STUDENTS NAME:
STUDENT ID:
BRANCH/FIELD:
LINK LECTURER:
SIGN-OFF MENTOR:

FACULTY OF LIFE AND HEALTH SCIENCES
SCHOOL OF NURSING

RETURN TO PRACTICE NURSING

PRACTICE LEARNING PORTFOLIO

July 2015

CONTACT INFORMATION DETAILS

Student's Details	
Name	
University ID	
Practice Learning Facility	
Employer's Name (if seconded)	
Branch/Field	
Work Telephone Number	
Mobile Telephone Number	
University of Ulster Email Address	
Alternative Email Address	
Sign-Off Mentor Details	
Name	
Designation/Position	
Place of Work	
Contact Telephone Number	
NMC PIN	
Part of Register	
Link Lecturer's Details	
Name	
Contact Telephone Number	
Email Address	

PARTS OF THE REGISTER

Please identify which part of the NMC Live Register that the student intends to return to:

Level 1 Nurses Sub-part 1		**Level 2 Nurses Sub-part 2**	
Field of practice	**Registration entry code**	**Field of practice**	**Registration entry code**
☐ Adult	RN1, RNA	☐ Adult	RN2
☐ Mental Health	RN3, RNMH	☐ Mental Health	RN4
☐ Learning Disabilities	RN5, RNLD	☐ Learning Disabilities	RN6
☐ Children	RN8, RNC	☐ General	RN7
		☐ Fever	RN9

Specialist community public health nurses part of the Register	
Field of practice	**Registration entry code**
☐ Specialist Community Public Health Nursing - HV	RHV
☐ Specialist Community Public Health Nursing - SN	RSN
☐ Specialist Community Public Health Nursing - OH	ROH
☐ Specialist Community Public Health Nursing - FHN	RFHN
☐ Specialist Community Public Health Nursing	RSCP

Recorded qualifications	
☐ V100	Mode 1 Prescribing
☐ V150	Community Practitioner Nurse Prescriber
☐ V200	Extended Nurse Prescribing
☐ V300	Extended/Supplementary Nursing Prescribing
☐ LPE	Lecturer/Practice Educator
☐ TCH	Teacher
☐ SPA	Specialist Practitioner - Adult Nursing
☐ SPMH	Specialist Practitioner - Mental Health
☐ SPC	Specialist Practitioner - Children's Nursing
☐ SPLD	Specialist Practitioner - Learning Disability Nurse
☐ SPGP	Specialist Practitioner - General Practice Nursing
☐ SCMH	Specialist Practitioner - Community Mental Health Nursing
☐ SCLD	Specialist Practitioner - Community Learning Disabilities Nursing
☐ SPCC	Specialist Practitioner - Community Children’s Nursing
☐ SPDN	Specialist Practitioner - District Nursing

DOCUMENTATION TO BE COMPLETED WITHIN THE PORTFOLIO

Document	Purpose	Page No
Personal Profile	To provide those supporting your learning with a personal overview, who you are, your background and aspirations. This should be completed by you prior to commencing your first practice learning.	5
Reflections on Practice	These should be completed as required and appropriate by the student to evidence achievement of specified competencies **Please remember that two mandatory reflections are required as indicated in the NMC Outcomes Assessment Record**	13
Signature Log	To ensure all entries in the portfolio can be tracked to the individual who made/verified them. This should be completed any time a new person makes an entry into the portfolio.	14
Health and Safety Student Induction Checklist	To ensure the student is inducted appropriately to health and safety measures. This should be completed on commencing the practice learning experience and returned to the Placement Office within two weeks.	15
Record of Attendance	To ensure an accurate record of hours completed and any sickness/absence. This must be completed regularly and verified by the Sign-Off Mentor.	16
Learning Contracts	These should be completed by the Student and agreed by the Sign-Off Mentor, under the advice of the Link Lecturer. These should be completed within the first two weeks of the practice learning experience. **You must develop at least one Learning Contract per NMC Outcome, of which there are nine**	19
Record of Additional Activities	Students may use this record sheet to record learning activities that relate directly to the NMC Outcomes or to address identified learning needs (eg skills acquisition).	20
Ongoing Achievement Record (Initial Discussion and Review)	The NMC require a complete Ongoing Achievement Record to be maintained. This should evidence progression, achievement of competencies and any issues that may arise. A student will not be able to proceed through an awarding examinations board without these documents being complete in their entirety. The Sign-Off Mentor and Student are responsible for ensuring its completion: • The Initial Discussion should be completed within the first two days of the practice learning experience • The Review document must be completed after 50 hours of practice learning. The Review document may be completed earlier or again before completion of the 150 hours. This is essential if an extension of practice hours is required to achieve competencies	21

Document	Purpose	Page No
Sign-Off Mentor Record of Reflection, Feedback and Review of Student Achievement	To be completed at the specified time periods by the Sign-Off Mentor to meet the NMC requirements. Sign-Off Mentors should have one hour of protected time to undertake this activity at the specified times.	23
Record of Discussion – Additional Sign-off Mentor Comments	To be completed should the Sign-Off Mentor wish to raise and record any issue not addressed in other documentation.	24
Link Lecturer Record of Visit on Practice learning	Completed by the Link Lecturer on visiting the Student on Practice Learning.	25
Final Assessment of NMC Outcomes	This should be completed by the Sign-Off Mentor, Student and Link Lecturer at the end of the practice learning experience.	27
Final Discussion and Confirmation of Proficiency	The Final Discussion document should be completed at the end of the practice learning period.	32
Review of Student Development Action Plan	If a Student does not meet the required standard to return to the register, an action plan identifying the issues encountered and how these can be overcome should be completed by the Sign-Off Mentor and Student.	33
Skills Development Record	This is where achievement of a skill by the Student is recorded by an assessing Registered Nurse.	34

PERSONAL PROFILE

Please complete this personal profile prior to commencing your first week of practice learning.

Your Details	
Name	
University ID	
Field	
University of Ulster Email Address	
Home Town	
Provide an overview of yourself (eg concerns, goals, expectations)	

WHERE I HAVE COME FROM Provide an overview of your work experience since you last practiced in nursing.
MY DESTINATION Provide an overview of your aspirations for the future.

ASSESSMENT OF LEARNING OUTCOMES

Students undertaking this programme can take their practice learning module at either Level 5 or Level 6. The NMC specify nine outcomes that must be achieved in order to return to practice. In order to make the link between the learning outcomes of the module and the NMC outcomes explicit, the learning outcomes of the module are mapped against the performance indicators associated with the NMC outcomes. This ensures that both sets of outcomes are addressed through one assessment process.

