N.2

N.3

N.4

N.5

N.6

N.7

N.8

N.9

N.10

N.11

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned



## Practice Experience 1

### Interim progress

Circle competencies **yet to be** fully developed:

N.1

N.2

N.3

N.4

N.5

N.6


N.7

N.8

N.9

N.10

N.11

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Domain 4: Leadership, management & team working (L)

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**L.1 Pro-actively seeks help and shares information as appropriate with colleagues where people's needs are not being met or they are at risk.**

- Under supervision assesses risk within current sphere of knowledge and competence.
  - Engages with the multi-professional/agency/cross-boundary teams.
- 

**L.2 Works confidently within legal and professional frameworks.**

---

**L.3 Works effectively within, knowledge, skills and professional boundaries, understanding that they are responsible for their own actions.**

- Accepts delegated activities within limitations of own role, knowledge and skill.
  - Utilises appropriate support systems to manage own stress.
  - Understands and applies the importance of rest for effective practice.
- 

**L.4 Acts in a way that values the roles and responsibilities of others including service users and carers, and interacts appropriately.**

- Respects and responds appropriately to constructive feedback.
  - Effectively communicates people's stated needs and wishes to other professionals.
  - Appreciates the ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others.
- 

**L.5 Works within local policies to safeguard and protect people, particularly children, young people, older people and vulnerable adults.**

- Demonstrates an understanding of their central role in preventing maltreatment.
  - Identifies and understands how to refer those at risk of experiencing harm.
  - Demonstrates an awareness of the role of relevant agencies and professionals.
- 

**L.6 Effectively uses reflection and appropriate supervision mechanisms for working safely.**

- Demonstrates self-awareness through their own personal and professional development whilst learning from practice.
  - Seeks feedback on own practice, reflects and adapts practice appropriately.
- 

**L.7 Works autonomously, as well as in teams, making the most of opportunities to extend knowledge, skills and practice.**

- Demonstrates understanding of the process of appropriate delegation.
  - Facilitates others to develop their competence and role modelling.
  - Evaluates current service delivery and recognises potential for future service improvements.
  - Undertakes case load management.
-

## Practice Experience 1

### Interim progress

Circle competencies **yet to be** fully developed:

L.1

L.2

L.3

L.4

L.5

L.6

L.7

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Practice Experience 2

### Interim progress

Circle competencies **yet to be** fully developed:

L.1

L.2

L.3

L.4

L.5

L.6

L.7

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**


Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Retrieval (if applicable)

### Interim progress

Circle competencies **yet to be** fully developed:

L.1

L.2


L.3

L.4

L.5

L.6

L.7

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

### Final Progress

Achieved all competencies?

Yes

No

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Student Self-Assessment in Preparation for Practice Year 3

You must complete this self-assessment in advance of commencing your practice experiences for this year. This is to ensure you have adequately prepared and made available all necessary documentation to inform successful progression throughout the year, which will inform sign-off mentor judgements. This should identify any shortfalls in your practice learning and allow adequate time for you to meet the NMC requirements for registration.

**Have you undertaken all your mandatory training/core skills to date?**

Yes  No

**Do you have your completed Year 1 and 2 PAR documents?**

Yes  No

**Have you gained exposure to the full range of client groups?**

Yes  No

**Have you participated in 24/7 healthcare?**

Yes  No

**Have you completed your annual declaration of good health and good character?**

Yes  No

**Have you completed all your practice hours?**

Yes  No

**Have you completed your skills document to date?**

Yes  No

## Evidence of Exposure


### Evidence of Exposure to a Range of Client Groups across Practice Experience 1 and 2


The NMC require that all nurses must be able to recognise and respond to the essential physical and mental health needs of all people who come into their care at the point of registration. When planning learning opportunities in hub, spoke or short visits, consideration should be given to meeting this requirement.


The student must document **individual** examples of evidence to demonstrate their exposure to the specified client groups below.

