

**Name………………………………………………**

**Number…………………………………………..**

**Cohort…………………………........................**

**Field…………………………………………….**

**Personal Tutor…………………………………**

**SOUTH PAD**

**PRACTICE ASSESSMENT DOCUMENT**

**NURSING**

**Experiential Placement**

**Part 2**

**BSc (Hons) Nursing**

## South PAD Exp 2.0; Future Nurse: Standards of proficiency for registered nurses, (NMC 2018)

Please keep your Practice Assessment Documents with you at all times in practice.

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

**Student responsibilities**

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice, and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning, and know how to access support. You will work with and receive written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

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

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

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

You are responsible for the safekeeping and maintenance of the various parts of the PAD. It should be always available to clinical staff when you are in placement together with the OAR. Alterations should be made in this document by crossing through with one line, with a signature and date.

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

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

**Supervision in Experiential Placement**

In many practice areas the student will be supported by several Registered nurse/midwife or other registered health/social care professionals and some areas may adopt a team-based approach due to the nature of the experience, especially in areas where there are no health/social care registrants. It is not necessary to be supervised by Practice Assessors or Supervisors.

As a clinical member of staff, you have a vital role in supporting and guiding the student through their learning experience to ensure safe and effective learning, including facilitating learning opportunities and any reasonable adjustments the student may need to get maximum benefit from the placement, therefore, a range of staff can support student learning and are encouraged to provide feedback on the student’s reflections within the PAD, on the *Record of communication/additional feedback pages*.

**Academic Assessor responsibilities**

Academic Assessors are Registered Nurses and are nominated for each part of the educational programme.

With the Experiential placement The Practice Support help line and the Academic Assessor are the contact points within UWE (University of the West England) for clinical staff and the student.

**Professional Values in Practice (Part 2) Experiential Placement**

There are no formal assessments in the experiential placement, although students must demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks and be able to articulate and comply with the underpinning values of The Code (NMC, 2018)and theProfessional Values. The Registered nurse/midwife or other registered health/social care professional has responsibility for ensuring the student is compliant with the NMC Code and Professional Values during the Experiential placement.

**Yes = Compliant, No = Not compliant**

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| --- | --- | --- |
|  | **Compliant**  **Yes/No** | **Initial/ Date** |
| |  | | --- | | **Prioritise people** | | | |
| 1. The student maintains confidentiality in accordance with the NMC code. |  |  |
| 2. The student is non-judgemental, respectful, and courteous at all times when interacting with patients/service users/carers and all colleagues. |  |  |
| 3. The student maintains the person’s privacy and dignity, seeks consent prior to care and advocates on their behalf. |  |  |
| 4. The student is caring, compassionate and sensitive to the needs of others. |  |  |
| 5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others |  |  |
| **Practise effectively** | | |
| 6. The student maintains consistent, safe and person- centred practice based on best available evidence. |  |  |
| 7. The student manages appropriate and constructive relationships within the inter-disciplinary team with the intent of building professional relationships. |  |  |
| 8. The student makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others. |  |  |
| 9. The student demonstrates the potential  to lead and work autonomously, seeks support where appropriate and responds positively to feedback. |  |  |
| **Preserve safety** | | |
| 10. The student demonstrates openness (candour), trustworthiness and integrity. |  |  |
| 11. The student reports any concerns to a member of staff when appropriate e.g., safeguarding. |  |  |
| 12. The student demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely. |  |  |
| 13. The student can recognise and work within the limitations of own knowledge, skills and professional  boundaries and understand that they are responsible for their own actions. |  |  |

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|  | **Compliant**  **Yes/No** | **Initial/**  **Date** |
| **Promote professionalism and trust** | | |
| 14. The student’s personal presentation and dress code is in accordance with the local policy. |  |  |
| 15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement. |  |  |
| 16. The student demonstrates that they use self-reflection and supervision to gain insight into their own values, taking into consideration the possible impact on the caring relationship and decision-making process. |  |  |
| **Nominated Registered nurse/midwife or other registered health/social care professional**    **Name:**        **Signature:** | | |

**If there are any issues/areas for concern, these must be recorded. ‘Not compliant’ must trigger an Action Plan. This must involve a Practice Supervisor and/or Practice Assessor (as appropriate) in liaison with the Academic Assessor.**

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| **Placement Provider:**  **Name of Placement:**  **Type of Experience:**  **Placement Telephone Number:**  **Placement Contact Email**: |
| **Nominated person to support and address concerns:**  **Name:**  **Designation:**  **Contact email address:** |
| **Academic Assessor Details:**  **Name:**  **Contact email address:** |

**Experiential Placement Orientation**

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

**Experiential Placement: Interview**

(This can be completed by registered professional overseeing placement)

**Placement Area Name:**

|  |  |
| --- | --- |
| **Learning Outcomes of the Experiential placement:**   * To gain experience of a different field of Nursing Practice to the one being studied. * To reflect on the experiences, demonstrating how to practice within the NMC Code. * Work within ethical and legal frameworks and be able to articulate and comply with the underpinning values of The Code (NMC, 2018) and the Professional Values.'   **Student to identify learning for placement:** | |
| **Learning plan for the placement, including opportunities available.** | |
| **Outline of learning plan** | **How will this be achieved?** |
|  |  |
| **Student’s Name:**  **Signature: Date:**  **Nominated Person/ Registered Professional Name:**  **Signature: Date:** | |

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| **End point: Student reflection on Learning and Placement Experience** |
| **Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code** *(ensure confidentiality is maintained).* For each placement, please select a different section of The Code to reflect on.  **Student Name: Signature: Date:** |
| **Nominated staff professional feedback on student performance during placement**  **Name: Signature: Date:** |

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| **Nominated Practice Staff comments** |
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| **Checklist for Document** | **Tick** | **Initial** | **Student Initial** |
| Induction Checklist and Learning plan completed |  |  |  |
| Feedback on Placement completed by student and supervisor |  |  |  |
| The practice placement hours have been signed off with Online timesheet |  |  |  |
| **Student’s Name:**  **Signature:**  **Date:** |  | | |
| **Nominated Individual (Registered Professional)**  **Name:**  **Signature:**  **Date:** |

**Record of working with and learning from others/inter-professional working**

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| --- |
| **Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below: |
| **Student Name:** **Signature:** **Date:** |
| **Nominated Individual/ Registered Professional Comments:**  **Nominated Individual/ Registered Professional Name:**  **Signature: Date:** |
| **Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below: |
| **Student Name: Signature: Date:** |
| **Nominated Individual/ Registered Professional Comments:**  **Nominated Individual/ Registered Professional Name:**  **Signature: Date:** |