The NMC Outcomes are mapped to the module learning outcomes as follows:

NMC Outcome	Module Learning Outcomes
1. An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery.	K1
2. An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.	K1, I1, P5, P6
3. An understanding of the current structure and organisation of care, nationally and locally.	I1
4. An understanding of current issues in nursing education and practice.	P2, P3, P4
5. The use of relevant literature and research to inform the practice of nursing and midwifery.	T2
6. The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.	K2, I1, I3, P6, P9, P12, T3
7. The ability to use appropriate communications, teaching and learning skills.	T4, P11, T3
8. The ability to function effectively in a team and participate in a multi-professional approach to people's care.	I2, P7, P8, P10, T5, T6
9. The ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence.	P1, P2, P3, P4, P5, P7, P8, T1, T5

As a result, assessing the NMC Outcomes will assess the module outcomes. In order to guide Sign-Off Mentors and Students in determining achievement towards these outcomes, performance indicators are provided in Appendix 1(Page 32). Performance indicators are measurable indicators that help demonstrate the achievement of an outcome. They are not a definitive list and all do not have to be achieved to meet the outcome.

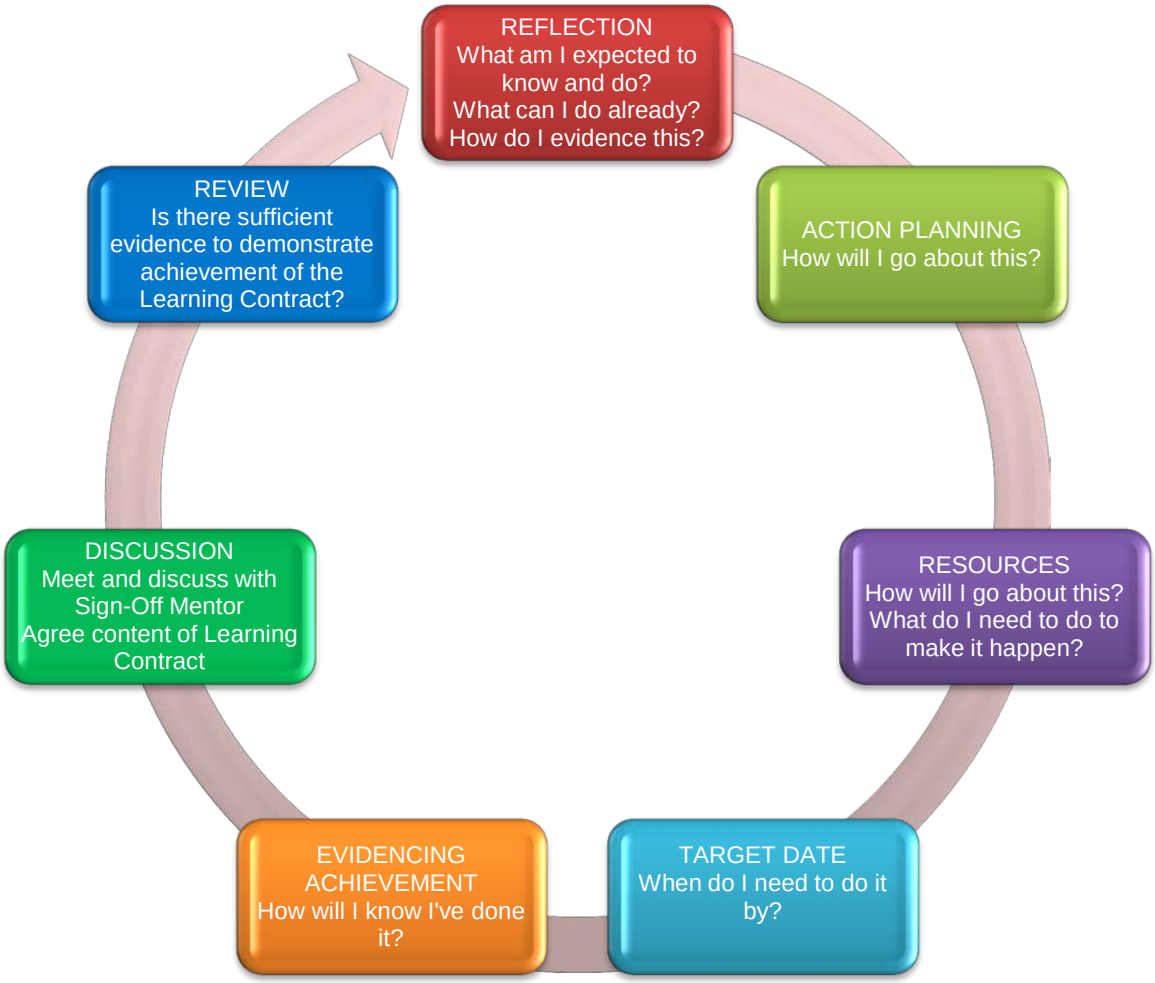
Using Learning Contracts to Evidence Achievement of Outcomes

Students are required to develop at least one learning contract for each of the nine NMC outcomes. Figure 1 below illustrates the process in developing such learning contracts. Performance indicators are presented to help break this into components and to facilitate both the student and Sign-Off Mentor in planning how the outcome can be achieved and what sources of evidence are needed to verify achievement. Sources of evidence can include:

- Care documentation
- Reflections
- Direct observation
- Feedback from others
- Appropriate integration of evidence into practice (eg research)
- Reflective discussions
- Certified attendance at in-service education
- Record of Additional Activities (eg for skills acquisition)
- Teaching Plan
- Service user/carer testimonials.

The Sign-Off Mentor must decide what evidence will be needed to demonstrate achievement of the NMC outcome. This is all documented on the Learning Contract and agreed with the student. On reviewing the evidence, the Sign-Off Mentor must be satisfied that the quality of the evidence is sufficient to support their decision that the NMC outcome has been achieved.

Figure 1 - Learning Contract Cycle



An example of a completed learning contract is presented on the next page.

EXAMPLE OF COMPLETED PRACTICE LEARNING CONTRACT *(may be handwritten)*

NMC Outcome Number: ___ *What do I have to achieve?*	**Action Plan** *How will I achieve this?*	**Resources** *What do I need to achieve this outcome?*	**Target Date** *When do I need to achieve this by?*	**Evidence of Achievement**
I must be able to demonstrate an understanding of the influence of health and social policy relevant to the practice of nursing This will require me to be able to demonstrate an understanding of how health and social policy influences nursing of people, in particular the impact on the integration of services between primary, secondary and tertiary care	1. Refer/Access notes, books, guidelines, policies, procedures, articles 2. Explore particular issues with Mentor and other staff 3. Attend case/care management meeting to explore the complexities involved 4. Select a person who is in transition across care settings (eg being planned for discharge) and review the impact of policies on this process 5. Plan and implement a person's transition from care setting to another (ie four discharge plans) 6. Ensure that care plan and any supporting documentation is counter-signed	1. Up-to-date knowledge/information in relation to current health and social policy 2. Copies of relevant policies/documents 3. Work alongside and observe Mentor and others 4. Find time to discuss issues with Mentor and others 5. Identify opportunity to attend case/care management meeting and discharge planning meeting 6. Study & use in-house documentation, care plans, assessment tools and form	By first review	Completion of four discharge plan Reflection on attendance at case/care management meeting Familiarisation and use of relevant documentation and guidelines Feedback from Sign-Off Mentor following discussions Record of additional activities

We have discussed the above Learning Contract and agree that the proposed actions are relevant to the expressed learning needs of the Student and the required Learning Outcomes for this placement.

