# Practice Assessment Document (PAD) Scotland Edinburgh Napier MSc in Nursing (Pre-registration)

Student's Name:	 	 
University:	 	
University ID:	 	
Programme:	 	
Year of Intake:	 	
Field of Practice:		

























#### **GLOSSARY OF TERMS AND ABBREVIATIONS**

AED	Automated External Defibrillator
AEI	Approved Education Institution
BLS	Basic Life Support
CHEF	Care Home Education Facilitator
CPR	Cardiopulmonary Resuscitation
HAI	Healthcare Associated Infection
HEI	Higher Education Institution
ILS	Immediate Life Support
МН	Manual Handling
NES	NHS Education for Scotland
NHS	National Health Service
NHSS	National Health Service Scotland
NMC	Nursing and Midwifery Council
PAD	Practice Assessment Document
Part 1	PLE 1/2/3 (Year One)
Part 2	PLE 4/5/6 (Year Two)
PEF	Practice Education Facilitator
PLE	Practice Learning Experience
PSMAV	Prevention & Safe (Therapeutic) Management of Aggression and Violence.
SIPCEP	Scottish Infection Prevention & Control Education Pathway

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### **SECTION 1: GUIDANCE**

#### 1.0. Introduction to the Scottish Practice Assessment Document (PAD)

All Scottish Higher Education Institutions (HEIs) deliver their pre-registration nursing programmes in accordance with the Nursing and Midwifery Council (NMC) Future Nurse: Standards of Proficiency for Registered Nurses (NMC, 2018a; 2018b; 2018c; 2018d) and the European Union Directive 2005/36/EC requirements. All Scottish HEIs have worked collaboratively to produce a single Practice Assessment Document (PAD) for Scotland, which must be completed by all nursing students undertaking a pre-registration nursing programme.

The purpose of the PAD is to provide a record of your practice learning progress and achievement of learning outcomes throughout each practice learning experience (PLE). This allows current and future practice supervisors; practice assessors and academic assessors to see an overview of your progress from the first PLE through to the last.

The PAD is an integral part of the learning process. It is not simply a catalogue of learning activities; rather, it will provide clear evidence of the learning that has occurred. The PAD provides an opportunity to demonstrate evidence of learning from academic activities and application to practice learning as well as from practice experience; it is particularly important to demonstrate achievement of the (NMC) Future Nurse: Standards of Proficiency for Registered Nurses (NMC, 2018a).

As a pre-registration nursing student, you will have consented to the carrying of your practice assessment document throughout the duration of your programme. You will also have confirmed that you recognise the importance of the PAD to your ongoing learning, supported by your practice supervisor, and assessment of your proficiency, undertaken by your practice assessor and academic assessor for each part and for your future practice.

#### 1.1. Your responsibilities as a student within practice learning experiences

Your PAD is an important tool in presenting an overall picture of your achievement and progression through your programme. It provides evidence for your practice supervisors and assessors about your achievements and/or needs. This is in accordance with the NMC (2018d) which states, that "all proficiencies are recorded in an ongoing record of achievement" (NMC 2018d, p.11).

As a student it is your responsibility to:

- Take a proactive approach to practice and personal learning by developing learning plans.
- Complete the pre practice learning activities prior to the start of the PLE.
- Be aware who your academic assessor is and the Practice Education Facilitator (PEF/CHEF) for the area.
- Identify the approved mechanism by which you, as a student, may raise concerns about the safety of service users. This is addressed through the "Raising Concerns in Practice" in your Practice Learning Handbook and you MUST make yourself aware of your responsibilities in relation to this aspect of your role.
- Always seek consent from service users at all times and you must respect the rights of a service user to decline your participation in care, or to decline care, at all times.
- Provide access to your PAD on day 1 of each PLE and thereafter, so that your supervisor/assessor can review your progress to date. Failure to do so may result in a delay to the commencement of your placement.
- Ensure that your practice supervisor/assessor signs 'record of signatories' form once they have reviewed your PAD.
- Ensure all actions and entries in your PAD are undertaken in collaboration with your practice supervisor/assessor and documented by them.
- Identify experiences and learning opportunities with practice supervisor/assessor to enable the achievement of practice learning outcomes, NMC Proficiencies, communication and relationship management skills and nursing procedures and personal objectives.
- Critically reflect in and on your practice and document within your PAD.
- Demonstrate your ability to integrate theoretical learning with practice.
- Share with your practice supervisors and assessors evidence of learning and development to inform assessment of performance.
- Ensure that all elements of the assessment section are completed fully and signed before you leave your PLE.
- Ensure that your practice supervisor/practice assessor completes and signs your 'attendance record'.
- On completion of the PLE, individual HEI procedures will be followed for your submission of documentation.
- Ensure that you have knowledge of the requirements and declare your Health and Character. You must declare a Health and Character for every part of your programme and for entry to the register.
- Ensure that you have knowledge of the requirements of the NMC (2015) *Duty of Candour* and act upon this accordingly at all times.

In addition to the activities described above, as a student you must be aware of the requirement to complete an <u>evaluation after each PLE</u>; this is part of the formal university audit process.

This PAD will show your achievements, progression through the programme and contribute to the decision for entry to the register. If you have any questions regarding this document or how to use it please do not hesitate to speak to your academic assessor/module/year/programme leader.

The Nursing and Midwifery Council (2018d p10,) state that: "Approved education institutes together with practice learning partners must ensure that students are supernumerary".

Supernumerary status means that: "Students in practice or work-placed learning must be supported to learn. This may include being supernumerary, meaning that they are not counted as part of the staffing required for safe and effective care in that setting" NMC (2018c, p4).

"The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student's increasing proficiency and confidence." NMC (2018c, p4).

This means that you have supernumerary status whilst within the practice learning environment; you are not to be 'counted in the numbers' but you will make an active contribution to the provision of care under a varying degree of supervision whilst on your programme of study.

## 1.2. The roles of Nominated Person, Practice Supervisors, Assessors and Academic Assessors

You will have a number of practice learning experiences throughout your programme. During your PLEs responsibility for supervision and assessment will lie with a practice supervisor, practice assessor and an academic assessor (NMC 2018c, p8).

#### **Nominated Person**

There is a nominated person for each practice setting to actively support you and address student concerns. In Scotland this nominated person in each PLE is a practice supervisor.

#### **Practice Supervisor**

There may be a number of practice supervisors in each learning environment who will support and supervise you as a student however, you must have a nominated practice supervisor identified to actively support you and address any concerns you may have during this experience. They can be any registered health and social care professional working in a practice environment, but most of the time they will be nurses or midwives. Practice supervisors will have been prepared and supported to take up their role and will have up-to-date knowledge and experience relevant to the supervision they must provide for you. All NMC registered nurses and midwives are capable of supervising students.

Practice supervision will enable you to learn and safely achieve proficiency and autonomy in your professional role. Your supervision will reflect your learning needs and stage of learning.

Your practice supervisor will act as a role model and in line with their scope of practice. They will provide you with support and feedback, liaising with colleagues and your practice assessor to document your progress and summative assessments as part of this practice assessment document.

#### **Practice Assessor**

Your practice assessor will in collaboration with your practice supervisor(s), create sufficient opportunities to periodically observe your practice across environment(s) in order to inform the decisions they reach for your assessment and progression in practice.

Your practice assessor works in partnership with your academic assessor to evaluate and recommend your progression for each part of the programme. This will be in line with programme standards and local and national policies. They will maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing. Your practice assessors will have an understanding of your learning and achievement in theory and will collaborate with your academic assessors to reach a decision as part of the assessment process. The same person cannot be your practice assessor and practice supervisor simultaneously.

#### **Academic Assessor**

Your academic assessors make and record objective, evidence based decisions on your conduct, proficiency and achievement. They will also make recommendations for progression based on your assessments, practice assessment document and other resources. They will collate and confirm your achievement of proficiencies and programme outcomes in the academic environment for each part of the programme

Academic assessors maintain their current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming. They will have an understanding of your learning and achievement in practice.

Your nominated academic assessor will work in partnership with your nominated practice assessor to evaluate your learning and make recommendations for progression for each part of the programme. This will be in line with programme standards and local and national policies.

Your academic assessor will collaborate with your practice assessors at scheduled points in the programme.

Your academic assessor cannot simultaneously be your practice supervisor or practice assessor.

Please read the following information which will assist you to understand the assessment process, including how services users, carers and other professionals contribute to your assessment, the need for a risk assessment to be carried out in certain circumstances, reasonable adjustment, any cause for concerns and attendance.

#### 1.3. Performance review process

#### 1.3.1 Pre-practice activities

#### Pre-practice learning activities including practice information

The University has set designated activities and it is essential that you complete these prior to commencing your PLE. Information about your PLE that will help you to complete these activities will be available via your University electronic platform. These pre placement learning activities focus on the nature of the care area, the practice placement profile, the service user, and the nature of common conditions that may be encountered. These activities will enable you to identify potential learning opportunities thereby facilitating the development of a learning plan to achieve the required proficiencies (detailed in Section 2), skills and procedures (NMC 2018a) whilst within the practice learning environment. These pre-practice activities will be documented as complete by a practice supervisor in the PAD once you commence your PLE.

#### 1.3.2 Orientation and preliminary meeting

## Orientation and Preliminary Meeting: orientation and induction to practice learning environment

Your preliminary meeting must include completion of the checklist of topics of discussion. This should take place within the first 48 hours of starting your PLE. As part of this conversation, your supervisor/assessor will familiarise you with the practice learning environment and review your previous learning development plans. This will give you the opportunity to identify the range of learning available.

Your supervisor/assessor must record this in your PAD. At this point, you should agree and document the <u>dates for your interim feedback meeting and final assessment.</u>

It is also helpful to review any NMC Proficiencies, communication and relationship management skills and nursing procedures (NMC 2018a) and learning outcomes that you think may be met in the PLE.

You **must** ensure that your practice supervisor(s) complete the details required within section 1.8a - the Record of Signatories, and you must sign to confirm that all signatures in this PAD are authentic.

You **must** ensure that your practice assessor completes the details required within section 1.8b - the Record of Signatories, and you must sign to confirm that all signatures in this PAD are authentic.

You **must** also ensure that your academic assessor completes the details required within section 1.8c - the Record of Signatories, and you must sign to confirm that all signatures in this PAD are authentic.

#### 1.3.3 Interim feedback meeting

#### Interim feedback meeting – practice supervisor and/or assessor and student

You should plan to meet with your supervisor/assessor regularly to discuss your progress and to review your learning plan. You should reflect on your progress regularly and this will inform your interim feedback meeting.

Your interim feedback meeting is formative, documented and signed by you, your supervisor and/or assessor in the PAD.

Situations may arise when your supervisor or assessor raises concerns about your knowledge, proficiency, professionalism or fitness to progress. The NMC Code (2018e) reminds registrants of their professional accountability and responsibilities and your practice supervisors would be expected to "appropriately raise and respond to student conduct and competency concerns" (NMC 2018c, p7).

It is important that you speak with your supervisor and/or assessor and your academic assessor to work collaboratively to address any issues. In section 3, there is guidance for addressing these issues, please take time to read the information.

#### 1.3.4 Final performance

#### **Final Performance Assessment**

It is your responsibility, in collaboration with your practice assessor, to ensure the completion and documentation of your summative assessment of performance. This should be completed during the last few days of the PLE. Your practice assessor will review your progress and in collaboration with your academic assessor will identify evidence to support their professional judgement. Others who have supported your learning will be asked to provide evidence to develop your assessment. You should seek feedback from service users/carers to inform your learning and development.

Following this assessment, you should reflect on your progress and document this along with your learning needs and use this to inform your Learning Development Plan in your next PLE.

#### 1.4. Feedback from service users and carers

The NMC (2018b p6, 1.12; p12, 5.14) values the role of service users, carers and professional colleagues in assessment of your practice learning and advocate their involvement in the assessment process. As such, we would encourage you to consider feedback received from these individuals when reviewing your performance with your practice supervisors and take cognisance of this when preparing to discuss your final written performance assessment with your practice assessor. You and your practice supervisors should seek feedback from service users and carers on your abilities in relation to how you communicate, how you respect the service user as an individual and the care that you provided.

Please note the following guidance:

 You should try to seek feedback from service users/carers <u>at least once per</u> practice learning experience, but a minimum of once per PART. If additional

- opportunities arise, these should be actioned, and additional documentation can be inserted within the PAD to reflect any further feedback you receive.
- You <u>must seek consent</u> from the service user/carer and respect that service users and carers have the right to refuse to participate. If they do not want to, you must assure them that this will not affect their future care or treatment.
- It is your practice supervisors' responsibility to collate and document this feedback in a sensitive, anonymous manner within your PAD in the appropriate section.
- Feedback received in other formats (for example the receipt of cards, emails to PLE staff or University) should be recorded within the Service User/Carer Feedback pages, **anonymised** and reflected upon.
- Please also refer to the NHS Education for Scotland (NES) document -NHS Education for Scotland (NES) (2013) Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland.

#### 1.5. Risk assessment

#### Introduction:

During a programme of pre-registration nurse education each accredited HEI has a duty of care to ensure that you are safe while undertaking PLEs. The HEI and practice providers work collaboratively to support all students. According to current Health and Safety legislation (Management of Health and Safety at Work Regulations, 1999) some groups of student nurses must be aware of particular hazards in the practice setting. Students under the age of 18 (young workers) and those who are pregnant or breastfeeding, may need additional consideration to ensure that they are not exposed to undue risk. Students from these groups should be risk assessed on arrival in the PLE.

## If you fall within any of these categories whilst a student, it is your responsibility to:

- Alert the university as soon as possible if you are pregnant or will be under the age of 18 when you first commence practice or if you are returning to a practice learning environment following maternity leave and are still breastfeeding.
- Consent to sharing information. While any information divulged by you will be treated sensitively, it will be necessary to share information relating to your situation with the member of staff responsible for the practice-learning environment Edinburgh Napier University: please see further information in your Practice Learning Handbook. A link to this document can be found on page 229.
- Comply with measures recommended to manage risk.

Please refer to your Practice Learning Handbook for information about:

- Student Nurses as Young workers
- Students Nurses who are pregnant or breastfeeding
- Outline of roles and responsibilities in relation to risk assessment process

#### 1.6. Reasonable adjustments

Reasonable adjustments may have to be made to allow those with a disability to achieve proficiency. The NMC state that Universities and practice learning partners 'must take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities' (NMC 2018d p10). It is important to recognise that reasonable adjustments can be made to support you and to assess how you can demonstrate that you have met a standard or proficiency. Whilst every attempt will be made to make reasonable adjustments to support your learning in practice, the requirement remains that you must demonstrate achievement of the NMC standards and proficiencies.

Ultimately, it is your own responsibility to inform the practice supervisor/assessor of any reasonable adjustment in practice that you may require. It is therefore good practice to discuss this provision prior to or at the preliminary meeting and consider whether reasonable adjustments can be made to enable you to practise safely and effectively. Adjustments may be put in place for the duration of your placement or for shorter periods of time to address a temporary requirement.

You, your practice supervisor/assessor and other members of practice education staff can make feedback on how the reasonable adjustments are working on the interim feedback meeting pages. Further information on policies and reasonable adjustments can be accessed via Government sites, the NMC, your placement provider and within your Practice Learning Handbook.

#### 1.7. Attendance

The NMC Standards for pre-registration nursing education (NMC 2018d, (annexe 1), p13) state that as a student nurse, you must achieve 2,300 hours in practice during your programme (1,800 hours on the MSc Nursing (Pre-registration) to take account of 500 hours RPL on entering the programme). Attendance at practice is mandatory. It is therefore essential that practice hours are recorded and any absence hours are retrieved. It is your professional responsibility (NMC 2018e, *The Code*) to follow relevant HEI and practice policy and procedures when reporting absence.

#### 1.7.1 Working time directive

- The Placements Office at Edinburgh Napier University is located on the third floor 3.b.43 at Sighthill Campus and allocates the number of hours/weeks that you must attend your PLE. As a student you must not negotiate any reduction to the allocated time.
- As a student you are expected to work the shifts allocated by the practice learning environment. Any requests for alteration to designated shift patterns for any reason should be made to the practice learning environment manager /HFI
- During your Programme, the NMC requires all students to undertake practice learning that enables you to experience the full 24 hour, 7 days per week care of patients.
- When in clinical practice, you are expected to work within the shift pattern of that practice learning environment. Students are normally expected to work a minimum of 24 hours per week and a maximum of 48 hours per week. The

- average time worked should be 37.5 hours per week over the duration of the programme.
- As a student, you must ensure that any other work that you regularly undertake
  does not result in you working more than 48 hours per week. This is to ensure
  the health and safety of you as a student nurse, your colleagues and the patients
  and clients in your care. Note that whilst in a PLE that has 1 day/week in
  university the maximum number of hours able to be worked in practice is 42
- Guidance regarding young workers (Under 18 years) can be found in section 1.5 and your Practice Learning Handbook.

#### 1.7.2 Attendance record sheets

- Attendance records are important documents in that they provide evidence to confirm that students have achieved the minimum NMC requirement of 2,300 hours of practice during the pre-registration nursing programme.
- Hours worked may be checked by students via their InPlace account
- Both students and practice supervisor/assessor are responsible for ensuring attendance records are accurate and signed.
- Attendance records should accurately reflect the number of hours worked in practice <u>exclusive of meal breaks</u>.
- You should submit your timesheet via MYPROGRESS at the end of each PLE.
- Attendance records should not be signed in advance. If the practice supervisor and/or assessor is not going to be on duty during the last few days of your PLE the attendance records for these days should be signed by another member of staff.
- If the practice learning environment closes because of a public holiday, you can
  either work in a different environment on that day or make up the time at another
  time.
- Any time missed on placements will require to be made up in future placements; refer to practice learning handbook.

#### 1.7.3 Authorised absence

Please refer to the attendance policy in your programme handbook. For absences of up to and including 3 days, a self-certificate is not required; for absences of 4-7 days a self-certificate is required; for absences of over 7 days a fit note should be submitted to the programme administration team in room 3B48 Sighthill Campus.

#### 1.7.4 Unauthorised absence

If you accrue significant periods of unauthorised absence this will be addressed through the HEIs disciplinary policy and procedures. This may ultimately result in your discontinuation from the programme.

#### 1.7.5 Reporting sickness / absence

If you are unable to attend the practice learning experience, for any reason, you must fulfil the following responsibilities either personally or by asking someone to act on your behalf:

- Contact your personal development tutor or module leader to let them know that you are absent stating your reason for non-attendance.
- Phone the practice learning environment before the start of the shift or as soon as possible thereafter also stating your reason for non-attendance. Note that certain hospitals and health centres operate a policy where, if a person who is off sick does not phone in by a certain time, they are automatically marked absent, even if they phone in later. Please remember that it is courteous to inform colleagues in the practice learning environment. Students should provide the practice learning environment with a contact number. This will only be held while the student is on practice and will be deleted when the PLE has ended.

#### 1.7.6 Returning from sickness / absence

As a student you should phone the practice learning environment to tell them when you are returning and contact your HEI when you have returned to the workplace. A medical certificate/fit note is required for all sickness of 7 days or more. Failure to present this will result in you still being recorded as sick/absent and this may have implications for your attendance record on the programme.

### 1.8a Record of signatories – Practice Supervisor

#### PLEASE COMPLETE AT THE START OF EVERY PRACTICE LEARNING EXPERIENCE.

NB. Practice Supervisors must be NMC registered nurse or midwife or another registered health and social care professional (NMC 2018c, p6)

PLE	PLE Name	Practice Supervisor Name (print)	Practice Supervisor Signature.  I confirm that I have been suitably prepared for the role of practice supervisor	Practice Supervisor Initials	Practice Supervisor's field of nursing practice/ profession	Students sign to confirm that all signatures in this document are authentic	Date
One	Ward 5 GRI	CLAIRE COCHRANE	Claire Cochrane	TAT	Adult	Nursing student	

#### 1.8b Record of signatories - Practice Assessor

#### PLEASE COMPLETE AT THE START OF EVERY PRACTICE LEARNING EXPERIENCE.

NB. Practice Assessors must be a registered nurse on the same part of the register as the student or have appropriate equivalent experience for the student's field of practice

PLE	PLE Name	Practice Assessor Name (print)	Practice Assessor Signature I confirm that I have been suitably prepared for the role of practice assessor	Practice Assessor Initials	Practice Assessor's field of practice	Students sign to confirm that all signatures in this document are authentic	Date
One	Ward 5 GRI	JACQUELINE BLACK	Jacqueline Black	LB	Adult	Nursing student	

#### 1.8c Record of signatories – Academic Assessor

#### PLEASE COMPLETE FOR EACH PART OF THE PROGRAMME.

NB. Academic Assessors must be a registered nurse on the same part of the register as the student, or have appropriate equivalent experience for the student's field of practice

PART of PROGRAMME	Academic Assessor Name (print)	Academic Assessor Signature  I confirm that I have been suitably prepared for the role of practice assessor	Academic Assessor Initials	Academic assessor's field of practice	Date
Part One	Robert Brown	Robert Brown	<b>₽</b> £	Adult	



## **SECTION 2: PRACTICE LEARNING EXPERIENCES (PLE)**

#### 2.0. Programme outline

#### 2020 PRE-REGISTRATION NURSING CURRICULUM

The information below is intended for student nurses, practice supervisors and practice assessors

Edinburgh Napier University has developed the MSc Nursing (Pre-registration) programme in accordance with the professional, regulatory requirements specified by the Nursing and Midwifery Council (NMC 2018a), for the award of a Masters in Science (MSc) in Nursing. NMC standards for supervision and assessment of students in the practice environment were published in 2018 and set out expectations for the learning, support and supervision of our students. The standards can be found on the NMC website at:

https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/ [accessed 13.2.20].

