Practice Assessment Document (PAD) Scotland

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

























GLOSSARY OF TERMS AND ABBREVIATIONS

AEI	Approved Education Institution		
BLS	Basic Life Support		
CHEF	Care Home Education Facilitator		
CPR	Cardiopulmonary Resuscitation		
МН	Manual Handling		
HAI	Healthcare Associated Infection		
HEI	Higher Education Institution		
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	Year One approximately		
Part 2	Year Two approximately		
Part 3	Year Three (& Year Four) approximately		
PEF	Practice Education Facilitator		
PLE	Practice Learning Experience		
PSMAV	Prevention & Safe (Therapeutic) Management of Aggression and Violence.		
SIPCEP	Scottish Infection Prevention & Control Education Pathway		

Contents

SEC	TION 1: GUIDANCE	1
1.0 I	ntroduction to the Scottish Practice Assessment Document (PAD)	2
1.1	Your responsibilities as a student within practice learning experiences	3
	The roles of Nominated Person, Practice Supervisors, Assessors and Acade	
1.3	Performance review process	7
	1.3.1 Pre-practice activities	
	1.3.2 Orientation and preliminary meeting	
	1.3.3 Interim feedback meeting	
	1.3.4 Final performance	
1.4 F	eedback from service users and carers	
1.5 F	Risk assessment	9
1.6 F	Reasonable adjustments	9
1.7 <i>A</i>	Attendance	10
	1.7.1 Working time directive	10
	1.7.2 Attendance record sheets	10
	1.7.3 Authorised absence	11
	1.7.4 Unauthorised absence	11
	1.7.5 Reporting sickness / absence	11
	1.7.6 Returning from sickness / absence	11
1.8a	Record of signatories – Practice Supervisor	12
1.8b	Record of signatories – Practice Assessor	13
1.8c	Record of signatories – Academic Assessor	13
SEC	TION 2: PRACTICE LEARNING EXPERIENCES (PLE)	15
2.0 F	Programme outline	16
	2.0.1. Programme flow/planner	17
2.1 <i>A</i>	Assessment criteria	18
2.2 N	Mandatory Training	22
2.3 F	Record of compulsory practice skills	22
PAR	T 1 (Pink pages)	25
PAR	T 2 (Yellow pages)	76
PAR	T 3 (Green pages)	127
PLA [°]	TFORMS AND PROFICIENCIES	194
SKIL	LS AND PROCEDURES (ANNEXES A & B)	251
SEC	TION 3: POLICIES, GUIDELINES, PROTOCOLS	274
	3.1 Development Support Plan	275
	I SPECIFIC EL OWICHART FOR RAISING PROFICIENCIES CONCERNS	270

USEFUL REFERENCES FOR STAFF AND STUDENTS	281
APPENDIX 1	282

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, 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:

- Carry your QMU matriculation card as a form of identification at all times
- Allow your supervisor/ assessor to check your matriculation card on the first day of placement and complete the enclosed student identity form in your PAD
- Ensure your supervisor/ assessor has a contact telephone number for you and the student portal is updated with your address and mobile number
- 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 Good Health and Good Character. You must declare a Good Health and Good 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 platforms. These preplacement 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 practice</u> <u>learning experience</u>, <u>but a minimum of once per PART</u>. 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 [please see further information in your Practice Learning Handbook].
- 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. 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

- Gill Glover 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 /HEI.
- 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. This equates to 37.5 hours per week. Over a 4-year programme you are required to work 2300 hours of practice learning. This is 562.5 hours each year.
- 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.
- 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.

- 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.
- You should keep the original copy (in the PAD) of each attendance record for review by your academic assessor and at the end of each practice learning experience upload to Turnitin on the Queen Margaret University's Hub along with the required practice documents- please see your Practice Learning Handbook.
- 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 hours at another time.

1.7.3 Authorised absence

Please refer to the attendance policy in your Practice Learning 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 sickness note should be submitted with Absence Form that should be completed on the Student Portal. Please ensure that you have notified your Academic Assessor of your absence and intentions to return to practice.

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 you repeating the year or your discontinuation from the programme.

Please see point 1.7.3 above.

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 practice supervisor, your academic assessor and complete an absence form through the QMU Student Portal 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. Please follow your
 PLE's sickness and absence policy

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	₹ \$	Adult	



SECTION 2: PRACTICE LEARNING EXPERIENCES (PLE)

2.0 Programme outline

The MN / BSc (Hons) Nursing programme aims to provide a dynamic and flexible learning environment, which is underpinned by distinct ideas of personhood and encapsulates our shared values of belonging, connecting, supporting and trusting. This aim is also largely informed by an overall strategic focus on creating thriving communities, with opportunities for all to flourish. Through this programme, our learners will become unique, courageous and able to be change makers in various contexts and practices. They are prepared to be social citizens with qualities needed to influence and navigate the landscape of health and social care. The learners of our programme will become skilled at integrating and synthesising different forms of knowing for person-centredness and making choices about how to nurture their own well-being. They will engage in practice that reflects the vision for nursing of the future and the Nursing and Midwifery Council's Standards of Proficiency (NMC 2018).

The MN programme has been developed through mapping against the Standards of Proficiency for Registered Nurses (NMC 2018) which represent the skills, knowledge and attributes all nurses must demonstrate. We have also used the Person-centred nursing framework (McCormack and McCance, 2019) to align our programme to. Modules are named after the four domains; The Metaparadigm of Nursing, Prerequisites, Care Environment, Person-centred Processes and Person-centred Nursing Outcomes. These domains run through the programme from years 1-3 and they are interweaved together in a specific module in year 4.

(McCormack, B. and McCance, TV. *The Person-centred Nursing Framework* https://www.cpcpr.org/resources)

The PLE's are an integral part of the Person-centred Processes (PCP) module which focuses on delivering care to service users through a range of activities and include; working with the person's beliefs and values, sharing decision making, engaging authentically, being sympathetically present and sharing decision-making and providing care for physical, mental and social needs.

In year 1, the aim is to enable learners to apply holistic knowledge of persons in the observation and assessment of individuals and provision of person-centred care. The overarching aim of year 2 is to enable learners to apply holistic knowledge of persons in developing and implementing person-centred, evidence-informed plans for nursing care. In year 3, we enable learners to critically apply knowledge of applied biosciences and skilled nursing procedures in implementing and evaluating person-centred nursing practice, in partnership with persons, across a variety of setting. Lastly in year 4, the main aim is to enable learners to demonstrate competency in undertaking a person-centred assessment, applying clinical examination skills to promote health and well-being, responding appropriately to changes in a person's condition.

All years include creative and participatory learning approaches, introduce active learning within small groups and encourage learners to participate in simulation/role play and other group work activities. This module also integrates biosciences, nursing skills, personcentred assessment and prepares learners to practice effectively and safely in different contexts.

2.0.1. Programme flow/planner

YEAR 1	PLE 1 (Semester 1)	PLE 2 (Semester 2)	PLE 3 Semester 2)
	Care of the Older Person	Community (HV/DN) & Other	Community (HV/DN) & Other
	(5 weeks)	(5 weeks)	(5 weeks)
YEAR 2	PLE 4 (Semester 1)	PLE 5 (Semester 2)	PLE 6 (Semester 2)
	Surgical/Medical/	Surgical/Medical/	Surgical/Medical/
	Rehabilitation	Rehabilitation	Rehabilitation
	(5 weeks)	(5 weeks)	(5 weeks)
YEAR 3	PLE 7 (Semester 1)	PLE 8 (Semester 2)	
	Acute	Acute	
	Care/Medical/Surgical/Mental	Care/Medical/Surgical/Mental	
	Health	Health	
	(6 weeks)	(9 weeks)	
YEAR 4	PLE 9 (Semester 1)	PLE 10 (Semester 2)	
	Advanced assessment (ANPs) (5 weeks)	Management (Student Preference) (10 weeks)	

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:

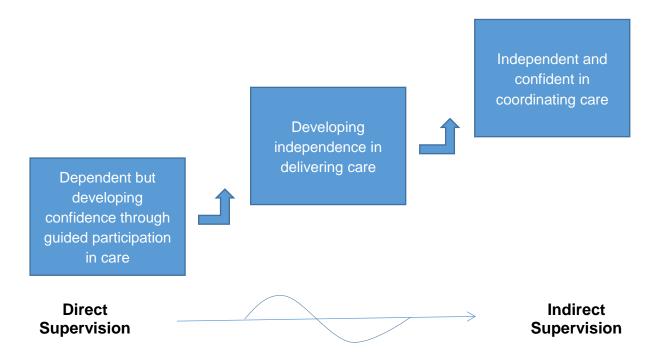
- Platform 1 Being an accountable professional
 - o 20 proficiencies to be achieved
- Platform 2 Promoting health and preventing ill health
 - o 12 proficiencies to be achieved
- Platform 3 Assessing needs and planning care
 - 16 proficiencies to be achieved
- Platform 4 Providing and evaluating care
 - 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
 - o 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 below 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.

Participation in Care – Dependent to Independent (PLPAD 2.0)*



The description of each level of participation, detailed in the diagram above, 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 Part, 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

- Dependent Minimal standard of participation in care to be achieved by the end of Part
 1 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 Part 2 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 Part 3 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:

- 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

^{*}Adapted with permission from: Pan London Practice Learning Group (2019). Pan London Practice Assessment Document 2.0 available from: www.plplg.uk

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 Procedures 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 each other, 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	Year 1 Part 1	Year 2 Part 2		· 3&4 rt 3
Manual Handling (Statutory)	Theory and Practice to support achievement of A-F, or A-D, as per 'The Scottish Manual Handling Passport' Scheme	Practice to support achievement of E-F (if not done pre practice)	Annual update	Annual update	Annual update
Student Signature:					
HEI Signature:					
Date:					
Prevention & Safe (Therapeutic) Management of Violence and Aggression	Breakaway technique – theory and practice	Theory and Practice	No update required	Theory and Practice	No theory required
Student Signature:					
HEI Signature:					
Date:					
Fire Safety (Statutory)	TURAS module Fire Safety Awareness Online Assessment		Lecture / Online Assessment	Lecture / 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

Practice Skills	Pre- Practice	Year 1 Part 1	Year 2 Part 2		⁻ 3&4 rt 3
Cardio- Pulmonary Resuscitation (Theory and Practice)	BLS		BLS/AED	BLS/AED or ILS	BLS/AED or ILS
Student Signature:					
HEI Signature:					
Date:					
Control of Infection	No. 4 Hand Hygiene **	SIPCEP Foundation Pathway	SIPCEP Intermediat e Level		
Student Signature:					
HEI Signature:					
Date:					
Numeracy		Numeracy assessment (100%)	Numeracy assessment (100%)	Numeracy assessment (100%)	Numeracy assessment (100%)
Student Signature:					
HEI Signature:					
Date:					
Adult Support and Protection		Turas Module: Adult Support and Protection			
Student Signature:					
HEI Signature:					
Date:					
Child Wellbeing (Protection) for the general contact workforce		Turas Module			
Student Signature:					
HEI Signature:					
Date:					
Skin Surveillance					
Student Signature:					
HEI Signature:					
Date:					

Record of compulsory practice skills continued

Field specific skills	Informed Level	Skilled Level	
Dementia Promoting Excellence Framework			
Student Signature:			
HEI Signature:			
Date:			

PART 1 (Pink pages)

Practice Learning Experiences

Practice Learning Experience (PLE) 1 (Year 1) - Care of older persons hospital wards, care homes and nursing homes

Practice Learning Experience (PLE) 2 & 3 (Year 1) - Community placements (District Nursing, Health Visiting, School Nursing and Third Sector Organisation)

Person-centred processes Module Code PART 1 PLE 1 PRACTICE LEARNING EXPERIENCE

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 PART 1: PLE 1 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Telephone Finish date: 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: 1. 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.

5.	experience, select or	ice user group that attend the practice learning ne condition/situation that those service users are likely to lertake a literature search in relation to these.						
	 From your search appropriate refere 	n, identify two key articles on thence style)	ne topic and list below (using					
		w provide a brief summary of trecommendations in relation to						
Art	Article 1 –							
Article 2 -								
Condition / situation								
6.	•	ctice learning environment that earning from your theory modu	•					
		are environment. Please note						
7.	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:								
Practice Supervisor/Assessor – please sign to confirm that the pre-practice								
learning activities have been completed by the student								
Da	te	Student Signature:	Practice Supervisor and/or Assessor Signature:					
	//							

MODULE LEARNING OUTCOMES PART 1: PLE 1

The first PLE of year 1 is in a Care of Older Persons setting and it could be within a care home, hospital area or a third sector organisation. We would like you to consider the holistic health needs of people and families and the broader community area. It is also important that you consider how the Primary Care setting interfaces with the more acute setting in Secondary Care. You may get some opportunity to spend time with different members of the inter-professional team and inter-agency teams and this can be very useful to find out about different roles within healthcare and how they work together to improve care provision. As an adult learner, you will be responsible for setting your learning needs and working closely with your Practice Supervisor and Assessor to achieve these in the practice learning environment. Your Academic Assessor (Liaison Lecturer) along with your Practice Supervisor and Assessor will be working collaboratively to support you in this journey, so be sure to seek support as appropriate.