Student Name:_____ Student ID:_____ Student Signature:_____ Date: _____

Sign-Off Mentor Name:_____ Sign-Off Mentor Signature:_____ Date: _____

Required Reflections

In order to distinguish between those who take the module at Level 5 and Level 6, students are required to provide two mandatory reflective accounts that are no greater than 500 words in length and are directly linked to one or more of the NMC outcomes. These may also contribute to the evidence to support particular NMC outcomes. These reflections will form part of the summative assessment and so must meet the criteria set out below.

Criteria for Reflective Accounts	
Level 5	**Level 6**
1. Choose an experience that you had while on practice learning that had an impact on you.	1. Choose an experience that you had while on practice learning that had an impact on you.
2. Present the context of the reflection.	2. Present the context of the reflection.
3. Provide your thoughts and feelings at the time and afterwards.	3. Provide your thoughts and feelings at the time and afterwards.
4. Consider the experience and evaluate the impact upon the people involved and what can be learned from the experience.	4. Consider the experience and evaluate the impact upon the people involved and what can be learned from the experience. Use examples of policies, procedures and evidence to support this evaluation.
5. Considering all of the above, how has this impacted upon your practice and if this situation arose again how would you influence this?	5. Considering all of the above, how has this impacted upon your practice and if this situation arose again how would you influence this?

Guidelines on reflections are provided on the next page.

Guidelines on Reflection

The reflection process has developed over time and is used widely in nursing. It is widely recognised as an invaluable learning method, providing fresh insights that enable practitioners to enhance health care practice and thus improve the quality of care. The reflective process develops awareness of thoughts (intellectual), feelings (affective), and actions or omissions (behaviour), relating to a particular experience or area of practice.

Reflections are a personal account of your experiences. The information recorded will help you focus on your thoughts, feelings and actions in practice, with a view to improvement. Take time to reflect on the following:

- How do you feel about the practice learning area in which you are working? Is it suited to the learning needs of the programme?
- Do you feel that you are receiving adequate supervision and support from your Sign-Off Mentor and your Link Lecturer?
- This is an intense programme, therefore, if you feel you are not making progress please contact your Link Lecturer as soon as possible.
- Note any specific issues that have arisen from your practice learning experience for discussion in class.

To facilitate professional development, select events and situations which are of particular significance to you. The following criteria may assist this process:

- Events which are a particularly good example of your practice, outlining reasons why you deem this to be so.
- Events that are meaningful, perhaps in terms of representing a key decision or dilemma.
- Events that have not gone well including an analysis of why this was so.
- Situations where you feel frustrated by lack of knowledge, skill or resources.
- Events about which you feel unhappy, these might involve moral or ethical dilemmas.

Rather than describing events and situations, the focus needs to be on analysing the effect that the experience(s) has had upon you. Be reasonably succinct in what you write but use extra sheets if you need to. The following modified stages of Gibbs (1988) model (on next page) may be useful in writing your reflection on practice but should not be followed slavishly.

Reference

Gibbs, G. 1998. *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford: EMU.

Context
What happened
Describe the events as objectively, accurately and concisely as you can. Who was involved? Where did it happen?
Thoughts
What were your thoughts?
At the time?
Afterwards
Feelings
What were you feelings or emotions; both positive and negative
At the time?
Afterwards
Evaluation
How well did things go?
Were things satisfactorily resolved?
Analysis
What were the factors that affected the outcome?
What helped and what hindered?
Can you explain the event?
Why did it happen?
How did it happen?
Reframe
What might have been some alternative actions?
What might you have done differently (even if it went well)
Could negative events been avoided?
Could positive events be made even more effective?
Future Actions
What will you do if you encounter this kind of situation again?
What will you do in the future to increase the likelihood of similar positive outcomes and minimise negative ones?
What do you need to learn?
How might you learn this?

PROFESSIONAL DEVELOPMENT REFLECTION ON PRACTICE

Reflect at different stages during the year and monitor your progress-Please date these entries

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____

PORTFOLIO SIGNATURE LOG

In order that all records in your portfolio can be traced, please ensure that any individual who makes a record in / adds a signature to your portfolio also adds their signature to this log along with the other details indicated.

Initials	Signature	Print Full Name	Designation	Place of Work	Date

ON COMPLETION OF YOUR PROGRAMME, PLEASE SUBMIT THE ORIGINAL OF THIS PAGE TO YOUR RELEVANT SCHOOL OF NURSING OFFICE AND MAINTAIN A COPY IN THIS PORTFOLIO AS YOUR RECORD.

HEALTH AND SAFETY STUDENT INDUCTION CHECKLIST

Name of Practice Learning Facility: _____

Name of Student: _____

Student ID: _____

Your Health and Safety are paramount during practice learning.

The original copy of the completed checklist and statement MUST be returned to the Practice Learning Office within TWO WEEKS of commencing your practice learning experience.

If for any reason you feel unable to sign this declaration you should contact your Link lecturer immediately.

The following items are commonly included in induction into organisations. It may be useful for you to check off the items when they occur. Inform the person in charge of your practice learning facility within the organisation if any obviously relevant items are not covered within one week of the start of the practice learning period.

HEALTH AND SAFETY ISSUES	
Emergency procedures	
Location of first aid box/first aid provision	
Fire procedures and location of fire management equipment	
Accident/incident reporting procedures	
Moving and handling procedures	
Policies and procedures, including health and safety (received or location)	
Personal protective equipment	
Instruction on equipment you will be required to use	
Any relevant risk assessments have been drawn to your attention	

I confirm that I have no current concerns relating to any health and safety issues associated with this practice learning facility. In the event of concerns arising during or in connection with this or subsequent practice learning experiences, I will inform the practice learning facility manager, mentor and link lecturer immediately.

Student Signature: _____

Date: _____

Please retain a photocopy of this form (completed) and return the original to:

Practice Learning Office
School of Nursing
University of Ulster at Magee
Northland Road
Londonderry
BT48 7JL

SCHOOL OF NURSING RECORD OF ATTENDANCE

This form is to be completed as you progress throughout your practice learning experience. Sickness/Absence must be recorded, even if the Student's off-duty was re-planned.