The School of Health and Social Care at Edinburgh Napier University is committed to developing nurses of the future who make a positive difference to people's lives on the individual, family and community level. The programme provides the opportunity for students to develop proficiency in skills, knowledge and confidence to meet the mental, physical and behavioural needs of people of all ages. This will be accomplished through educational provision that equips our students to provide high quality, \*person-centred compassionate care across all settings.

The programme is designed to provide clear links between theory module content, and application to practice. This is further strengthened through Preparation for Practice sessions that occur prior to placement. Once engaged in placement learning, the student continues to be supported through online tutorials, reflective activities and the Virtual Learning Environment (VLE) as well as having access to the full University support systems such as pastoral care, student services, student union and a Personal Development Teacher (PDT).

It is a requirement that students keep a record of their learning experiences. This includes provision of evidence to support successful attainment of NMC outcomes and competencies. This record should be made available to their practice assessor at the beginning of a new experience to enable discussion of strengths, and areas for improvement. It should also include information concerning additional supervision or support provided.

All Edinburgh Napier University pre-registration nursing students undertake 2,300 hours of practice learning (including any award of Recognition of Prior Learning). Students are expected to ensure that the necessary record of learning and assessment within practice is logged in the "My Progress" platform throughout the length of their programme. We therefore value the contribution of practice supervisors and assessors, and welcome provision of comprehensive written accounts of progression within each assessed area. For support and guidance in fulfilling this part of your role, please contact the Practice Education Facilitator supporting your area.

\*The term person-centred is used throughout this document however, in relation to Child Health nursing this would include family centred care.

#### PRACTICE LEARNING EXPERIENCES

The MSC Nursing pathway has 1 route to achieve registration however some students require individually managed programme due to a variety of reasons. When a student requires an individually managed programme they may not complete the practice learning experiences within the same time period as the 2 year programme planner. For these students, the following table and PAD will be populated to indicate what practice learning experiences have been completed to guide the mentor. Recognition of Prior Learning (RPL) will be considered for students transferring from other Programmes for example and will be indicated on the table below and in the PAD documentation.

Table 1: Overview of Practice Learning Placements and (RPL)

		2 parts	Managed Programme		
1.	Practice learning experience one	$\sqrt{}$	RPL: y/n		
2.	Practice learning experience two	V	RPL: y/n		
3.	Practice learning experience three	$\sqrt{}$	RPL: y/n		
	actice assessor - The final placement in year 1 the progestudent suitability to progress into PLE 4 of the prog				
4.	Practice learning experience four	V	RPL: y/n		
5.	Practice Learning Experience five (mobility option)				
6.	Practice Learning experience six	$\sqrt{}$	RPL: y/n		
	Practice assessor - The final placement in year 2 the practice assessor must confirm the student suitability to register.				

Practice learning experiences will have provided students with 24-hour seven day care in primary, secondary and social care environments by the end of the programme.

According to NMC Standards, programmes must include two progression points. Edinburgh Napier University MSc Nursing (Pre-registration) has these progression points at the end of year 1 and year 2, where the practice assessor will be required to confirm that the student has demonstrated competency at the desired level. The practice assessor in the final placement will sign to confirm that based on the overall assessment evidence the students are competent to register. However, final confirmation lies with the SHSC Dean of School.

### 2.0.1. Programme flow/planner

Spring Trimester	Summer Trimester	Autumn Trimester			
Health in a Social & Geographical Context 20 credits	Assessment & Care Planning 20 credits	Providing & Evaluating Care 20 credits			
Theory	Theory and Practice1 'Accountable Professional'				
Practice Learning Experience 1 8 weeks of 25.5hrs	Practice Learning Experience 2 8 weeks of 25.5hrs	Practice Learning Experience 3 6 weeks of 25.5hrs			
Level: Dependent	Level: Dependent	Level: Developing Independence			

YEAR TWO (Part 2)						
Improving Safety & Quality of Co-ordinating Care Dissertation  Care  20 credits  Co-ordinating Care Dissertation  60 credits						
Theory and Pra	Theory and Practice 2 'Leading Managing & Working in Teams'					
Practice Learning Experience 4 8 weeks of 25.5hrs	Practice Learning Experience 5 8 weeks of 25.5hrs	Practice Learning Experience 6 8 weeks of 25.5hrs				
Level: Developing Independence	Level: Independent	Level: Independent				

#### 2.1. Assessment criteria

#### **Background Information**

Student supervision and assessment in practice requires that practice supervisors and assessors work together with you as a student to facilitate your learning. This, combined with the input of your academic assessor, will help to ensure a robust assessment process for each part of your programme, and at the point of professional registration.

The assessment process includes your supervision and support in practice and the assessment of your performance based on specific components which have been determined by the Nursing and Midwifery Council (NMC 2018a). These are outlined as part of this documentation and your practice supervisors and assessors should review this information prior to engaging in the supervision and assessment of your performance in practice.

#### **Assessment Components** There are two components to your assessment

- 1. Platforms and Proficiencies
- 2. Skills and Procedures

#### 1. Platforms and Proficiencies

These are assessed for every practice learning experience (PLE). There are 7 platforms, each of which has associated proficiencies (NMC 2018a). As a student you must achieve all proficiencies for each platform during your programme. Each of the platforms are listed below, including the number of proficiencies associated with each. All proficiencies detailed within the 'Platforms and Proficiencies' Section of the document must be achieved. Evidence of this achievement of the proficiencies will be assessed in line with the levels of the participation in care framework. Using the levels of this framework to assess your performance will ensure that this assessment confirms that there has been progression in your performance as you progress through your programme of study. It is the responsibility of the practice supervisor and practice assessor to discuss your progress together, and with others including consideration of feedback from service users and carers and, through this collaborative dialogue, determine whether or not you have achieved each of the platform proficiencies at the required level of performance. The outcome of this assessment will then be reviewed and confirmed by your academic assessor at the end of each PART:

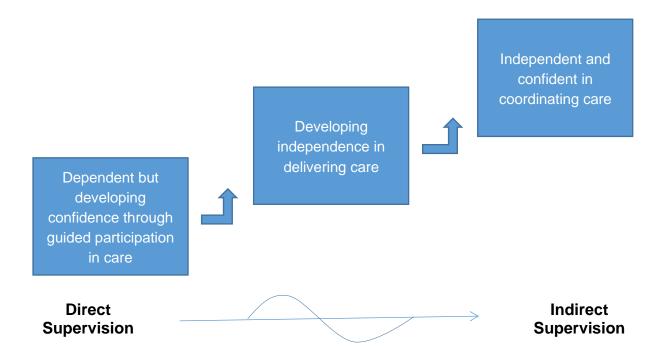
- Platform 1 Being an accountable professional
  - 20 proficiencies to be achieved
- Platform 2 Promoting health and preventing ill health
  - 12 proficiencies to be achieved
- Platform 3 Assessing needs and planning care
  - 16 proficiencies to be achieved
- Platform 4 Providing and evaluating care
  - 18 proficiencies to be achieved
- Platform 5 Leading and managing nursing care and working in teams
  - 12 proficiencies to be achieved

- Platform 6 Improving safety and quality of care
  - 12 proficiencies to be achieved
- Platform 7 Coordinating care
  - 13 proficiencies to be achieved

#### Assessment of Proficiencies through Participation in Care

The practice assessor will ultimately be responsible for determining the assessment outcome in practice, however, this will involve collaborative discussion with others who support and come into contact with you as you progress through each Part of your programme. The participation in care framework (Figure 1) is designed to assist you, and those supporting and assessing you, to identify the level of your performance for each of the proficiencies associated with each of the platforms.

Figure 1: Participation in Care – Dependent to Independent (PLPAD 2.0)\*



The description of each level of participation outlined in Figure 1 and explained in more detail below, will help you and your practice supervisor(s)/assessor(s) to understand what is expected of you as a student by the end of each Part of your programme. The explanation below outlines the expected level of performance which must be demonstrated by the end of each PLE, as well as the level of assistance you can expect to receive from your practice supervisor(s)/assessor;

## Participation in Care – Explanation of Levels of Participation (adapted for two year programme)

- **Dependent** Minimal standard of participation in care to be achieved by the end of **PLE 2** of nursing students' programme.
  - You will be working closely with your practice supervisor who will direct and guide you. Through this guided participation in care, you will be able to demonstrate delivery of safe, effective, person-centred care in a professional manner using appropriate nursing skills. You will also demonstrate a professionalism in your attitudes and values as well as a positive attitude to own learning
- Developing Independence Minimum standard of participation in care to be achieved by the end of PLE 4 of nursing students' programme
  - You will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence. You will also demonstrate an understanding of professional roles and responsibilities and will maximise opportunities to extend your own knowledge
- Independent Minimum standard of participation in care to be achieved by the end of PLE 6 of nursing students' programme
  - You will be working independently and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable and responsive practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice. You will also assume responsibility for your own learning, as well as the learning of others

#### 2. Annexes A and B: Skills and Procedures

In addition to the platforms and proficiencies, detailed above, there are also skills and procedures. These skills and procedures must be **safely demonstrated** before being confirmed by your practice supervisor/practice assessor. This will mostly take place in the practice environment however, in exceptional circumstances for example, if it is not possible to perform cardiopulmonary resuscitation in practice, you may be able to achieve these through simulation. Clinical skills and procedures practiced and safely demonstrated in both practice and simulation will be documented and signed for within the PAD as part of the 'Annexes A and B Skills and Procedures' section.

Your practice supervisor and practice assessor must discuss your progress and, through this collaborative dialogue, and also through discussion with others, determine whether or not you have safely demonstrated both the skills and procedures. The sets of skills and procedures identified by NMC as having to be safely demonstrated prior to entry to the NMC register are detailed below:

<sup>\*</sup>Adapted with permission from: Pan London Practice Learning Group (2019). *Pan London Practice Assessment Document 2.0* available from: www.plplg.uk

#### Communication and relationship management skills

- Skill Set 1 Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care
  - 12 skills
- Skill Set 2 Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care
  - 9 skills
- Skill Set 3 Evidence-based, best practice communication skills and approaches for providing therapeutic interventions
  - 9 skills
- Skill Set 4 Evidence-based, best practice communication skills and approaches for working with people in professional teams
  - 11 skills

#### Nursing Procedures

- Procedure Set 1 Procedures for assessing people's needs for person-centred care
  - 26 procedures
- Procedure Set 2 Procedures for the planning, provision and management of person-centred nursing care
  - 90 procedures

#### **Skill and Procedure Achievement**

The Annexe skills and procedures are provided as a list as part of this Practice Assessment Document (PAD) and you must safely demonstrate each of these to enable your practice supervisor/assessor to sign to confirm that this has taken place. Safely demonstrating skills and procedures will take place throughout each part of your programme and will, more often than not, involve a number of practice supervisors, as well as, potentially, the practice assessor. It is therefore important that at the start of each placement, you review all skills and procedures with your practice supervisor to help you to determine which skills and procedures you could potentially work towards safely demonstrating in each area. Opportunities should be noted within the Learning Development Plan at the start of your PLE. Any skill or procedure that has been safely demonstrated must continue to be demonstrated safely whenever the opportunity arises in practice.

Your practice supervisors and assessors must not only communicate with one another, but must also provide you with frequent feedback on your performance, indicating how you can best improve the safe demonstration of these skills and procedures going forward. Areas of strength and aspects for development should also be discussed and documented at all times to feed forward for each subsequent PLE.

#### 2.2. Mandatory Training

This must be signed by the student and verified by an academic member of staff when sessions are attended/completed.

	Pre Practice	PLE 1/2/3	PLE 4/5/6
Manual Handling (Statutory)	Theory and Practice		Annual update
Student Signature:			
HEI Signature:			
Date:			
Prevention & Safe (Therapeutic) Management of Violence and Aggression	Breakaway technique – theory and practice		Theory Refresher
Student Signature:			
HEI Signature:			
Date:			
Fire Safety (Statutory)	Learn Pro Community Module Fire Safety Awareness Online Assessment		Online Assessment
Student Signature:			
HEI Signature:			
Date:			
Better Blood Transfusion			Safe Transfusion Practice Module 1
Student Signature:			
HEI Signature:			
Date:			

### 2.3. Record of compulsory practice skills

Cardio-Pulmonary Resuscitation (Theory and Practice)  Student Signature: HEI Signature: Date:  SIPCEP Foundation Pathway  Student Signature: HEI Signature:  HEI Signature:  Date:  Safe Medicate Safe	Practice Skills	Pre Practice	PLE 1/2/3	PLE 4/5/6
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Community Module  Student Signature: HEI Signature:	Date:			
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Date:	HEI Signature:			
	Date:			

#### PART 1

### **Theory and Practice 1 - Accountable Professional**

**MODULE INCLUDES PLE 1, 2 & 3** 

#### **Module Summary:**

The aim of this module is to help you to develop as an accountable professional nurse. The module will include theoretical study, practice learning and simulation of nursing procedures aligned to NMC Future Nurse: Standards of proficiency for registered nurses (2018). The module content addresses NMC outcomes drawn from Platform 1 - Being an Accountable Professional [1.1, 1.11, 1.12, 1.13, 1.16, 1.15, 1.17, 1.18, 1.19, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.9, 1.10], Annexe A - Communication and Relationship Management Skills and Annexe B - Nursing Procedures. In addition, outcomes relating to communication, professionalism and evidence informed practice from Platforms 2 - 7 are also addressed. Platform 2 [2.9, 2.10], Platform 3 [3.6, 3.8, 3.9], Platform 4 [4.2, 4.3, 4.12, 4.13], Platform 5 [5.11], Platform 6 [6.11] and Platform 7 [7.4, 7.13].

This module spans all three trimesters within the first year of the MSc Nursing (Preregistration) programme. Each trimester you will undertake one Practice Learning Experience (PLE); trimester 1 - PLE 1, trimester 2 - PLE 2, and trimester 3 - PLE 3. Each PLE in year 1 will equate to 3 days per week. Practice learning will be integrated with self-directed online theoretical learning for which you are given two days per week. Theoretical and practice learning is complemented by online group tutorials and critical reflection sessions. At the end of each trimester Touch Point weeks will enable further interaction with your peers.

#### **Module learning outcomes:**

- LO1: Critically evaluate the key professional outcomes underpinning the core concept of professionalism applied to nursing practice.
- LO2: Critically synthesise evidence informing approaches to professional communication and relationship management skills when working with and caring for people.
- LO3: Debate, challenge and critically evaluate a range of evidence underpinning contemporary approaches to nursing practice.
- LO4: Critically explore the socio-political and economic dimensions of health and social care provision locally, nationally and internationally.
- LO5: Critically reflect on your leadership style and co-productive working within the programme.

### **PRACTICE LEARNING EXPERIENCE 1**

Information for Students				
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.			
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.			
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.			
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.			
5.	Please note the expected practice hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.			
6.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the PLE.			

## PRE-PRACTICE LEARNING ACTIVITIES PLE 1 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/ assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace/QMPLE. 3. Briefly summarise what the practice learning environment does:

4. From the <i>Learning Opportunities</i> outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.		
Considering the service user group that attend the practice learning		
experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.		
<ul> <li>From your search, identify two key articles on the topic and list below (using appropriate reference style)</li> </ul>		
<ul> <li>In the space below provide a brief summary of these two articles and outline any best practice recommendations in relation to these</li> </ul>		
Article 1 –		
Article 2 -		
Condition / situation		

7. In relation to the practice learning environment that you are about to enter, identify any related learning from the preparation for practice (or skills sessions) that will support your learning within this care environment. Please note your thoughts below:  Practice Supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student  Date  Student Signature:  Practice Supervisor and/or Assessor Signature:	6.	any related learning fro	ce learning environment you om your theory modules that ment. Please note your tho	will support your learning		
activities have been completed by the student  Date Student Signature: Practice Supervisor and/		identify any related lea sessions) that will supp note your thoughts belo	rning from the preparation for port your learning within this ow:	or practice (or skills care environment. Please		
· · · · · · · · · · · · · · · · · · ·						
	Date	//	Student Signature:	•		

#### **ORIENTATION & PRELIMINARY MEETING**

#### PLE 1

In accordance with the **NHS Education for Scotland (2008) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

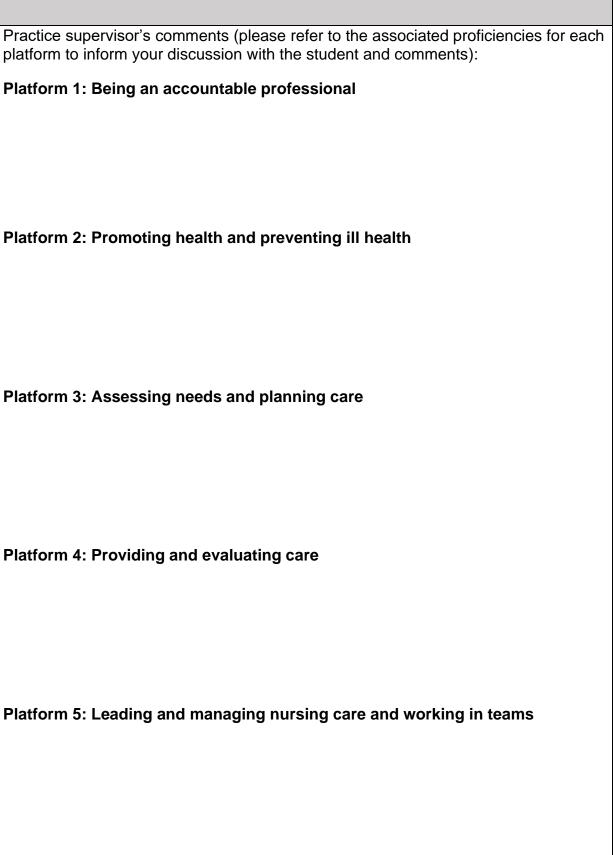
Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and final assessment	
ווומו מסטכסטווכוונ	

LEARNING DEVELOPMENT PLAN						
	PLE 1					
Please use the space below to summarise the main points arising from the preliminary meeting with the student and discussion around the students learning development plan.						
Please identify skills and procedures that could be achieved within area:						
Date/	Student Signature:	Practice Supervisor and/or Assessor Signature:				
Agreed date for next meetings	Interim:	Final:				

#### **INTERIM FEEDBACK MEETING**

#### PLE 1

platform to inform your discussion with the student and comments):



Platform 6: Improving safet	ty and quality of care				
Platform 7: Coordinating ca	are				
Skills and Procedures:					
Student feedback:					
Student reedback.					
Have any issues been refer academic assessor?	red to the practice and/or	Yes	No		
Development Support Plan (see Section 3)  Yes  No					
Date/	Practice Sup or Assessor	pervisor and/ Signature:			

# SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 1

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

## Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not affect your rature care or treatment.							
Please tick if you are: The patient/service user Carer/Relative							
How happy were you with the way the student nurse	Very happy	Happy	I'm not sure	Unhappy	Very unhappy		
cared for you?							
listened to your needs?							
understood the way you felt?							
talked to you?							
showed you respect?							
What did the student nur	se do well?						
What could the student n	urse have	done differ	ently?				
Date/	Student Signature: Practice Supervisor and/o Assessor Signature:						

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 1 Please note any other forms of service user/carer feedback (eg cards, letters, emails). Please ensure anonymity is maintained Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Practice Supervisor and/ Date or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES						
PL	PLE 1					
Student Name:	STUDENT ID:					
	Intake/Year Group:					
Name of Placement:	Practice Supervisor:					
Name and Location of Organisation/Pro	fessional Visited:					
Individual overseeing student's opportunity comments – Please comment on student performance and what learning has taken place?						
Print Name:	Sign:					
Date:						
Student reflection - please reflect on what you have learned?						
Date:						
Student signature:						

ADDITIONAL NOTES						
	PLE 1					
Date	Time	Detail	Signature			
Date	Time	Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature			

# FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PLE 1 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience is **DEPENDENT**. This means that the student nurse requires continuous or frequent support from the practice supervisor/assessor but is developing confidence through guided participation in care. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
lation of Loading and managing haroling sale and working in tourio
Platform 6: Improving safety and quality of care
Platform 6: Improving safety and quality of care
Dietform 7: Coordinating cons
Platform 7: Coordinating care

Please comment on prog procedures in Annex A a future PLEs.				
Date	Student Signatu	ıre:		tice Assessor's ature:
/				
			·	
<b>Practice Assessor Overa</b>	II Summative As	ssessment	Commen	ts
Overall result for this PLI	E	SATISFA	CTORY/U	NSATISFACTORY
Are there any actions on Development Support Plastudent to carry into the learning experience?	an for the	Ye	8	No
If yes, please specify are addressed:	as needing			
Name of Practice Assesso	r (print full name)			
Signature of Practice Asse				
Designation:		_	Date:	

Practice Assessor Confirmatory Statement					
I confirm that: student nurse (print full name)					
following a μ	period of hours of				
attendance at placement (please refer to attendance record), and through objective					
evidence-based assessments, has:					
ACHIEVED / NOT ACHIEVED (Please delete as appr	opriate) the expected level of				
DEPENDENT					
Signature of Practice Assessor:					
Date:					
Student Statement					
I (wr	ite name in capital letters)				
have received feedback on my performance and have	had the opportunity to reflect				
and discuss this with the Practice Assessor. Please write comments below:					
Student signature:	Date:				

ATTENDANCE RECORD											
					PLE 1	l					
Studer	nt Name and	ID									
Modul	e Name										
Progra	ımme and ye	ar									
Field c	of Practice										
Praction	ce learning e	nvironr	ment								
Week No	Week beginning	М	Т	W	Т	F	S	S		Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12.5	12.5	DO	DC	)	37.5	S. Nurse
1											
2											
3											
					Tot	al num we	ber of <b>eks =</b>				
Sac ac	otion 4.7.4 f	or ma-	dm. m	hours	. wanta	ad nar	wools				
	ction 1.7.1 fo	or max	amum	nours		_	week				
Key:U=UniversityDO=Day OffC=Compassionate leaveS=SickA=Absent (not sick)						nt sick)					
· · · · · · · · · · · · · · · · · · ·											
Date   Studen				ent Sigi	nature:					ssessor/ r Signature:	

## **Practice Learning Experience (PLE 2)**

Informa	tion for Students
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should take place during your initial discussions with your practice supervisor.
5.	Please note the expected practice hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.
6.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the PLE.