Through working with other healthcare professionals and clients/service users and reflecting on your nursing experiences in practice, we hope that you will be able to build on the knowledge and skills you have gained in other modules of year 1. Through the PLE's we encourage you to enquire about different elements of care provision to people and we expect you to develop greater confidence and competence in providing nursing care by using evidence-based practice. We hope you enjoy this PLE.

ORIENTATION & PRELIMINARY MEETING PART 1: 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	

LEARNING DEVELOPMENT PLAN PART 1: PLE 1

	PART 1: 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 review skills achieved to date and identify skills and procedures that						
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 PART 1: PLE 1

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	care			
Skills and Procedures:				
Student feedback:				
Have any issues been referred to the practice and/or academic assessor?				
Development Support Pla	an (see Section 3)	Yes	No	
Date		upervisor and/or Signature:		
//				

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 1: 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.

Please tick if you are:	he patient/s	service user		Ca	arer/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	I'm r sur		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 S	ignature:			tice Supervi essor Signat	

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 1: 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: Practice Supervisor and/or Student Signature: Date Assessor Signature: ___/__/___

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 1: 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:				

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

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 1: PLE 1

PART 1: PLE 1				
Student Name:	STUDENT ID:			
	Intake/Year Group:			
The minimum level of performance for this particle supervisor/assessor, but is developing particle particle and in care. Please comment on the	continuous or frequent support from the ng confidence through guided			
Platform 1: Being an accountable profess	ional			
Platform 2: Promoting health and prevent	ing ill health			
Platform 3: Assessing needs and planning care				
Platform 4: Providing and evaluating care				
Platform 5: Leading and managing nursin	g care and working in teams			
Platform 6: Improving safety and quality of care				

Platform 7: Coordinating care					
	ress towards safely demon nd B. Identify aspects for th				
Date//	Student Signature:	Practice Supervisor and/ or Assessor Signature:			
Practice Assessor Overa	II Summative Assessment (Comments			
Overall result for this PLE PASS / FAIL / GRADE					
Name of Practice Assessor	r (print full name)				
Signature of Practice Asset	ssor:				
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	opriate) the expected level of			
DEPENDENT				
Signature of Practice Assessor:				
Date:				
Student Statement				
(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 w	rite comments below:			
Student signature:	Date:			

	ATTENDANCE RECORD PART 1: PLE 1									
Student Name and ID										
Module Name										
Programme and year										
Field of	Practice									
Practice learning environment										
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										
2										
3										
4										
5										
				То	otal nur	nber of	hours			

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Person-centred processes Module Code PART 1 PLE 2 PRACTICE LEARNING EXPERIENCE

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 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 PART 1: PLE 2 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Telephone Finish date: 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: 1. 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.

5.	ex	perience, select on esent with and unde	ce user group that attend the e condition/situation that those ertake a literature search in re identify two key articles on the style)	e service users are likely to lation to these.	
	0	In the space below	v provide a brief summary of t recommendations in relation t		
Art	icle	1 –			
Art	icle	2 -			
Cor	ndit	ion / situation			
6.	ide	entify any related le	tice learning environment that arning from your theory modu re environment. Please note	les that would support your	
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:					
	Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Da	te		Student Signature:	Practice Supervisor and/or Assessor Signature:	
		/ /			

MODULE LEARNING OUTCOMES PART 1: PLE 2

The second PLE is designed to provide you with an opportunity to develop professional attributes of a nurse and enable you to identify and respond to health needs of clients and their families across the lifespan. The PLE usually involves working with District Nurses, Public Health Nurses and Practice Nurses. It also enables you to develop your communication skills, interacting and collaborating with other members of healthcare providers and people. You should try to take every learning opportunity which may arise in your PLE, including home visits, breast feeding clinics or GP consultations, amongst other things. This PLE is among your first learning experiences in your nursing career and it is important to speak with your Practice Supervisor to decide and structure your learning journey and meet the learning objectives.

ORIENTATION & PRELIMINARY MEETING PART 1: 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	DEVEL	OPMENT	PLAN
P.	ΔRT 1.	PIF2	

PART 1: 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:			
Please identify skills and p	rocedures that could be ac	hieved within area:	
_			
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:	
//			
Agreed date for next meetings	Interim:	Final:	

INTERIM FEEDBACK MEETING PART 1: PLE 2

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	g care		
Skills and Procedures:			
Student feedback:			
Have any issues been re and/or academic assess	eferred to the practice sor?	Yes	No
Development Support P	lan (see Section 3)	Yes	No
Date//	Student Signature:		Supervisor and/or Signature:

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 1: 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.

Please tick if you are: Th	ie patient/sei	rvice user [Care	r/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	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 nurse have done differently?					
Date//	Student Si	gnature:		ce Superviso sor Signatur	

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 1: PLE 2

	PART 1: PLE 2	
Please note any other form emails). Please ensure and	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
Use the box below to reco feedback received:	rd your thoughts and feeling	gs on all service user/carer
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 1: 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 opportustudent performance and what has been le		
Print Name: Date:	Sign:	
Student reflection - please reflect on what	t you have learnt:	
Student signature:		
Ctadont orginataro.		

ADDITIONAL NOTES PART 1: PLE 2			
Date	Time	Detail	Signature
Date	Time		Signature

FINAL ASSESSMENT: END OF PLE

TO BE COMPLETED BY PRACTICE ASSESSOR PART 1: PLE 2			
Student Name: STUDENT ID:			
	Intake/Year Group:		
The minimum level of performance for this particle supervisor/assessor, but is developing particle and in care. Please comment on the	ontinuous or frequent support from the ng confidence through guided		
Platform 1: Being an accountable profession	ional		
Platform 2: Promoting health and preventi	ing ill health		
Platform 3: Assessing needs and planning	g care		
Platform 4: Providing and evaluating care			
Platform 5: Leading and managing nursing	g care and working in teams		

Platform 6: Improvir	ng safety and quality of c	are	
Platform 7: Coordina	ating care		
		demonstrating the skills ar ts for the student to focus o	
Date//	Student Signature:	Practice Supervisor and/o Assessor Signature:	<i>r</i>
Practice Assessor C	overall Summative Asses	smant Commants	
Tractice Assessor C	veran ounmative Asses		
Overall result for thi	s PLE	PASS / FAIL / GRADE	
Name of Practice Ass	essor (print full name)		
Signature of Practice	Assessor:		
Designation:		Date:	

Practice Assessor Confirmatory Statement	
I confirm that: student nurse (print full name) following a period of hours of attendance at attendance record), and through objective evidence-based	placement (please refer to
ACHIEVED / NOT ACHIEVED ((Please delete as app INDEPENDENT	ropriate) the expected level of
Signature of Practice Assessor:	
Date:	
Student Statement	
I (wr have received feedback on my performance and have and discuss this with the Practice Assessor. Please w	had the opportunity to reflect
Student signature:	Date:

ATTENDANCE RECORD PART 1: PLE 2										
Studen	Student Name and ID									
Module Name										
Prograi	mme and ye	ar								
Field of	Practice									
Practice learning environment										
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										
2										
3										
4										
5										
Т				Тс	otal nur	mber of	hours			

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Person-centred processes Module Code PART 1 PLE 3 PRACTICE LEARNING EXPERIENCE

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 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 PART 1: PLE 3

PART 1: PLE 3				
PRACTICE LEARNING EXPERIENCE DETAILS				
Student Name:			Intake:	
Student ID:			Year:	
Practice Learning Environment: Telephone Number:			Start date: Finish date:	
PLE Type:				
Name of PEF/CHEF	- :			
Nominated Practice	Supervisor Name:			
Nominated Practice	Assessor Name:			
Nominated Academ	ic Assessor Name:			
Prior to the commer should:	Prior to the commencement of each practice learning environment, the student should:			
patterns in oper	. 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.			
	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.				

5.	ex	perience, select on esent with and unde	ce user group that attend the e condition/situation that thosertake a literature search in re identify two key articles on the style)	e service users are likely to elation to these.
	0		v provide a brief summary of t recommendations in relation t	
Art	icle	1 –		
Art	icle	2 -		
Co	ndit	ion / situation		
6.	ide	entify any related le	tice learning environment that arning from your theory modu re environment. Please note	les that would support your
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:				
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Da	te	<u> </u>	Student Signature:	Practice Supervisor and/or Assessor Signature:

MODULE LEARNING OUTCOMES PART 1: PLE 3

The third PLE is designed to provide you with an opportunity to develop professional attributes of a nurse and enable you to identify and respond to health needs of clients and their families across the lifespan. The placement usually involves working with District Nurses, Public Health Nurses and Practice Nurses. It also enables you to develop your communication skills, interacting and collaborating with other members of healthcare providers and people. You should try to take every learning opportunity which may arise in your first placement, including home visits, breast feeding clinics or GP consultations, amongst other things. This is your first learning experience and it is important to speak with your Practice Supervisor to decide and structure your learning journey and meet the learning objectives.

ORIENTATION & PRELIMINARY MEETING PART 1: 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	

LEARNING DEVELOPMENT PLAN PART 1: PLE 3

	PART 1: PLE 3					
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 p	rocedures that could be ac	hieved within area:				
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:				
/						
Agreed date for next meetings	Interim:	Final:				
Thoumgo						

INTERIM FEEDBACK MEETING PART 1: PLE 3

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
Triationing. Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care

Platform 7: Coordinating care					
Skills and Procedures:					
Student feedback:					
Have any issues been referred to the practice and/or academic assessor?					
Development Support Pla	Yes	No			
Date Student Signature:			Supervisor and/or Signature:		
//		-			

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 1: 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.

Please tick if you are: Th	ie patient/sei	rvice user [Care	Carer/Relative		
How happy were you with the way the student nurse	Very happy	Нарру	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 nurse have done differently?						
Date//	Student Si	gnature:		ce Superviso sor Signatur		

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 1: PLE 3

Please note any other forms of service user/carer feedback (eg cards, letters, emails). <i>Please ensure anonymity is maintained.</i>				
Use the box below to reco feedback received:	rd your thoughts and feeling	gs on all service user/carer		
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:		
//				

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 1: 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 opportustudent performance and what has been le			
Print Name: Date:	Sign:		
Student reflection - please reflect on wha	t you have learnt:		
Date:			
Student signature:			

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 1: PLE 3 **Student Name:** STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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: Coordin	ating care		
			nstrating the skills and he student to focus on in
Date//	Student Signature:		ectice Supervisor and/or sessor Signature:
Practice Assessor C	Overall Summative As	sessment	Comments
Overall result for thi	s PLE	P	ASS / FAIL / GRADE
Name of Practice Ass	sessor (print full name)		
Signature of Practice	Assessor:		
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 record), and through objective evidence-based assessments, has:			
ACHIEVED / NOT ACHIEVED ((Please delete as appropriate) the expected level of			
INDEPENDENT			
Signature of Practice Assessor:			
Date:			
Student Statement			
Student Statement			
I (write 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 PART 1: PLE 3									
Studen	t Name and	ID								
Module Name										
Programme and year										
Field of Practice										
Practice learning environment										
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										
4										
5										
			Тс	otal nur	nber of	hours				

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor 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 develor of skills and procedures (Annexes A & B)	opment for safe d	emonstration		
Practice Assessor Confirmatory Statement – END OF PART 1				
I confirm that in partnership with the nominated Academic Assessor, student nurse (print name) has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all platforms (and proficiencies) at the DEPENDENT level for Part 1 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to PART 2.				
Signature of Practice Assessor: Date:				
Date:				

Academic Assessor Confirmatory Stat	ement (HEI use only) – END OF PART 1		
I confirm that in partnership with the nom (print name)	inated Practice Assessor, student nurse has		
ACHIEVED/NOT ACHIEVED (please del	ete as appropriate) all platforms (and		
proficiencies) at the DEPENDENT level for	or Part 1 of the programme and,		
RECOMMEND/DO NOT RECOMMEND	(please delete as appropriate) progression		
to PART 2.			
Comments:			
Signature of Academic Assessor:			
Date:			
HEI USE ONLY			
Number of hours for Part 1			
Hours carried forward to Part 2			
Retrieval programme required?	YES / NO (delete as appropriate)		

PART 2 (Yellow pages)

Practice Learning Experiences

Practice Learning Experience (PLE) 4 – Medical, Surgical or Rehabilitation Wards

Practice Learning Experience (PLE) 5 - Medical, Surgical or Rehabilitation Wards

Practice Learning Experience (PLE) 6 - Medical, Surgical or Rehabilitation Wards

Person-centred processes Module Code PART 2 PLE 4 PRACTICE LEARNING EXPERIENCE

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 PART 2: PLE 4 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Start date: Practice Learning **Environment:** Telephone Finish date: 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. Briefly summarise what the practice learning environment does: From the *Learning Opportunities* outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

experience, select present with and u o From your sea appropriate ref o In the space be	ervice user group that attend the one condition/situation that thos indertake a literature search in reach, identify two key articles on the erence style) elow provide a brief summary of the recommendations in relation to	se service users are likely to elation to these. he topic and list below (using these two articles and outline		
Article 1 –				
Article 2 -				
Condition / situation				
identify any related	ractice learning environment that d learning from your theory modu s care environment. Please note	les that would support your		
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:				
-	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:		

MODULE LEARNING OUTCOMES PART 2: PLE 4

The PLE 4 gives you the opportunity to integrate theory and practice and gain insight into the journey experience by people in a variety of specialities. It will enable you to experience transition from or to hospital, from or to the home and community environment, awareness of the individual's care journey and involvement of family and carers. It also encourages you to recognise psychological, social, cultural and spiritual needs of people within a clinical area.