Student Name		**Student ID**		**Sign-Off Mentor**	
Link Lecturer		**Programme**		**Branch/Field of Practice**	

Date (DD/MM/YY)	Hours Completed or Sickness/Absence	Student Signature	Sign-Off Mentor Signature	Was Sign-Off Mentor on Duty with Student?	Cumulative Total of Hours
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	

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SCHOOL OF NURSING RECORD OF ATTENDANCE

(Continuation Sheet)

Student Name		**Student ID**		**Sign-Off Mentor**	
Link Lecturer		**Programme**		**Branch/Field of Practice**	

Date (DD/MM/YY)	Hours Completed or Sickness/Absence	Student Signature	Sign-Off Mentor Signature	Was Sign-Off Mentor on Duty with Student?	Cumulative Total of Hours
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	

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SCHOOL OF NURSING RECORD OF ATTENDANCE

(Continuation Sheet)

Student Name		**Student ID**		**Sign-Off Mentor**	
Link Lecturer		**Programme**		**Branch/Field of Practice**	

Date (DD/MM/YY)	Hours Completed or Sickness/Absence	Student Signature	Sign-Off Mentor Signature	Was Sign-Off Mentor on Duty with Student?	Cumulative Total of Hours
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	
/ / /				YES ☐ NO ☐	

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LEARNING CONTRACT

Meets Competency No.: _____

NMC Outcome Number: ___ *What do I have to achieve?*	**Action Plan** *How will I achieve this?*	**Resources** *What do I need to achieve this outcome?*	**Target Date** *When do I need to achieve this by?*	**Evidence of Achievement**

We have discussed the above Learning Contract and agree that the proposed actions are relevant to the expressed learning needs of the student and the required practice outcomes for this Practice learning.

Student Name:_____ Student ID:_____ Student Signature:_____ Date: _____

Sign-Off Mentor Name:_____ Sign-Off Mentor Signature:_____ Date: _____

RETURN TO PRACTICE NURSING: RECORD OF ADDITIONAL ACTIVITIES

Students may use this record sheet to record learning activities that relate directly to the NMC Outcomes or to address identified learning needs (eg skills acquisition). Multiple copies of this record may be made to evidence practice learning events.

Date of Activity	Location of Activity	Attendance Times	No. of Hours	Verifying Signature	Name and Designation of Verifier	Mentor's Signature
		From: To:				
Objectives of Activity						
Evidence/Location of Evidence of Achieving Objectives						
Date of Activity	**Location of Activity**	**Attendance Times**	**No. of Hours**	**Verifying Signature**	**Name and Designation of Verifier**	**Mentor's Signature**
		From: To:				
Objectives of Activity						
Evidence/Location of Evidence of Achieving Objectives						
Date of Activity	**Location of Activity**	**Attendance Times**	**No. of Hours**	**Verifying Signature**	**Name and Designation of Verifier**	**Mentor's Signature**
		From: To:				
Objectives of Activity						
Evidence/Location of Evidence of Achieving Objectives						

Ongoing Achievement Record – Initial Discussion To be Completed by the Sign-Off Mentor with the Student			
Student Name		**Student ID**	
Date of Review		**Location**	
Link Lecturer		**Sign-Off Mentor**	

In the space below, please verify the following have been discussed and agreed:

- Management and agreement of hours of attendance
- Identification of learning needs
- Learning Contracts to be developed

Action Plan Following Discussion

Student Signature		**Student ID**		**Date**	
Sign-Off Mentor Signature			**Date**		

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Ongoing Achievement Record – Review **(Duplicate as necessary)** To be Completed by the Sign-Off Mentor with the Student			
Student Name		**Student ID**	
Date of Review		**Location**	
Link Lecturer		**Sign-Off Mentor**	

Progress Review

In the space below, please verify the following have been reviewed:

- Achievement towards Learning Outcomes (via Learning Contracts)
- Any Action Plan set from Initial Discussion/previous Review

Action Plan Following Review

Click here to enter text.

Student Signature		**Student ID**		**Date**	
Sign-Off Mentor Signature			**Date**		

ON COMPLETION OF YOUR PROGRAMME, PLEASE SUBMIT THE ORIGINAL OF THIS PAGE TO YOUR RELEVANT SCHOOL OF NURSING OFFICE AND MAINTAIN A COPY IN THIS PORTFOLIO AS YOUR RECORD.

SIGN-OFF MENTOR RECORD OF REFLECTION, FEEDBACK AND REVIEW OF STUDENT ACHIEVEMENT

Sign-Off Mentor should keep records on reflection, feedback and achievement as specified by the NMC. Please use this record as evidence of this activity having occurred. Students should not make entries within this record, but sign to verify awareness of the feedback on their performance.

Student Name		**Student ID**	
Date of Review		**Location**	
Link Lecturer		**Sign-Off Mentor**	

Hours	**Reflection Feedback and Review of Student achievement**				
After 50 hours completed					
	Sign-Off Mentor signature & date		Record Time:	Student signature & date	
After 100 hours completed					
	Sign-Off Mentor signature & date		Record Time:	Student signature & date	
On completion of 150 hours					
	Sign-Off Mentor signature & date		Record Time:	Student signature & date	
After completion of further hours as necessary					
	Sign-Off Mentor signature & date		Record Time:	Student signature & date	
After completion of further hours as necessary					
	Sign-Off Mentor signature & date		Record Time:	Student signature & date	

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RECORD OF DISCUSSION – ADDITIONAL SIGN-OFF MENTOR COMMENTS

This record is to be used to document additional comments and associated action plans where required (duplicate as necessary).

Additional Sign-Off Mentor Comments:			
Action Plan (please use Learning Contracts to implement this Action Plan)**:**			
Outcome:			
Mentor Signature		**Date**	
Student Signature		**Date**	

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SIGN-OFF MENTOR NOTES

[To be used only if required]

Sign-Off Mentor's Name:_____

Date	Comments

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SIGN-OFF MENTOR NOTES

[To be used only if required]

Sign-Off Mentor's Name:_____

Date	Comments

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Link Lecturer Record of Visit on Practice Learning			
Student Name		**Student ID**	
Date of Visit		**Location**	
Link Lecturer		**Sign-Off Mentor**	
Progress Review **(Please verify Ongoing Achievement Record was reviewed and refer to progress in achieving competencies)**			
Action Plan Following Review			
Student Signature		**Date**	
Sign-Off Mentor Signature		**Date**	
Link Lecturer Signature		**Date**	

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LECTURER'S NOTES

[To be used only if required]

Link Lecturer's Name:_____

Date	Comments

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LECTURER'S NOTES

[To be used only if required]

Link Lecturer's Name:_____

Date	Comments

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FINAL ASSESSMENT OF NMC OUTCOMES

NMC Outcome	Source(s) of Evidence	Final Assessment		
		Achieved?	**Sign-Off Mentor Initials**	**Student Initials**
1. An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	YES ☐ NO ☐	**Date**	**Date**
		Achieved?	**Sign-Off Mentor Initials**	**Student Initials**
2. An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	YES ☐ NO ☐	**Date**	**Date**