## PRE-PRACTICE LEARNING ACTIVITIES PLE 2 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice-learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/ assessor and if appropriate, arrange a pre-practice experience visit. 9. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace/QMPLE. 10. Briefly summarise what the practice learning environment does:

11. From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.
12. Considering the service user group that attend the practice learning
experience, select one condition/situation that those service users are likely
to present with and undertake a literature search in relation to these.  o From your search, identify two key articles on the topic and list
below (using appropriate reference style)  o In the space below provide a brief summary of these two articles
and outline any best practice recommendations in relation to these  Article 1 –
Atticle 1 –
Article 2 -
Attole 2
Condition / situation
Condition / Oldation

within this care environment		
14. In relation to the practice lead identify any related learning sessions) that will support you note your thoughts below:  Practice Supervisor – please significant services and services in the practice services are related to the practice services.	from the preparation foour learning within this	r practice (or skills care environment. Please
activities have been completed	by the student	
Date   Stud	dent Signature:	Practice Supervisor and/ or Assessor Signature:

### **ORIENTATION & PRELIMINARY MEETING**

#### PLE 2

In accordance with the *NHS Education for Scotland (2008) Quality Standards for Practice Placements*, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and	
final assessment	

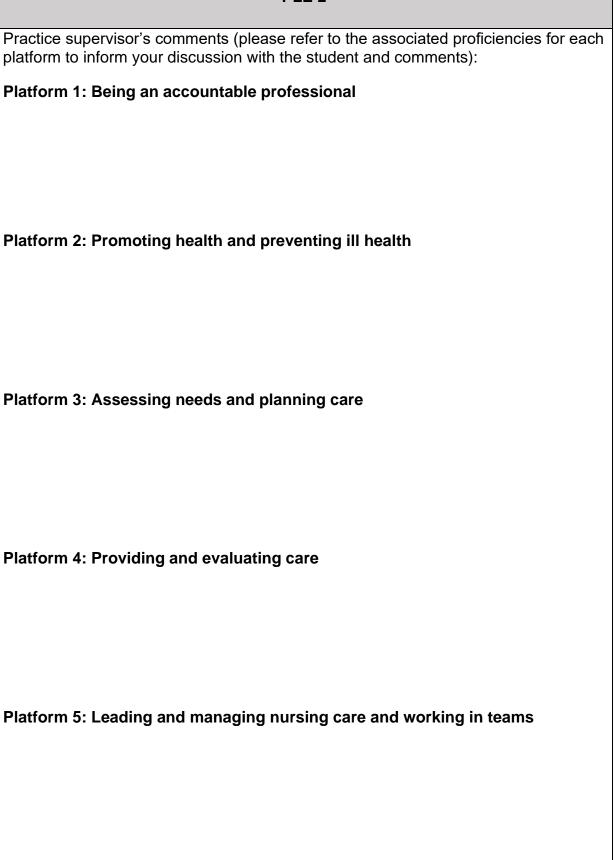
LEARNING DEVELOPMENT PLAN						
PLE 2						
Please use the space below to summarise the main points arising from the preliminary meeting with the student and discussion around the students learning development plan.						
Please identify skills and procedures that could be achieved within area:						
Date	Student Signature:	Practice Supervisor and/or				
/		Assessor Signature:				
Agreed date for next	Interim:	Final:				

meetings

## **INTERIM FEEDBACK MEETING**

### PLE 2

platform to inform your discussion with the student and comments):



Platform 6: Improving safet	y and quality of care				
Platform 7: Coordinating ca	are				
Skills and Procedures:					
Student feedback:					
Have any issues been refer	red to the practice and/or	Yes	No		
academic assessor?					
Development Support Plan	Yes	No			
Date	Student Signature:	Practice Sup or Assessor	pervisor and/ Signature:		
			<b>5</b>		

# SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 2

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

## Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not affect your future care or treatment.							
Please tick if you are: The patient/service user Carer/Relative							
How happy were you with the way the student nurse	Very happy	Нарру	l'm no sure	t Unhappy	Very unhappy		
cared for you?							
listened to your needs?							
understood the way you felt?							
talked to you?							
showed you respect?							
What did the student nurse do well?							
What could the student nurse have done differently?							
Date/	Student	Signature:		ractice Supervi ssessor Signat			

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 2 Please note any other forms of service user/carer feedback (eg cards, letters, emails). Please ensure anonymity is maintained Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Practice Supervisor and/ Date or Assessor Signature:

FEEDBACK FROM ADDITIONA	FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES					
PLE 2						
Student Name:	STUDENT ID:					
	Intake/Year Group:					
Name of Placement:	Practice Supervisor:					
Name and Location of Organisation/Pro	fessional Visited:					
Individual overseeing student's opportunity comments – Please comment on student performance and what learning has taken place?						
Print Name: Sign:						
Date:						
Student reflection - please reflect on what you have learned?						
Date:						
Student signature:						

	ADDITIONAL NOTES							
	PLE 2							
Date	Time	Detail	Signature					
Date	Time	Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature					

# FINAL ASSESSMENT: END OF PLE 2 TO BE COMPLETED BY PRACTICE ASSESSOR PLE 2 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience is **DEPENDENT**. This means that the student nurse requires continuous or frequent support from the practice supervisor/assessor but is developing confidence through guided participation in care. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4. Providing and avaluating care
Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care
Platform 6. Improving safety and quality of care
Platform 7: Coordinating care

Please comment on progress towards safely demonstrating the skills and procedures in Annex A and B. Identify aspects for the student to focus on in future PLEs.						
Date	Student Signatu	ıre:	Prac	tice Assessor's		
			Sign	ature:		
/						
Practice Assessor Overa	II Summative As	seesement	Commen	te		
Tractice Assessor Overa	ii Juliillative As	osessilielit	Commen	ıs		
Overall result for this PLI						
Overall result for this i El	_	SATISFA	CTORY/U	INSATISFACTORY		
Are there any actions on	the Learning	5, 1.101 A	- : - : : : / 0			
Development Support Pla	_					
student to carry into the		Yes		No		
learning experience?	Hevr higorice			140		
learning expendice!						
If yes, please specify are	as needing					
addressed:						
Name of Practice Assessor	r (print full name)	1				
Signature of Practice Asse						
Designation:			Date:			
_ 551g114115111			<del>-</del> 4.0.			

Practice Assessor Confirmatory Statement			
I confirm that: student nurse (print full name)			
following a p	period of hours of		
attendance at placement (please refer to attendance r	ecord), and through objective		
evidence-based assessments, has:			
ACHIEVED / NOT ACHIEVED (Please delete as appr	opriate) the expected level of		
DEPENDENT	. , .		
Signature of Practice Assessor:			
Date:			
Student Statement			
I (wr	rite name in capital letters)		
have received feedback on my performance and have	had the opportunity to reflect		
and discuss this with the Practice Assessor. Please write comments below:			
Student signature:	Date:		
	1 = 55.		

ATTENDANCE RECORD											
	PLE 2	2									
Student Name and ID											
Module	e Name										
Progra	mme and ye	ar									
Field o	f Practice										
Practic	e learning e	nvironr	ment								
Week No	Week beginning	М	Т	W	Т	F	S	S		Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12.5	12.5	DO	DO	O	37.5	S. Nurse
1											
2											
3											
					Tot	al num we	ber of <b>eks =</b>				
•					_						
	ction 1.7.1 fo	or max	kimum	nours		_	week				
					DO=D S=Sic	-		Δ-	_∆h	sent (no	nt sick)
<u> </u>								Λ-			
Date Studen					ent Sigi	nature:					ssessor/ r Signature:

## **PRACTICE LEARNING EXPERIENCE 3**

Informat	Information for Students						
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.						
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.						
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.						
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should be done during your initial discussions with your practice supervisor.						
5.	Please note the expected clinical hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.						
6.	Please refer to discuss the skills and procedures with your practice supervisor to identify any skills that can be achieved within the PLE.						

## PRE-PRACTICE LEARNING ACTIVITIES PLE 3 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace/QMPLE. 3. Briefly summarise what the practice learning environment does:

4. From the <i>Learning Opportunities</i> outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.
<ul> <li>5. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.         <ul> <li>From your search, identify two key articles on the topic and list below (using appropriate reference style)</li> <li>In the space below provide a brief summary of these two articles and outline any best practice recommendations in relation to these</li> </ul> </li> </ul>
Article 1 –
Article 2 -
Condition / situation

Date	)/	Student Signature:	Practice Supervisor and/or Assessor Signature:			
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student						
	7. In relation to the practice learning environment that you are about to enter, identify any related learning from the preparation for practice (or skills sessions) that would support your learning within this care environment. Please note your thoughts below:					
6.	identify any related I	ctice learning environment the earning from your theory mod this care environment. Pleas	dules that would support			

### **ORIENTATION & PRELIMINARY MEETING**

### PLE 3

In accordance with the **NHS Education for Scotland (2008) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and final assessment	

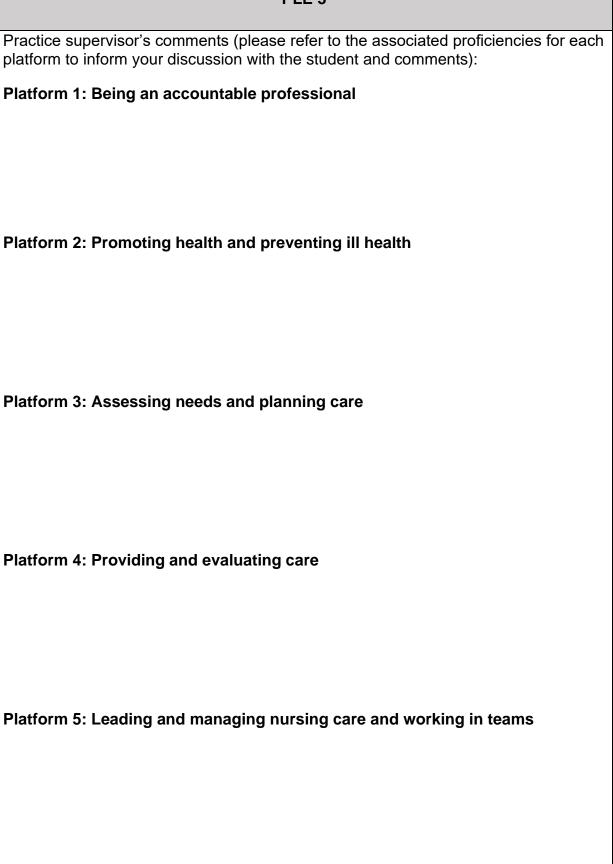
LE	ARNING DEVELOPMENT PL	AN			
PLE 3					
	w to summarise the main points e student and discussion arour				
Please review skills achieved to date and identify skills and procedures that could be achieved within area:					
Date/	Student Signature:	Practice Supervisor and/or Assessor Signature:			
Agreed date for next	Interim:	Final:			

meetings

## **INTERIM FEEDBACK MEETING**

### PLE 3

platform to inform your discussion with the student and comments):



Platform 6: Improving sa	afety and quality of care		
Platform 7: Coordinating	g care		
Skills and Procedures:			
Student feedback:			
Have any issues been re	eferred to the practice	Yes	No
and/or academic assessor?  Development Support Plan (see Section 3)		Yes	No
Date/	Student Signature:	Practice S Assessor	Supervisor and/or Signature:

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 3

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

## Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not affect	your ruture	care or trea	umeni.				
Please tick if you are: The patient/service user Carer/Relative							
How happy were you with the way the student nurse	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy		
cared for you?							
listened to your needs?							
understood the way you felt?							
talked to you?							
showed you respect?							
What did the student nurse do well?							
What could the student nurse have done differently?							
Date/	Student Signature: Practice Supervisor and/or Assessor Signature:						

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 3 Please note any other forms of service user/carer feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Date Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES				
PLE 3				
Student Name:	STUDENT ID:			
	Intake/Year Group:			
Name of Placement:	Practice Supervisor:			
Name and Location of Organisation/Pro	fessional Visited:			
Individual overseeing student's opportunity comments – Please comment on student performance and what has been learnt				
Print Name: Sign:				
Date:				
Student reflection - please reflect on what you have learnt:				
Date:				
Student signature:				

ADDITIONAL NOTES					
PLE 3					
Date	Time	Detail	Signature		
Date	Time	Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature		

## FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PLE 3 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience and end of part one of the programme is **DEVELOPING INDEPENDENCE**. This means that the student nurse will be delivering safe and effective care through guided participation in care under increasingly indirect supervision from you in your role as practice supervisor/assessor. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care
Platform 4. Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
reaction of Louding and managing haroling sale and working in tourio
Platform 6: Improving safety and quality of care
riationin of improving safety and quality of safe
Platform 7: Coordinating care
Trationin 7. Obordinating care

Please comment on progre procedures in Annex A an future PLEs.				
Date/	Student Signa	ture:	Practice Assessor's Signature:	
<b>Practice Assessor Overall</b>	<b>Summative As</b>	sessment (	Comments	
Overall result for this PLE			PASS / FAIL	
Name of Practice Assessor				
Signature of Practice Assess	sor:	T	_	
Designation:			Date:	

Practice Assessor Confirmatory Statement				
I confirm that: student nurse (print full name)				
	poriod of hours of			
	period of hours of			
attendance at placement (please refer to attendance r	ecord), and through objective			
evidence-based assessments, has:				
ACHIEVED / NOT ACHIEVED (Please delete as appr	opriate) the expected level of			
DEVELOPING INDEPENDENCE				
DEVELOTING INDEL ENDENGE				
Signature of Practice Assessor:				
Date:				
Date.				
Student Statement				
I (wr	rite name in capital letters)			
have received feedback on my performance and have	. ,			
• •				
and discuss this with the Practice Assessor. Please write comments below:				
Student signature:	Date:			
Gladent Signature.	Date.			

	ATTENDANCE RECORD									
					PLE	3				
Stude	nt Name and	ID								
Modu	le Name									
Programme and year										
Field	of Practice									
Practi	ce learning e	nvironn	nent							
Week No	Week beginning	М	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12. 5	12.5	DO	DO	37.5	S. Nurse
1									07.0	
2										
3										
					То		nber of			
See section 1.7.1 for maximum hours worked per week										
<b>Key</b> : U=University DO=Day Off										
C=Compassionate leave			S=Si	-		A=Ab	sent (no	ot sick)		
Date				Student	t Signa	nture:			ctice As	
								Sup	oervisor (	Signature:

### **CONFIRMATION OF COMPLETION – PART 1**

#### **Practice Assessor Confirmation of Proficiency**

This feedback should be informed by feedback sought from practice supervisors and assessors (see previous pages) and any other relevant people in order to be assured about your decision. Review platform proficiencies section for the part to ensure all have been signed as achieved.

Practice Assessor: Confirmation of Achievements of Platforms END OF PART 1:				
PI	ease initial the re	levant column		
	Achieved	Not achieved		
Platform 1: Being an accountable professional				
Platform 2: Promoting health and preventing ill-health				
Platform 3: Assessing needs and planning care				
Platform 4: Providing and evaluating care				
Platform 5: Leading and managing nursing care and working in teams				
Platform 6: Improving safety and quality of care				
Platform 7: Co-ordinating care				

Practice Assessor: Comment on areas of development for safe demonstration of skills and procedures (Annexes A & B)			

Practice Assessor Confirmatory State	ment – END OF PLE 1/2/3
I confirm that in partnership with the nom (print name)	inated Academic Assessor, student nurse has
ACHIEVED/NOT ACHIEVED (please del	lete as appropriate) all platforms (and
proficiencies) at the DEVELOPING INDE	PENDENCE level for PLE 1/2/3 of the
programme and, RECOMMEND/DO NO	Γ RECOMMEND (please delete as
appropriate) progression to PLE 4	
Signature of Practice Assessor:	
Date:	
Academia Academy Confirmateury State	toward (UEL voc and v) FND OF DUE
Academic Assessor Confirmatory Stat 1/2/3	tement (HEI use only) – END OF PLE
I confirm that in partnership with the nom	inated Practice Assessor, student nurse
(print name)	has
ACHIEVED/NOT ACHIEVED (please del	lete as appropriate) all platforms (and
proficiencies) at the <b>DEVELOPING INDE</b>	PENDENCE level for PLE 1/2/3 of the
programme and, RECOMMEND/DO NO	FRECOMMEND (please delete as
appropriate) progression to PLE 4	
Comments:	
Signature of Academic Assessor:	
Date:	
HEI USE ONLY	
Number of hours for PLE 1/2	
Hours carried forward to PLE 3/4	
Retrieval programme required?	YES / NO (delete as appropriate)

#### PART 2

### **Theory and Practice 2 (TAP 2)**

## Leading and Managing Nursing Care & Working in Teams MODULE INCLUDES PLE 4, 5 & 6

#### **Module Summary:**

This is the second of your integrated theory and practice modules. The aim of this module is to help you further develop leadership and management skills as a professional nurse. The module will include theoretical study, practice learning and simulation of nursing procedures aligned to NMC Future Nurse: Standards of proficiency for registered nurses (2018). The module content focuses on leadership, teamwork and management and therefore addresses NMC outcomes drawn from Platform 4 – Providing and evaluating care [4.18], Platform 5 – Leading and managing nursing care and working in teams [5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.8, 5.9 and 5.10], Platform 6 – Improving safety and quality of care [6.1, 6.2, 6.3, 6.5, 6.10 and 6.12] and Platform 7 – Co-ordinating care [7.1, 7.10 and 7.12]. Further outcomes in relation to Annexe A - Communication and Relationship Management Skills and Annexe B - Nursing Procedures are also addressed.

This module spans all three trimesters within the second year of the MSc Nursing (Preregistration) programme. Each trimester you will undertake one Practice Learning Experience (PLE); trimester 1 - PLE 4, trimester 2 - PLE 5, and trimester 3 - PLE 6. Each PLE in trimester 1 and 2 of year two will equate to 4 days per week in practice and one day in theory. During PLE 6 you will be in practice for the equivalent of 5 days per week. Practice learning will be integrated with self-directed online theoretical learning. Theoretical and practice learning is complemented by online group tutorials and critical reflection sessions. At the end of each trimester Touch Point weeks will enable further interaction with your peers

#### **Module learning outcomes:**

LO1: Critically appraise and evaluate the key concepts within leadership theories that inform professional practice.

LO2: Demonstrate a critical understanding of the evidence informing strengths-based approaches to teamwork when working with/caring for people in all practice settings.

LO3: Critically review a range of evidence underpinning contemporary approaches to management, leadership and teamwork at the forefront of nursing practice.

LO4: Debate the quality of evidence informing strategies of integrated health and social care provision locally, nationally and internationally.

LO5: Critically reflect on the theories of leadership and teamworking including leadership styles and co-production in relation to current and future nursing practice

### **PRACTICE LEARNING EXPERIENCE 4**

Informat	tion for Students
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should be done during your initial discussions with your practice supervisor.
5.	Please note the expected clinical hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.
6.	Please refer to discuss the skills and procedures with your practice supervisor to identify any skills that can be achieved within the PLE.