This PLE is in a hospital setting and gives you the opportunity to care for service users who require care beyond the community. You may be placed in surgical, medical, or rehabilitation wards and we invite you to consider the provision of care and the priorities you should take during the period of hospitalisation and the person's journey before admission and after discharge. This involves exploration of the hospital community interface, anticipatory care services and post discharge support services. Working collaboratively with other health professionals, you will develop your ability in share decision-making, planning and implementing person-centred care. You are expected to be proactive, work closely with your Practice Supervisor and Assessor to ensure you meet the learning objectives of this PLE.

ORIENTATION & PRELIMINARY MEETING PART 2: 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	DEVEL	OPMENT	PLAN
P	ART 2:	PIF4	

	PART 2: PLE 4		
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 achie could be achieved within	eved to date and identify skill area:	s and procedures that	
//	Student Signature:	Practice Supervisor and/or Assessor Signature:	
Agreed date for next meetings	Interim:	Final:	

INTERIM FEEDBACK MEETING PART 2: PLE 4

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	care		
Skills and Procedures:			
Student feedback:			
Have any issues been ref and/or academic assesso	erred to the practice or?	Yes	No
Development Support Plan (see Section 3)		Yes	No
Date/	Student Signature:		e Supervisor and/or or Signature:

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 2: 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.

Please tick if you are: In	e patient/se	rvice user L		Carer/	Relative [
How happy were you with the way the student nurse	Very happy	Нарру	l'm n sur		Unhappy	Very unhappy
cored for you?						
cared for you?listened to your needs?						
understood the way you felt?						
talked to you?						
showed you respect?						
What did the student nurse	e do well?					
What could the student nu	rse have do	one differen	tly?			
Date//	Student Si	ignature:			ice Supervis ssor Signatu	

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 2: PLE 4

	I AIXI Z. I LL T	
emails). <i>Please ensur</i>	forms of service user/carer feed anonymity is maintained.	
Use the box below to feedback received:	record your thoughts and feelin	gs on all service user/carer
recuback received.		
Date	Student Signature:	Practice Supervisor and/or
		Assessor Signature:
//		

	L 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:		
Student reflection - please reflect on what you have learnt:			
Date: Student signature:			
Ctadont orginataro.			

ADDITIONAL NOTES PART 2: PLE 4

PART 2: PLE 4					
Date	Time	Detail	Signature		
Date	Time		Signature		

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: PLE 4 **Student Name:** STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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 5: Leading and managing nursing care and working in teams

Platform 6: Improving safety and quality of care					
Platform 7: Coordinate	ating care				
Plass comment on	progress towards sat	foly domoi	nstrating the skills and		
procedures in Anne future PLEs.	x A and B. Identify as	pects for t	he student to focus on in		
Date//	Student Signature:		ectice Supervisor and/or sessor Signature:		
Practice Assessor C	Overall Summative Ass	sessment	Comments		
Overall result for thi	s PLE	P	ASS / FAIL / GRADE		
Name of Practice Ass	sessor (print full name)				
Signature of Practice	Assessor:				
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 record), and through objective evidence-based assessments, has:			
ACHIEVED / NOT ACHIEVED (Please delete as appropriate) the expected level of DEVELOPING INDEPENDENCE			
Signature of Practice Assessor:			
Date:			
Student Statement			
I (write 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 PART 2: PLE 4										
Student Name and ID										
Module	Name									
Prograi	mme and ye	ar								
Field of	Practice									
Practic	e learning er	nvironm	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										
2										
3										
4										
5										
	Total number of hours					otal nur	nber of	hours		

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Person-centred processes Module Code PART 2 PLE 5 PRACTICE LEARNING EXPERIENCE

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 PART 2: PLE 5 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: Environment: Telephone Finish date: 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: 1. 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: From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

5.	ex	perience, select on esent with and unde From your search appropriate refere	ce user group that attend the percondition/situation that those ertake a literature search in repetation in identify two key articles on the style) If provide a brief summary of the conditions is the conditions are style.	e service users are likely to lation to these. ne topic and list below (using
		any best practice	recommendations in relation to	o these
Art	icle	1 –		
Art	icle	2 -		
Со	ndit	ion / situation		
6.		•	tice learning environment that arning from your theory modu	•
			re environment. Please note	
7.	ide	entify any related le	tice learning environment that arning from the preparation fo	r practice (or skills
		ssions) that would : ease note your thou	support your learning within th	is care environment.
	1 1	sase note your thou	ighto bolow.	
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Da	te		Student Signature:	Practice Supervisor and/or
				Assessor Signature:
		1 1		

MODULE LEARNING OUTCOMES PART 2: PLE 5

The PLE 5 gives you the opportunity to integrate theory and practice and gain insight into the journey experience by people in a variety of specialities. It will enable you to experience transition from or to hospital, from or to the home and community environment, awareness of the individual's care journey and involvement of family and carers. It also encourages you to recognise psychological, social, cultural and spiritual needs of people within a clinical area.

This PLE is in a hospital setting and gives you the opportunity to care for service users who require care beyond the community. You may be placed in surgical, medical, or rehabilitation wards and we invite you to consider the provision of care and the priorities you should take during the period of hospitalisation and the person's journey before admission and after discharge. This involves exploration of the hospital community interface, anticipatory care services and post discharge support services. Working collaboratively with other health professionals, you will develop your ability in share decision-making, planning and implementing person-centred care. You are expected to be proactive, work closely with your Practice Supervisor and Assessor to ensure you meet the learning objectives of this PLE.

ORIENTATION & PRELIMINARY MEETING PART 2: 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 PART 2: PI F 5

PART 2: 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 meetings	Interim:	Final:		

INTERIM FEEDBACK MEETING PART 2: 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
r lationii 2. i romoting nealth and preventing in 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
Transfirm 3. Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care

Platform 7: Coordinating care				
Skills and Procedures:				
Student feedback:				
			1	
Have any issues been ref	Yes	No		
Development Support Pla	Yes	No		
Date	Student Signature:		Practice Supervisor and/or Assessor Signature:	
//		-		

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 2: 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.

Please tick if you are:	he patient/service user			Carer/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	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 nurse have done differently?					
Date / /	Student Signature:			ractice Supervi ssessor Signat	
//			_		

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 2: PI F 5

	PART 2: PLE 5	
Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
	rd your thoughts and feeling	gs on all service user/carer
feedback received:		
Date	Student Signature:	Practice Supervisor and/or
		Assessor Signature:
//		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 2: 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: Sign: Date:			
Student reflection - please reflect on what you have learnt:			
Date:			
Student signature:			

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: PLE 5 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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 5: Leading and managing nursing care and working in teams

Platform 6: Improvi	ng safety and quality o	of care	
Platform 7: Coordin	ating care		
			nstrating the skills and he student to focus on in
future PLEs.	<i>~,</i> • • • • • • • • • • • • • • • • • • •		
Date	Student Signature:	Pra	ectice Supervisor and/or
//		Ass	sessor Signature:
Practice Assessor (Overall Summative Ass	sessment	Comments
Overall result for th	is PLE	P	ASS / FAIL / GRADE
Name of Practice Ass	sessor (print full name)		
Signature of Practice	Assessor:		
Designation:			Date:

Practice Assessor Confirmatory Statement	
I confirm that: student nurse (print full name)	
following a period of hours of attendance at p	
attendance record), and through objective evidence-bas	त्रियं वर्डास्टिडामिसाडि, मवर्डे.
ACHIEVED / NOT ACHIEVED ((Please delete as appro	opriate) the expected level of
INDEPENDENT	
Signature of Practice Assessor:	
Date:	
Student Statement	
I (write	e name in capital letters)
have received feedback on my performance and have h	ad the opportunity to reflect
and discuss this with the Practice Assessor. Please write	e comments below:
Student signature:	Date:

ATTENDANCE RECORD PART 2: PLE 5										
Student Name and ID										
Module Name										
Programme and year										
Field of	Practice									
Practice learning environment										
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										
4										
5										
			To	otal nur	nber of	hours				

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Person-centred processes Module Code PART 2 PLE 6 PRACTICE LEARNING EXPERIENCE

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 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 PART 2: PLE 6 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: Environment: Telephone Finish date: 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: 1. 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: From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

5.	ex	perience, select on esent with and unde	ce user group that attend the e condition/situation that those take a literature search in re identify two key articles on the style)	e service users are likely to lation to these.
	0	•	v provide a brief summary of t recommendations in relation t	
Art	icle	1 –		
Art	icle	2 -		
Со	ndit	ion / situation		
6.	In	relation to the pract	ice learning environment that	you are about to enter
0.	ide	entify any related le	arning from your theory modu	les that would support your
	lea	irning within this ca	re environment. Please note	your thoughts below:
7.		•	ice learning environment that	
			arning from the preparation fo support your learning within th	
		ease note your thou		
		-	sessor – please sign to co been completed by the stud	· · · · · · · · · · · · · · · · · · ·
Da			Student Signature:	Practice Supervisor and/or Assessor Signature:
		1 1		
		_·'		

MODULE LEARNING OUTCOMES PART 2: PLE 6

The PLE 6 gives you the opportunity to integrate theory and practice and gain insight into the journey experience by people in a variety of specialities. It will enable you to experience transition from or to hospital, from or to the home and community environment, awareness of the individual's care journey and involvement of family and carers. It also encourages you to recognise psychological, social, cultural and spiritual needs of people within a clinical area.

This PLE is in a hospital setting and gives you the opportunity to care for service users who require care beyond the community. You may be placed in surgical, medical, or rehabilitation wards and we invite you to consider the provision of care and the priorities you should take during the period of hospitalisation and the person's journey before admission and after discharge. This involves exploration of the hospital community interface, anticipatory care services and post discharge support services. Working collaboratively with other health professionals, you will develop your ability in share decision-making, planning and implementing person-centred care. You are expected to be proactive, work closely with your Practice Supervisor and Assessor to ensure you meet the learning objectives of this PLE.

ORIENTATION & PRELIMINARY MEETING PART 2: 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	

LEARNING DEVELOPMENT PLAN PART 2: PI F 6

	PART 2: PLE 6				
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 meetings	Interim:	Final:			

INTERIM FEEDBACK MEETING PART 2: PLE 6

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	care				
Skills and Procedures:					
Student feedback:					
Have any issues been ref and/or academic assessor		Yes	No		
Development Support Pla	Yes	No			
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:			
//					

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 2: 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.