#### 1 Pregnant and postnatal women

 Placement Details

 Student Comments

 Domains Details


 **Mentor Signature:**


Unsigned


 **Date Signed:**


Unsigned

#### 1 Babies, children and young people

 Placement Details

 Student Comments

 Domains Details


 **Mentor Signature:**


Unsigned

 **Date Signed:**

Unsigned

**1**  **People with mental health problems**

 Placement Details

 Student Comments


 Domains Details

 **Mentor Signature:**


Unsigned

 **Date Signed:**


Unsigned

**1**  **People with learning disabilities**

 Placement Details

 Student Comments

 Domains Details


 **Mentor Signature:**


Unsigned


 **Date Signed:**

Unsigned




**1**  **People with long term conditions**

 Placement Details

 Student Comments


 Domains Details


 **Mentor Signature:**


Unsigned


 **Date Signed:**

Unsigned

**1**  **Older people**

 Placement Details

 Student Comments

 Domains Details


 **Mentor Signature:**

Unsigned


 **Date Signed:**


Unsigned

**1**  **People with physical disabilities**

 Placement Details

 Student Comments

 Domains Details

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Practice Experience 1 Hub Details


Practice Experience 1

### Practice Experience 1 - Hub Details

 **Placement:**

PARE Hospital - Test Ward

 **Tel:**

 **From:** 10th May 2020

 **To:** 24th May 2020

**Named Hub Mentor:**

Test Mentor

**Supporting Hub Mentor:**

Unassigned

Induction to Practice Experience 1

Practice Experience 1

	Practice Experience 1 (hub)	Spoke 1	Spoke 2	Spoke 3
<b>Introduced to staff and environment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Placement philosophy discussed including:</b> • Diversity and equality • Harassment and oppressive behaviour policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Sickness and absence protocols discussed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Emergency equipment procedures discussed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Administration of medicines policy discussed</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Health &amp; Safety equipment, local policies and procedures discussed relating to:</b> - Fire procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Infection control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Safe disposal of sharps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Control of Substances Hazardous to Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Moving and handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Risk assessment undertaken if required and record in additional interview section e.g. pregnancy or sickness and absence</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Confidentiality procedures discussed including:**

- Patient/client and individual information
- Escalating and reporting concerns, e.g. poor practice (safeguarding)

Uniform policy discussed

Other policies and mandatory training relevant to placement area

Policy 1:

Policy 2:

Policy 3:

**Student Signature:**

Unsigned

**Date Signed:**

Unsigned

**Mentor Signature:**

Unsigned

**Date Signed:**


Unsigned

## Preliminary Discussion Practice Experience 1

Practice Experience 1

### I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified


- any personal health/learning needs
- any adjustments to aid learning
- practice hours to be made up (if appropriate)
- ongoing developmental needs
- opportunities for exposure to specific client groups

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Record Of Additional Interviews

Practice Experience 1

This section may be used to record any risk assessments or return to practice interviews following a period of sickness.

1

 Details

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Personal Developmental Learning Plan Practice Experience Hub 1

Practice Experience 1

to be completed by the student in collaboration with the Supervisor/Mentor within Hub/Spokes/Short visits

1

Agreed Learning Opportunities

Comment on how this has contributed to your learning



## Spoke 1 (1-4 weeks)

Practice Experience 1

Practice Experience 1

Spoke 1 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain




Communication, Nursing Practice, Leadership and Management Domains (as appropriate)



Service user/carer views obtained and recorded by the named Mentor



Student comments/student reflection on learning

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor/Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Spoke 2 (1-4 weeks)

Practice Experience 1

Practice Experience 1

Spoke 2 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain




Communication, Nursing Practice, Leadership and Management Domains (as appropriate)



Service user/carer views obtained and recorded by the named Mentor



Student comments/student reflection on learning

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor/Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Spoke 3 (1-4 weeks)

Practice Experience 1

Practice Experience 1

### Spoke 3 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain




Communication, Nursing Practice, Leadership and Management Domains (as appropriate)




Service user/carer views obtained and recorded by the named Mentor




Student comments/student reflection on learning

 **Student Signature:** Unsigned

 **Date Signed:** Unsigned

 **Mentor/Supervisor Signature:** Unsigned

 **Date Signed:** Unsigned

## Short Visits (less than one week)


Practice Experience 1


Practice Experience 1


To be completed by the short visit supervisor. Please refer to preliminary discussion section

1


 Start Date

 End Date

 Hours

 Placement Details

 Supervisor Comments

 **Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Hub Interim Progress Review

Practice Experience 1

Practice Experience 1

### To be completed by the named mentor

#### Student self-assessment with regards to domains (to be completed in advance of interim progress review)

Strengths:


Areas for development:

#### Named Hub Supervisor/Mentor comments with regards to domains (as discussed with student)

Strengths:

Areas for development:


#### Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned












## Action Plan

Practice Experience 1










At any time during this experience, when a student needs targeted support and guidance to meet the module competencies, an action plan must be instigated. The aim of an action plan is to enhance performance, competence or professional behaviour.