## PRE-PRACTICE LEARNING ACTIVITIES PLE 4 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 9. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace/QMPLE. 10. Briefly summarise what the practice learning environment does:

11. From the <i>Learning Opportunities</i> outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.
12. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.
<ul> <li>From your search, identify two key articles on the topic and list below (using appropriate reference style)</li> </ul>
o In the space below provide a brief summary of these two articles and outline any best practice recommendations in relation to these
Article 1 –
Article 2 -
Condition / situation

Date	Staderit dignature.	Assessor Signature:
learning activities have	sessor – please sign to conbeen completed by the stud	
identify any related I sessions) that would Please note your the	sessor – please sign to co	for practice (or skills this care environment.
	earning from your theory mod this care environment. Pleas	

#### **ORIENTATION & PRELIMINARY MEETING**

#### PLE 4

In accordance with the **NHS Education for Scotland (2008) Quality Standards for Practice Placements**, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

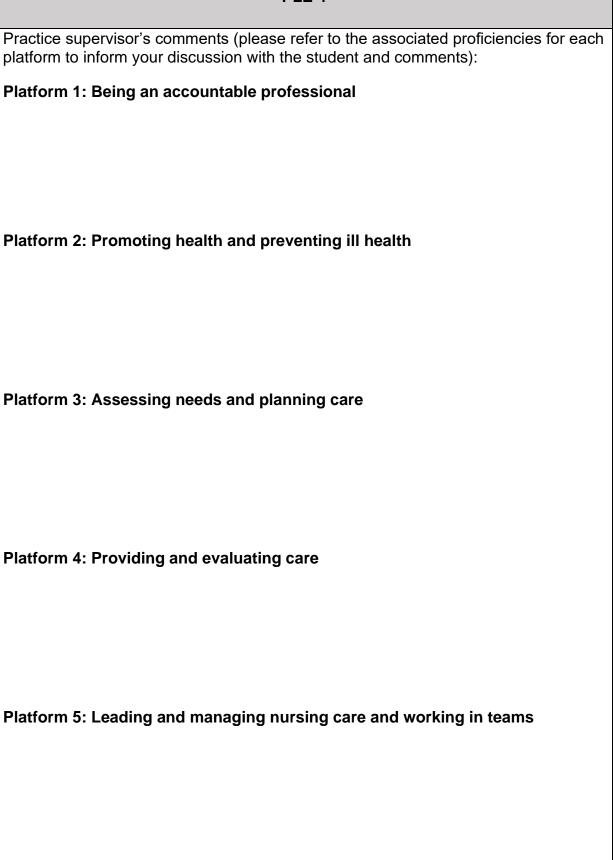
Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and final assessment	

LEARNING DEVELOPMENT PLAN							
PLE 4							
	w to summarise the main points ne student and discussion arour						
Please review skills achie could be achieved within	eved to date and identify skill area:	ls and procedures that					
Date/	Student Signature:	Practice Supervisor and/or Assessor Signature:					
Agreed date for next meetings	Interim:	Final:					

#### **INTERIM FEEDBACK MEETING**

#### PLE 4

platform to inform your discussion with the student and comments):



Platform 6: Improving sa	afety and quality of care		
Platform 7: Coordinating	g care		
Skills and Procedures:			
Student feedback:			
Have any issues been re	eferred to the practice	Yes	No
and/or academic assess  Development Support P		Yes	No
Date/	Student Signature:	Practice S Assessor S	upervisor and/or Signature:

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 4

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

#### Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not affect your future care or treatment.									
Please tick if you are: The patient/service user Carer/Relative									
Vene Henry Branch Helen Vene									
How happy were you	Very happy	Нарру	I'm not sure	Unhappy	Very unhappy				
with the way the			.9.						
student nurse		00		000	000				
cared for you?									
listened to your needs?									
understood the way you felt?									
talked to you?									
showed you									
respect?									
What did the student nur	co do wall'	2							
What did the student nurse do well?									
What could the student r	urse have	done differ	ently?						
mat sould the student	iaroo navo		onay .						
Date/	Student S	ignature:	and	actice Supero d/or Assesso gnature:					

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 4 Please note any other forms of service user/carer feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Date Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES							
PLE 4							
Student Name:	STUDENT ID:						
	Intake/Year Group:						
Name of Placement:	Practice Supervisor:						
Name and Location of Organisation/Pro	fessional Visited:						
Individual overseeing student's opportustudent performance and what has been le							
Print Name:	Sign:						
Date:							
Student reflection - please reflect on wha	t you have learnt:						
Date:							
Student signature:							

## FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PLE 4 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience is **DEVELOPING INDEPENDENCE**. This means that the student nurse will be delivering safe and effective care through guided participation in care under increasingly indirect supervision from you in your role as practice supervisor/assessor. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care	
and the state of t	
Platform 5: Leading and managing nursing care and working in teams	
Transfir of Leading and managing haroling out and working in teams	
Diotform 6: Improving actaty and quality of care	
Platform 6: Improving safety and quality of care	
Platform 7: Coordinating care	

Please comment on progre procedures in Annex A an future PLEs.				
Date	Student Signa	ture:	Practi	ce Assessor's
			Signa	ture:
/				
Practice Assessor Overall	Summative As	ssessment	Commen	ts
		Γ		
Overall result for this PLE		SATISFA	CTORY/L	JNSATISFACTORY
Are there any actions on the Learning Development Support Plan for the student to carry into the next practice learning experience?		Yes		No
If yes, please specify areas addressed:	s needing			
Name of Practice Assessor	(print full name)			
Signature of Practice Assess	sor:			
Designation:			Date:	

Practice Assessor Confirmatory Statement					
I confirm that: student nurse (print full name)					
following a	period of hours of				
attendance at placement (please refer to attendance r					
evidence-based assessments, has:	,				
ACHIEVED / NOT ACHIEVED (Please delete as appr	ropriate) the expected level of				
DEVELOPING INDEPENDENCE					
Signature of Practice Assessor:					
Date:					
Student Statement					
I (wi	rite name in capital letters)				
have received feedback on my performance and have had the opportunity to reflect					
and discuss this with the Practice Assessor. Please write comments below:					
Student signature:	Date:				

ATTENDANCE RECORD										
F						4				
Stude	nt Name and	ID								
Modul	e Name									
Programme and year										
Field o	of Practice									
Praction	ce learning e	nvironn	nent							
Week No	Week beginning	M	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12. 5	12.5	DO	DO	37.5	S. Nurse
1										
2										
3										
					То		nber of			
Saa aa	otion 1 7 1 f	or mov	imi	m haura	arle	ad nam	wook			
	<b>ction 1.7.1 f</b> our strains of the contract of	oi illax	iiiiu	iii nours		e <b>d per</b> Day Off				
-	C=Compassi	onate le	eave	e	S=Si			A=Ab	sent (no	ot sick)
Date				Student	nt Signature: Practice Assessor/					
Supervisor Signature:										

### **PRACTICE LEARNING EXPERIENCE 5**

Informat	tion for Students
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should be done during your initial discussions with your practice supervisor.
5.	Please note the expected clinical hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.
6.	Please refer to discuss the skills and procedures with your practice supervisor to identify any skills that can be achieved within the PLE.

## PRE-PRACTICE LEARNING ACTIVITIES PLE 5 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace / QMPLE 3. Briefly summarise what the practice learning environment does:

4. From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.	1
E. Considering the convice year group that attend the proctice leaveling	
<ul> <li>5. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.</li> <li>From your search, identify two key articles on the topic and list belo (using appropriate reference style)</li> <li>In the space below provide a brief summary of these two articles are contained as a problem.</li> </ul>	
outline any best practice recommendations in relation to these  Article 1 –	
Article 2 -	
Condition / situation	

identify any related lea your learning within this	ce learning environment that rning from your theory modu s care environment. Please	les that would support note your thoughts below:		
identify any related lea sessions) that would su Please note your thoug		or practice (or skills nis care environment.		
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Date/	Student Signature:	Practice Supervisor and/ or Assessor Signature:		

#### **ORIENTATION & PRELIMINARY MEETING**

#### PLE 5

In accordance with the *NHS Education for Scotland (2008) Quality Standards for Practice Placements*, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and final assessment	

LEARNING DEVELOPMENT PLAN					
PLE 5					
Please use the space below to summarise the main points arising from the preliminary meeting with the student and discussion around the students learning development plan.					
Please review skills achieved to date and identify skills and procedures that could be achieved within area:					
Date/	Student Signature:	Practice Supervisor and/or Assessor Signature:			
Agreed date for next	Interim:	Final:			

meetings

#### **INTERIM FEEDBACK MEETING**

#### PLE 5

Practice supervisor's comments (please refer to the associated proficiencies for each platform to inform your discussion with the student and comments):				
Platform 1: Being an accountable professional				
Platform 2: Promoting health and preventing ill health				
Platform 3: Assessing needs and planning care				
Platform 4: Providing and evaluating care				
Platform 5: Leading and managing nursing care and working in teams				

Platform 6: Improving safety and quality of care				
Platform 7: Coordinating c	are			
g				
Skills and Procedures:				
Student feedback:				
Have any issues been referred to the practice and/or academic assessor?		Yes	No	
Development Support Plan (see Section 3)		Yes	No	
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:		
/				

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 5

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

#### Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not anect						
Please tick if you are: The patient/service user Carer/Relative						
How happy were you with the way the student nurse	Very happy	Happy	I'm not sure	Unhappy	Very unhappy	
cared for you?						
listened to your needs?						
understood the way you felt?						
talked to you?						
showed you respect?						
What did the student nurse do well?						
What could the student n	urse have	done differen	ently?			
Date/	Stud	lent Signatur	re:	PS &/or PA	Signature:	

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 5 Please note any other forms of service user/carer feedback (eg cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Practice Supervisor and/or Date Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES				
PLE 5				
Student Name:	STUDENT ID:			
	Intake/Year Group:			
Name of Placement:	Practice Supervisor:			
Name and Location of Organisation/Pro	fessional Visited:			
Individual overseeing student's opportunity comments – Please comment on student performance and what has been learnt				
Print Name:	Print Name: Sign:			
Date:				
Student reflection - please reflect on what you have learnt:				
Date:				
Student signature:				

ADDITIONAL NOTES					
PLE 5					
Date Time	Detail	Signature			
Date Time	Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature			

## FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PLE 5 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience is **INDEPENDENT**. This means that the student nurse independently and confidently coordinates care, whilst acknowledging their own limitations, through guided participation in care under indirect supervision from you in your role as practice supervisor/assessor. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Dietform 6. Improving cofety and quality of core
Platform 6: Improving safety and quality of care
Platform 7: Coordinating care
<b>3</b>

Please comment on progre procedures in Annex A and future PLEs.				
Date	Student Sign	nature:	Prac	etice Assessor's
				ature:
/			3	
Practice Assessor Overall	Summative A	ssessment Cor	nmen	its
Overall result for this PLE		SATISFACTO	DRY/U	INSATISFACTORY
Are there any actions on the Development Support Plan student to carry into the ne learning experience?	for the	Yes		No
If yes, please specify areas addressed:	needing			
Name of Practice Assessor (		)		
Signature of Practice Assess	or:			
Designation:		Da	te:	

Practice Assessor Confirmatory Statement	
I confirm that: student nurse (print full name)	
following a period of hours of attendance	
	-
attendance record), and through objective evidence-b	ased assessments, has:
ACHIEVED / NOT ACHIEVED (Please delete as appl	ropriate) the expected level of
INDEPENDENT	
INDEL ENDERT	
Signature of Practice Assessor:	
Date:	
Student Statement	
I (w	rite name in capital letters)
have received feedback on my performance and have	had the opportunity to reflect
and discuss this with the Practice Assessor. Please w	
Student signature:	Date:
j	

	ATTENDANCE RECORD									
					PLE	5				
Studer	nt Name and	ID								
Module	e Name									
Programme and year										
Field o	f Practice									
Practic	e learning e	nvironr	ment							
Week No	Week beginning	М	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12	12	12	DO	DO	36	S. Nurse
1										
2										
3										
					То		nber of eeks =			
•										
See section 1.7.1 for maximum hours worked per week										
<b>Key</b> : U=University			DO=[	DO=Day Off						
C=Compassionate leave			S=Si	S=Sick A=Absent (not		ot sick)				
Date			Stude	nt Signature: Practice Assessor, Supervisor Signature						

#### **PRACTICE LEARNING EXPERIENCE 6**

Informat	ion for Students
1.	Please check the information produced by the Practice Placement Team to ensure you complete the correct section of the PAD.
2.	Please contact your PLE prior to your start date to confirm who your nominated practice supervisor is and to confirm your shift pattern.
3.	Please note that it is expected that your working hours reflects the range of hours expected of registered nurses (NMC 2018d). This includes working weekends and night shifts; please refer to your Practice Learning Handbook for more details.
4.	Please ensure that you liaise with your practice supervisor to secure dates for your interim review of progress and your final assessment. This should be done during your initial discussions with your practice supervisor.
5.	Please note the expected clinical hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.
6.	Please refer to discuss the skills and procedures with your practice supervisor to identify any skills that can be achieved within the PLE.

### PRE-PRACTICE LEARNING ACTIVITIES PLE 6 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 9. Read the appropriate practice learning environment profile, which can be accessed on the student portal/via InPlace / QMPLE 10. Briefly summarise what the practice learning environment does:

you are unfamiliar with and write a short summary.
<ul> <li>12. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.</li> <li>From your search, identify two key articles on the topic and list below (using appropriate reference style)</li> <li>In the space below provide a brief summary of these two articles and outline any best practice recommendations in relation to these</li> </ul>
Article 1 –
Article 2 -
Condition / situation

identify any related lead your learning within this	ce learning environment that rning from your theory modus care environment. Please	les that would support note your thoughts below:
identify any related lear		or practice (or skills nis care environment.
learning activities have be	en completed by the stude	ent
Date/	Student Signature:	Practice Supervisor and/ or Assessor Signature:

#### **ORIENTATION & PRELIMINARY MEETING**

#### PLE 6

In accordance with the *NHS Education for Scotland (2008) Quality Standards for Practice Placements*, a preliminary meeting should take place within two days of commencing practice. Preferably your practice supervisor (or someone acting on their behalf) should meet with you. The discussion should establish the following:

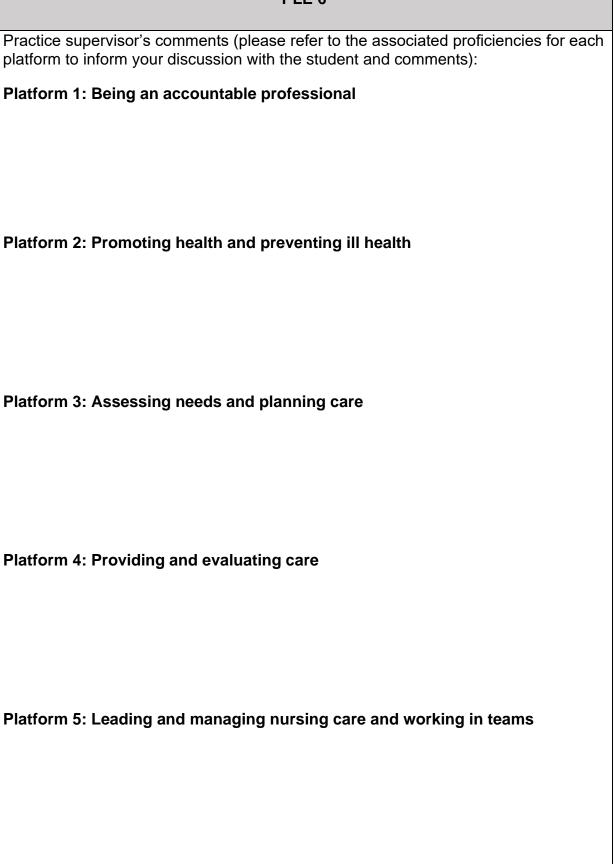
- The previous skills you have practised, in order to identify your current learning needs
- The level at which the proficiencies/practice learning outcomes have to be achieved during this PLE
- The available learning opportunities within this PLE
- Any additional student support requirements taking cognisance of reasonable adjustment
- An initial Learning Development Plan for Learning

Date of preliminary meeting	
Topics to be Discussed:	Please initial when complete
Orientation to the practice learning environment and equipment	
Shift patterns and meal breaks/facilities	
Sickness/absence reporting procedure	
Accident /incident reporting procedures and systems	
Emergency and fire procedure	
Health and Safety Policy including lone working	
Introduction to Health and Social Care Professionals	
Introduction to Patients/Clients	
Confidentiality and data protection	
Professional behaviour	
Policy on corporate and personal use of social media	
Raising concerns guidance	
Access to Scottish Practice Assessment Document (PAD)	
Student's individual requirements, e.g. reasonable adjustments	
Available practice learning experiences	
Student's practice learning expectations	
Student's strengths and areas for improvement	
Uniform policy for the practice learning environment	
Student's previous practice assessment, previous practice	
assessor's written comments and learning development plan	
Development support plan	
Student's mandatory training record	
Consider if a risk assessment is required (see Section 1.5)	
Consider appropriate dates for interim feedback meeting and final assessment	

LEA	RNING DEVELOPMENT PL	AN
	PLE 6	
Please use the space below preliminary meeting with the development plan.		
Please review skills achiev could be achieved within a		s and procedures that
Date/	Student Signature:	Practice Supervisor and/or Assessor Signature:
Agreed date for next meetings	Interim:	Final:

#### **INTERIM FEEDBACK MEETING**

#### PLE 6



Platform 6: Improving safe	ty and quality of care		
Platform 7: Coordinating c	are		
Skills and Procedures:			
Student feedback:			
Have any issues been refe and/or academic assessor	rred to the practice ?	Yes	No
Development Support Plan (see Section 3)  Yes  No			No
Date/	Student Signature:	Practice Supe Assessor Sign	

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PLE 6

**Aim:** We would value the views of service users and/or their carers/families on the contact the student has had with you. This helps the student nurse and their practice supervisor to learn what you thought of what the student did for you and how they did it. The information you provide will be used to help the student's learning and development and it will benefit future service users/carers.

#### Information to be given to the service user/carer/family member:

You have been asked to participate in this feedback exercise, as the student nurse has been involved in delivering your care. The student's supervisor will ask you some questions about your experience with the student. These comments will be anonymous and will be treated in confidence: they will not affect your care in any way. You do not have to participate if you do not wish to do so and if you do not want to, this will not affect your future care or treatment.

want to, this will not allect	your ruture o	care or treat	ment.			
Please tick if you are: The patient/service user Carer/Relative						
How happy were you with the way the student nurse	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy	
cared for you?						
listened to your needs?						
understood the way you felt?						
talked to you?						
showed you respect?						
What did the student nurse do well?						
What could the student nurse have done differently?						
Date Student Signature: PS &/or PA Signature:						

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PLE 6 Please note any other forms of service user/carer feedback (eg cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Practice Supervisor and/or Date Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES				
PLE 6				
Student Name:	STUDENT ID:			
	Intake/Year Group:			
Name of Placement:	Practice Supervisor:			
Name and Location of Organisation/Pro	fessional Visited:			
Individual overseeing student's opportunity comments – Please comment on student performance and what has been learnt				
Print Name:	Sign:			
Date:				
Student reflection - please reflect on what you have learnt:				
Date:	Date:			
Student signature:				

ADDITIONAL NOTES							
PLE 6							
Date Time Detail	Signature						
Date Time Detail  Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature						

## FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PLE 6 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this practice learning experience and end of Part 2 of the programme is **INDEPENDENT**. This means that the student nurse independently and confidently coordinates care, whilst acknowledging their own limitations, through guided participation in care under indirect supervision from you in your role as practice supervisor/assessor. Please comment on the Platforms below: Platform 1: Being an accountable professional Platform 2: Promoting health and preventing ill health Platform 3: Assessing needs and planning care

Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care
Platform 7: Coordinating care

Please comment on progress towards safely demonstrating the skills and procedures in Annex A and B. Identify aspects for the student to focus on in future PLEs.					
Date	Student Signa	nture:	Practice Assessor's		
			Signature:		
Practice Assessor Overall	Summative As	sessment Cor	nments		
Overall result for this PLE					
PASS / FAIL					
Name of Practice Assessor (					
Signature of Practice Assess	or:	Па			
Designation.	Designation: Date:				
Practice Assessor Confirm	atory Stateme	nt			
I confirm that: student nurse (print full name)					
following a period of hours of attendance at placement (please refer to attendance record), and through objective evidence-based assessments, has:					
attendance record), and thro	ugh objective e	vidence-based	assessments, has:		

ACHIEVED / NOT ACHIEVED (Please delete as appro	opriate) the expected level of
INDEPENDENT	
Signature of Practice Assessor:	
Date:	
Student Statement	
I (wri	ite name in capital letters)
have received feedback on my performance and have	had the opportunity to reflect
and discuss this with the Practice Assessor. Please wr	rite comments below:
Student signature:	Date:
Student Signature.	Date.

	ATTENDANCE RECORD									
					: PLE	6				
Stude	nt Name and	ID								
Modul	e Name									
Progra	amme and ye	ear								
Field	of Practice									
Practi	ce learning e	nvironr	ment							
Week No	Week beginning	М	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12	12	12	DO	DO	36	S. Nurse
1										
2										
3										
					<u> </u>		·		1	
					Ic		nber of eeks =			
San 50	ction 1.7.1 f	or may	/imun	n hour	e work	ad na	r wook			
			Kiiiiui	ii iioui:		-				
<b>Key</b> : U=University  C=Compassionate leave				DO=Day Off S=Sick A=At		osent (no	ot sick)			
Date	2 22			Stude		nature:			tice Ass	•
/				ni Oigi	ataro.				ignature:	

#### **CONFIRMATION OF COMPLETION - PART 2**

#### **Practice Assessor Confirmation of Proficiency**

This feedback should be informed by feedback sought from practice supervisors and assessors (see previous pages) and any other relevant people in order to be assured about your decision. Review platform proficiencies section for the part to ensure all have been signed as achieved.