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NMC Outcome	Source(s) of Evidence	Final Assessment		
3. An understanding of the current structure and organisation of care, nationally and locally.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?** YES ☐ NO ☐	**Sign-Off Mentor Initials** **Date**	**Student Initials** **Date**
4. An understanding of current issues in nursing education and practice.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?** YES ☐ NO ☐	**Sign-Off Mentor Initials** **Date**	**Student Initials** **Date**

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NMC Outcome	Source(s) of Evidence	Final Assessment		
5. The use of relevant literature and research to inform the practice of nursing and midwifery.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?**	**Sign-Off Mentor Initials**	**Student Initials**
		YES ☐ NO ☐	**Date**	**Date**
6. The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?**	**Sign-Off Mentor Initials**	**Student Initials**
		YES ☐ NO ☐	**Date**	**Date**

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NMC Outcome	Source(s) of Evidence	Final Assessment		
7. The ability to use appropriate communications, teaching and learning skills.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?** YES ☐ NO ☐	**Sign-Off Mentor Initials** **Date**	**Student Initials** **Date**
8. The ability to function effectively in a team and participate in a multi-professional approach to people's care.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	**Achieved?** YES ☐ NO ☐	**Sign-Off Mentor Initials** **Date**	**Student Initials** **Date**

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NMC Outcome	Source(s) of Evidence	Final Assessment		
		Achieved?	**Sign-Off Mentor Initials**	**Student Initials**
9. The ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence.	☐ Care documentation ☐ Reflections ☐ Direct observation ☐ Feedback from others ☐ Appropriate integration of evidence into practice (eg research) ☐ Certified attendance at in-service education ☐ Record of Additional Activities (eg for skills acquisition) ☐ Teaching Plan ☐ Other (specify): _____	YES ☐ NO ☐		
			Date	**Date**

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Ongoing Achievement Record– Final Discussion and Confirmation of Proficiency To be Completed by the Sign-Off Mentor with the Student			
Student Name		**Student ID**	
Date of Completion		**Location**	
Link Lecturer		**Sign-Off Mentor**	

I confirm that …… has demonstrated the requisite Standards of Proficiency during the period of practice learning and does meet the defined NMC Standards for re-entry to Part……. of the NMC live register as ……

Additional Comments (if required):

Sign-Off Mentor Signature: _____ (print) Date: _____

Sign-Off Mentor Part of Register:_____ PIN: _____

OR

I confirm that …… has **not** demonstrated the requisite Standards of Proficiency during this period of practice learning and does **not** meet the defined NMC Standards for re-entry to Part……. of the NMC live register as ……

Comments (please also complete Review of Student Development Action Plan)

Sign-Off Mentor Signature: _____ Date: _____

Sign-Off Mentor Part of Register:_____ PIN: _____

Student Comments

Student Signature: _____ Date: _____

Link Lecturer Comments

Link Lecturer Signature: _____ Date: _____

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REVIEW OF STUDENT DEVELOPMENT ACTION PLAN

This form must be completed if student has not achieved the necessary competencies on final assessment

Student Name		**Student ID**	
Date of Completion		**Location**	
Link Lecturer		**Sign-Off Mentor**	

Issues requiring development/follow-up in order to achieve standards for re-entry to NMC live register:
Action plan to achieve issues outlined above:

Student Signature		**Date**	
Sign-Off Mentor Signature		**Date**	
Link Lecturer Signature		**Date**	

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SIGN-OFF MENTOR NOTES

[To be used only if required]

Sign-Off Mentor's Name:_____

Date	Comments

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SKILLS DEVELOPMENT RECORD

Key: **Yes:** Student demonstrates they can practice this skill to the expected standard
No: Student does not yet demonstrate they can practice this skill to the expected standard
ONA: The opportunity to put this skill into practice was not available during this practice learning experience