1

 Domain	 Date Initiated	 Planned Action	 Review Comments
	<input style="width: 100%; height: 30px; margin-bottom: 5px;" type="text"/>  Review Date <input style="width: 100%; height: 30px;" type="text"/>		


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

Both the mentor and the student should discuss and agree the action plan and sign and date below. Mentors are advised to contact the PEF and the University when an action plan is required.

<b> Other Supervisor/Mentors</b>	<b> Date Contacted</b>	<b> Contact Method</b>
<b> Practice Education Facilitator</b>	<b> Date Contacted</b>	<b> Contact Method</b>
<b> Sign-off Mentor</b>	<b> Date Contacted</b>	<b> Contact Method</b>

 University Representative

 Date Contacted

 Contact Method

## Ongoing Achievement Record

Practice Experience 1

### Final Progress Review

#### Student self-assessment with regards to domains (to be completed in advance of final interview)

Strengths:


Areas for development:

#### Named Hub Mentor/Supervisor comments with regards to domains (as discussed with student)

Strengths:

Areas for development:


#### Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Final Placement

---

Within this placement the Sign-off Mentor is responsible and accountable for making the final overall practice assessment decision by confirming that the student has successfully completed all practice requirements.

In addition to the standard mentoring role, a sign-off mentor **must also**:

- Review the Practice Assessment Records for all years of the programme.
- Complete the final assessment of competence to verify that the student can progress to registration.

## Practice Experience 2 Hub Details

Practice Experience 2

### Practice Experience 2 - Hub Details

 **Placement:** Unassigned

**Practice Experience 2** has yet to be assigned.

Induction to Practice Experience 2

Practice Experience 2

	Practice Experience 2 (hub)	Spoke 1	Spoke 2	Spoke 3	Retrieval (if applicable)
<b>Introduced to staff and environment</b>	●	●	●	●	●
<b>Placement philosophy discussed including:</b> • Diversity and equality • Harassment and oppressive behaviour policy	●	●	●	●	●
<b>Sickness and absence protocols discussed</b>	●	●	●	●	●
<b>Emergency equipment procedures discussed</b>	●	●	●	●	●
<b>Administration of medicines policy discussed</b>	●	●	●	●	●
<b>Health &amp; Safety equipment, local policies and procedures discussed relating to:</b> - Fire procedures	●	●	●	●	●
- Infection control	●	●	●	●	●
- Safe disposal of sharps	●	●	●	●	●
- Control of Substances Hazardous to Health	●	●	●	●	●
- Moving and handling	●	●	●	●	●
<b>Risk assessment undertaken if required and record in additional interview section e.g. pregnancy or sickness and absence</b>	●	●	●	●	●

**Confidentiality procedures discussed including:**

- Patient/client and individual information
- Escalating and reporting concerns, e.g. poor practice (safeguarding)

**Uniform policy discussed**

**Other policies and mandatory training relevant to placement area**

**Policy 1:**

**Policy 2:**

**Policy 3:**

● ● ● ● ●

● ● ● ● ●

● ● ● ● ●

● ● ● ● ●

● ● ● ● ●

**Student Signature:**

Unsigned

**Date Signed:**

Unsigned

**Mentor Signature:**

Unsigned

**Date Signed:**


Unsigned

## Preliminary Discussion Practice Experience 2

Practice Experience 2

### I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified


- any personal health/learning needs
- any adjustments to aid learning
- practice hours to be made up (if appropriate)
- ongoing developmental needs
- opportunities for exposure to specific client groups

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned



## Record Of Additional Interviews

Practice Experience 2

This section may be used to record any risk assessments or return to practice interviews following a period of sickness.