Practice Assessor: Confirmation of Achievements of Platforms

	ease initial the rel	Not achieved
Platform 1: Being an accountable professional		
Platform 2: Promoting health and preventing ill-health		
Platform 3: Assessing needs and planning care		
Platform 4: Providing and evaluating care		
Platform 5: Leading and managing nursing care and working in teams		
Platform 6: Improving safety and quality of care		
Platform 7: Co-ordinating care		
Practice Assessor: Comment on safe demonstra (Annexes A & B) [ALL must be completed by the		-

<b>Practice Assessor Confirmatory States</b>	ment – END OF PLE 4/5/6			
(print name)				
ACHIEVED/NOT ACHIEVED (please del				
, ,	the <b>INDEPENDENT</b> level for PLE 5/6 of the			
programme and, RECOMMEND/DO NOT				
appropriate) progression to THE REGIST	ER.			
Signature of Practice Assessor:				
Date:				
Academia Academar Confirmatory Stat	oment (UEL use only) END OF DIE 5/6			
Academic Assessor Comminatory State	ement (HEI use only) – END OF PLE 5/6			
I confirm that in partnership with the nomi (print name)				
ACHIEVED/NOT ACHIEVED (please del				
· ·	the <b>INDEPENDENT</b> level for PLE 5/6 of the			
programme and, RECOMMEND/DO NOT				
appropriate) progression to THE REGIST				
Comments:				
Signature of Academic Assessor:				
Olghatalo ol / toddollilo / toddollil				
Date:				
HEI USE ONLY				
Number of hours for PLE 4/5/6				
Retrieval programme required?	YES / NO (delete as appropriate)			

#### PLATFORMS AND PROFICIENCIES

The proficiencies are grouped under seven platforms followed by two annexes; this section focuses on the platforms and proficiencies and the annexes are explained in more detail in the next section.

This section contains the platforms and the related proficiency statements for each practice learning experience and part of your programme. In keeping with the Participation in Care Framework, there are suggested examples of how you can evidence achievement of each proficiency at the required level. The examples also help explain ways in which you might be able to evidence the progression of your developing knowledge, skills, values and your increasing independence in practice to your practice supervisor (PS)/practice assessor (PS). Please remember, the examples provided are only suggestions and it is therefore not a requirement that these specific examples are assessed.

By the point of entry to the register, all proficiencies should have been achieved across your programme of study at the independent level. See explanation below for this achievement:

- Part 1: Students work towards completing proficiencies at the developing independence level by the end of PLE 3
- Part 2: ALL proficiencies MUST be achieved at the independent level by the end of PLE 6

If a proficiency has been signed as achieved in a previous Practice Learning Experience (PLE) or Part, you must continue to demonstrate the achievement of the required level of participation within all subsequent PLEs.

#### **Participation in Care Framework**

The minimum expected level of performance for **PLE 1 & 2** is **Dependent**. This means that you will be working closely with your practice supervisor who will direct and guide you. Through guided participation in care, you will be able to demonstrate delivery of safe, effective person-centred care in a professional manner using appropriate nursing skills.

The minimum expected level of performance for **PLE 3 & 4** is **Developing Independence**. This means that you will be developing independence and your practice supervisor will offer guidance and support when required. You will actively participate in care with this guidance and will demonstrate increasing confidence and competence.

The minimum expected level of performance for **PLE 5 & 6** is **Independent**. You will be working independently, and your practice supervisor will offer a more indirect form of supervision. You will demonstrate the ability to lead and coordinate care, and the ability to act as an accountable practitioner, demonstrating a comprehensive knowledge base that informs safe and effective practice.

#### Mapping to the EU Directives and The Code (NMC 2018)

Each proficiency from the 7 platforms have been mapped to The Code (NMC 2018). Each proficiency has also been mapped to the clinical instruction elements of the EU directives. This mapping is visible below each proficiency statement. This will allow practice supervisors, practice assessors and academic assessors to be assured that, when students achieve each proficiency, they are, as a consequence of this mapping, also demonstrating that their practice is in adherence to the expectations of The Code (NMC 2018) for a registered nurse. This mapping also ensures that the clinical instruction aspects of the EU Directives are met as part of proficiency achievement.

### Coding of EU Directives to Support Mapping to NMC (2018) Future Nurse: Standards of proficiency for registered nurses Article 31 (V 2 Nurse Responsible for General Care) - '5 2 1 Training programme for purses responsible for general care - the

,	al qualification of nurses responsible for general care sha	,
B. Clinical Instruction	General and specialist medicine	B.1
	General and specialist surgery	B.2
	Child care and paediatrics	B.3
	Maternity care	B.4
	Mental health and psychiatry	B.5
	Care of the old and geriatrics	B.6

Home nursing

**B.7** 

#### Platform 1: Being an accountable professional

Registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care.

Plat	form 1: Being an accountable professional				
1.1	understand and act in accordance with <i>The Code</i> (2015): Professional standards of practice and behaviour for nurses and midwives, and fulfil all registration requirements				
	All statements outlined as part of <i>The Code</i> (NMC 2018) :EU clinical	al instruction Directives N/A			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Demonstrates:- Professional behaviour and appearance, honesty and integrity, good timekeeping, adherence to appropriate policies and protocols, accurate record keeping, accountability for own actions, accepts and acts on constructive feedback, respect for the privacy and dignity of others, appropriate information sharing.	Demonstrates:- Professional behaviour and appearance, honesty and integrity, good timekeeping, adherence to appropriate policies and protocols, accurate record keeping, accountability for own actions, accepts and acts on constructive feedback, respect for the privacy and dignity of others, appropriate information sharing.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

1.2	understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom			
	The Code (NMC 2018)12.1; 14.3; 16.1; 16.2; 16.3; 17.3; 18.2; 20.4; 23.1; 25.2 :EU clinical instruction Directives N/A			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent	
	Demonstrate ability to recognise specific issues relating to the legal basis for practice, for example, Children's Act, MH Act, Power of Attorney, Guardianship, Carers' Act. Practices in line with the Code, to raise concerns appropriately.		Selects and applies appropriate legal, regulatory and governance; legal basis for practice, for example, Children's Act, MH Act, Power of Attorney, Guardianship, Carers' Act. Critically reflects on self and others' practice in line with The Code and is able to raise concerns appropriately.	
	ACHIEVED Signature		ACHIEVED Signature	
	Date		Date	
1.3	3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting a situations, behaviours or errors that could result in poor care outcomes			
	The Code (NMC 2018) 9.3; 14.1; 14.2; 14.3; 16.1; 16.2; 16.3; 16.4; 16.5; 16.6; 17.1; 17.2; 17.3; 20.8; 25.1 :EU clinical instruction Directives N/A			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent	
	Demonstrate the ability to work in line with The Code, raises concerns appropriately.  Explicit awareness of duty of candour.  Understanding of medication errors and how to escalate these.	-	Critically reflects upon practice in line with The Code, raises concerns appropriately.  Effectively and appropriately implements duty of candour.  Report and document all adverse event appropriately.	
	ACHIEVED Signature		ACHIEVED Signature	
	Date		Date	

1.4	demonstrate an understanding of, and the ability to challenge, discriminatory behaviour		
	The Code (NMC 2018) 1.1; 1.3; 1.5; 3.4; 4.4; 7.3; 9.3; 16.1; 16.4; 16.6; 17.1; 17.2; 17.3; 20.2 :EU clinical instruction Direction		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
1.5	Able to identify and respond appropriately to challenging situations involving discrimination. Is able to identify situations where discriminatory behaviour may occur in clinical practice. Provides support to people when discriminatory behaviours are evident.  ACHIEVED Signature  Date  Understand the demands of professional practice and demonstrate	Acts as a role model in providing uncompromised, non- judgemental care whilst respecting the individuality of others. Demonstrate the ability to challenge discrimination and exhibit confidence in engaging with courageous conversation. Takes an active role in reporting and documenting poor or discriminatory behaviour. Provide unambiguous, constructive feedback to others where discriminatory behaviours are evident. Acts as an advocate as required.  ACHIEVED Signature  Date  how to recognise signs of vulnerability in themselves or their	
1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in them colleagues and the action required to minimise risks to health		now to recognise signs of valuerability in themselves of their	
	The Code (NMC 2018) 4.4; 8.1; 8.2; 8.4; 8.7; 9.1; 9.2; 9.3; 11.1; 11.2; 11.3; 13.3; 15.3; 16.1; 16.2; 16.6; 19.4; 20.2; 20.3; 20.5; 20.8; 20.9 :EU clinical instruction Directives N/A		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Practices within local procedures around self-care and also care of colleagues. Starts to develop analysis of critical incidents. Identifies vulnerability in colleagues and signpost opportunities for support and improving future practice.	Can identify and analyse critical or adverse incidents and consider how these may impact on professional practice. Take responsibility for promoting care of vulnerable members of the team in line with local procedures. Follows appropriate reporting mechanisms. Is supportive of others experiencing vulnerability. Reflect on critical or adverse incidents to inform or change practice.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

1.6	understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care		
	The Code (NMC 2018) 20.9 :EU clinical instruction Directives N/A		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Can identify appropriate actions, agencies and support mechanisms to promote and maintain personal mental and physical health.	Clear evidence within the practice environment of the student's physical and emotional health to enable them to support the care needs of others.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	
1.7 demonstrate an understanding of research methods, ethics and governance in order to critically analyse, research findings to promote and inform best nursing practice		overnance in order to critically analyse, safely use, share and apply	
	The Code (NMC 2018) 6.1; 6.2; 8.4; 9.2; 10.6; 19.2 :EU clinical ins	struction Directives B1-B7	
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Actively seeks out opportunities to engage in scholarly activity within the practice area. Developing awareness of current evidence or research related to clinical area / client group. Can identify deficits in the research methods or evidence base.	Can identify deficits in the research methods or evidence base. Can interpret, analyse and apply research to promote and enhance best possible nursing practice in the practice learning environment. Actively shares evidence from research findings with colleagues.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

1.8	demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence nformed decisions in all situations			
	The Code (NMC 2018) 6.2; 13.1; 15.1; 17.3; 19.2; 19.3; 22.3 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Indep	pendent	
	Developing knowledge and understanding of research and how to integrate this with previous experience to inform decisions and practises within the practice area / client group.	Apply research and evidence to patient care and plann Problem solve and prioritise patient care in accordance current research evidence. Identifies gaps in own know and takes appropriate steps to address.	e with	
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		
1.9	understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions		and	
	The Code (NMC 2018) 1.1; 1.3; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.5; 7.3; 7.4 :EU clinical instruction Directives N/A		struction	
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Indep	pendent	
	Communicate effectively with the client group and significant others. Is able to assess social, cultural differences and provide effective and appropriate care. Understand concept of unconscious bias. Reflect upon feedback from clients to enhance future assessment activity and client interactions.	Understand concept of unconscious bias. Initiates skilled communication with the client group and significant other establish the person's needs and preferences. Effective assesses social, cultural differences and plans effective appropriate care. Is non-discriminatory and non-judger planning or prioritising care delivery. Actively reflects up feedback from various sources to enhance future assessed activity and client interactions and satisfaction.	ners to rely re and mental in rpon	
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

1.10	demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgments and decisions in routine, complex and challenging situations		
	The Code (NMC 2018) 1.4; 2.3; 2.4; 2.5; 4.1; 5.2; 6.2; 7.1; 9.2; 9.3; 14.1; 15.1; 18.1; 19.2; 19.4; 20.2; 20.6 :EU clinical instruction Directives N/A		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Engages confidently with a wide range of people within and outwith the practice area. Developing confidence in assuming responsibility for the delivery of care/routine activities within the practice setting. Sensitive to the needs of others and can adapt care in line with changing situations/preferences. Understands and provides clear explanations regarding decisions made within the care setting.  ACHIEVED Signature	Assumes responsibility for liaison with a wide range of people within and out-with the practice area. Is confident and competent in assuming responsibility for the delivery of care in more complex situations within the practice setting.  Sensitive to the changing needs of others and can adapt care in line with evolving situations/preferences. Is confident and competent in rationalising decisions made within the care setting even in more complex and challenging situations.  ACHIEVED Signature	
	Date	Date	
1.11 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and mental, physical, cognitive and behavioural health challenges		olleagues and people at all stages of life and with a range of	
	The Code (NMC 2018) 1.1; 7.1; 7.2; 7.3; 7.4; 7.5; 8.2; 8.3; 9.3; 20.10 :EU clinical instruction Directives N/A		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Developing confidence and competence in appropriate use of verbal and non-verbal communication skills. Produces accurate, clear and legible documentation. Adopts an active role in ward rounds/MDT/case conference/ handovers.	Confidently and clearly presents and shares verbal and written reports with individuals and groups Lead ward rounds/MDT/case conference/ handovers, formulate and document plans. Analyse and accurately records and shares digital information and data.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

1.12	demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable			
	<i>The Code</i> (NMC 2018) 1.1; 1.3; 1.5; 2.1; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 5.5; 7.4; 13.1; 13.2; 13.3; 13.4; 15.3; 17.1; 17;2; 17.3; 20.5 :EU clinical instruction Directives B1-B7			; 5.5; 7.4; 13.1; 13.2; 13.3; 13.4; 15.3; 17.1;
	Part 1; PLE 1/2/3: Dep	endent – Developing Independence	Part 2; PLE 4/5/6	6: Developing Independence - Independent
	in appropriate referrals	o clients. Is aware and able to participate to appropriate agencies. Demonstrate s ability to utilise appropriate and timely	a variety of situat appropriate refer	competent in providing effective reassurance in ions. Takes the lead in undertaking rals. Is skilled in demonstrating sensitive and skilled and confident in utilising appropriate calation.
	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date	

1.13	demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families, carers and colleagues		
The Code (NMC 2018) 1.1; 2.5; 2.6; 4.4; 5.5; 7.3; 7.5; 8.1; 8.2; 9.3; 17.3; 20.1; 20.2; 20.3; 20.6; 20.7; 20.8; 21.1; 2 :EU clinical instruction Directives B1-B7		3; 17.3; 20.1; 20.2; 20.3; 20.6; 20.7; 20.8; 21.1; 21.2; 21.3; 21.5; 21	
			Part 2; PLE 4/5/6: Developing Independence - Independen
	and non-verbal commu listen to identify releva and carers. Responds Demonstrates empath families, carers and co	e and competence in engaging in verbal unication with others. Engages in active nt information from patients, their families appropriately to verbal cues from others. It when interacting with people, their alleagues. Engages confidently in a sharing. Developing a professional acting with all people.	Is confident and competent in engaging in verbal and non- verbal communication with others. Actively engages in active listen to identify relevant information from patients, their famili and carers. Is skilled in recognising and responding to verbal cues from others. Demonstrates empathy when interacting wi people, their families, carers and colleagues. Confidently and appropriately identifies relevant information for sharing with appropriate individuals/agencies. Always presents self in a professional manner when interacting with all people
	ACHIEVED	Signature	ACHIEVED Signature
	Date		Date

1.14	diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments		
	The Code (NMC 2018) 1.3; 1.5; 3.4; 5.5; 7.2; 7.3; 7.4; 20.2; 24.1 :EU clinical instruction Directives N/A		
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent
	Developing confidence and competence in active listening and appropriate questioning techniques to identify individual needs and preferences. Is able to assess social and cultural differences and provide effective and appropriate care.  Understands the concept of unconscious bias. Is able to adapt care to be person centred and sensitive to individual needs.	-	Is able to adapt care to be person-centred and sensitive to individual needs. Competently engages in non-discriminatory and person-centred care at all times. Engages in active listening, and skilled questioning utilising appropriate techniques to identify individual needs and preferences. Competently assesses social and cultural differences and provide effective person-centred and individually adjusted care. Avoids unconscious bias
	ACHIEVED Signature		ACHIEVED Signature
	Date		Date
1.15	demonstrate the numeracy, literacy, digital and technological skills and effective nursing practice	re	quired to meet the needs of people in their care to ensure safe
	The Code (NMC 2018) 10.1; 10.3; 10;4; 10.5; 10.6; 14.3; 17.2; 18.	1;	18.2; 18.3; 20.10 :EU clinical instruction Directives B1-B7
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent
	Developing confidence in using numeracy, literacy and digital technology in the care of service users medicine management and monitoring.		Confidently and accurately engages in the use of numeracy, literacy and digital technology in the care of service users, their medicine management and monitoring.
	ACHIEVED Signature		ACHIEVED Signature
	Date		Date

1.16	demonstrate the ability to keep complete, clear, accurate and timely records		
	The Code (NMC 2018) 2.5; 4.2; 5.2; 5.4; 5.5; 7.5; 8.2; 8.6; 9.1; 10.1 18.3; 18.5; 20.10. 21.4; 23.1 :EU clinical instruction Directives N/A	; 10.2; 10.3; 10.4; 10.5; 10.6; 13.2; 14.3; 16.2; 17.2; 18.1; 18.2;	
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Developing confidence and competence in sharing clear and accurate verbal statements and written reports in patient notes, documentation or handovers.	Confidently and accurately presents and shares verbal and written statements in patient notes and documentation.  Provides clear verbal, digital or written information and instructions when delegating or handing over responsibility for care.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	
1.17	take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills		
	The Code (NMC 2018) 8.4; 9.2; 22.3; 23.1; 24.2 :EU clinical instruc	tion Directives N/A	
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Seeking feedback with PS/PA from service users, cares and MDT professionals and using this for development/ inform future practice. Actively engages in reflection.	Actively engages in reflection. Taking the lead to obtain feedback from service users, cares and MDT professionals and using information for personal and professional development/inform future practice. Utilises reflection to inform action.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

1.18	demonstrate the knowledge and confidence to contribute effectively	/ a	nd proactively in an interdisciplinary team	
	<i>The Code</i> (NMC 2018) 3.3; 5.4; 6.1; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.3; 9.4; 10.2; 11.1; 11.3; 13.2; 13.3; 16.1; 16.5; 17.2; 19.4; 20.3; 25.1 :EU clinical instruction Directives N/A			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent	
	Attend and participate in MDT meetings and engages in effective and appropriate communication with team members.		Takes and active role in MDT meetings fostering effective, appropriate and informed communication with team.	
	ACHIEVED Signature		ACHIEVED Signature	
	Date		Date	
1.19	act as an ambassador, upholding the reputation of their profession and promoting public confidence in nursing, health and care services			
	The Code (NMC 2018) 1.1; 2.2; 3.2; 3.4; 5.1; 6.2; 7.1; 8.1; 9.3; 9.4; 11.1; 12.1; 13.5; 14.1; 16.1; 16.2; 16.3; 16.4; 16.5; 16.6; 17.3; 19.1; 19.2; 20.1; 20.2; 20.3; 20.7; 20.8; 20.9; 21.1; 21.2; 22.1; 22.2; 22.3; 23.1; 23.2; 23.3 :EU clinical instruction Directives N/A			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent	
	Acts as a role model to junior students. Developing confidence and competence in practicing in a professional manner whilst becoming more aware of personal and professional limitations. Acts appropriately to protect the privacy and dignity of others and demonstrates appropriate information sharing. Is able to relate policies and protocols to professional behaviour and performance.		Acts as a role model to other students and colleagues demonstrating professionalism at all times whilst accepting personal and professional limitations. Acts in a way which inspires confidence in colleagues and clients. Actively protects the privacy and dignity of others and demonstrates appropriate information sharing. Takes a lead role in ensuring that policies and protocols are followed. Reports and documents poor or discriminatory behaviour. Provides unambiguous, constructive feedback to others where discriminatory behaviours are evident. Acts as an advocate as required.	
	ACHIEVED Signature		ACHIEVED Signature	
	Date		Date	

1.20	safely demonstrate evidence-based practice in all skills and procedures stated in Annexes A and B		
	The Code (NMC 2018) 4.3; 6.1; 6.2; 17.3; 18.2; 19.2; 19.3; 20.4; 20.6; 22.3 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Achieve skills and procedures and demonstrates safe practice as detailed in the PAD.	Achieve all skills and procedures and demonstrates safe and effective practice as detailed in the PAD.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

# Platform 2: Promoting health and preventing ill health

Registered nurses play a key role in improving and maintaining the mental, physical and behavioural health and wellness of people, families, communities and populations. They support and enable people at all stages of life and in all care settings to make informed choices about how to manage health challenges in order to maximise their quality of life and improve health outcomes. They are actively involved in the prevention of and protection against disease and ill health and engage in public health, community development and global health agendas, and in the reduction of health inequalities.