Please tick if you are:	he patient/s	ervice user		Carer/Relative		
How happy were you with the way the student nurse	Very happy	Нарру	I'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 S	ignature:		ractice Supervi ssessor Signat		

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 2: PLE 6

Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
Use the box below to reco	rd your thoughts and feeling	gs on all service user/carer
feedback received:		
Date	Student Signature:	Practice Supervisor and/or
		Assessor Signature:
//		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 2: 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:				
Student signature:				

ADDITIONAL NOTES PART 2: PLE 6						
Date	Time	Detail	Signature			
Date	Time		Signature			

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: PLE 6 STUDENT ID: Student Name: **Intake/Year Group:** The minimum level of performance for this part 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 5: Leading and managing nursing care and working in teams

Platform 6: Improvir	ng safety and quality of car	'e				
Platform 7: Coordinating care						
		lemonstrating the skills and sfor the student to focus on in				
Date	Student Signature:	Practice Supervisor and/or				
//		Assessor Signature:				
Practice Assessor C	Overall Summative Assessi	ment Comments				
Overall result for thi	is PLE	PASS / FAIL / GRADE				
Name of Practice Assessor (print full name)						
Signature of Practice	Assessor:					
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 record), and through objective evidence-based assessments, has:				
ACHIEVED / NOT ACHIEVED ((Please delete as appropriate) the expected level of				
DEVELOPING INDEPENDENCE				
Signature of Practice Assessor:				
Date:				
Student Statement				
Student Statement				
I (write 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:				
Ot along the size of the size				
Student signature: Date:				

ATTENDANCE RECORD PART 2: PLE 6										
Studer	nt Name and	ID								
Module Name										
Programme and year										
Field of Practice										
Practic	e learning e	nviron	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	37.5	S. Nurse
1										
2										
3										
4										
5										
	Total number of hours									
See section 1.7.1 for maximum hours worked per week Key: U=University DO=Day Off C=Compassionate leave S=Sick A=Absent (not sick)										
Date Student Signature: Practice Supervisor and/or Assessor Signature:										

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

END OF PART 2:		
Ple	Achieved	Not achieved
Platform 1: Being an accountable professional		
Platform 2: Promoting health and preventing illhealth		
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		
of skills and procedures (Annexes A & B)		
or skins and procedures (Amilexes A & B)		lemonstration
Practice Assessor Confirmatory Statement – EN	D OF PART 2	
	demic Assessor,	
Practice Assessor Confirmatory Statement – EN I confirm that in partnership with the nominated Acad (print name) ACHIEVED/NOT ACHIEVED (please delete as apple)	demic Assessor, s	student nurse has rms (and
Practice Assessor Confirmatory Statement – EN I confirm that in partnership with the nominated Acad (print name) ACHIEVED/NOT ACHIEVED (please delete as apple) proficiencies) at the DEVELOPING INDEPENDENCE	demic Assessor, s ropriate) all platfo E level for Part 2	student nurse has rms (and of the
Practice Assessor Confirmatory Statement – EN I confirm that in partnership with the nominated Acad (print name) ACHIEVED/NOT ACHIEVED (please delete as appleation of the DEVELOPING INDEPENDENCE) programme and, RECOMMEND/DO NOT RECOMMEND/DO N	demic Assessor, s ropriate) all platfo E level for Part 2	student nurse has rms (and of the
Practice Assessor Confirmatory Statement – EN I confirm that in partnership with the nominated Acad (print name) ACHIEVED/NOT ACHIEVED (please delete as apple) proficiencies) at the DEVELOPING INDEPENDENCE	demic Assessor, s ropriate) all platfo E level for Part 2	student nurse has rms (and of the

Academic Assessor Confirmatory Stat	ement (HEI use only) - END OF PART 2		
I confirm that in partnership with the nom (print name)	inated Practice Assessor, student nurse has		
ACHIEVED/NOT ACHIEVED (please delete as appropriate) all platforms (and proficiencies) at the DEVELOPMING INDEPENDENCE level for Part 2 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to PART 3.			
Comments:			
Signature of Academic Assessor:			
Date:			
WELLIGE ONLY			
HEI USE ONLY			
Number of hours for Part 2			
Hours carried forward to Part 3			
Retrieval programme required?	YES / NO (delete as appropriate)		

PART 3 (Green pages)

Practice Learning Experiences

Practice Learning Experience (PLE) 7 – Acute, medical, surgical or mental health settings

Practice Learning Experience (PLE) 8 – Acute, medical, surgical or mental health settings

Person-centred processes Module Code PART 3 PLE 7 PRACTICE LEARNING EXPERIENCE

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 PART 3: PLE 7 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: Environment: Telephone Finish date: 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: 1. 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: From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

5.	ex	perience, select on esent with and unde	ce user group that attend the e condition/situation that those take a literature search in re identify two key articles on the style)	e service users are likely to elation to these.	
	0		v provide a brief summary of t ecommendations in relation t		
Arti	cle	1 –			
Arti	cle	2 -			
Coi	ndit	ion / situation			
6.	ide	entify any related le	ice learning environment that arning from your theory modu re environment. Please note	les that would support your	
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:					
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student					
Dat	te	/ /	Student Signature:	Practice Supervisor and/or Assessor Signature:	

MODULE LEARNING OUTCOMES PART 3: PLE 7

PLE 7 requires you to critically apply person-centred processes and develop nursing procedures with the focus on making judgements and decision and working in partnership with persons. Within this placement, you will be expected to extend your assessment skills and ability to respond to changing and complex situations, where service users are showing signs of deterioration in mental, physical, cognitive or behavioural health. This incorporates advanced interpersonal skills and developing and understanding therapeutic interventions. As well as focusing on these, you will be working with your Practice Supervisor and Assessor in developing your confidence and competence to critically assess a situation, making an informed decision and apply it appropriately. We encourage to take ownership of your own learning objectives and by liaising with your Practice Supervisor and Assessor you will be able to critically reflect on these, evaluate the process and identify areas for further development.

ORIENTATION & PRELIMINARY MEETING PART 3: PLE 7

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 PART 3: PLE 7

	PART 3: PLE /					
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 meetings	Interim:	Final:				

INTERIM FEEDBACK MEETING PART 3: PLE 7

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	care		
Skills and Procedures:			
Student feedback:			
Have any issues been ref and/or academic assesso		Yes	No
Development Support Plan (see Section 3)		Yes	No
Date/	Student Signature:		Supervisor and/or Signature:

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 7

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.

Please tick if you are: T	he patient/s	<mark>ervice user</mark>	· Ш	Ca	arer/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	l'm su		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 nurse have done differently?						
Date	Student Signature:		Practice Supervisor and/or Assessor Signature:			
//						

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PLE 7

	PART 3: PLE 7	
Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
	rd your thoughts and feeling	gs on all service user/carer
feedback received:		
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		rice 3000. Oignaturo.
/		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 3: PLE 7				
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: Date:	Sign:			
Student reflection - please reflect on wha	t you have learnt:			
Date:				

ADDITIONAL NOTES PART 3: PLE 7 Time Signature Date Detail Student, practice supervisors, practice assessors, academic assessors can add notes to this page

FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 3: PLE 7 STUDENT ID: Student Name: **Intake/Year Group:** The minimum level of performance for this part 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: Improvir	ng safety and quality of c	are			
Platform 7: Coordinating care					
		demonstrating the skills and ts for the student to focus on in			
Date//	Student Signature:	Practice Supervisor and/or Assessor Signature:			
Prosting Assessor (Overall Summative Asses	smont Comments			
Fractice Assessor C	overall Summative Asses	Sment Comments			
Overall result for thi	is PLE	PASS / FAIL / GRADE			
Name of Practice Ass	sessor (print full name)				
Signature of Practice	Assessor:				
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 record), and through objective evidence-ba	seu assessments, nas.			
ACHIEVED / NOT ACHIEVED ((Please delete as appr	opriate) the expected level of			
INDEPENDENT				
Signature of Practice Assessor:				
Date:				
Student Statement				
I (writ	te name in capital letters)			
have received feedback on my performance and have l				
and discuss this with the Practice Assessor. Please wri	ite comments below:			
Student signature:	Date:			

	ATTENDANCE RECORD PART 3: PLE 7									
Student Name and ID										
Module	Name									
Programme and year										
Field of	Practice									
Practice	e learning er	nvironm	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	12	12	DO	DO	36	S. Nurse
1										
2										
3										
4										
5										
6										
7										
			To	tal nur	nber of	hours				

See section 1.7.1 for maximum hours worked per week

Key: U=University DO=Day Off
C=Compassionate leave S=Sick

A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Person-centred processes Module Code PART 3 PLE 8 PRACTICE LEARNING EXPERIENCE

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 PART 3: PLE 8 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: Environment: Telephone Finish date: 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: 1. 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: From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

5.	ex	perience, select on esent with and unde From your search appropriate refere	ce user group that attend the e condition/situation that those ertake a literature search in relation identify two key articles on the style) I provide a brief summary of the conditions are style.	e service users are likely to lation to these. ne topic and list below (using
		any best practice	recommendations in relation t	o these
Art	icle	1 –		
Art	icle	2 -		
Со	ndit	ion / situation		
6.		•	tice learning environment that arning from your theory modu	•
			re environment. Please note	
7.	ide	entify any related le	tice learning environment that arning from the preparation for	r practice (or skills
		ssions) that would : ease note your thou	support your learning within th	is care environment.
		saco noto your inot	igino polow.	
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Da	te		Student Signature:	Practice Supervisor and/or
				Assessor Signature:
		1 1		

MODULE LEARNING OUTCOMES PART 3: PLE 8

PLE 7 requires you to critically apply person-centred processes and develop nursing procedures with the focus on making judgements and decision and working in partnership with persons. Within this placement, you will be expected to extend your assessment skills and ability to respond to changing and complex situations, where service users are showing signs of deterioration in mental, physical, cognitive or behavioural health. This incorporates advanced interpersonal skills and developing and understanding therapeutic interventions.

As well as focusing on these, you will be working with your Practice Supervisor and Assessor in developing your confidence and competence to critically assess a situation, making an informed decision and apply it appropriately. We encourage to take ownership of your own learning objectives and by liaising with your Practice Supervisor and Assessor you will be able to critically reflect on these, evaluate the process and identify areas for further development.

ORIENTATION & PRELIMINARY MEETING PART 3: PLE 8

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 PART 3: PLE 8

PART 3: PLE 8				
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 meetings	Interim:	Final:		

INTERIM FEEDBACK MEETING PART 3: PLE 8

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
1 lationii 2. I Tomoting health and preventing in 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
Flationing. Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care

Platform 7: Coordinating	care		
Skills and Procedures:			
Student feedback:			
Have any issues been ref and/or academic assessor		Yes	No
Development Support Pla	an (see Section 3)	Yes	No
Date	Student Signature:	Practice Su Assessor S	ipervisor and/or Signature:
//			

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 8

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.

Please tick if you are:	he patient/s	service user		Carer/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	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 nurse have done differently?					
Date	Student S	Signature:		actice Supervi ssessor Signat	
//					

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PI F 8

	PART 3: PLE 8	
Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
	rd your thoughts and feeling	gs on all service user/carer
feedback received:		
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 3: PLE 8			
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 PART 3: PLE 8				
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 8 TO BE COMPLETED BY PRACTICE ASSESSOR PART 3: PLE 8 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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: Improvir	ng safety and quality of o	are	
Platform 7: Coordin	ating care		
		demonstrating the skills and ets for the student to focus on i	n
Date//	Student Signature:	Practice Supervisor and/or Assessor Signature:	
Practice Assessor (Overall Summative Asses	sment Comments	
Overall result for thi	is PLE	PASS / FAIL / GRADE	
Name of Practice Ass	sessor (print full name)		
Signature of Practice	Assessor:		
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 record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED ((Please delete as appropriate) the expected level of				
INDEPENDENT				
Signature of Practice Assessor:				
Date:				
Student Statement				
I (write 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 PART 3: PLE 8										
Studen	it Name and	ID								
Module Name										
Progra	mme and ye	ar								
Field o	f Practice									
Practic	e learning e	nvironr	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	12	12	DO	DO	36	S. Nurse
1										
2										
3										
4										
5										
6										
7										
8										
				То	tal nun	nber of	hours			

See section 1.7.1 for maximum hours worked per week Key: U=University DO=Day Off **Key**: U=University
C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Advancing person-centred practice Module Code PART 3 PLE 9 PRACTICE LEARNING EXPERIENCE

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 PART 3: PLE 9 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: Environment: Telephone Finish date: 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: 1. 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: From the Learning Opportunities outlined in the PLE profile, choose one that you are unfamiliar with and write a short summary.

5.	exp o	perience, select on esent with and under From your search, appropriate refere	• ,	e service users are likely to lation to these. ne topic and list below (using	
	0		 provide a brief summary of trecommendations in relation trecommendations 		
Arti	cle	1 –			
Arti	cle	2 -			
Cor	nditi	on / situation			
6.	ide	ntify any related le	ice learning environment that arning from your theory modure environment. Please note	les that would support your	
	100	g waani ano od	io chimonii i rodoc note	your modgine bolom	
_					
7.	ide ses	ntify any related le	cice learning environment that arning from the preparation fo support your learning within the archts below:	r practice (or skills	
	1 10	ase note your thoc	gina below.		
	Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Dat	te		Student Signature:	Practice Supervisor and/or Assessor Signature:	
		1 1		on the second se	

MODULE LEARNING OUTCOMES PART 3: PLE 9

This PLE will enable you to develop the clinical competency of the learner to provide a systematic physical assessment. This will incorporate history taking, advanced assessment and management relating to the cardiovascular, respiratory, gastro-intestinal, renal and neurological systems as well as pain assessment and management. Proactive care supported self-management, professional accountability, care management, case management, inter-professional working, problem solving and clinical decision making, long term conditions management are the attributes that you are expected to demonstrate during this PLE. You will also be required to develop your ability to work autonomously and actively reflect with your Practice Supervisor and Assessor.