1

 Details

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Personal Developmental Learning Plan Practice Experience Hub 2

Practice Experience 2

to be completed by the student in collaboration with the Supervisor/Mentor within Hub/Spokes/Short visits

1

Agreed Learning Opportunities

Comment on how this has contributed to your learning

## Spoke 1 (1-4 weeks)

Practice Experience 2

Practice Experience 2

Spoke 1 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain




Communication, Nursing Practice, Leadership and Management Domains (as appropriate)



Service user/carer views obtained and recorded by the named Mentor



Student comments/student reflection on learning

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor/Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Spoke 2 (1-4 weeks)

Practice Experience 2

Practice Experience 2

Spoke 2 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain



Communication, Nursing Practice, Leadership and Management Domains (as appropriate)



Service user/carers views obtained and recorded by the named Mentor



Student comments/student reflection on learning

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor/Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Spoke 3 (1-4 weeks)

Practice Experience 2

Practice Experience 2

### Spoke 3 Details To be completed by the spoke Supervisor/Mentor

**Placement:**

**Telephone:**

**Date:** From:  To:

**PLSS ID:**



Professional Values Domain



Communication, Nursing Practice, Leadership and Management Domains (as appropriate)



Service user/carer views obtained and recorded by the named Mentor



Student comments/student reflection on learning

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Mentor/Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned



## Short Visits (less than one week)


Practice Experience 2


Practice Experience 2


To be completed by the short visit supervisor. Please refer to preliminary discussion section


1


 Start Date

 End Date


 Hours

 Placement Details

 Supervisor Comments

 **Supervisor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Hub Interim Progress Review

Practice Experience 2

Practice Experience 2

### To be completed by the named mentor

#### Student self-assessment with regards to domains (to be completed in advance of interim progress review)

Strengths:


Areas for development:

#### Named Hub Supervisor/Mentor comments with regards to domains (as discussed with student)

Strengths:

Areas for development:

#### Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**






Unsigned





## Action Plan

Practice Experience 2




At any time during this experience, when a student needs targeted support and guidance to meet the practice competencies, an action plan must be initiated. The aim of an action plan is to enhance performance, competence or professional behaviour.




1




 Domain	 Date Initiated	 Planned Action	 Review Comments
	<input style="width: 100%; height: 30px; margin-bottom: 5px;" type="text"/>  Review Date <input style="width: 100%; height: 30px;" type="text"/>		


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

Both the mentor and the student should discuss and agree the action plan and sign and date below. Mentors are advised to contact the PEF and the University when an action plan is required.


<b> Other Supervisor/Mentors</b>	<b> Date Contacted</b>	<b> Contact Method</b>

<b> Practice Education Facilitator</b>	<b> Date Contacted</b>	<b> Contact Method</b>

<b> Sign-off Mentor</b>	<b> Date Contacted</b>	<b> Contact Method</b>

 University Representative

 Date Contacted

 Contact Method

## Ongoing Achievement Record

Practice Experience 2

### Final Progress Review

#### Student self-assessment with regards to domains (to be completed in advance of final interview)

Strengths:

Areas for development:

#### Named Hub Mentor/Supervisor comments with regards to domains (as discussed with student)

All domain competencies  
achieved?

Yes

No

Actions required to inform student development &  
progression to Year 2 (please comment on any  
competencies that have not been achieved).

Strengths:


#### Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

# Final Assessment of Competence

Practice Experience 2

**Student Name:** Test Student

**Student ID:** ORIG\_ID:9000

Please refer to the key guidance section of this document and the NMC (2008) Standards to support learning and assessment in practice, Section 3:2:6, pp. 32 and 33.

Named Sign-off Mentor declaration:

I confirm that the above named student \_\_\_\_\_ provided sufficient evidence of achievement of year 1, 2 and 3 practice competencies and therefore the student \_\_\_\_\_ progress to the NMC register.

**Named Mentor Signature:** Unsigned

**Date Signed:** Unsigned

Location:

**Named Sign-off Mentor NMC Registration**  
(tick all that apply)

**Field**

**Adult**

**Mental Health**

**Learning Disabilities**

**Child**

Supervising Sign-off Mentor

**Mentor Signature:** Unsigned

**Date Signed:** Unsigned

Student declaration:

I confirm that I have received appropriate opportunities for feedback and discussion on my performance and progression with my named Sign-off Mentor throughout my final placement.

**Student Signature:** Unsigned

**Date Signed:** Unsigned

## Action Plan: Practice Retrieval

Retrieval

When a student needs targeted support and guidance to meet outstanding practice competencies a retrieval action plan must be initiated by the Hub Mentor.