Name of Student: _____ Student ID: _____

Mentor Name: _____

Skill	Achievement	Assessors Initials	Date
Demonstrates clinical confidence through sound knowledge, skills and understanding relevant to field.	☐ Yes ☐ No ☐ ONA		
Acts as a positive role model in promoting a professional image, developing trusting and supportive relationships, making decisions, taking action and working within local policy.	☐ Yes ☐ No ☐ ONA		
Initiates, maintains and closes professional relationships with service users and carers.	☐ Yes ☐ No ☐ ONA		
Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others.	☐ Yes ☐ No ☐ ONA		
Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care.	☐ Yes ☐ No ☐ ONA		
Is proactive in promoting and maintaining dignity.	☐ Yes ☐ No ☐ ONA		
Anticipates how people might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort.	☐ Yes ☐ No ☐ ONA		
Makes appropriate use of touch.	☐ Yes ☐ No ☐ ONA		
Listens to, watches for, and responds to verbal and non-verbal cues.	☐ Yes ☐ No ☐ ONA		
Provides accurate and comprehensive written and verbal reports based on best available evidence.	☐ Yes ☐ No ☐ ONA		
Uses the skills of active listening, questioning, paraphrasing and reflection to support a therapeutic intervention.	☐ Yes ☐ No ☐ ONA		
Works within legal and ethical frameworks in relation to seeking and withholding consent, data protection, information sharing, promoting safety and positive risk taking and dealing with complaints, compliments and concerns.	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
Works within the requirements of the code (NMC 2008) in delegating care and when care is delegated to them, taking responsibility and accountability for their practice, including the preparation, support and supervision of those to whom care is delegated.	☐ Yes ☐ No ☐ ONA		
Demonstrates sensitivity, respect and dignity in empowering people to meet their own needs, where possible, and make choices with the person and their carer(s) regarding their care.	☐ Yes ☐ No ☐ ONA		
Consistently communicates effectively, safely and sensitively with people in different settings using a range of methods and skills.	☐ Yes ☐ No ☐ ONA		
Written communication is:			
• Legible	☐ Yes ☐ No ☐ ONA		
• Accurate & factual	☐ Yes ☐ No ☐ ONA		
• Relevant	☐ Yes ☐ No ☐ ONA		
• Complete	☐ Yes ☐ No ☐ ONA		
• Date & time recorded	☐ Yes ☐ No ☐ ONA		
• Signed & countersigned	☐ Yes ☐ No ☐ ONA		
• In accordance with Data Protection principles	☐ Yes ☐ No ☐ ONA		
Verbal Communication:			
• Demonstrates respect, compassion and sensitivity	☐ Yes ☐ No ☐ ONA		
• Is adapted to individual need (eg hearing, vision or speech impairment)	☐ Yes ☐ No ☐ ONA		
• Is responsive to people's emotions	☐ Yes ☐ No ☐ ONA		
• Is clear	☐ Yes ☐ No ☐ ONA		
• Is accurate & factual	☐ Yes ☐ No ☐ ONA		
• Is relevant	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• Is complete	☐ Yes ☐ No ☐ ONA		
• Confirms understanding	☐ Yes ☐ No ☐ ONA		
• Is appropriate (eg confidentiality, non-verbals)	☐ Yes ☐ No ☐ ONA		
Engages in structured health education	☐ Yes ☐ No ☐ ONA		
Demonstrates the ability to:			
• Listen	☐ Yes ☐ No ☐ ONA		
• Seek clarity	☐ Yes ☐ No ☐ ONA		
• Carry out instructions safely	☐ Yes ☐ No ☐ ONA		
Measurement and recording of and appropriate response to:			
• Weight	☐ Yes ☐ No ☐ ONA		
• Height	☐ Yes ☐ No ☐ ONA		
• Length	☐ Yes ☐ No ☐ ONA		
• BMI	☐ Yes ☐ No ☐ ONA		
• Nutritional Status (eg MUST)	☐ Yes ☐ No ☐ ONA		
• Temperature	☐ Yes ☐ No ☐ ONA		
• Radial Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Brachial Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Femoral Pulse (manual)	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• Dorsalis Pedis Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Posterior Tibial Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Popliteal Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Carotid Pulse (manual)	☐ Yes ☐ No ☐ ONA		
• Respirations	☐ Yes ☐ No ☐ ONA		
• Oxygen Saturations (SaO_2)	☐ Yes ☐ No ☐ ONA		
• Capillary Refill/Perfusion (Central and Peripheral)	☐ Yes ☐ No ☐ ONA		
• Early Warning Score	☐ Yes ☐ No ☐ ONA		
• Peak expiratory flow	☐ Yes ☐ No ☐ ONA		
• Blood Pressure (sphygmomanometer)	☐ Yes ☐ No ☐ ONA		
• Blood Pressure (electronic)	☐ Yes ☐ No ☐ ONA		
• Level of Consciousness (AVPU)	☐ Yes ☐ No ☐ ONA		
• Level of Consciousness (GCS)	☐ Yes ☐ No ☐ ONA		
• Papillary response	☐ Yes ☐ No ☐ ONA		
• Limb strength (Muscle Strength Grading)	☐ Yes ☐ No ☐ ONA		
• Observation and staging of wounds	☐ Yes ☐ No ☐ ONA		
• Pain	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• Urinalysis	☐ Yes ☐ No ☐ ONA		
Management of mild airway obstruction	☐ Yes ☐ No ☐ ONA		
Management of severe airway obstruction	☐ Yes ☐ No ☐ ONA		
Opening, clearing and maintaining airway	☐ Yes ☐ No ☐ ONA		
Recovery position	☐ Yes ☐ No ☐ ONA		
Assessment of the sick person using ABCDE approach	☐ Yes ☐ No ☐ ONA		
CPR (Adult)	☐ Yes ☐ No ☐ ONA		
CPR (Infant & Child)	☐ Yes ☐ No ☐ ONA		
Recognises signs of challenging behaviour and uses de-escalation techniques as appropriate	☐ Yes ☐ No ☐ ONA		
Identifies and acts appropriately to safeguard adults and children in vulnerable situations	☐ Yes ☐ No ☐ ONA		
Use risk assessment tools as appropriate	☐ Yes ☐ No ☐ ONA		
Safe use and disposal of medical devices (COSHH)	☐ Yes ☐ No ☐ ONA		
Measuring and recording of blood glucose, responding appropriately	☐ Yes ☐ No ☐ ONA		
Assessment and management of:			
• Incontinence	☐ Yes ☐ No ☐ ONA		
• Constipation	☐ Yes ☐ No ☐ ONA		
• Pressure areas	☐ Yes ☐ No ☐ ONA		
• Immobility	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• Risk of falls	☐ Yes ☐ No ☐ ONA		
• Pain	☐ Yes ☐ No ☐ ONA		
Urinary catheterisation and catheter care	☐ Yes ☐ No ☐ ONA		
Manages and diffuses challenging situations and practices effectively to safeguard those in need of support and protection.	☐ Yes ☐ No ☐ ONA		
Detects, records, reports and acts autonomously and appropriately when face with improvement or sudden deterioration in people's physical or psychological condition or emergency situations, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide and their family.	☐ Yes ☐ No ☐ ONA		
Uses a range of techniques to discuss treatment options with people.	☐ Yes ☐ No ☐ ONA		
Provides safe and effective care in partnership with people and their carers within the context of people's ages, conditions and developmental stages.	☐ Yes ☐ No ☐ ONA		
Prioritises the needs of groups of people and individuals in order to provide care effectively and efficiently.	☐ Yes ☐ No ☐ ONA		
Shares complaints, compliments and comments with the team in order to improve care.	☐ Yes ☐ No ☐ ONA		
Actively responds to feedback.	☐ Yes ☐ No ☐ ONA		
Takes effective role within the team adopting the leadership role when appropriate.	☐ Yes ☐ No ☐ ONA		
Safeguards the safety of self and others, and adheres to lone working policies when working in the community setting and in people's homes.	☐ Yes ☐ No ☐ ONA		
Inspires confidence and provides clear direction to others.	☐ Yes ☐ No ☐ ONA		
Demonstrates effective time management.	☐ Yes ☐ No ☐ ONA		
Takes steps not to cross professional boundaries and put self or colleagues at risk.	☐ Yes ☐ No ☐ ONA		
Selects and applies appropriate strategies and techniques for conflict resolution, de-escalation and physical intervention in the management of potential violence and aggression.	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
Takes evidence informed decisions and is accountable for these.	☐ Yes ☐ No ☐ ONA		
Prioritises own workload and negotiates with others to manage competing and conflicting priorities.	☐ Yes ☐ No ☐ ONA		
Maintains a high standard of personal hygiene	☐ Yes ☐ No ☐ ONA		
Follows uniform policy	☐ Yes ☐ No ☐ ONA		
Effective hand-washing	☐ Yes ☐ No ☐ ONA		
Appropriate use of personal protective equipment	☐ Yes ☐ No ☐ ONA		
Appropriate disposal of waste and laundry	☐ Yes ☐ No ☐ ONA		
Aseptic technique	☐ Yes ☐ No ☐ ONA		
Recognises potential signs of infection and reports to relevant senior members of staff	☐ Yes ☐ No ☐ ONA		
Safely delivers care under supervision to people who require to be nursed in isolation or in protective isolation settings	☐ Yes ☐ No ☐ ONA		
Preparation and Decontamination of bed space	☐ Yes ☐ No ☐ ONA		
Collects specimens for analysis as appropriate:			
• Venous blood	☐ Yes ☐ No ☐ ONA		
• Sputum	☐ Yes ☐ No ☐ ONA		
• Faeces	☐ Yes ☐ No ☐ ONA		
• MSSU	☐ Yes ☐ No ☐ ONA		
• CSU	☐ Yes ☐ No ☐ ONA		
• Specimen Swab (eg screening, wounds)	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
Demonstrates understanding of the principles of wound management, healing and asepsis	☐ Yes ☐ No ☐ ONA		
Removal of sutures/clips	☐ Yes ☐ No ☐ ONA		
Adheres to infection prevention and control policies and procedures at all times and ensures that colleagues work according to good practice guidelines in order to manage overall environment and minimise risk.			
Applies a range of appropriate measures to prevent infection including application of safe and effective aseptic technique in a variety of settings.			
Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using aids and appliances where necessary	☐ Yes ☐ No ☐ ONA		
Accurately measures and records fluid, electrolyte and nutritional intake, responding appropriately	☐ Yes ☐ No ☐ ONA		
Follows food hygiene procedures	☐ Yes ☐ No ☐ ONA		
Supports people who need to adhere to specific diet and fluid regimens and educates them of the reason	☐ Yes ☐ No ☐ ONA		
Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids.	☐ Yes ☐ No ☐ ONA		
Identifies signs of dehydration and acts to correct these. **(*)**	☐ Yes ☐ No ☐ ONA		
Administers enteral feeds safely and maintains equipment in accordance with local policy. **(*)**	☐ Yes ☐ No ☐ ONA		
Safely, maintains and uses nasogastric, PEG and other feeding devices.	☐ Yes ☐ No ☐ ONA		
Monitors and assesses people receiving intravenous fluids. **(*)**	☐ Yes ☐ No ☐ ONA		
Monitors infusion site for signs of abnormality, and takes the required action reporting and documenting signs and actions taken.	☐ Yes ☐ No ☐ ONA		
Is competent, under direct supervision, in medicines calculations and administration relating to:			
• tablets and capsules	☐ Yes ☐ No ☐ ONA		
• liquid medicines	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• injections including:			
o unit dose	☐ Yes ☐ No ☐ ONA		
o sub and multiple unit dose	☐ Yes ☐ No ☐ ONA		
o SI unit conversion (eg insulin, syringe driver).	☐ Yes ☐ No ☐ ONA		
o Intramuscular injections	☐ Yes ☐ No ☐ ONA		
o Subcutaneous injections	☐ Yes ☐ No ☐ ONA		
• IV infusions including:			
o unit dose	☐ Yes ☐ No ☐ ONA		
o sub and multiple unit dose	☐ Yes ☐ No ☐ ONA		
o complex calculations	☐ Yes ☐ No ☐ ONA		
o SI unit conversion.	☐ Yes ☐ No ☐ ONA		
• Transdermal/Topical medications	☐ Yes ☐ No ☐ ONA		
• Five “R’s” of drug administration	☐ Yes ☐ No ☐ ONA		
• Control drugs	☐ Yes ☐ No ☐ ONA		
• Suppositories	☐ Yes ☐ No ☐ ONA		
• Enemas	☐ Yes ☐ No ☐ ONA		
• Nasogastric Feeding (enteral nutrition	☐ Yes ☐ No ☐ ONA		
• Percutaneous endoscopic gastrostomy (PEG) (enteral nutrition)	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
• Total Parenteral Nutrition (TPN)	☐ Yes ☐ No ☐ ONA		
• Oxygen therapy	☐ Yes ☐ No ☐ ONA		
Provides education and support to people using inhalers and/or nebulisers	☐ Yes ☐ No ☐ ONA		
Safely prepares and monitors a person requiring the administration of blood/blood products, following local policy	☐ Yes ☐ No ☐ ONA		
Safely manages personal drug administration devices (eg PCA, syringe drivers, insulin pumps)	☐ Yes ☐ No ☐ ONA		
Demonstrates awareness of a range of commonly recognised approaches to managing symptoms, for example, relaxation, distraction and lifestyle advice.	☐ Yes ☐ No ☐ ONA		
Acts promptly when side effects and adverse reactions to medication occur	☐ Yes ☐ No ☐ ONA		
Uses prescription charts correctly and maintains accurate records	☐ Yes ☐ No ☐ ONA		
Demonstrates ability to safely store medicines under supervision.	☐ Yes ☐ No ☐ ONA		
Safely manages drug administration and monitors effects. **(*)**	☐ Yes ☐ No ☐ ONA		
Safely manages anaphylaxis.	☐ Yes ☐ No ☐ ONA		
Effectively keep records of medication administered and omitted, in a variety of care settings, including controlled drugs and ensures others do the same.	☐ Yes ☐ No ☐ ONA		
Assesses the person's ability to safely self-administer their medicines.	☐ Yes ☐ No ☐ ONA		
Assists, as appropriate, with personal dressing and hygiene needs (including mouth and eye care)	☐ Yes ☐ No ☐ ONA		
Provides bowel and bladder care as appropriate	☐ Yes ☐ No ☐ ONA		
Administers essential first aid as appropriate	☐ Yes ☐ No ☐ ONA		
Demonstrates safe and effective moving and handling techniques	☐ Yes ☐ No ☐ ONA		