ORIENTATION & PRELIMINARY MEETING PART 3: PLE 9

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 PART 3: PLE 9

	PART 3: PLE 9			
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 meetings	Interim:	Final:		

INTERIM FEEDBACK MEETING PART 3: PLE 9

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
r lationii 2. i romoting nealth and preventing in nealth
Platform 3: Assessing needs and planning care
Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Transfirm 3. Leading and managing hursing care and working in teams
Platform 6: Improving safety and quality of care

Platform 7: Coordinating	care		
Skills and Procedures:			
Student feedback:			
otadoni rodabaoki			
Have any issues been ref	erred to the practice	Yes	No
Development Support Pla		Yes	No
Date	Student Signature:	Practice S	Supervisor and/or Signature:
//			

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 9

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.

Please tick if you are: T	he patient/s	<mark>ervice user</mark>		Ca	arer/Relative		
How happy were you with the way the student nurse	Very happy	Нарру	l'm su	not ire	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 S	ignature:			tice Supervi essor Signat		
//							

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PI F 9

	PART 3: PLE 9	
Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
	rd your thoughts and feeling	gs on all service user/carer
feedback received:		
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 3: PLE 9				
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					
PART 3: PLE 9					
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 9 TO BE COMPLETED BY PRACTICE ASSESSOR PART 3: PLE 9 Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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: Improvir	ng safety and quality of c	are				
Platform 7: Coordinating care						
		demonstrating the skills and ets for the student to focus on in				
Date//	Student Signature:	Practice Supervisor and/or Assessor Signature:				
Practice Assessor C	Overall Summative Asses	sment Comments				
Overall result for thi	is PLE	PASS / FAIL / GRADE				
Name of Practice Ass	sessor (print full name)					
Signature of Practice	Assessor:					
Designation:		Date:				

Practice Assessor Confirmatory Statement	
I confirm that: student nurse (print full name) following a period of hours of attendance at attendance record), and through objective evidence-based	placement (please refer to
ACHIEVED / NOT ACHIEVED ((Please delete as app INDEPENDENT	ropriate) the expected level of
Signature of Practice Assessor:	
Date:	
Student Statement	
I (wr have received feedback on my performance and have and discuss this with the Practice Assessor. Please wi	had the opportunity to reflect
Student signature:	Date:

	ATTENDANCE RECORD PART 3: PLE 9									
Studer	nt Name and	ID								
Module	e Name									
Progra	mme and ye	ar								
Field o	f Practice									
Practice learning environment										
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										
4										
5										
Total number of hours				urs						

See section 1.7.1 for maximum	hours	worked	per	week
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Key: U=University C=Compassionate leave DO=Day Off S=Sick

A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

Advancing person-centred practice Module Code PART 3 PLE 10 PRACTICE LEARNING EXPERIENCE

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 PART 3: PLE 10

PART 3: PLE 10						
PRACTICE LEARNING EXPERIENCE DETAILS						
Student Name:			Intake:			
Student ID:			Year:			
Practice Learning Environment: Telephone Number:			Start date: Finish date:			
PLE Type:						
Name of PEF/CHEF	÷:					
Nominated Practice	Supervisor Name:					
Nominated Practice	Assessor Name:					
Nominated Academ	ic Assessor Name:					
Prior to the commer should:	ncement of each prac	ctice learning e	nvironment, th	e student		
patterns in oper	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.					
3 Briefly summarise what the practice learning environment does:						
	ing Opportunities out ar with and write a s		E profile, choo	se one that		

5.	ex	perience, select one esent with and unde From your search, appropriate refere	ice user group that attend the practice learning he condition/situation that those service users are likely to ertake a literature search in relation to these. I, identify two key articles on the topic and list below (using ence style)			
	0	•	 provide a brief summary of tecommendations in relation telegraph 			
Arti	cle	1 –				
Arti	cle	2 -				
Cor	ndit	ion / situation				
6.	ide	entify any related lea	ice learning environment that arning from your theory modure environment. Please note	les that would support your		
	.00	9 3		you. unoughto bolom		
7.	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					
	se		support your learning within th			
		<u>-</u>	sessor – please sign to co been completed by the stud			
Dat	te		Student Signature:	Practice Supervisor and/or Assessor Signature:		
		_//				

MODULE LEARNING OUTCOMES PART 3: PLE 10

This PLE will enable you to develop the clinical competency of the learner to provide a systematic physical assessment. This will incorporate history taking, advanced assessment and management relating to the cardiovascular, respiratory, gastro-intestinal, renal and neurological systems as well as pain assessment and management. Proactive care supported self-management, professional accountability, care management, case management, inter-professional working, problem solving and clinical decision making, long term conditions management are the attributes that you are expected to demonstrate during this PLE. You will also be required to develop your ability to work autonomously and actively reflect with your Practice Supervisor and Assessor. We encourage you to fully maximise this learning experience to identify areas for further development prior to becoming a newly qualified registered nurse. For example, leadership, time-management, documentation, pharmacology, clinical judgement and decision making.

ORIENTATION & PRELIMINARY MEETING PART 3: PLE 10

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 PART 3: PLE10

	PART 3: PLE10					
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 a		s and procedures that				
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:				
		J				
//						
Agreed date for next	Interim:	Final:				
meetings						

INTERIM FEEDBACK MEETING PART 3: PLE 10

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	care		
Skills and Procedures:			
Student feedback:			
Have any issues been ref	erred to the practice or?	Yes	No
Development Support Pla	Yes	No	
Date	Student Signature:		Supervisor and/or Signature:
//		-	

SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 10

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.

Please tick if you are:	he patient/s	service user	. 🔲 (carer/Relative		
How happy were you with the way the student nurse	Very happy	Нарру	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 nurse have done differently?						
Date/	Stud	Student Signature:		PS &/or PA Signature:		

STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PLE 10

	PART 3: PLE 10	
Please note any other form emails). <i>Please ensure and</i>	ns of service user/carer feed onymity is maintained.	back (eg cards, letters,
Use the box below to reco	rd your thoughts and feeling	gs on all service user/carer
reedback received:		
Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		
_		

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES PART 3: PLE 10					
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	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					
PART 3: PLE 10					
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 **PART 3: PLE 10** Student Name: STUDENT ID: **Intake/Year Group:** The minimum level of performance for this part 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: Improvir	ng safety and quality of o	care	
Platform 7: Coordin	ating care		
	progress towards safely x A and B. Identify aspe		nstrating the skills and he student to focus on in
Date//	Student Signature:		nctice Supervisor and/or sessor Signature:
Practice Assessor C	Overall Summative Asses	ssment	Comments
Overall result for thi	is PLE	P	ASS / FAIL / GRADE
Name of Practice Ass	sessor (print full name)		
Signature of Practice	Assessor:		
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 record), and through objective evidence-based assessments, has: ACHIEVED / NOT ACHIEVED ((Please delete as appropriate) the expected level of			
INDEPENDENT			
Signature of Practice Assessor:			
Date:			
Student Statement			
I (write 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:		

ATTEND PAR					RECO LE 10	RD				
Student Name and ID										
Module Name										
Programme and year										
Field o	f Practice									
Practic	e learning e	nvironr	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	12	12	DO	DO	36	S. Nurse
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
			Total	numbe	er of ho	urs				

See section 1.7.1 for maximum hours worked per week Key: U=University DO=Day Off

C=Compassionate leave S=Sick A=Absent (not sick)

Date	Student Signature:	Practice Supervisor and/or Assessor Signature:
//		

CONFIRMATION OF COMPLETION - PART 3

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 3:				
Ple	ease initial the rel	evant 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 safe demonstration (Annexes A & B) [ALL must be completed by the		procedures		
Practice Assessor Confirmatory Statement – ENI	N OF PART 3			
I confirm that in partnership with the nominated Academic Assessor, student nurse (print name) has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all platforms (and proficiencies) and skills at procedures at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as appropriate) progression to THE REGISTER.				
Signature of Practice Assessor: Date:				

Academic Assessor Confirmatory Statement (HEI use only) – END OF PART 3
I confirm that in partnership with the nominated Practice Assessor, student nurse (print name) has ACHIEVED/NOT ACHIEVED (please delete as appropriate) all platforms (and proficiencies) and skills at procedures at the INDEPENDENT level for Part 3 of the programme and, RECOMMEND/DO NOT RECOMMEND (please delete as
appropriate) progression to THE REGISTER.
Comments:
Signature of Academic Assessor:
Date:

HEI USE ONLY	
Number of hours for Part 2	
Hours carried forward to Part 3	
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 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. Shading has been used to distinguish which proficiencies must be achieved in each part, meaning that by the point of entry to the register, all proficiencies should have been achieved across your programme of study. See explanation below for this achievement:

- Part 1 ALL non-shaded proficiencies must be achieved at the dependent level by the end of this Part
- Part 2 ALL non-shaded proficiencies must be achieved at the developing independence level by the end of this Part
- Part 3 ALL non-shaded proficiencies must be achieved at the independent level by the end of this Part

If a proficiency has been signed as achieved in a previous Practice Learning Experience (PLE) of the Part, you must continue to demonstrate the achievement of the required level of participation within all subsequent PLEs. An explanation of the levels of the participation in care framework has been provided to help you and your practice supervisor and practice assessor work together to document this.

Participation in Care Framework

The expected level of performance for **PART ONE** 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 expected level of performance for **PART TWO** 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 expected level of performance for **PART THREE** 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 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

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 The Code	(NMC 2018) :EU clinical instruction Directives	N/A		
	PART 1 – Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Demonstrates:-	Demonstrates:-	Demonstrates:-		
	Professional behaviour and appearance, honesty and integrity, good timekeeping,	Professional behaviour and appearance, honesty and integrity, good timekeeping,	Professional behaviour and appearance, honesty and integrity, good timekeeping,		
	adherence to appropriate policies and protocols, accurate record keeping,	adherence to appropriate policies and protocols, accurate record keeping,	adherence to appropriate policies and protocols, accurate record keeping,		
	accountability for own actions, accepts and acts on constructive feedback, respect for	accountability for own actions, accepts and acts on constructive feedback, respect for	accountability for own actions, accepts and acts on constructive feedback, respect for		
	the privacy and dignity of others, appropriate information sharing.	the privacy and dignity of others, appropriate information sharing.	the privacy and dignity of others, appropriate information sharing.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	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 – Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Discusses with PS/PA the legal basis underpinning practice, for example, Children's Act, MH Act, Power of Attorney, Guardianship, Carers' Act. Demonstrate the ability to work in line with The Code, to raise concerns appropriately.	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	ACHIEVED Signature			
	Date	Date	Date			
1.3	understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any 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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Demonstrate the ability to work in line with The Code, raises concerns appropriately. Awareness of duty of candour. Understanding of medication errors and how to escalate these. ACHIEVED Signature	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. ACHIEVED Signature	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			
	Date	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 Directives N/A					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with the PS/PA demonstrate knowledge of the protected characteristics of discriminatory behaviour e.g. age, race, pregnancy religion or belief, disability, gender, marital status, sexual orientation. Can discuss appropriate mechanisms to highlight concerns.	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.	Acts as a role model in providing uncompromised, non-judgemental care whilst respecting the individuality of others. Demonstrate the ability to challenge discrimination. Exhibits confidence in engaging with courageous conversation. Takes an active role in reporting and documenting 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	ACHIEVED Signature			
	Date	Date	Date			
1.5	colleagues and the action required to minimi		·			
	7 ne Code (NMC 2018) 4.4; 8.1; 8.2; 8.4; 8.7 20.9 :EU clinical instruction Directives N/A	; 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;			
	PART 1 - Dependent	PART 2 - Developing Independence	PART THREE - Independent			
	Practices within local procedures around self-care and responsibility for oneself. Reporting sickness absence in line with local guidelines. Is able to seek support for self. Can identify critical or adverse incidents and considers how these may impact on professional practice.	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.	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	ACHIEVED Signature			
	Date	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 insti	ruction Directives N/A			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA demonstrate an understanding of the importance of one's own health in relation to being able to care for others. ACHIEVED Signature	Can identify appropriate actions, agencies and support mechanisms to promote and maintain personal mental and physical health. ACHIEVED Signature	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		
	Date	Date	Date		
1.7	demonstrate an understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice The Code (NMC 2018) 6.1; 6.2; 8.4; 9.2; 10.6; 19.2 :EU clinical instruction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Engages with pre-practice learning activities and identifies evidence that supports best nursing practice within this context. Appears keen to learn from the current evidence base related to the practice area. Actively seeks out opportunities to engage in scholarly activity within the practice area.	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 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	ACHIEVED Signature		
	Date	Date	Date		