1

Domain	Date Initiated	Planned Action	Review Comments
	<input style="width: 100%; height: 30px; margin-bottom: 5px;" type="text"/> Review Date <input style="width: 100%; height: 30px;" type="text"/>		

<b>Student Signature:</b>	Unsigned	<b>Date Signed:</b>	Unsigned
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<b>Mentor Signature:</b>	Unsigned	<b>Date Signed:</b>	Unsigned
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Both the mentor and the student should discuss and agree the action plan and sign and date below. Mentors are advised to contact the PEF and the University when an action plan is required.

Other Supervisor/Mentors	Date Contacted	Contact Method

Practice Education Facilitator	Date Contacted	Contact Method

Sign-off Mentor	Date Contacted	Contact Method



 University Representative

 Date Contacted

 Contact Method

## Practice Retrieval Interim Progress Review

Retrieval

### To be completed by the named mentor

#### Student self-assessment with regards to domains (to be completed in advance of interim progress review)

Strengths:


Areas for development:

#### Named Hub Supervisor/Mentor comments with regards to domains (as discussed with student)

Strengths:

Areas for development:

#### Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned

 **Date Signed:**

Unsigned

## Practice Retrieval - Ongoing Achievement Record

Retrieval

### Final Progress Review

#### **Student self-assessment** (to be completed in advance of final retrieval interview)


Comment on retrieval of competencies:

#### **Named Hub Mentor assessment** (as discussed with student)

Retrieval competencies achieved?

Comment on retrieval of competencies:


#### **Service user/carer views obtained and recorded by the named Hub Supervisor/Mentor**

 **Student Signature:**

Unsigned

 **Date Signed:**

Unsigned

 **Named Mentor Signature:**

Unsigned


 **Date Signed:**


Unsigned

## Practice Retrieval Section (if applicable)

Retrieval

### Final Assessment of Competence

 **Student Name:** Test Student

 **Student ID:** ORIG\_ID:9000

Please refer to the key guidance section of this document and the NMC (2008) Standards to support learning and assessment in practice, Section 3:2:6, pp. 32 and 33.

Named Sign-off Mentor declaration:

I confirm that the above named student \_\_\_\_\_ provided sufficient evidence of achievement of year 1, 2 and 3 practice competencies and therefore the student \_\_\_\_\_ progress to the NMC register.

 **Named Mentor Signature:** Unsigned

 **Date Signed:** Unsigned

Location:

**Named Sign-off  
Mentor  
NMC Registration**  
(tick all that apply)

**Field**


**Adult**

**Mental Health**

**Learning Disabilities**

**Child**


Supervising Sign-off Mentor

 **Mentor Signature:** Unsigned

 **Date Signed:** Unsigned






Student declaration:

I confirm that I have received appropriate opportunities for feedback and discussion on my performance and progression with my named Sign-off Mentor throughout my final placement.

 **Student Signature:** Unsigned

 **Date Signed:** Unsigned

# Placement Details

 <b>Student name:</b> Test Student	<b>Cohort:</b> test <b>Module No:</b> test
 <b>Placement:</b> PARE Hospital - Test Ward	 <b>Date:</b> 10/05/2020 → 24/05/2020
 <b>Practice Assessor name:</b> Test Mentor	 <b>Contact No:</b> n/a

# Timesheet

### 🔍 Day Type:

P (**Practice**), NS (**Night Shift**), PRA (**Practice Related Activity**), UTH (**University Theory Hours**), PL (**Planned Leave**), UL (**Unplanned Leave**), DO (**Day Off**), A (**Absent**), S (**Sick**), SL (**Special Leave**), MU (**Make Up**)

Week Commencing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Practice	Signed Off
-----------------	-----	------	-----	-------	-----	-----	-----	----------------	------------

## Declaration

The total number of Practice hours completed by the student: **0H 00M**

The total number of University theory hours completed by the student: **0H 00M**


The total number of hours: **0H 00M**

The total number of night shifts completed by the student: **0**


The total number of Night Shift hours completed by the student: **0H 00M**

**I declare that this form accurately represents the students practice hours during the stated period.**

 **Student Signature:** Unsigned

 **Date Signed:** Unsigned

 **Practice Assessor  
Signature:** Unsigned

 **Date Signed:** Unsigned