Platf	Platform 2: Promoting health and preventing ill health			
2.1	understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people			
	The Code (NMC 2018) 1.3; 2.2; 2.3; 2.4; 3.1 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	Apply your understanding of these principles to support people make positive health choices.	to Deliver a health promotion or health promoting activity to a person or group of people. Work within the parameters of national health protection policy e.g. Smoking Health and Social Care (Scotland) Act 2005.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

2.2	.2 demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes  The Code (NMC 2018) 3.1; 6.1; 6.2; 22.3 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing and apply this to an understanding of global patterns of health and wellbeing outcomes.	Be able to relate core theories, concepts, principles and terminology to individual or groups within your care.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		
2.3	understand the factors that may lead to inequalities in health outcomes			
	The Code (NMC 2018) 3.1; 3.3; 3.4; 4.3; 6.2; 17.3 :EU clinical instru	uction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	In conversation demonstrate an understanding of the core theories, concepts, principles and terminology of health inequalities and health outcomes and their impact on the people in your care.	Relate the core theories, concepts and principles of health inequalities and health outcomes to the care needs of individuals and groups in your care.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

2.4	identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances			
	The Code (NMC 2018) 2.2; 2.3; 2.4; 3.1; 7.1; 7.2; 7.3; 7.4; 8.2; 8.3; 13.2 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	Recognise appropriate opportunities to discuss promoting health choices with people in relation to one or more of these health behaviours.	Create opportunities to discuss promoting health choices with people or groups of people in relation to one or more of these health behaviours.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		
2.5	promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes			
	The Code (NMC 2018) 1.3; 2.2.; 2.3; 2.4; 2.5; 3.1; 6.1; 6.2 :EU clinic	cal instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	Apply your understanding of these principles to support people to make informed health choices.	Identify where a person could engage in health screening and support them in making an informed choice about this.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

2.6	understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing			
	The Code (NMC 2018) 6.2 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	In conversation demonstrate an understanding of the core theories, concepts, principles and terminology of health inequalities and health outcomes and their impact on the people in your care.	Apply your understanding of the core theories, concepts and principles to care planning and delivery taking in to account a person's experiences.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		
2.7	understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes			
	The Code (NMC 2018) 2.2; 2.3; 2.4; 3.1; 7.1; 7.2; 7.3; 7.4; 8.2; 8.3;	13.2 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	In conversation demonstrate an understanding of the core theories, concepts, principles and terminology of health behaviours and health outcomes and their impact on the people in your care.	Apply your understanding of the core theories, concepts and principles to care planning and delivery taking in to account a person's experiences.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

2.8	explain and demonstrate the use of up to date approaches to behaviour change to enable people to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments	
	The Code (NMC 2018) 1.3; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 3.1; 3.2; 3.3;	6.1; 6.1; 6.2; 7.3; 8.1 :EU clinical instruction Directives B1-B7
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent
	Recognise and apply techniques such as teachback, motivational interviewing or other similar approaches to enable people to make informed choices.	Recognise opportunities to apply techniques such as teachback, motivational interviewing or other similar approaches to enable people to make informed choices. Integrate appropriate behaviour change approaches to your practice.
	ACHIEVED Signature	ACHIEVED Signature
	Date	Date
2.9	2.9 use appropriate communication skills and strength-based approaches to support and enable people to make informed choices their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced could lill health and disability	
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 7.5; 8.2; 8.3 :EU clinical instruction Directives B1-B7	2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.4; 5.5; 7.1; 7.2; 7.3; 7.4;
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent
	Use appropriate communication skills and strengths-based approaches to support people to make informed choices about their care.	Work collaboratively to identify people's individual strengths and support them to identify personally meaningful goals.
	ACHIEVED Signature	ACHIEVED Signature
	Date	Date

2.10	provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care  The Code (NMC 2018) 7.1; 7.2; 7.3; 7.4; 7.5 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Use a range of information sources e.g. translators, alternative language, audio or graphics, to meet individual needs.	Identify the need for and utilise a range of information sources e.g. translators, alternative language, audio or graphics, to meet individual needs.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	
2.11	promote health and prevent ill health by understanding and explain evidence-base for immunisation, vaccination and herd immunity	ing to people the principles of pathogenesis, immunology and the	
	The Code (NMC 2018) 1.3; 1.4; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 4.1; 5.2; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Consider the core theories, concepts, principles and terminology in conversation with your PS/PA.	Explain the core theories, concepts, principles and terminology in accessible language to individuals or groups.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	
2.12	protect health through understanding and applying the principles of surveillance and antimicrobial stewardship and resistance	infection prevention and control, including communicable disease	
	The Code (NMC 2018) 1.2; 1.4; 2.2; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5; 8.2; 17.1; 17.3; 18.1; 18.3; 19.2; 19.3; 19.4 :EU instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Apply and support others to apply the principles of infection prevention and control in your practice.	Support best practice in the application of the principles of infection prevention and control in your practice.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

## Platform 3: Assessing needs and planning care.

Registered nurses prioritise the needs of people when assessing and reviewing their mental, physical, cognitive, behavioural, social and spiritual needs. They use information obtained during assessments to identity the priorities and requirements for person-centred and evidence- based nursing interventions and support. They work in partnership with people to develop person-centred care plans that take into account their circumstances, characteristics and preferences.

Platfe	Platform 3: Assessing needs and planning care				
3.1	demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person- centred nursing assessments and developing appropriate care plans				
	The Code (NMC 2018) 1.4; 2.1; 2.2; 2.4; 3.1; 4.2; 5.5; 6.2; 7.1; 10.1; 13.1; 13.2 :EU clinical instruction Directives B1-B7				
Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing Independence -					
	Initiate and complete nursing assessments and plans of care. For each, explore with PS/PA the stage of human development and the implications for care planning.	Independently complete nursing assessments and plans of care. Analyse with PS/PA the stage of human development and the implications for care planning.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
3.2	demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans				
	The Code (NMC 2018) 2.1; 3.1; 3.2; 3.3; 6.1; 6.2; 10.1; 13.1; 13.2;	17.3; 18.1; 18.2; 18.3 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
Explore with PS/PA the aspects listed in 3.2 and the impact and care. Analyse with PS/PA th		Independently complete nursing assessments and plans of care. Analyse with PS/PA the aspects listed in 3.2 and the impact and influence on nursing assessment and care planning.  ACHIEVED Signature			
	Date	Date			

3.3	3.3 demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans  The Code (NMC 2018) 2.1; 3.1; 3.2; 3.3; 6.1; 6.2; 10.1; 13.1; 13.2; 17.3; 18.1; 18.2; 18.3 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Initiate, complete and review nursing assessments and plans of care. For each, apply knowledge of conditions and illustrate the impact this will have on planning care.  ACHIEVED Signature	Independently complete and review nursing assessments and plans of care. For each, apply knowledge of conditions and evaluate the impact this will have on planning care.  ACHIEVED Signature	
	Date	Date	
3.4	understand and apply a person-centred approach to nursing care, goal setting when working with people, their families, communities		
The Code (NMC 2018) 1.1.; 1.3; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.3; 3.4; 4.1; 4.2; 4.3; 5.5; 6.1; 7.1; 10.1; 13.1; 13.2 :EU instruction Directives B1-B7		s; 3.4; 4.1; 4.2; 4.3; 5.5; 6.1; 7.1; 10.1; 13.1; 13.2 :EU clinical	
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Working collaboratively with people, assess, plan and deliver care devising individualised goals.	Working collaboratively with people, assess, plan, deliver and evaluate care devising individualised goals.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

3.5 demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person-centred evidence-based plans for nursing interventions with agreed goals					
	The Code (NMC 2018) 1.1.; 1.3; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.3; 3.4; 4.1; 4.2; 4.3; 5.5; 6.1; 7.1; 10.1; 13.1; 13.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Initiate and complete nursing assessments and plans of care. Interpret data gathered and in discussion with your PS/PA, explore and devise a person-centred plan of care with agreed goals.	Independently complete nursing assessments and plans of care. Interpret and synthesise data gathered, explore and devise a person-centred plan of care with agreed goals.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
3.6	effectively assess a person's capacity to make decisions about their	r own care and to give or withhold consent			
	The Code (NMC 2018) 1.3; 1.5; 2.3; 2.4; 2.5; 2.6; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 7.2; 7.3; 7.4; 7.5; 17.1; 17.2; 17.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Demonstrate the ability to assess a person's capacity to consent and make decisions about care.	Assess a person's capacity to consent and make decisions about care.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
3.7	understand and apply the principles and processes for making reasonable adjustments				
	The Code (NMC 2018) 1.3; 1.5; 2.1; 2.3; 2.4; 2.5; 2.6; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.1; 10.1; 17.1; 17.2; 17.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Recognises individual needs and adapts practice to meet individual care requirements.	Assess individual needs and initiate adaptations to practice to meet individual care requirements.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

3.8	understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity				
	The Code (NMC 2018) 1.3; 1.5; 2.1; 2.5; 3.1; 3.4; 4.1; 4.2; 4.1; 4.4; 5.1; 5.2; 5.5; 7.1; 7.5; 10.1 :EU clinical instruction Directives EB5; B6; B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
Apply knowledge of legal frameworks to inform assessment of capacity.		Apply knowledge of legal frameworks to the assessment of capacity and the implications for assessing and planning care.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
3.9	3.9 recognise and assess people at risk of harm and the situations that may put them at risk, ensuring prompt action is taken to saf those who are vulnerable				
	The Code (NMC 2018) 1.5; 3.1; 3.4; 4.3; 5.4; 8.5; 8.6; 14.1; 13.2; 13.4; 14.1; 14.2; 14.3; 15.2; 15.3; 16.1; 16.2; 16.4; 17.1; 17.2; :EU clinical instruction Directives B3; B4; B5; B6; B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
at risk of harm and initiate safeguarding measures. potent		Independently identify and assess people at risk of harm or potential harm, initiating safeguarding measures and escalating where appropriate.			
	Achieved Signature Date	Achieved Signature Date			

3.10	demonstrate the skills and abilities required to recognise and assess people who show signs of self-harm and/or suicidal ideation				
	The Code (NMC 2018) 2.6; 3.1; 4.3; 6.2; 7.1; 7.3; 7.5; 8.6; 13.1; 13.2; 13.3; 13.4; 15.1; 15.1; 15.3; 17.1 :EU clinical instruction Directives B3; B4; B5				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	In collaboration with your PS/PA, explore how to recognise and discuss / participate in assessing people who show signs of self-harm and/or suicidal ideation.		Independently identify and assess people who show signs of self-harm and/or suicidal ideation.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		
3.11	undertake routine investigations, interpreting and sharing findings	s as	s appropriate		
	The Code (NMC 2018) 1.4; 2.1; 6.2; 8.1; 8.2; 8.3; 8.4; 8.5; 13.1;	13.2	2 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Complete routine investigations, analyse findings and in collaboration with your PS/PA share as appropriate.		Identify appropriate investigations based upon assessment data.  Analyse findings and share with relevant others.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		
3.12	interpret results from routine investigations, taking prompt action when required by implementing appropriate interventions, requesting additional investigations or escalating to others				
	The Code (NMC 2018) 1.4; 2.1; 6.2; 8.1; 8.2; 8.3; 8.4; 8.5; 13.1; 13.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Interpret any abnormalities from 3.11 and in collaboration with your PS/PA, implement necessary actions and consider if further investigations are required.		Interpret any abnormalities from 3.11 and, implement necessary actions and consider if further investigations are required.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		

3.13 demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care ne prioritising care plans					
	The Code (NMC 2018) 2.1; 2.2; 2.3; 3.1; 3.2; 6.1; 6.2; 13.1; 13.2; 18.1; 22.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
In collaboration with your PS/PA apply knowledge of co- morbidities to identify priorities of care when planning care.		Applying knowledge of co-morbidities, prioritise care to meet the demands of people's complex nursing and social care needs.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
3.14	identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences				
The Code (NMC 2018) 1.2; 1.4; 2.1; 2.2; 3.2; 6.1; 6.2; 7.3; 13.1; 13.2; 18.1; 22.3 :EU clinical instruction Directives B1-B7					
Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing		Part 2; PLE 4/5/6: Developing Independence - Independent			
	Participate in or in discussion with your PS/PA, contribute to the assessment and planning of palliative care.	In collaboration with people and families, assess and plan palliative care to meet individual preferences and requirements.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

3.15	demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress						
	and decisions made						
	The Code (NMC 2018) 1.1; 2.1; 2.2; 2.3; 2.4; 2.6; 3.1; 3.2; 3.3; 3.4; 5.2; 5.4; 5.5; 7.1; 7.3; 8.1; 8.2; 8.3; 13.1; 13.1; 13.2; 13.3 :EU clinical instruction Directives B3; B5; B6; B7						
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent					
	In collaboration with your PS/PA, review plans of care, document progress and implement appropriate adjustments to plans of care.	In collaboration with people, evaluate plans of care, document progress and implement appropriate adjustments to plans of care.					
	ACHIEVED Signature	ACHIEVED Signature					
	Date	Date					
3.16	demonstrate knowledge of when and how to refer people safely to	o other professionals or services for clinical intervention or support					
	The Code (NMC 2018) 2.1; 7.1; 8.1; 8.2; 8.3; 8.4; 8.5; 11.1; 13.2; 13.3 :EU clinical instruction Directives B1-B7						
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent					
	In collaboration with your PS/PA, discuss relevant referral processes and action where opportunities arise.	Safely refer people to relevant services based upon assessment of need.					
	ACHIEVED Signature	ACHIEVED Signature					
	Date	Date					

## Platform 4: Assessing needs and planning care

Registered nurses take the lead in providing evidence-based, compassionate and safe nursing interventions. They ensure that care they provide and delegate is person-centred and of a consistently high standard. They support people of all ages in a range of care settings. They work in partnership with people, families and carers to evaluate whether care is effective and the goals of care have been met in line with their wishes, preferences and desired outcomes.

Platfo	orm 4: Assessing needs and planning care		
4.1 demonstrate and apply an understanding of what is important to people and how to use this knowledge to ensure their safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based pe care			
The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3; 13.4; 13.5; 19.2; 20.1; 20.2; 20.2; 20.1; 25.1; 25.2 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Communicates effectively with people to identify their goals and uses this information to plan and evaluate care with increasing independence. Undertakes risk assessments whilst delivering care. Updates documentation and maintain accurate records. Ensures care promotes patient dignity and privacy.	Communicates effectively with people to identify their goals and uses this information to independently plan and evaluate care. Undertakes risk assessments whilst delivering care and responds appropriately to changing situations. Updates documentation and maintain accurate records. Ensures care promotes patient dignity and privacy and acts a role model for others.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

4.2	work in partnership with people to encourage shared decision making in order to support individuals, their families and carers to manage their own care when appropriate  The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6;; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4; 5.5; 7.1; 7.2; 7.3; 7.4; 7.5 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Uses appropriate communication skills to support people, families and carers to manage their care when appropriate.	Identifies opportunities to participate in shared decision making with people, families and carers to manage their care when appropriate.	
	ACHIEVED Signature Date	ACHIEVED Signature  Date	
4.3	demonstrate the knowledge, communication and relationship management skills required to provide people, families and accurate information that meets their needs before, during and after a range of interventions  The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 5.2; 5.5; 7.1; 7.2; 7.3; 7.4; 7		
18.2; 18.3; 20.6; 20.7; 20.10 :EU clinical instruction Directives B1-B7  Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent	
	Obtains informed consent prior to nursing interventions. In collaboration with PS/PA, answers questions from patients/families or refers on as appropriate. Uses range of information sources e.g. translators, alternative language, audio or graphics, props to meet individual needs.	Takes an active role in supporting people and families prior to and after interventions.  Where appropriate, provides patients/families with results from procedures or refers on where necessary. Identifies additional support services which the person may require/makes referrals to other services.	
ACHIEVED Signature ACHIEVED Date Date			

4.4	demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs				
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.4; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 5.4; 5.5; 6.2; 7.1; 7.2; 7.3; 7.4; 9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3; 13.4; 17.1; 17.2; 17.3; 20.1; 20.2; 20.3; 20.4; 20.5; 20.6; 20.8; 22.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Demonstrates ability to support people with a number of common mental health conditions. Communicates effectively with people of all abilities. Uses techniques and aides to ensure effective communication. Provides evidence based nursing care to reduce the negative impacts of mental ill health.	Takes an active role in planning and evaluating care with people with a range of commonly encountered mental health, behavioural, cognitive and learning challenges. Acts as a role model by ensuring care is evidence based and challenges appropriately when not.  Identifies gaps in own knowledge and takes steps to address.			
	ACHIEVED Signature	ACHIEVED Signature			
Date Date					

4.5	demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 4.1; 4.2; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4 9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3; 13.4; 18.1; 18.2; 18.3; 20.1; 20.2; 20.3; 20.4; 20.5; 20.6; 20.8; 22.3 :EU clinical instruction Directive B1-B7			
	Part 1; PLE 1/2/3: De	pendent – Developing Independence	Part 2; PLE 4/5/6: D	Developing Independence - Independent
	common physical hea	to support people with a number of all the conditions. Communicates effectively their medicines management. Provides and care to reduce the negative impacts of	with a range of comi challenges. Acts as based and challenge	e in planning and evaluating care with people monly encountered physical health a role model by ensuring care is evidence es appropriately when not. In knowledge and takes steps to address.
	ACHIEVED	Signature	ACHIEVED	Signature
Date Date		Date		

4	demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet				
	people's needs related to nutrition, hydration and bladder and b	people's needs related to nutrition, hydration and bladder and bowel health			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2	s; 3.1; 4.1; <sup>4</sup>	4.2; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4;		
	9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3; 13.4; 20.1; 20.2; 20.3; 20.4; 2	20.6; 20.8; 2	22.3 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLI	E 4/5/6: Developing Independence - Independent		
	Undertakes assessment of fluid and nutritional needs using evidence based tools and reports back to PS/PA. Undertakes assessment of bladder and bowel function using evidence based tools and reports back to PS/PA. Identifies when people may need referral to other health care professionals or services. Communicates effectively with people to set appropriate goals regarding fluid and nutritional intake. Assists with toileting whilst maintaining privacy and dignity.	address pe Takes an a promote bla appropriate services in Acts as a ro challenges	ctive role in planning and evaluating nursing care to ople's fluid and nutritional needs. In ople's fluid and nutritional needs. In open care to explain the reference of the care professionals or the relation to fluid/nutrition and bladder/bowel health. In open care is evidence based and appropriately when not. Identifies gaps in own and takes steps to address.		
	ACHIEVED Signature	ACHIEVED	,		
	Date	Date	-		

4	demonstrate the knowledge, skills and ability to act as a role modern care to meet people's needs related to mobility, hygiene, oral care to meet people.		
		.5; 2	.6; 3.1; 4.1; 4.2; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4;
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent
	Uses evidence based tools to assess people's needs regarding mobility, hygiene, oral care, wound care and skin integrity and reports back to PS/PA. Provides evidence based care which meets people's needs regarding mobility, hygiene, oral care, wound care and skin integrity with increasing independence. Identifies when people may need referral to other health care professionals or services.		Takes an active role in planning and evaluating nursing care to address people's needs regarding mobility, hygiene, oral care, wound care and skin integrity. Makes safe and appropriate referrals to other health care professionals or services in relation to mobility, hygiene, oral care, wound care and skin integrity needs. Acts as a role model by ensuring care is evidence based and challenges appropriately when not. Identifies gaps in own knowledge and takes steps to address.
	ACHIEVED Signature		ACHIEVED Signature
	Date		Date

4.8	demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain  The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.3; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 8.1; 8.2; 8.3; 8.5; 8.6; 11.1; 11.2; 11.3; 13.1; 13.2; 13.3; 13.4 :EU clinical instruction Directives B1-B7				
				5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 8.1; 8.2;	
	Part 1; PLE 1/2/3: De	pendent – Developing Independence		Part 2; PLE 4/5/6: Deve	eloping Independence - Independent
	symptoms and discus Provides evidence ba encountered sympton	tools to assess commonly encountered ses findings with PS/PA. Seed care to people with commonly as with increasing independence. It is may need referral to other health care ses.		address commonly enco Makes safe and approp professionals or service symptoms. Acts as a ro based and challenges a	oriate referrals to other health care es in relation to commonly encountered le model by ensuring care is evidence
	ACHIEVED	Signature		ACHIEVED	Signature
	Date			Date	

4.9	demonstrate the knowledge and skills required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instruction Directives B1-B7			ruction Directives B1-B7
	Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing Independence - Independent			6: Developing Independence - Independent
	Provides evidence based palliative care with in independence. Identifies when people may need other health care professionals or services.		care. Makes safe and a professionals or scare and the bere evidence based a	role in planning and evaluating palliative nursing appropriate referrals to other health care services in relation to people requiring palliative eaved. Acts as a role model by ensuring care is and challenges appropriately when not.  own knowledge and takes steps to address.
	ACHIEVED Signature		ACHIEVED	Signature
	Date		Date	

4.10	cognitive and behavioural health and use this knowledge to make sound clinical decisions				
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instruction Directives B1-B7			ion Directives B1-B7	
	Part 1; PLE 1/2/3: De	pendent – Developing Independence		Part 2; PLE 4/5/6: D	Developing Independence - Independent
	deterioration in menta	actively assesses people for signs of I or physical health and alerts clinical staff ately in the event of a deterioration.		deterioration in men	oactively assesses people for signs of tall or physical health and demonstrates on making in the event of a deterioration.
	ACHIEVED	Signature		ACHIEVED	Signature
	Date			Date	

4.11	demonstrate the knowledge and skills required to initiate and evaluate appropriate interventions to support people who show signs of self-harm and/or suicidal ideation				
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Identifies when people show signs of self-harm and/or suicide ideation and alerts clinical staff promptly and appropriately.	Recognises people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred care using evidence based risk assessment tools.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
4.12	demonstrate the ability to manage commonly encountered devices and confidently carry out related nursing procedures to meet people's needs for evidence based, person-centred care				
	The Code (NMC 2018) N/A :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Safely and effectively uses devices commonly encountered in the practice area with increasing independence where appropriate. Recognises when devices are not functioning as required and makes sound clinical decisions regarding malfunction.	Safely and effectively uses devices commonly encountered in the practice area with increasing independence where appropriate. Recognises when devices are not functioning as required and makes sound clinical decisions regarding malfunction with increasing confidence.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

4.13	demonstrate the knowledge, skills and confidence to provide first	aic	procedures and basic life support
	The Code (NMC 2018) 1.4; 6.2; 15.1; 15.2; 15.3 :EU clinical instru	uct	ion Directives B1-B7
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent
	In discussion with PS/PA, demonstrate knowledge of first aid procedures. Know where in the learning environment to find first aid equipment and personnel. Demonstrate awareness of basic life support procedures and ways of summoning help. Demonstrate orientation to BLS equipment in the learning environment and an awareness of the student role in life support.		In discussion with PS/PA, demonstrate knowledge of first aid procedures. Where possible demonstrate first aid skills. Know where in the learning environment to find first aid equipment and personnel, including escalation procedures when required. Demonstrate knowledge of basic life support procedures. Demonstrate ability to perform BLS and knowledge of equipment within the learning environment. Understand how to summon assistance and escalate as required.
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	Date		Date
4.14	understand the principles of safe and effective administration and policies and demonstrate proficiency and accuracy when calculat <i>The Code</i> (NMC 2018) 18.1; 18.2; 18.3 :EU clinical instruction Di	ing	dosages of prescribed medicines
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent
	Shadow your PS/PA carrying out medications administration and participate in supervised medications management.  Demonstrate safe and effective practice in supervised medicines administration and drug calculations. Demonstrate understanding of medicines management policies and where to seek assistance should support be required. Demonstrate safe and effective disposal of waste.		Safely and effectively administer medications, supervised by your PS/PA. Complete drug calculations independently, checked by PS/PA. Demonstrate compliance with medicines management policies and awareness of where to find information and support.
	ACHIEVED Signature		ACHIEVED Signature
	Date		Date

4.15	demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the compaction usage				
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate knowledge of the effects of common drugs. Identify signs of allergy or adverse drug reactions and know how to summon help. In discussion, demonstrate understanding of polypharmacy and use of OTC medication. Identify polypharmacy on admission or prescribing paperwork. Demonstrate understanding of where to find pharmacological information. In discussion, demonstrate knowledge of prescribing error procedures.		Demonstrate knowledge of the effects of drugs and recognise side effects. Identify signs of allergy or adverse drug reactions and know how to summon help. Demonstrate understanding of polypharmacy and challenge it when encountered. Demonstrate understanding of where to find pharmacological information. Demonstrate knowledge of prescribing error procedures and of the safe prescription processes.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		
4.16	demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing				
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate understanding of safe prescription generation. Show awareness of risks associated with prescribing, alternative sources of medication and understand reporting procedures.		Challenge poor prescribing in the learning environment. Understand the source of further information. Demonstrate ability to source pharmacological information from both written sources and practitioners.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		

4.17	apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualifications on following registration				
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Understand and demonstrate prescribing procedures, supervised by your PS/PA. Discuss the pharmacological effects of medications encountered in the learning environment and demonstrate understanding of the necessary administration procedures.	Understand and demonstrate prescribing procedures independently, checked by your PS/PA. Discuss the pharmacological effects of medications encountered in the learning environment and demonstrate understanding of the necessary administration procedures.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
4.18	demonstrate the ability to co-ordinate and undertake the processes and procedures involved in routine planning and management of safe discharge home or transfer of people between care settings  The Code (NMC 2018) 3.3; 5.4 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Take part, alongside your PS/PA, in a conversation about discharge home/transfer. Demonstrate understanding of the details and arrangements which need to be considered and how to make the necessary plans. Demonstrate your ability to document arrangements made in records. Demonstrate awareness of the necessary communication required for safe and effective discharge/transfer.	Initiate and carry out a conversation about discharge home/transfer with your PS/PA observing. Make arrangements, with support of your supervisor and record these arrangements appropriately.  Initiate and carry out communication between stakeholders in the discharge or transfer of an individual, observed by your supervisor.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

## Platform 5: leading and managing nursing care and working in teams

Registered nurses provide leadership by acting as a role module for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating with a range of colleagues.