Skill	Achievement	Assessors Initials	Date
Assessment and prevention of pressure damage to the skin	☐ Yes ☐ No ☐ ONA		
Provision of passive range of movement exercises	☐ Yes ☐ No ☐ ONA		
Assists person into safe and comfortable position as appropriate	☐ Yes ☐ No ☐ ONA		
Prepares a person for undergoing a procedure/investigation	☐ Yes ☐ No ☐ ONA		
Assess and promotes optimal sleep and rest	☐ Yes ☐ No ☐ ONA		
Carries out last offices according to local policy and in a respectful manner	☐ Yes ☐ No ☐ ONA		
Accurately undertakes Venous Thromboembolism Risk (VTE) Assessment	☐ Yes ☐ No ☐ ONA		
Provides preventative/treatment to people at risk of/being treated for Venous Thromboembolism (VTE)	☐ Yes ☐ No ☐ ONA		
Assessment, immobilisation and positioning of people with fractures	☐ Yes ☐ No ☐ ONA		
12 lead ECG acquisition and preliminary interpretation	☐ Yes ☐ No ☐ ONA		
ECG monitoring and interpretation of rhythm (3 lead)	☐ Yes ☐ No ☐ ONA		
Management of invasive monitoring devices (arterial and central venous catheters)	☐ Yes ☐ No ☐ ONA		
Interpretation of arterial blood gas results	☐ Yes ☐ No ☐ ONA		
Safe and effective immobilisation of people with suspected/actual cervical spine injury (including application of collar, use of spinal board and log-rolling)	☐ Yes ☐ No ☐ ONA		

SCHOOL OF NURSING

STUDENT SICKNESS / ABSENCE RECORD ON CLINICAL PLACEMENT

Please complete a separate form for each clinical placement facility even if you have not missed any time. Please note that if sickness/absence exceeds five days or one week, this *must* be managed by Placement's Office. Time to be made up may *only* be made up during prescribed study weeks, not annual leave, and *only* with the approval of Placement's Office.