1.8	demonstrate the knowledge, skills and ability to think critically when applying evidence and drawing on experience to make evidence informed 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 Direct	ives B1-B7		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Is aware of current research relating to the practice learning environment and its practices, client group and significant others. Seek out opportunities to source evidence to support learning within practice.	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 planning care. Problem solve and prioritise patient care in accordance with current research evidence. Identifies gaps in own knowledge and takes appropriate steps to address.		
	ACHIEVED Signature Date	ACHIEVED Signature Date	ACHIEVED Signature Date		
1.9					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In association with PS/PA engages in the holistic multifactorial assessment of clients Is developing communication and listening /interview skills which gather information required to inform person centred care planning. Is aware of the need to utilise various sources of information to compile a thorough assessment of the client's needs and preferences.	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.	Initiates skilled communication with the client group and significant others to establish the person's needs and preferences. Effectively assesses social, cultural differences and plans effective and appropriate care. Is non-discriminatory and non-judgemental in planning or prioritising care delivery. Actively reflects upon feedback from various sources to enhance future assessment activity and client interactions and satisfaction.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	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 in Directives N/A					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Able to engage confidently with people within the practice area. Sensitive to needs of others. Participates actively in routine care delivery/activities within the practice area with appropriate supervision. Developing confidence is explaining the rationale for a variety of routine actions/care decisions.	Engages confidently with a wide range of people within and out-with 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.	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	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date	Date			
1.11	communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges					
	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Appropriate use of verbal and non-verbal communication skills. Actively listens, recognises and responds to verbal and non-verbal communication. Participates in	Developing confidence and competence in appropriate use of verbal and non-verbal communication skills. Produces accurate, clear and legible documentation. Adopts	Confidently and clearly presents and shares verbal and written reports with individuals and groups Lead ward rounds/MDT/case conference/ handovers,			
	producing accurate, clear and legible documentation. Participate in ward rounds/MDT/case conference/ handovers. ACHIEVED Signature	an active role in ward rounds/MDT/case conference/ handovers. ACHIEVED Signature	formulate and document plans. Analyse and accurately records and shares digital information and data. ACHIEVED Signature			

1.12	demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable					
	The Code (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 17;2; 17.3; 20.5 :EU clinical instruction Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In association with the PS/PA is able to provide reassurance to clients. Is aware of appropriate support structures and agencies. Demonstrates empathy in communicating with clients. Is aware of the need to report any perceived vulnerability to senior staff. Is aware of principles of deescalation.	Provides reassurance to clients. Is aware and able to participate in appropriate referrals to appropriate agencies. Demonstrate Empathy. Demonstrates ability to utilise appropriate and timely deescalation.	Is confident and competent in providing effective reassurance in a variety of situations. Takes the lead in undertaking appropriate referrals. Is skilled in demonstrating sensitive and empathic care. Is skilled and confident in utilising appropriate and timely de-escalation.			
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date	Date			

	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; 21.2; 21.3; 21.5; 21.6						
:EU clinical instruction I		; 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; 21.2; 21.3;	21.5; 21		
PART 1 - Dependent			PART 2 - Developing Independence		PART 3 - Independent		
Utilise verbal and non-verbal communication skills. Description others. Demonstrating of the carers and colleagues. To engage in appropriate sharing. Developing a particular disposition when interacting people.	Developing ability to cond to verbal cues ates empathy when their families, Aware of the need e information professional	Developing confidence and engaging in verbal and non-communication with others. active listen to identify releving from patients, their families. Responds appropriately to from others. Demonstrates interacting with people, their carers and colleagues. Engagential confidently in appropriate in sharing. Developing a profession of the disposition when interacting people.	-verbal Engages in vant information and carers. verbal cues empathy when ir families, ages stormation	Is confident and competent in enverbal and non-verbal communic others. Actively engages in actividentify relevant information from their families and carers. Is skille recognising and responding to verbal from others. Demonstrates empainteracting with people, their famicarers and colleagues. Confiden appropriately identifies relevant if for sharing with appropriate individuals/agencies. Always prein a professional manner when in with all people	eation will attent to patients of in erbal cue of the wheelings, the sents sents se		
ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signatu		
Date		Date		Date			

1.14	provide and promote non-discriminatory, person centred and sensitive care at all times, reflecting on people's values and beliefs, 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	2; 7.3; 7.4; 20.2; 24.1 :EU clinical instruction D	irectives N/A				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	Participates in active listening and appropriate questioning techniques to identify individual needs and preferences. Understand the need to assess social and cultural differences and provide effective and appropriate care. Aware of the concept of unconscious bias. Under supervision is able to adapt care to be person centred and sensitive to individual needs. ACHIEVED Signature	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. ACHIEVED Signature	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				
	Date	Date	Date				
1.15							
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	Participating in using numeracy, literacy and digital technology in the care of service users, medicine management and monitoring.	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	ACHIEVED Signature				
	Date	Date	Date				

1.16	demonstrate the ability to keep of	complete, cle	ear, 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; 10.2; 10.3; 10.4; 10.5; 10.6; 13.2; 14.3; 16.2; 17.2; 18.1; 18.2; 18.3; 18.5; 20.10. 21.4; 23.1 :EU clinical instruction Directives N/A						
	PART 1 - Dependent		PART 2 - Developing	Independence	PART 3 - Independent		
	Participates in sharing clear and verbal statements and written repatient notes and documentation	eports in	Developing confidence sharing clear and accu statements and written notes, documentation of	rate verbal reports in patient	Confidently and accurate shares verbal and writted patient notes and docume clear verbal, digital or when definitions when definition and instructions when definition and instruction and instructio	n statements in nentation. Provides ritten information elegating or	
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature	
	Date		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 instruction Directives N/A						
	PART 1 - Dependent		PART 2 - Developing	Independence	PART 3 - Independent		
	Seeking feedback with PS/PA fr users, carers and MDT profession Engage in reflection.		Seeking feedback with users, cares and MDT using this for developm practice. Actively enga	professionals and nent/ inform future	Taking the lead to obtain service users, cares and professionals and using personal and profession inform future practice. Uinform action.	MDT information for al development/	
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature	
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	The Code (NMC 2018) 3.3; 5.4; 6.1; 8.1; 8.2 20.3; 25.1 :EU clinical instruction Directives I		1; 11.3; 13.2; 13.3; 16.1; 16.5; 17.2; 19.4;
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Attend and participate in appropriate MDT meetings, ward rounds, demonstrates effective and appropriate communication with team.	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	ACHIEVED Signature
	Date	Date	Date
.19	act as an ambassador, upholding the reputation services The Code (NMC 2018) 1.1; 2.2; 3.2; 3.4; 5.1 19.1; 19.2; 20.1; 20.2; 20.3; 20.7; 20.8; 20.9;	; 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;
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with your PS/PA demonstrate an understanding of the importance of professional values within the practice environment. Acts in a professional manner with all staff and people in the care environment. Understands the need to respect the privacy and dignity of others and is aware of the need for appropriate information sharing. Is aware of policies and protocols relating to professional practice and acts on feedback provided.	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	ACHIEVED Signature
	Date	Date	Date

PART 1 - Dependent		PART 2 - Developin	g Independence	PART 3 - Independen	t
Achieving skills and procedures demonstrates safe practice as of the PAD.		Achieve skills and pr demonstrates safe p the PAD.		Achieve all skills and p demonstrates safe and as detailed in the PAD.	d effective practice
ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signatur

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 well-being 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.

Platfo	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA demonstrate a foundation understanding of these principles. Support people to make positive health choices.	Apply your understanding of these principles to support people to make positive health choices.	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	ACHIEVED Signature			
	Date	Date	Date			

2.2	demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing 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					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA demonstrate a foundation understanding of these principles.	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	ACHIEVED Signature			
	Date	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 instruction Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA demonstrate a foundation understanding of these principles.	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	ACHIEVED Signature			
	Date	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 instru	ction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	Observe and have reflective discussion about promoting health in relation to one or more of these health behaviours.	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	ACHIEVED Signature				
	Date	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 clinical instruction Directives B1-B7						
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
		Apply your understanding of these principles to support people to make informed health choices. ACHIEVED Signature	Identify where a person could engage in health screening and support them in making an informed choice about this. 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 instru	ction Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA demonstrate a foundation understanding of the above.	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	ACHIEVED Signature				
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA demonstrate a foundation understanding of the above.	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	ACHIEVED Signature				
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - 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			
 use appropriate communication skills and strength-based approaches to support and enable people to their care to manage health challenges in order to have satisfying and fulfilling lives within the limitation ill 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; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 			the limitations caused by reduced capability,			
	7.5; 8.2; 8.3 :EU clinical instruction Directive					
	PART 1 - Dependent	DART 2 - Develoning Independence	DADT 2			
	•	PART 2 - Developing Independence	PART 3 - Independent			
	Use appropriate communication skills to support people to make informed choices about their care.	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.			
	Use appropriate communication skills to support people to make informed choices	Use appropriate communication skills and strengths-based approaches to support people to make informed choices about	Work collaboratively to identify people's individual strengths and support them to			

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 - Dependent	PART 2 - Developing Independence	PART 3 - 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 explaining to people the principles of pathogenesis, immediately evidence-base for immunisation, vaccination and herd immunity 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 of Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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		
2.12	Date 2 protect health through understanding and applying the principles of infection prevention surveillance and antimicrobial stewardship and resistance 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; instruction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Understand and apply the principles of infection prevention and control in your practice.	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	ACHIEVED Signature		
	Date	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.

Platfo	orm 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 clini	cal instruction Directives B1-B7		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Participation in nursing assessment and planning of care. For each, discuss with PS/PA the stage of human development and the implications for care planning.	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 Signatu	re ACHIEVED Signature	e ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Participation in nursing assessment and planning of care. Discuss with PS/PA the aspects listed in 3.2 and impact and influence on nursing assessment and car planning.	aspects listed in 3.2 and the impact and influence on nursing assessment and care planning.	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 Signatu	e ACHIEVED Signature	e ACHIEVED Signature		
	Date	Date	Date		

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					
	THE CODE (NIVIC 2016) 2.1,	3.1, 3.2, 3.3, 6.1	, 0.2, 10.1, 13.1, 13.2, 17	.3, 10.1, 10.2, 10.3 .	EU clinical instruction D	irectives bi-bi
	PART 1 - Dependent		PART 2 - Developing I	ndependence	PART 3 - Independer	nt
	Participation in nursing asserting planning of care. For each, knowledge of conditions and this will have on planning care.	demonstrate d the impact are.	Initiate, complete and reassessments and plans apply knowledge of conillustrate the impact this planning care.	of care. For each, ditions and will have on	Independently completed nursing assessments For each, apply knowled and evaluate the imperplanning care.	and plans of care. ledge of conditions act this will have on
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	
3.4	understand and apply a per- goal setting when working w					ecision making and
	The Code (NMC 2018) 1.1.; instruction Directives B1-B7	1.3; 1.5; 2.1; 2.2			<u> </u>	2 :EU clinical
	PART 1 - Dependent		PART 2 - Developing I	ndependence	PART 3 - Independer	nt
	Participation in nursing asserting planning of care. For each, and discuss the importance partnership with people to a care.	demonstrate of working in	Working collaboratively assess, plan and delive individualised goals.		Working collaborative assess, plan, deliver a devising individualised	and evaluate care
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Participation in nursing assessment and planning of care and in discussion with your PS/PA, develop a person-centred plan of care with agreed goals. ACHIEVED Signature	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. ACHIEVED Signature	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.		
	3	3	ACHIEVED Signature		
3.6	Date	Date ke decisions about their own care and to give	Date		
	instruction Directives B1-B7 PART 1 - Dependent	; 2.6; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 7.2; 7.3; PART 2 - Developing Independence	PART 3 - Independent		
	In collaboration with PS/PA, assess a person's capacity to consent and make decisions about care.	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	ACHIEVED Signature		
Ì	Date	Date	Date		
3.7	understand and apply the principles and pro-	cesses for making reasonable adjustments			
	The Code (NMC 2018) 1.3; 1.5; 2.1; 2.3; 2.4 Directives B1-B7	; 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		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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					
	<i>The Code</i> (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 B3; B5; B6; B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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	e ACHIEVED Signature			
		Date	Date			
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 safeguard 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; 1 :EU clinical instruction Directives B3; B4; B5; B6; B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Demonstrate the ability to identify people who are or may be vulnerable.	In collaboration with your PS/PA, participate in assessing people at risk of harm and initiate safeguarding measures.	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	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				
	<i>The Code</i> (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 - Dependent	PART 2 - Developing Independence	PART 3 - 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		
L		Date	Date		
3.11	undertake routine investigations, interpreting				
	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	on Directives B1-B7		
	PART 1 - Dependent	PART 2 - Developing Independence PART 3 - Independent			
	Complete observations (eg Temp, P, BP) and investigations (eg specimen collection) and discuss findings with PS/PA.	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	ACHIEVED Signature		
	Date	Date	Date		
3.12	interpret results from routine investigations, tanditional investigations or escalating to other	taking prompt action when required by implemers	nenting appropriate interventions, requesting		
	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	on Directives B1-B7		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Consider any abnormalities from 3.11 and with assistance from your PS/PA, consider	Interpret any abnormalities from 3.11 and in collaboration with your PS/PA,	Interpret any abnormalities from 3.11 and, implement necessary actions and consider		
	further investigations required.	implement necessary actions and consider if further investigations are required.	if further investigations are required.		
	further investigations required. ACHIEVED Signature	implement necessary actions and consider if further investigations are required. ACHIEVED Signature	ACHIEVED Signature		