Platf	Platform 5: Leading and managing nursing care and working in teams				
5.1	understand the principles of effective leadership, management, group and organisational dynamics and culture and apply these to team working and decision-making				
	The Code (NMC 2018) 4.3; 4.4; 5.4; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 10.1; 10.2; 10.3; 10.4; 10.5; 11.1; 11.2; 11.3; 13.2; 13.3; 13.5; 15.1; 15.3; 16.1; 16.2; 16.3; 17.2; 19.1; 19.2; 19.4; 20.1; 20.3; 20.5; 20.6; 20.7; 20.8; 20.9; 20.10; 25.1; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate ability to work effectively within a team recognising how dynamics and culture influence decision-making.		Initiate leadership in care delivery and demonstrate understanding of organisational dynamics and culture.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		
5.2	understand and apply the principles of human factors, environment	enta	al factors and strength-based approaches when working in teams		
	The Code (NMC 2018) 1.1; 1.3; 1.4; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2 7.5; 8.2; 13.2; 13.3; 13.4; 16.2; 16.3; 17.3; 19.2; 25.1 :EU clinical		3.1; 3.2; 3.3; 3.4; 4.2; 4.2; 4.3; 5.1; 5.2; 5.3; 5.5; 7.1; 7.2; 7.3; 7.4; struction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate ability to recognise how human, environmental factors impact on team function.		Demonstrate ability to effectively lead and promote team cohesion and function.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		

5.3	understand the principles and application of processes for performance management and how these apply to the nursing team				
	The Code (NMC 2018) 8.1; 8.2; 8.4; 8.7; 9.1; 9.2; 9.3; 9.4; 11.1; 11.2; 11.3; 12.1; 13.5; 16.1; 16.2; 16.3; 16.4; 16.5; 16.6; 19.1; 19.2; 19.3; 19.4; 20.1; 20.2; 20.3; 20.5; 20.8; 22.2; 22.3; 23.1; 23.2; 23.3; 23.4; 23.5; 24.1; 24.2; 25.1; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Discuss how performance concerns can affect practice. Discuss local policies for escalation and seeking support.	Gather and reflect on feedback from a variety of sources, using it to improve your practice and performance.			
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	Date	Date			
5.4	demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care				
	The Code (NMC 2018) 5.4; 8.2; 8.3; 8.4; 8.5; 8.6; 9.3; 11.1; 11.2; 11.3; 13.2; 13.3; 13.5; 25.1 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Demonstrate an understanding of the roles of all those within the MDT and how they impact on the delivery of care.	As an active member of the MDT, lead and manage team collaboration to enhance and co-ordinate patient care.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

5.5	safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care				
	The Code (NMC 2018) 5.4; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 10.1; 10.2; 10 11.1; 11.2; 11.3; 13.2; 13.3; 13.5; 15.1; 15.3; 16.1; 16.2; 16.3; 17.2; 19.1; 19.2; 19.4; 20.1; 20.3; 20.5; 20.6; 20.7; 20 25.1; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	In collaboration with PS/PA using appropriate prioritisation and delegation principles assign care responsibilities to appropriate care providers eg, HCSW.		Demonstrate leadership of prioritisation, delegation and assignment of care responsibilities to a group of people.		
	ACHIEVED Signature		ACHIEVED Signature		
	Date		Date		
5.6	exhibit leadership potential by demonstrating an ability to guide, support and motivate individuals and interact confidently with other members of the care team				
	The Code (NMC 2018) 7.1; 7.4; 7.5; 8.1; 8.2; 8.4; 8.7; 9.1; 9.2; 9.3; 11.1; 11.2; 11.3; 22; 20.3; 20.8; 25.1; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent		
	Demonstrate appropriate use of support and motivational skills with members of the care team.		Demonstrate leadership in guiding, supporting and motivating individuals to interact confidently.		
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	Date		Date		

5.7	demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team and lay carers				
	The Code (NMC 2018) 8.4; 9.1; 9.3; 20.2; 25.1; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	In collaboration with PS/PA demonstrate ability to identify, monitor and evaluate quality of care delivery.	Demonstrate ability to appraise, monitor and evaluate the care delivered by team members.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			
5.8	support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance				
	The Code (NMC 2018) 6.1; 7.1; 7.4; 7.5; 9.4; 10.1; 10.2; 10.3; 10.4; 10.5; 11.1; 11.2; 11.3; 20.8; 25.2 :EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent			
	Engage in supervision of junior students, reflecting and providing feedback on their performance.	Demonstrate effective support and supervision for learners, engage in reflective discussions evaluating and documenting performance.			
	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date			

5.9	demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs		
	The Code (NMC 2018) 2.1; 3.4; 8.2; 8.4; 9.1; 9.3; 9.4; 20.3; 20.5; 25.1 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Discuss with PS/PA challenging situations and managing expectations of others within the team. Reflect on own personal learning outcomes and identifying needs.	Demonstrate ability to discuss, challenge and construct positive feedback within the team. Encourage other learners to meet learning outcomes.	
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	Date	Date	
5.10	contribute to supervision and team reflection activities to promote improvements in practice and services		
	The Code (NMC 2018) 8.2; 8.4; 9.1; 9.2; 9.3; 9.4; 11.2 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	Demonstrate ability to contribute to group discussions / reflection on improvements in practice and service.	Lead a group in discussing activities to promote and formulate improvements in practice and services within the team.	
	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	

5.11	effectively and responsibly use a range of digital technologies to access, input, share and apply information and data within teams and between agencies		
	The Code (NMC 2018) 8.2; 8.6; 10.4; 10.5; 10.6; 20.4 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	In collaboration with PS/PA demonstrate ability to share and record information within the team and other agencies utilising digital technologies.	Ability to input, access and share relevant information/data utilising digital technologies within the team and other agencies.	
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	Date	Date	
5.12	understand the mechanisms that can be used to influence organisational change and public policy, demonstrating the development of political awareness and skills		
	The Code (NMC 2018) 8.2; 9.2; 20.3; 20.7 :EU clinical instruction Directives B1-B7		
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent	
	In collaboration with PS/PA demonstrate ability to distinguish between organisational and political changes.	Ability to analyse and recognise internal and external influences on organisational change policies and political awareness.	
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	Date	Date	

## Platform 6: Improving safety and quality of care

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

Platfe	orm 6: Improving safety and quality of care			
6.1	understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments			
	The Code (NMC 2018) 13.4, 16.1, 19.1, 19.2, 19.3, 19.4, 20.4 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	Be able to reflect on your knowledge of the principles of health and safety legislation and regulations to the maintenance of safe work and care environments.	Be able to understand and apply the processes of health and safety legislation when any circumstances impact on a safe work and care environment.		
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	Date	Date		
6.2	understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately			
	The Code (NMC 2018) 8.5, 10.2, 11.1, 16.1, 19.1, 25.1 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent		
	In conversation with your PS/PA consider the evidence that demonstrates the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care.	In conversation with your PS/PA explain the processes involved in raising concerns appropriately. Consider the impact on public protection and quality of care.		
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date		

6.3	comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken						
	The Code (NMC 2018) 3.4, 43, 10.2, 14.1, 16.1, 17.2, 17.3, 19.1, 19.4, 20.4, 25.1 :EU clinical instruction Directives B1-B7						
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent					
	In conversation with your PS/PA consider how you will action the local and national frameworks, legislation and regulations for assessing, managing and reporting risks and their impact on your practice.	In your practice be able to demonstrate how you comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks and ensure the appropriate action is taken and documented.					
	ACHIEVED Signature	ACHIEVED Signature					
	Date	Date					
6.4	demonstrate an understanding of the principles of improvement mappropriate quality improvement strategies	ethodologies, participate in all stages of audit activity and identify					
	The Code (NMC 2018) 6.2, 8.4, 10.2, 19.2 :EU clinical instruction	Directives B1-B7					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent					
	In conversation with your PS/PA consider the range of methodologies available to develop practice and how you might use them.	Participate in audit activity in your PLE and share with your PS/PA how the outcomes may inform quality improvement.					
	ACHIEVED Signature	ACHIEVED Signature					
	Date	Date					

6.5	demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools					
	The Code (NMC 2018) 8.6, 10.2, 19.1, 19.2 :EU clinical instruction Directives B1-B7					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Under supervision undertake a risk assessment using evidence based contemporary tools.	Assess and document risk assessments in your PLEs.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
6.6	identify the need to make improvements and proactively respond	to potential hazards that may affect the safety of people				
	The Code (NMC 2018) 8.5, 8.6, 10.2, 16.1, 17.2, 19.2, 20.4, 25.1	:EU clinical instruction Directives B1-B7				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Under supervision implement risk reduction strategies.	Initiate risk reduction strategies in response to hazards.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
6.7	understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement					
	The Code (NMC 2018) 8.4, 8.6, 19.2, 25.1 :EU clinical instruction	•				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Under supervision participate in evaluations in and of practice, for example completing audits or assisting people to complete evaluations.	Identify changes or improvements that have taken place as a consequence of service evaluation and consider the evidence base to support them.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date Date					

6.8	demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events in order to learn from them and influence their future practice					
	The Code (NMC 2018) 8.4, 8.6, 9.2, 10.2, 16.1, 19.1, 19.2, 22.3, 25.1 :EU clinical instruction Directives B1-B7					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Participate with your PS/PA to complete the appropriate documentation to report near misses, critical incidents, major incidents and serious adverse events.	Develop your understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents and serious adverse events by using for example the Quality Improvement Scotland or Healthcare Improvement Scotland websites.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
6.9	work with people, their families, carers and colleagues to develop feedback and learning from positive outcomes and experiences, r					
	The Code (NMC 2018) 2.1, 2.2, 5.2, 5.4, 8.1, 8.4, 8.5, 8.6, 9.1, 9.3	2, 10.2, 10.6, 16.4, 19.1, 25.1 :EU clinical instruction Directives B1-				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA consider the strategies used to develop effective improvement strategies.  Participate in activities that enable you to work with people families, carers and colleagues to achieve the above.					
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				

6.10	apply an understanding of the differences between risk aversion and risk management and how to avoid compromising quality of care and health outcomes					
	The Code (NMC 2018) 1.3, 4.1, 4.3, 5.4, 17.1, 19.1, 20.3, 25.1 :EU clinical instruction Directives B1-B7					
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent			
	In conversation with your PS/PA consider the methodologies used to develop for example SIGN or NICE Guidelines and their potential use.		Critically reflect on the difference between risk aversion and risk assessment and the implications for safe effective personcentred care.			
	ACHIEVED Signature		ACHIEVED Signature			
	Date		Date			
6.11	acknowledge the need to accept and manage uncertainty, and deself and others					
	The Code (NMC 2018) 1.3, 3.1, 6.1, 8.7, 13.1 :EU clinical instruc	tior	n Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent			
	Use reflection as an approach to help you accept and manage uncertainty.		Create opportunities to participate in critical reflection with others and keep a reflective diary to help develop resilience in yourself and others.			
	ACHIEVED Signature		ACHIEVED Signature			
	Date		Date			
6.12	understand the role of registered nurses and other health and ca managing and prioritising actions and care in the event of a majo					
	The Code (NMC 2018) 7.1, 8.1, 8.5, 10.1, 11.1, 13.3, 13.4, 15.1,	15.	.3, 19.1, 25.1 :EU clinical instruction Directives B1-B7			
	Part 1; PLE 1/2/3: Dependent – Developing Independence		Part 2; PLE 4/5/6: Developing Independence - Independent			
	Review the major incident protocols for your PLEs and share your understanding with your PS/PA.  Critically reflect on any major incidents that have reconstructed and consider the various roles and response registered nurses and other health and care professions.					
	ACHIEVED Signature		ACHIEVED Signature			
	Date					

## Platform 7: Coordinating care

Registered nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings. They contribute to processes of organisational change through an awareness of local and national policies.

Platf	orm 7: Coordinating Care					
7.1	understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors					
	The Code (NMC 2018) 2.1, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 9.3, 13.2, 13.3, 17.2 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Plan and coordinate the care of people in your PLE and take and make referrals to other agencies and professionals.	Plan and coordinate complex care and consider the influence local and national policy may have on care.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
7.2						
	The Code (NMC 2018) 4.3, 18.2, 20.4 :EU clinical instruction Dire					
Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing Independence - Independence						
	In conversation with your PS/PA demonstrate an understanding of the key methodologies applied to influence policy.	Seek out opportunities to speak with others about health and social care legislation and apply the knowledge to your practice.				
	ACHIEVED Signature	ACHIEVED Signature				
Date						

7.3	understand the principles of health economics and their relevance to resource allocation in health and social care organisations and other agencies					
	The Code (NMC 2018) 6.1, 25.1 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA consider the allocation of resources for complex care and nursing interventions.	In conversation with your PS/PA consider the allocation of resources for complex care across disciplines and agencies.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
7.4	identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and coordination of care					
	The Code (NMC 2018) 6.2, 13.5, 17.3, 18.2, 20.4, 22.3 :EU clinic	al instruction Directives				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA identify and discuss the impact of policy on the specific PLE.  In conversation with your PS/PA and others consider how and future health policy may influence the delivery and coordination of care.					
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				

7.5	understand and recognise the need to respond to the challenges of providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs  The Code (NMC 2018) 1.3, 2.4, 3.3, 4.3, 5.5, 6.1, 6.2, 7.1, 7.4, 8.3, 8.6, 10.2, 13.2, 13.3, 17.1, 18.3, 19.1, 25.1 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA explain how you recognise and respond to the challenges of providing safe, effective person-centred care.	With your PS/PA critically reflect on your practice when providing safe, effective and person-centred nursing care for people who have co-morbidities and complex care needs.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
7.6	demonstrate an understanding of the complexities of providing m range of integrated care settings	ental, cognitive, behavioural and physical care services across a wide				
	The Code (NMC 2018) 4.1, 4.3, 8.1, 10.1, 17.3 :EU clinical instru	ction Directives				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
In conversation with your PS/PA share your understanding of the complexities of mental, cognitive, behavioural and physical care in the PLE.  In conversation with your PS/PA and in your prademonstrate your understanding of demonstrate your understanding of cognitive, behavioural and physical care in a rank.						
	ACHIEVED Signature	ACHIEVED Signature				
	Date					

7.7	understand how to monitor and evaluate the quality of people's experience of complex care					
	The Code (NMC 2018) 2.1, 7.1 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA consider the range of approaches you can use to monitor and evaluate care.	Demonstrate your understanding of how you will combine the range of approaches you can use to monitor and evaluate care to ensure a positive experience.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
7.8	7.8 understand the principles and processes involved in supporting people and families with a range of care needs to maintain opti independence and avoid unnecessary interventions and disruptions to their lives					
	The Code (NMC 2018) 2.1, 2.5, 3.1, 3.3, 4.1, 4.3, 5.5, 7.1, 7.2, 7.4, 8.3, 10.2, 20.5 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA share your understanding of some of the principles and processes that enable people and families with a range of care needs to maintain optimal independence.  Demonstrate your understanding of how to optimise independence and avoid unnecessary interventions and disruptions to people's lives.					
	ACHIEVED Signature	ACHIEVED Signature				
	Date					

7.9	facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care  The Code (NMC 2018) 3.1, 3.3, 3.4, 4.3, 7.1, 7.2, 13.2 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	Demonstrate how you would facilitate access to healthcare for people by advocating for them and working with their beliefs and values.  ACHIEVED Signature	Using your professional knowledge, demonstrate and document your practice of advocating for people and making reasonable adjustments to your assessment, planning and delivery of care.  ACHIEVED Signature				
	Date	Date				
7.10	7.10 understand the principles and processes involved in planning and facilitating the safe discharge and transition of people betwee caseloads, settings and services					
	The Code (NMC 2018) 2.3, 3.3, 4.3, 5.5, 7.1, 7.4, 8.3, 10.3, 13.2,	25.1 :EU clinical instruction Directives				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation and practice with your PS/PA share your understanding of some of the principles and processes that enable safe discharge and transition by participating in related activities.	Using your professional knowledge of the principles and processes, participate in and document the activities the safe discharge and transition of people between caseloads, settings and services.				
	ACHIEVED Signature ACHIEVED Signature					
	Date					

7.11	demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed					
	The Code (NMC 2018) 8.6, 10.2, 14.1, 14.3, 16.1, 19.1, 19.2, 19.4, 25.1 :EU clinical instruction Directives					
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA identify risks in the PLE and consider how these may be managed.	With your PS/PA demonstrate how you use your professional knowledge to improve quality of care and services by responding to and managing risk.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				
7.12	demonstrate an understanding of the processes involved in developing a basic business case for additional care funding by applying knowledge of finance, resources and safe staffing levels					
	The Code (NMC 2018) 6.1, 21.3, 25.1 :EU clinical instruction Dire	ectives				
	Part 1; PLE 1/2/3: Dependent – Developing Independence	Part 2; PLE 4/5/6: Developing Independence - Independent				
	In conversation with your PS/PA consider how you would participate in processes to develop a business case for additional funding for care.	Using your professional knowledge participate in activities and conversations with colleagues who are developing a basic business case for additional care funding.				
	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date				

7.13	demonstrate an understanding of the importance of exercising political awareness throughout their career, to maximise the influence and effect of registered nursing on quality of care, patient safety and cost effectiveness						
	The Code (NMC 2018) 1.5, 2.2, 20.8						
	Part 1; PLE 1/2/3: Dependent – Developing Independence Part 2; PLE 4/5/6: Developing Independence - Independen						
	influence and effect the care, patient safety an	y participate in activities that may e role of registered nursing on quality of d cost effectiveness. This may be by tending conferences or taking part in		<u> </u>	ations and activities that enable you to derstanding of being politically aware.		
	ACHIEVED	Signature		ACHIEVED	Signature		
	Date Date						

## SKILLS AND PROCEDURES (ANNEXES A & B)

There are communication and relationship management skills (listed first) and nursing procedures (listed second) that you must be able to safely demonstrate on entry to the NMC register. We will now refer to these as 'skills' and 'procedures'. Equally, on entry to the NMC register, you must be able to undertake these skills and procedures safely and effectively in order to provide compassionate, evidence-based, person-centred nursing care. A holistic approach to the care of people is essential and all skills and procedures should be carried out in a way, which reflects cultural awareness and ensures that the safety, needs, priorities, expertise and preferences of people are always valued and taken into account.