Name of Student			
Student Number			
Intake		**Campus**	
Name and Address of Clinical Facility			
Type of Experience	**RETURN TO PRACTICE**	**Name of Link Lecturer**	
Date of Placement		**Length of Placement**	

NO ABSENCES

Were there any absences during placement?	**Yes** ☐	**No** ☐

I CONFIRM THAT THERE HAS BEEN NO ABSENCES

Signed:……**Mentor/Ward Manager** **Date:** ……..

ABSENCES ***(all absences must be made up)***

Please detail below any absences during clinical placement and provide details of time made up.

Absences			
Dates		**Number of Days**	**Number of Hours**
From	**To**		

Absences Made Up			
Dates		**Number of Days**	**Number of Hours**
From	**To**		

I CONFIRM THAT THESE ABSENCES HAVE BEEN MADE UP AS DETAILED ABOVE:

Signed:……**Mentor/Ward Manager** **Date:** ……

PLEASE SUBMIT THE ORIGINAL OF THIS PAGE TO YOUR RELEVANT SCHOOL OF NURSING OFFICE, MAINTAIN A COPY WITH THIS BOOKLET AND ADD A COPY TO YOUR ONGOING ACHIEVEMENT RECORD.

APPENDIX 1

GUIDING PERFORMANCE INDICATORS FOR NMC OUTCOMES

1. An understanding of the influence of health and social policy relevant to the practice of nursing and midwifery:

   1.1 Within their field of practice, demonstrate an understanding of how health and social policy influences nursing of people.
   1.2 Specific to their field of practice, discuss how health and social policy impact on the integration of services between primary, secondary and tertiary care and the implications this has for people.

2. An understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery:

   2.1 Manage self, one's practice, and that of others, in accordance with the contemporary NMC Standards and Guidance, recognising one's own abilities and limitations.
   2.2 Practice in accordance with an ethical and legal framework that ensures the primacy of the person's interest and wellbeing, respecting confidentiality and data protection legislation.
   2.3 Practice in a fair and anti-discriminatory way, acknowledging the difference in beliefs and cultural practices of people.
   2.4 Within their field of practice, administers prescribed therapies and treatments safely and appropriately and in accordance with legal, regulatory and local policy/procedural frameworks.
   2.5 Provides person-centred care that reflects dignity, respect, care and compassion.
   2.6 Demonstrates the ability and awareness to act as an advocate, with particular awareness on vulnerable people.

3. An understanding of the current structure and organisation of care, nationally and locally:

   3.1 Demonstrates the ability to cohesively and effectively coordinate high quality care of people seamlessly within a multiprofessional context across primary, secondary and tertiary care settings.
   3.2 Demonstrate the ability to analyse work priorities and skill mix in order to appropriately delegate prioritised care.
   3.3 Analyse the complexity of the care environment in relation to influences on decision-making
   3.4 Within their field of practice, demonstrate the ability to source and apply evidence informed practice to person-centred care.

4. An understanding of current issues in nursing education and practice:

   4.1 Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies.
   4.2 Demonstrate the ability to make safe and appropriate care decisions based upon contemporary knowledge, evidence, and skill.
   4.3 Demonstrate contemporary knowledge of regional and organisational nursing strategies.

5. The use of relevant literature and research to inform the practice of nursing and midwifery:

   5.1 Demonstrate the ability source, analyse and appropriately integrate research and other evidence sources into the nursing process.
   5.2 Demonstrate awareness of the research process within a professional and ethical framework.
   5.3 Contribute to improving standards of care through dissemination of evidence informed practices.
   5.4 Contribute to and evaluate the quality of care provision through participation, as appropriate, in audit, evidence informed innovations and other quality enhancing activities.

6. The ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care:

   6.1 Create and utilise opportunities to promote the health and wellbeing of people within their care.
   6.2 Identify needs and priorities through undertake an accurate and in-depth, person-centred assessment.
   6.3 In collaboration with people within their care and the multiprofessional team, develop realistic and effective plans of care to address identified needs.
   6.4 Evaluate and accurately document the effectiveness of care delivered, modifying plans of care as appropriate.
   6.5 Demonstrate the ability to accurately recognise, record and respond appropriately to early signs of deteriorating health.
   6.6 Demonstrate the ability to provide life support/resuscitation skills when required.
   6.7 Uses risk assessment tools appropriately to identify need, plan, delivery and evaluate care in relation to moving and handling, prevention of falls, infection control, malnutrition, prevention of pressure sores and risk management.

7. The ability to use appropriate communications, teaching and learning skills:

   7.1 Develop appropriate responses for dealing with challenging situations.
   7.2 Demonstrate good communication skills and sensitivity in interaction with people and relatives in dealing with inquiries and complaints and in planning for future care.
   7.3 Demonstrate good record-keeping and reporting skills.
   7.4 Demonstrate professional behaviour in interactions with people/relatives, professional colleagues, members of the multidisciplinary team, managers, the general public.
   7.5 Communicate verbally and in writing with colleagues and others using accepted and widely recognised terminology giving unambiguous and accurate information, opinion and instruction.
   7.6 Use appropriate non-verbal communication with people.
   7.7 Identify teaching/education opportunities for people within their care and implement structured teaching strategies to meet identified needs in this regard.

8. The ability to function effectively in a team and participate in a multi-professional approach to people's care:

   8.1 Demonstrate problem-solving skills in managing care to meet identified needs of people.
   8.2 Facilitate the organisation of the day to day environment to ensure the comfort, satisfaction, safety and optimum independence for people, relatives and staff.
   8.3 Coordinate, delegate, supervise and participate in the work of a nursing team as appropriate.
   8.4 Set appropriate priorities in work allocation and continually evaluate and adjust these in response to changing conditions.
   8.5 Under supervision of a senior nurse, co-ordinate the care provided by the multidisciplinary team and liaise with relevant professionals in ensuring appropriate care transitions between care settings (where appropriate).
   8.6 Analyse and undertake the administrative tasks associated with managing human and physical resources to ensure effective delivery of care.
   8.7 Takes professional responsibility for the provision of a high quality of care for the people for whom she/he is responsible.
   8.8 Work as a member of a team including negotiation, leadership and active listening in the context of consulting with other professionals and people.

9. The ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence:

   9.1 Actively seeks constructive feedback from peers and professionals.
   9.2 Reflect on their experiences and identify their own strengths and weaknesses.
   9.3 Identifies and actions own learning needs based on constructive feedback and reflection.
   9.4 Demonstrates a commitment to the need for continuing professional development in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.

9.5 Demonstrates an acceptable standard of literacy and numeracy.
9.6 Demonstrates the ability to use information technology and equipment effectively and safely, and addresses any deficit that may exist.
9.7 Maintains practice learning portfolio to a professional standard.