3.13	demonstrate an understanding of co-morbidities and the demands of meeting people's complex nursing and social care needs when 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 in	struction Directives B1-B7		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
		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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Participate in or in discussion with your PS/PA, demonstrate an understanding of assessment and planning of palliative care.	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	ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Under direct supervision, review plans of care with PS/PA and participate in documenting progress and any appropriate adjustments to plans of care.	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	ACHIEVED Signature			
	Date	Date	Date			
3.16	demonstrate knowledge of when and how to	refer people safely to other professionals or s	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 instruct	ion Directives B1-B7			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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: Providing and evaluating 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.

	ini men wishes, preferences and desired t	Julcomes.			
Platf	orm 4: Providing and evaluating				
4.1	safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based person-centred 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; 5.5; 6.1; 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; 20.3; 20.8;				
	25.1; 25.2 :EU clinical instruction Directives PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Communicates effectively with people to identify their goals and uses this information to plan and evaluate care in collaboration with PS/PA. In collaboration with PS/PA, undertake risk assessments prior to initiating 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 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	ACHIEVED Signature		
	Date	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					2; 5.3; 5.4; 5.5; 7.1;
	PART 1 - Dependent		PART 2 - Developing II	ndependence	PART 3 - Independen	t
	In collaboration with PS/PA, u appropriate communication sk support people, families and c manage their care when appro	rills to earers to opriate.	Uses appropriate comm support people, families manage their care when	and carers to appropriate.	Identifies opportunities shared decision making families and carers to runhen appropriate.	g with people, manage their care
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	Date		Date		Date	
4.3	demonstrate the knowledge, communication and relationship management skills required to provide people, families and carers with 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; 7.5; 14.2; 18.2; 18.3; 20.6; 20.7; 20.10 :EU clinical instruction Directives B1-B7					; 7.4; 7.5; 14.2;
	PART 1 - Dependent		PART 2 - Developing II	ndependence	PART 3 - Independent	t
	In conversation with the PS/P, demonstrates understanding of knowledge and skills needed a people, families and carers be and after a range of intervention Demonstrates an understanding principles of informed consent bad news, withdrawing consent treatment, duty of candour and relevant issues.	of the to support efore, during ons. ng of the t, breaking ent/refusing	Obtains informed conse interventions. In collaborations answers questions from or refers on as appropria information sources e.g. alternative language, au props to meet individual	ration with PS/PA, patients/families ate. Uses range of translators, dio or graphics, needs.	Takes an active role in and families prior to an Where appropriate, propatients/families with reprocedures or refers or Identifies additional supthe person may require other services.	d after interventions. byides esults from n where necessary. pport services which e/makes referrals to
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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	i.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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with the PS/PA, discusses a number of common mental health conditions in the practice area and approaches to treatment. In collaboration with PS/PA, communicates effectively with people of all abilities. In collaboration with the PS/PA, provides evidence based nursing care to reduce the negative impacts of mental ill health.	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.		
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4.5	medication usage and treatments, and act a people's needs The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5	ed to support people with commonly encounted a role model for others in providing high quart; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 4.1; 4.2; 5.1; 5.1; 18.2; 18.3; 20.1; 20.2; 20.3; 20.4; 20.5; 20.6	Lity nursing interventions when meeting 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4;
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with the PS/PA, discusses a number of common physical conditions in the practice area and approaches to treatment. In conversation with the PS/PA, discusses the principles of medicines management and pharmacology of medicines commonly prescribed in the practice area. In collaboration with the PS/PA, provides evidence based nursing care to reduce the negative impacts of physical ill health.	Demonstrates ability to support people with a number of common physical health conditions. Communicates effectively with people regarding their medicines management. Provides evidence based nursing care to reduce the negative impacts of physical ill health.	Takes an active role in planning and evaluating care with people with a range of commonly encountered physical health 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.
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	Date	Date	Date

4.6	people's needs related to r The Code (NMC 2018) 1.1; 9.1; 9.2; 9.3; 9.4; 13.1; 13.2	nutrition, hydration; 1.2; 1.3; 1.4; 1.5;	to act as a role model for others and bladder and bowel health 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 4.7; 20.2; 20.3; 20.4; 20.5; 20.6; 20.6	1; 4.2; 5.1; 5 8; 22.3 :EU (.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7 clinical instruction Directives B	7.2; 7.3; 7.4;
	PART 1 - Dependent		PART 2 - Developing Independ	dence	PART 3 - Independent	
	In conversation with PS/PA signs and symptoms of del malnutrition. In collaboration uses evidence based tools and nutritional needs and bowel function. Assists with maintaining privacy and dig any problems with bladder, to PS/PA.	hydration and on with PS/PA, to assess fluid bladder and h toileting whilst gnity. Reports	Undertakes assessment of fluid nutritional needs using evidence tools and reports back to PS/PA Undertakes assessment of bladbowel function using evidence be and reports back to PS/PA. Ider people may need referral to other care professionals or services. Communicates effectively with paset appropriate goals regarding nutritional intake. Assists with to whilst maintaining privacy and definitional intake.	e based der and based tools ntifies when er health deeple to fluid and bileting	Takes an active role in plannal evaluating nursing care to ad people's fluid and nutritional in Takes an active role in plannal evaluating nursing care to property and bowel function health. Many propriate referrals to other professionals or services in refluid/nutrition and bladder/bown Acts as a role model by ensure evidence based and challeng appropriately when not. Identify own knowledge and takes steaddress.	dress needs. ing and omote bladder akes safe and health care elation to wel health. ring care is ities gaps in
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	

4.7	demonstrate the knowledge, skil care to meet people's needs related to the Code (NMC 2018) 1.1; 1.2; 19.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3	ated to mobil 1.3; 1.4; 1.5;	ity, hygiene, oral care, wo 2.1; 2.2;2.3; 2.4; 2.5; 2.6	ound care and skin ir ; 3.1; 4.1; 4.2; 5.1; 5	ntegrity .2; 5.3; 5.4; 5.5; 6.1; 6.2;	7.1; 7.2; 7.3; 7.4;
	PART 1 - Dependent		PART 2 - Developing I	ndependence	PART 3 - Independent	
	In collaboration with the PS/PA, evidence based nursing care who people's needs regarding mobilithygiene, oral care, wound care a integrity.	ich meets ty,	Uses evidence based to people's needs regardir hygiene, oral care, wou integrity and reports backers people's needs remeets people's needs rehygiene, oral care, wou integrity with increasing Identifies when people it to other health care proservices.	ng mobility, and care and skin ock to PS/PA. and care which egarding mobility, and care and skin independence. may need referral	Takes an active role in evaluating nursing care people's needs regarding hygiene, oral care, wou integrity. Makes safe an referrals to other health or services in relation to oral care, wound care a needs. Acts as a role maked appropriately when not own knowledge and take address.	to address ng mobility, and care and skin and appropriate a care professionals o mobility, hygiene, and skin integrity model by ensuring and challenges . Identifies gaps in
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	

4.8	encountered symptoms in	ncluding anxiety, co 1; 1.2; 1.3; 1.4; 1.5	infusion, discomfort and ; 2.1; 2.2;2.3; 2.4; 2.5; 2.	pain 6; 3.1; 3.3; 4.1; 4.2; 4	ions to support people wit	-
	PART 1 - Dependent		PART 2 - Developing		PART 3 - Independent	
	In conversation with PS/F range of interventions for commonly encountered s In collaboration with PS/F evidence based nursing owith a range of commonly symptoms.	people with symptoms. PA, provides care to people	Uses evidence based to commonly encountered discusses findings with Provides evidence base with commonly encount with increasing independentifies when people to other health care proservices.	d symptoms and PS/PA. ed care to people tered symptoms ndence. may need referral sidessionals or	Takes an active role in pervaluating nursing care accommonly encountered and appropriately the relation to commonly esymptoms. Acts as a role ensuring care is evidence challenges appropriately ldentifies gaps in own kritakes steps to address.	to address symptoms. iate referrals to sionals or services encountered e model by e based and when not. nowledge and
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	

4.9		ed to prioritise what is important to people and file including the care of people who are dying	
	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 instruct	ion Directives B1-B7
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with PS/PA, discusses the principles of palliative care. In collaboration with the PS/PA, provides evidence based palliative care. In conversation with the PS/PA, discusses sources of support for people who are dying and for the bereaved.	Provides evidence based palliative care with increasing independence. Identifies when people may need referral to other health care professionals or services.	Takes an active role in planning and evaluating palliative nursing care. Makes safe and appropriate referrals to other health care professionals or services in relation to people requiring palliative care and the bereaved. 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	ACHIEVED Signature
	Date	Date	Date
4.10	cognitive and behavioural health and use thi	spond proactively and promptly to signs of det s knowledge to make sound clinical decisions	
4.10	cognitive and behavioural health and use thi		
4.10	cognitive and behavioural health and use thi	s knowledge to make sound clinical decisions	
4.10	cognitive and behavioural health and use thi The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5	s knowledge to make sound clinical decisions; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instructi	on Directives B1-B7
4.10	cognitive and behavioural health and use thi The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5 PART 1 - Dependent In conversation with PS/PA, discusses common signs and symptoms of deteriorating mental and physical health. Identifies when people are experiencing a deterioration in mental or physical health and alerts clinical staff promptly and	s knowledge to make sound clinical decisions; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instructi PART 2 - Developing Independence Continuously and proactively assesses people for signs of deterioration in mental or physical health and alerts clinical staff promptly and appropriately in the event of	on Directives B1-B7 PART 3 - Independent Continuously and proactively assesses people for signs of deterioration in mental or physical health and demonstrates sound clinical decision making in the event of a

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

	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with PS/PA, discusses common signs of self-harm and suicide ideation.	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	ACHIEVED Signature
	Date	Date	Date
4.12	people's needs for evidence based, person- The Code (NMC 2018) N/A :EU clinical instru		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	1 11 11 12 12 1		
	In conversation with PS/PA, demonstrates an understanding of the safe and effective use of devices commonly encountered in the practice area. In collaboration with the PS/PA, safely and effectively uses devices commonly encountered in the practice area. Recognises and reports when devices are not functioning as required.	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.
	an understanding of the safe and effective use of devices commonly encountered in the practice area. In collaboration with the PS/PA, safely and effectively uses devices commonly encountered in the practice area. Recognises and reports when	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	commonly encountered in the practice are with increasing independence where appropriate. Recognises when devices are not functioning as required and makes sound clinical decisions regarding

4.13		dence to provide first aid procedures and basic	c life support
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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. In discussion, demonstrate awareness of basic life support procedures and equipment.	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.
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature
	Date	Date	Date
4.14		ve administration and optimisation of medicine curacy when calculating dosages of prescribe clinical instruction Directives R1-R7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Shadow your PS/PA carrying out medications administration. Demonstrate safe and effective practice in distinct processes of medicines administration, eg identity check, preparation of medication, drawing up an injectable preparation or administering a topical product. In discussion with PS/PA demonstrate understanding of medicines management policies. Demonstrate safe and effective disposal of waste.	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	ACHIEVED Signature
	Date	Date	Date

4.15		d the ability to recognise the effects of medicine reactions, prescribing errors and the impact of	
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU	clinical instruction Directives B1-B7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In discussion with PS/PA, 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.	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	ACHIEVED Signature
4.16	Date demonstrate knowledge of how prescriptions understanding of the potential risks associate	Date can be generated, the role of generic, unliceded and with these approaches to prescribing	Date nsed, and off-label prescribing and an
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU	clinical instruction Directives B1-B7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In discussion with PS/PA, demonstrate understanding of prescription generation. Show awareness of risks associated with prescribing and how to seek assistance.	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	ACHIEVED Signature
	Date	Date	Date

4.17	apply knowledge of pharmacology to the car following registration	e of people, demonstrating the ability to progr	ess to a prescribing qualifications on
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU	clinical instruction Directives B1-B7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Demonstrate in discussion that you are aware of prescribing procedures. Discuss the pharmacological effects of medications encountered in the learning environment and demonstrate understanding of the necessary administration procedures.	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	ACHIEVED Signature
4.18	safe discharge home or transfer of people be The Code (NMC 2018) 3.3; 5.4 :EU clinical in	nstruction Directives B1-B7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Observe the discharge/transfer process with your PS/PA. Demonstrate understanding of the details and arrangements which need to be considered. Demonstrate your ability to document arrangements made in records. In discussion, demonstrate awareness of the necessary communication required for safe and effective discharge/transfer.	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	ACHIEVED Signature
	Date	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.