On entry to the register, all newly registered nurses, in all fields of practice, must demonstrate the ability to provide nursing interventions and support for people of **all** ages, who require nursing procedures during the processes of assessment, diagnosis, care and treatment for mental, physical, cognitive and behavioural health challenges. Where a student has declared an additional support need it is essential that appropriate reasonable adjustments are made to ensure that all procedures can be undertaken safely.

As a student you will be able to observe and practise some of these skills and procedures through simulation. However, simulation should only be in *exceptional circumstances* and it is expected that you will be able to practise and safely demonstrate each of these skills and procedures during your practice learning experiences; you will be guided by your university regarding simulated skills as you progress through your programme. You are therefore expected, by the point of registration (the end of your programme), to have reached the level of being able to safely demonstrate each of the skills and procedures at least once in either practice or in simulation.

#### Communication and relationship management skills (NMC 2018a) 1. At the point of registration, the registered nurse will be able to safely demonstrate underpinning communication skills for assessing, planning, providing and managing best practice, evidence based nursing care: Demonstrated safely Section **Demonstrated safely** through simulation in practice whilst Skill whilst acknowledging acknowledging own limitations own limitations Please date and sign Please date and sign Actively listens, recognises and responds to verbal and non-verbal cues 1.1 1.2 Uses prompts and positive verbal and non-verbal reinforcement Uses appropriate non-verbal communication including touch, eye contact and 1.3 personal space 1.4 Makes appropriate use of open and closed questioning 1.5 Uses caring conversation techniques Checks understanding and uses clarification techniques 1.6 1.7 Demonstrates awareness of own unconscious bias in communication encounters Writes accurate, clear, legible records and documentation 1.8 1.9 Confidently and clearly presents and shares verbal and written reports with individuals and groups Analyses and clearly records and shares digital information and data 1.10 Provides clear verbal, digital or written information and instructions when 1.11 delegating or handing over responsibility for care

2. At the point of registration, the registered nurse will be able to safely demonstrate evidence based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care: Demonstrated safely **Demonstrated safely** Section in practice whilst through simulation Skill acknowledging own whilst acknowledging limitations own limitations Please date and sign Please date and sign Shares information and checks understanding about the causes, implications 2.1 and treatment of a range of common health conditions including: anxiety depression memory loss diabetes dementia respiratory disease cardiac disease neurological disease cancer skin problems immune deficiencies psychosis stroke arthritis Uses clear language and appropriate, written materials, making reasonable 2.2 adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and

treatment

2. At the point of registration, the registered nurse will be able to safely demonstrate evidence based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care:

Section	Skill	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
2.3	Recognises and accommodates sensory impairments during all communications		
2.4	Supports and manages the use of personal aids		
2.5	Identifies the need for, and manages a range of alternative communication techniques		
2.6	Uses repetition and positive reinforcement strategies		
2.7	Assesses motivation and capacity for behaviour change and clearly explains cause and effect relationships related to common health risk behaviours including:  • smoking		
	obesity		
	sexual practice		
	alcohol		
	substance use		
2.8	Provides information and explanation to people, families and carers, and responds to questions about their treatment and care and possible ways of preventing ill health to enhance understanding		
2.9	Engages in difficult conversations, including breaking bad news and supports people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity		

	. At the point of registration, the registered nurse will be able to safely demonstrate evidence based, best practice ommunication skills and approaches for providing therapeutic interventions				
Section		Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations		
3.1	Motivational interview techniques	Please date and sign	Please date and sign		
3.2	Solution focused therapies				
3.3	Reminiscence therapies				
3.4	Talking therapies				
3.5	De-escalation strategies and techniques				
3.6	Cognitive behavioural therapy techniques				
3.7	Play therapy				
3.8	Distraction and diversion strategies				
3.9	Positive behaviour support approaches				

	. At the point of registration, the registered nurse will be able to safely demonstrate evidence-based, best practice ommunication skills and approaches for working with people in professional teams			
Section	Skill	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations	
		Please date and sign	Please date and sign	
4.1	Demonstrate effective supervision, teaching and performance app of:	raisal through the use		
	4.1.1 Clear instructions and explanations when supervising, teaching or appraising others			
	4.1.2 Clear instructions and check understanding when delegating care responsibilities to others			
	4.1.3 Unambiguous, constructive feedback about strengths and weaknesses and potential for improvement			
	4.1.4 Encouragement to colleagues that helps them to reflect on their practice			
	4.1.5 Unambiguous records of performance			
4.2	Demonstrate effective personal and team management through the	e use of:		
	4.2.1 Strengths based approaches to developing teams and managing change			
	4.2.2 Active listening when dealing with team members' concerns and anxieties			
	4.2.3 A calm presence when dealing with conflict			
	4.2.4 Appropriate and effective confrontation strategies			
	4.2.5 De-escalation strategies and techniques when dealing with conflict			
	4.2.6 Effective co-ordination and navigation skills through:			
	4.2.6.1 Appropriate negotiation strategies			
	4.2.6.2 Appropriate escalation procedures			
	4.2.6.3 Appropriate approaches to advocacy			

	g Procedures (NMC 2018a)	tala lamanaturta mara lama	
	At the point of registration, the student nurse will be able to sa needs for person-centred care	arely demonstrate procedure	es for assessing
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
1. Use evall ages:	vidence based, best practice approaches to take a history, obs	erve, recognise and accurate	ely assess people of
1.1	Mental Health and wellbeing status		
	1.1.1 Signs of mental and emotional distress or vulnerability		
	1.1.2 Cognitive health status and wellbeing		
	1.1.3 Signs of cognitive distress and impairment		
	1.1.4 Behavioural distress based needs		
	1.1.5 Signs of mental and emotional distress including:		
	agitation		
	aggression		
	challenging behaviour		
	1.1.6 Signs of self-harm and/or suicidal ideation		
1.2	Physical health and wellbeing		
	1.2.1 Symptoms and signs of physical ill health		
	1.2.2 Symptoms and signs of physical distress		
	1.2.3 Symptoms and signs of		
	deterioration		
	• sepsis		

	At the point of registration, the student nurse will be able to safely d needs for person-centred care	emonstrate procedure	s for assessing
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	idence based, best practice approaches to undertake the following	procedures:	T
2.1	Take, record and interpret vital signs manually and via technological devices		
2.2	Undertake:		
	<ul> <li>venepuncture</li> </ul>		
	cannulation		
	blood sampling		
	<ul> <li>interpreting normal and common abnormal blood profiles and venous blood gases</li> </ul>		
2.3	Set up and manage routine electrocardiogram (ECG) investigations		
	interpret normal and commonly encountered abnormal traces		
2.4	Manage and monitor blood component transfusions		
2.5	Manage and interpret:		
	cardiac monitors		
	infusion pumps		
	blood glucose monitors		
	other monitoring devices		
2.6	Accurately measure weight and height, calculate body mass index		
	recognise healthy ranges and clinically significant low/high readings		

	At the point of registration, the student nurse will be able to safely d needs for person-centred care	emonstrate procedure	s for assessing
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	Jse evidence based, best practice approaches to undertake the follo	wing procedures:	
2.7	Undertake a whole body systems assessment including:		
	respiratory		
	circulatory		
	neurological		
	musculoskeletal		
	cardiovascular		
	skin status		
2.8	Undertake chest auscultation and interpret findings		
2.9	Collect and observe specimens, undertaking routine analysis and interpreting findings:		
	sputum		
	• urine		
	• stool		
	• vomit		
2.10	Measure and interpret blood glucose levels		
2.11	Recognise and respond to signs of all forms of abuse		

	At the point of registration, the student nurse will be able to safely coneeds for person-centred care	lemonstrate procedure	es for assessing
Section	Procedure  (may be appropriate to attain at a higher level for the different fields)	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	Use evidence based, best practice approaches to undertake the follo	wing procedures:	
2.12	Undertake, respond to and interpret neurological observations and assessments		
2.13	Identify and respond to signs of:		
	deterioration		
	• sepsis		
2.14	Administer basic mental health first aid		
2.15	Administer basic physical first aid		
2.16	Recognise and manage, providing appropriate basic life support  • seizures		
	choking		
	anaphylaxis		
2.17	Recognise and respond to challenging behaviour, providing appropriate safe holding and restraint		

Sectio	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	ng appropriate interventions  Observe and assess comfort and pain levels and rest and sleep patterns		
initiati		Tot independence and s	en-care and
3.2	Use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility		
3.3	Use appropriate positioning and pressure-relieving techniques		
3.4	Take appropriate action to ensure privacy and dignity at all times		
3.5	Take appropriate action to reduce or minimise pain or discomfort		
3.6	Take appropriate action to reduce fatigue, minimise insomnia, support improved rest, and sleep hygiene		

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
mainten	evidence based, best practice approaches for meeting the needs for clance of skin integrity, accurately assessing the person's capacity for its interventions.		
4.1	Observe, assess and optimise skin and hygiene status and determine the need for support and intervention		
4.2	Use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown		
4.3	Assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing		
4.4	Identify and manage skin irritations and rashes		
4.5	Assess needs for and provide appropriate care and decide when an onward referral is needed for:		
	oral care		
	dental care		
	eye care		
	nail care		

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	nintenance of skin integrity, accurately assessing the person's caping appropriate interventions.  Use aseptic techniques when undertaking wound care including:	acity for independence and	a Sen-care and
4.0	dressings		
	pressure bandaging		
	suture removal		
	vacuum closures		
4.7	vacuum closures  Use aseptic techniques when managing wound and drainage processes		
4.7			

Sectio	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
hydrat interve	evidence based, best practice approaches for meeting the needs for clion, accurately assessing the person's capacity for independence and entions.		
5.1	Observe, assess and optimise:		
	nutrition status and determine the need for intervention and support		
	hydration status and determine the need for intervention and support		
5.2	Use contemporary nutritional assessment tools		
5.3	Assist with feeding and drinking and use appropriate feeding and drinking aids		
5.4	Record fluid intake and output and identify, respond to and manage dehydration or fluid retention		
5.5	Identify, respond to and manage nausea and vomiting		
5.6	Insert oral/nasal/gastric tubes		
	manage oral/nasal/gastric tubes		
	remove oral/nasal/gastric tubes	+	+

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
_	on, accurately assessing the person's capacity for indepen	idence and seif-care and initiating	g appropriate
interver	ntions.	idence and seit-care and initiating	gappropriate
_		idence and seit-care and initiating	g appropriate
interver	Manage artificial nutrition and hydration using:	idence and seit-care and initiating	gappropriate
interver	Manage artificial nutrition and hydration using:  oral	idence and seit-care and initiating	gappropriate
interver	Manage artificial nutrition and hydration using:  oral enteral	idence and seit-care and initiating	gappropriate

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
6 Usa a	vidence based, best practice approaches for meeting the needs for c	Please date and sign	Please date and sign
	accurately assessing the person's capacity for independence and sel		
6.1	Observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids		
6.2	Select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self-catheterisation when required		
6.3	Manage bladder drainage		
6.4	Assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention		
6.5	Administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate		
6.6	Undertake stoma care identifying and using appropriate products and approaches		

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	vidence based, best practice approaches for meeting the needs for early assessing the person's capacity for independence and self-care		
7.1	Observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches		
7.2	Use a range of contemporary moving and handling techniques and mobility aids		
7.3	Use appropriate moving and handling equipment to support people with impaired mobility		
7.4	Use appropriate safety techniques and devices		

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
suppo	evidence based, best practice approaches for meeting the needs for rt, accurately assessing the person's capacity for independence and oriate interventions.	•	
8.1	Observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions		
8.2	Manage the administration of oxygen using a range of routes and best practice approaches		
	Take and interpret peak flow and oximetry measurements		
8.3	Take and interpret peak now and oximetry measurements		
8.3 8.4	Use appropriate nasal and oral suctioning techniques		
	, , , , , , , , , , , , , , , , , , ,		

	PLE 3/4: At the point of registration, the student nurse will be able to demonstrate safely, procedures for the planning, provision and management of person-centred nursing care						
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations				
		Please date and sign	Please date and sign				
the preve	9. Use evidence based, best practice approaches for meeting the needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions.						
9.1	Observe, assess and respond rapidly to potential infection risks using best practice guidelines						
9.2	Use standard precautions protocols						
9.3	Use effective aseptic, non-touch techniques						
9.4	Use appropriate personal protection equipment						
9.5	Implement isolation procedures						
9.6	Use evidence-based hand hygiene techniques						
9.7	Safely decontaminate equipment and environment						
9.8	Safely use and dispose of waste, laundry and sharps						
9.9	Safely assess and manage invasive medical devices and lines						

Section	n and management of person-centred nursing care	Demonstrated safely in	Demonstrated safely
Section	Procedure	practice whilst acknowledging own limitations	through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
10. Use 6	evidence based, best practice approaches for meeting the needs for	care and support at the	end of life,
	ly assessing the person's capacity for independence and self-care a	ind initiating appropria	te interventions.
10.1	Observe, and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including:		
	• pain		
	• nausea		
	• thirst		
	constipation		
	restlessness		
	agitation		
	anxiety		
	depression		
10.2	Manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices		
10.3	Assess and review preferences and care priorities of the dying person and their family and carers		

	At the point of registration, the student nurse will be able to demons and management of person-centred nursing care	strate safely, procedure	es for the planning,
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	Use evidence based, best practice approaches for meeting the need ly assessing the person's capacity for independence and self-care a		
10.4	Understand and apply:		
	organ and tissue donation protocols		
	advanced planning decisions		
	living wills and health and lasting powers of attorney for health		
10.5	Understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and		
	verification of expected death		
10.6	Provide care for the deceased person and the bereaved respecting cultural requirements and protocols		

	At the point of registration, the student nurse will be able to demons n and management of person-centred nursing care	strate safely, procedure	es for the planning,
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	edural competencies required for best practice, evidence-based med	dicines administration a	and optimisation.
11.1	Carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications		
11.2	Recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them		
11.3	Use the principles of safe remote prescribing and directions to administer medicines		
11.4	Undertake accurate drug calculations for a range of medications		
11.5	Undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product		
11.6	Exercise professional accountability in ensuring the safe administration of medicines to those receiving care		
11.7	Administer injections using the following routes and manage injection equipment:  • intramuscular		
	subcutaneous		
	intradermal		
	intravenous		
11.8	Administer medications using a range of routes		

	At the point of registration, the student nurse will be able to demons n and management of person-centred nursing care	strate safely, procedure	es for the planning,
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
11.cont/	Procedural competencies required for best practice, evidence-base	d medicines administra	ation and
optimisa	ition.		
11.9	Administer and monitor medications using vascular access devices and enteral equipment		
11.10	Recognise and respond to adverse or abnormal reactions to medications		
11.11	Undertake safe storage, transportation and disposal of medicinal products		



# **SECTION 3: POLICIES, GUIDELINES, PROTOCOLS**

## 3.1 Development Support Plans

This link will take you to key NHS policies and documents

https://policyonline.nhslothian.scot

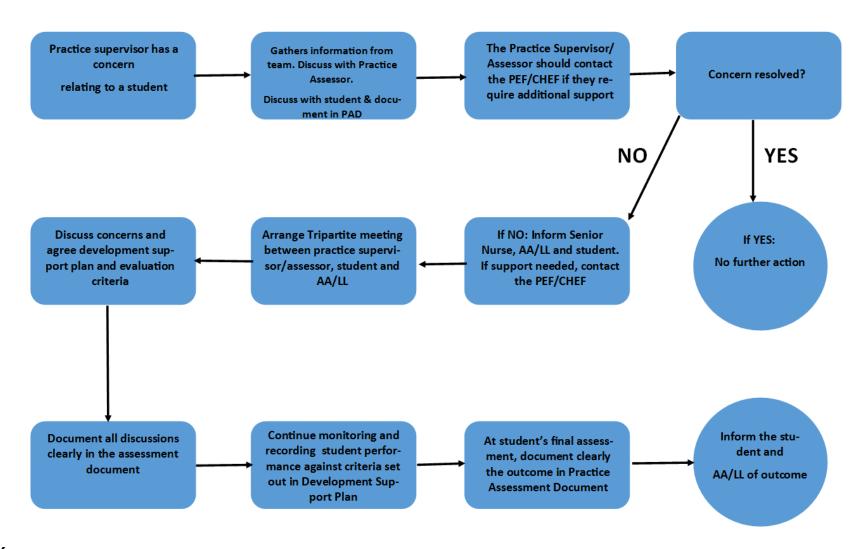
Your Practice Placement Handbook is also an important source of information

https://www.nes.scot.nhs.uk/media/f3ajj03l/handbook\_supervisor\_and\_assessor.pdf

#### 3.1 Development Support Plan

During your practice learning experience, you may require more support to achieve particular learning outcomes or professional standards. In order to ensure a supportive framework for this we provide you and your practice supervisor & assessor a development plan and feedback document below. This should be used to record any areas of concern and your development progress in relation to this. These documents must be kept as part of your PAD to ensure consistency of assessment across practice areas.

#### HEI SPECIFIC FLOWCHART FOR RAISING PROFICIENCIES CONCERNS



#### KEY:

AA = Academic Assessor; LL = Liaison Lecturer; PEF = Practice Education Facilitator; CHEF = Care Home Practice Education Facilitator

## **LEARNING DEVELOPMENT SUPPORT PLAN**

Development Need Identifi	lea:					
Specific areas to be addressed	Related Platform number /proficiency	Participation in Care Level	Learning Resources/ad	etions	Evidence of achievement	Achievement Review date
Practice Assessor & Supe	rvisor Signature:	Student Sig	nature:	Academic Assessor S	Signature:	Date / /
Development support plan outcome :		Achieved / (please circ	Not Achieved			

## **DEVELOPMENT SUPPORT PLAN FEEDBACK**

DATE	PROGRESS	SIGNATURE: Student & P. Supervisor & P. Assessor

## **Example of Development Support Plan:**

## **Development Need Identified:**

Student demonstrates a very limited theory, knowledge and skills in relation to medicine administration for current stage of pre reg nursing programme

Specific areas to be addressed	Related Platform number /proficiency	Participation in Care Level	Learning Resources/actions	Evidence of achievement	Achievement/ Review date
Student is required to enhance their skills and knowledge to the required level in relation to medicine administration	Platform 1.15/1.20 Platform 3.3 Platform 4.5/ 4.14/4.15	Developing independence	<ul> <li>Revisit The Code (NMC)</li> <li>Review PAD/procedures</li> <li>Read the NHS policy of medication management and administration</li> </ul>	Explain via discussion your understanding of the code in relation to the areas of development  Through discussion explain the policy and the importance for this policy	Complete action and Review by 1/1/2020  Complete action and Review by 1/1/2020
		Developing independence	<ul> <li>With your supervisor/assessor participate in medication administrations</li> <li>Under supervision safely administer and record the prescribe medication for 5 consecutive drug administrations</li> <li>Identify 5 common drugs each week. understanding what they are used for, side effects and contraindications</li> </ul>	Through participation/observation /discussion demonstrate proficiency  Discussion. Q&A sessions. Evidence within medicine management workbook	Complete action and Review by 7/1/2020 on- going/complete for end of placement

## DEVELOPMENT SUPPORT PLAN FEEDBACK with example of feedback

DATE	PROGRESS	SIGNATURE: Student & P. Supervisor P. Assessor
3/1/2020	Development plan was agreed on the 1/1/2020.  Student nurse has accessed and review the NMC code and through discussion with myself, the student was able to highlight the 4 pillars and identify the keys areas that are required for a registrant nurse in relation to medicine management and administration. This learning action has been achieved.  The student is still reviewing the NHS policy, is able to provide limited information so this learning action will be reviewed at the next review meeting 7/1/2020.  Participation/shadowing of medicine administration is ongoing. The student is able to explain the process and safety checks required. This learning action is still on going.	

#### **USEFUL REFERENCES FOR STAFF AND STUDENTS**

Health and Safety Executive (1999) Management of Health and Safety at Work Regulations Approved Code of Practice and guidance L21 (2nd edition) HSE Books 2000 ISBN 0 7176 2488 9. Available from:

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NHS Education for Scotland (NES) (2013). Evaluation of Current Practices to Involve Service Users and Carers in Practice Assessment in 11 Higher Education Institutes (HEIs) in Scotland. [online]. NES. Available from:

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Nursing and Midwifery Council (NMC) General Medical Council (GMC) (2015) Openness and honesty when things go wrong: the professional duty of candour NMC/GMC. Available from: <a href="https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf">https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf</a> [accessed 28/01/2022]

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https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/ [accessed 28/01/2022]

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Nursing and Midwifery Council (2018c) *Standards for student supervision and assessment (PLE 3/4)* NMC. Available from: <a href="https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/">https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/</a> [accessed 28/01/2022]

Nursing and Midwifery Council (2018d) Standards for pre-registration nursing programmes (PLE 5/6) NMC. Available from:

https://www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/ [accessed 28/01/2022]

Nursing and Midwifery Council (2018e) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* NMC. Available from: <a href="https://www.nmc.org.uk/standards/code/">https://www.nmc.org.uk/standards/code/</a> [accessed 28/01/2022]

#### **APPENDIX 1**

## Coding of EU Directives to Support Mapping to NMC (2018) Future Nurse: Standards of proficiency for registered nurses

Article 31 (V.2 Nurse Responsible for General Care) - '5.2.1 Training programme for nurses responsible for general care - the training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts...' (NMC 2018; p15-16)

B. Clinical Instruction	General and specialist medicine	B.1
	General and specialist surgery	B.2
	Child care and paediatrics	B.3
	Maternity care	B.4
	Mental health and psychiatry	B.5
	Care of the old and geriatrics	B.6
	Home nursing	B.7