Collea	gues.		
Platfo	orm 5: Leading and managing nursing care ar	d working in teams	
5.1	team working and decision-making	ship, management, group and organisational; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6;	
		; 15.3; 16.1; 16.2; 16.3; 17.2; 19.1; 19.2; 19.4	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Discuss with PS/PA principles of leadership and working within teams.	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	ACHIEVED Signature
	Date	Date	Date
5.2	understand and apply the principles of huma	an factors, environmental factors and strength	-based approaches when working in teams
		; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.2; 9.2; 25.1 :EU clinical instruction Directives B1	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	Discuss with PS/PA principles of effective team working.	Demonstrate ability to recognise how human, environmental factors impact on team function.	Demonstrate ability to effectively lead and promote team cohesion and function.
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5.3	understand the principles and application of processes for performance management and how these apply to the nursing team

	B1-B7 PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - 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.
		ACHIEVED Signature	ACHIEVED Signature
		Date	Date
	demonstrate an understanding of the roles, the team and how to make best use of the contr	responsibilities and scope of practice of all me ibutions of others involved in providing care	mbers of the nursing and interdisciplinary
7	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; 2	5.1 :EU clinical instruction Directives B1-B7
I	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
		1	T .
	Discuss with PS/PA the principles of an effective Multi-disciplinary team (MDT).	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.
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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; 10.3; 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 - Dependent PART 2 - Developing Independence PART 3 - Independent					
		In collaboration with PS/PA using appropriate prioritisation and delegation principles assign care responsibilities to appropriate care providers eg, HCSW. Demonstrate leadership of prioriti delegation and assignment of car responsibilities to a group of people appropriate care providers eg, HCSW.				
		ACHIEVED Signature Date	ACHIEVED Signature Date			
5.6	exhibit leadership potential by demonstrating members of the care team	an ability to guide, support and motivate indiv	viduals and interact confidently with other			
	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Demonstrate ability to interact and communicate with members of the care team. ACHIEVED Signature	Demonstrate appropriate use of support and motivational skills with members of the care team. ACHIEVED Signature	Demonstrate leadership in guiding, supporting and motivating individuals to interact confidently. ACHIEVED Signature			
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Discuss with PS/PA the principles of evaluation of quality care delivery. ACHIEVED Signature	In collaboration with PS/PA demonstrate ability to identify, monitor and evaluate quality of care delivery. ACHIEVED Signature	Demonstrate ability to appraise, monitor and evaluate the care delivered by team members. ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - 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 Date	ACHIEVED Signature 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 - Dependent	PART 2 - Developing Independence	PART 3 - 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.			
		ACHIEVED Signature	ACHIEVED Signature			
		Date	Date			
5.10	·	activities to promote improvements in practic				
	The Code (NMC 2018) 8.2; 8.4; 9.1; 9.2; 9.3;	; 9.4; 11.2 :EU clinical instruction Directives B	1-B7			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Discuss and explore with PS/PA methods to promote and demonstrate good practice and activities to improve services within a team.	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	ACHIEVED Signature			
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Discuss and identify with PS/PA a range of digital technologies within the working environment. ACHIEVED Signature	In collaboration with PS/PA demonstrate ability to share and record information within the team and other agencies utilising digital technologies. ACHIEVED Signature	Ability to input, access and share relevant information/data utilising digital technologies within the team and other agencies. ACHIEVED Signature		
	Date	Date	Date		
5.12					
	The Code (NMC 2018) 8.2; 9.2; 20.3; 20.7 :EU clinical instruction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	Discuss with PS/PA elements of organisational policies and impact of political influences. ACHIEVED Signature	In collaboration with PS/PA demonstrate ability to distinguish between organisational and political changes. ACHIEVED Signature	Ability to analyse and recognise internal and external influences on organisational change policies and political awareness. ACHIEVED Signature		
	Date	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.

	orm 6: Improving safety and quality of care	best interests, needs and preferences of p	Deople Ilist.		
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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA demonstrate a foundation understanding of the principles of health and safety legislation and regulations.	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.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
6.2	protection and quality of care, escalating cor				
	The Code (NMC 2018) 8.5, 10.2, 11.1, 16.1,	19.1, 25.1 :EU clinical instruction Directives E	31-B <i>7</i>		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA consider the relationships between safe staffing and skill mix. Know where to access the HEI and NMC guidance about raising concerns.	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	ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing I	PART 2 - Developing Independence		PART 3 - Independent	
	In conversation with your PS/PA consider the local and national frameworks, legislation and regulations for assessing managing and reporting risks and their impact on your practice.	how you will action the	local and national and regulations for nd reporting risks	In your practice be able how you comply with lo frameworks, legislation assessing, managing a and ensure the appropand documented.	ocal and national n and regulations for and reporting risks	
	ACHIEVED Signat	ure ACHIEVED	Signature	ACHIEVED	Signature	
	Date	Date		Date		
6.4	demonstrate an understanding of the pri appropriate quality improvement strategi	·	odologies, participate	e in all stages of audit ac	tivity and identify	
	The Code (NMC 2018) 6.2, 8.4, 10.2, 19	.2 :EU clinical instruction Dire	ectives B1-B7			
	PART 1 - Dependent	PART 2 - Developing I	ndependence	PART 3 - Independen	t	
	In conversation with your PS/PA consider the principles of quality improvement.	In conversation with you the range of methodolo develop practice and hot them.	gies available to	Participate in audit acti share with your PS/PA may inform quality imp	how the outcomes	
	ACHIEVED Signat	ure ACHIEVED	Signature	ACHIEVED	Signature	
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA consider the principles of risk assessment and the tools that may be available to do this. Under supervision undertake a risk assessment using evidence based contemporary tools.		Assess and document risk assessments in your PLEs.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	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, 1	7.2, 19.2, 20.4, 25.1 :EU clinical instruction D	irectives B1-B7		
	The odde (NWO 2016) 6.5, 6.6, 16.2, 16.1, 1	7.2, 13.2, 20.4, 20.1 .EO diffical instruction D	inconves bi-bi		
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA discuss risk reduction strategies.	Under supervision implement risk reduction strategies.	Initiate risk reduction strategies in response to hazards.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
6.7	understand how the quality and effectiveness delivery evaluation and audit findings to bring	s of nursing care can be evaluated in practice gabout continuous improvement	, and demonstrate how to use service		
	The Code (NMC 2018) 8.4, 8.6, 19.2, 25.1 :E	EU clinical instruction Directives B1-B7			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA consider how nursing care can be evaluated and how findings may be used to improve practice.	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	ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA consider the process used to identify and report near misses, critical incidents, major incidents and serious adverse events.	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	ACHIEVED Signature			
	Date	Date	Date			
6.9		colleagues to develop effective improvement s nes and experiences, mistakes and adverse ou				
	The Code (NMC 2018) 2.1, 2.2, 5.2, 5.4, 8.1, 8.4, 8.5, 8.6, 9.1, 9.2, 10.2, 10.6, 16.4, 19.1, 25.1 :EU clinical instruction Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	Take some time to observe your PS/PA and other colleagues seeking and responding to feedback from people, their families, carers and colleagues.	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, their families, carers and colleagues to achieve the above.			
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature			
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA consider the differences between risk aversion and risk management.	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	ACHIEVED Signature				
	Date	Date	Date				
6.11	acknowledge the need to accept and manag self and others The Code (NMC 2018) 1.3, 3.1, 6.1, 8.7, 13.	e uncertainty, and demonstrate an understand 1 :EU clinical instruction Directives B1-B7	ding of strategies that develop resilience in				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA develop an understanding of the concept of resilience.	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	ACHIEVED Signature				
	Date	Date	Date				
6.12	understand the role of registered nurses and other health and care professionals at different levels of experience and seniority when managing and prioritising actions and care in the event of a major incident						
	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA develop an understanding of what may be considered a major incident – eg public health, traumatic event, adverse weather.	Review the major incident protocols for your PLEs and share your understanding with your PS/PA.	Critically reflect on any major incidents that have recently occurred and consider the various roles and responsibilities of registered nurses and other health and care professionals.				
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature				
	Date	Date	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.

	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 - Dependent	PART 2 - Developing Ir	dependence	PART 3 - Independen	t	
	In conversation with your PS/PA demonstrate a foundation understanding of the principles of partnership and interdisciplinary working.	f your PLE and take and r	Plan and coordinate the care of people in your PLE and take and make referrals to other agencies and professionals.		omplex care and local and national re.	
	ACHIEVED Signatur	e ACHIEVED	Signature	ACHIEVED	Signature	
	Date	Date		Date		
7.2	understand health legislation and current l development and change, differentiating v	here appropriate between th	ne devolved legislati			
	The Code (NMC 2018) 4.3, 18.2, 20.4 :EU	clinical instruction Directive	S			
	PART 1 - Dependent	PART 2 - Developing In	dependence	PART 3 - Independen	t	
	In conversation with your PS/PA demonstrate a foundation understanding a some of the health and social care policies that influence the PLE.		anding of the key	Seek out opportunities about health and social and apply the knowled	l care legislation	
	ACHIEVED Signatur	ACHIEVED	Signature	ACHIEVED	Signature	
	Date	Date		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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA consider some aspects of health economics and nursing's role in governance. ACHIEVED Signature	In conversation with your PS/PA consider the allocation of resources for complex care and nursing interventions. ACHIEVED Signature	In conversation with your PS/PA consider the allocation of resources for complex care across disciplines and agencies. ACHIEVED Signature		
	Date	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 clinical instruction Directives				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA identify some of the organisations that influence or develop policy.	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 current and future health policy may influence the delivery and coordination of care.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA consider the needs of a person with co-morbidities and complex care needs. Share your understanding of person-centred care.	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	ACHIEVED Signature			
	Date	Date	Date			
7.6	demonstrate an understanding of the comp range of integrated care settings	exities of providing mental, cognitive, behaviou	ural and physical care services across a wide			
	The Code (NMC 2018) 4.1, 4.3, 8.1, 10.1, 1	7.3 :EU clinical instruction Directives				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA consider some of the complexities of mental, cognitive, behavioural and physical care.	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 practice, demonstrate your understanding of the complexities of mental, cognitive, behavioural and physical care in a range of PLEs.			
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature			
	Date	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with your PS/PA consider how you can communicate with people to enable them to share their experience of care.	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	ACHIEVED Signature
	Date	Date	Date
7.8	understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal 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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent
	In conversation with your PS/PA consider some of the principles and processes that may optimise a person's independence.	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	ACHIEVED Signature
	Date	Date	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 - Dependent		PART 2 - Developing In	ndependence	PART 3 - Independer	nt	
	Discuss with your PS/PA waccess to healthcare for pervulnerable or have a disability about legislation that represented you in this e.g. Mental Healthcart Treatment) (Scotland) Act 2	ople who are lity might be. night support lth (Care and	Demonstrate how you waccess to healthcare for advocating for them and beliefs and values.	people by	Using your profession demonstrate and doct of advocating for peopreasonable adjustment assessment, planning	ument your practice ble and making ots to your	
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature	
	Date		Date		Date		
7.10	understand the principles a caseloads, settings and set <i>The Code</i> (NMC 2018) 2.3,	vices				people between	
	PART 1 - Dependent		PART 2 - Developing II	ndependence	PART 3 - Independer	nt	
	In conversation with your P some of the principles and may influence safe dischar of care between settings an	processes that ge or transition	In conversation and prace PS/PA share your under of the principles and prosafe discharge and transparticipating in related a	rstanding of some cesses that enable sition by	Using your profession principles and process and document the act discharge and transition caseloads, settings ar	ses, participate in ivities the safe on of people between	
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature	
	Date		Date		Date		

7.11	demonstrate the ability to identify and mana needed	ove the quality of care and services when					
	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA consider how nurses may identify and manage risk.	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	ACHIEVED Signature				
	Date	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 Directives						
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent				
	In conversation with your PS/PA consider the processes involved in funding care by for example discussing the Health and Care (Staffing) (Scotland) Bill or Indicator of Relative Need processes.	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	ACHIEVED Signature				
	Date	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 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
	In conversation with your PS/PA consider the importance of exercising political awareness by engaging with literature from a variety of organisations, e.g. your university student union, the Nursing and Midwifery Council, The Royal College of Nursing or UNISON.	Consider how you may participate in activities that may influence and effect the role of registered nursing on quality of care, patient safety and cost effectiveness. This may be by reviewing literature, attending conferences or taking part in surveys.	Participate in conversations and activities that enable you to demonstrate your understanding of being politically aware.			
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature			
	Date	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:

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
1.1	Actively listens, recognises and responds to verbal and non-verbal cues		
1.2	Uses prompts and positive verbal and non-verbal reinforcement		
1.3	Uses appropriate non-verbal communication including touch, eye contact and personal space		
1.4	Makes appropriate use of open and closed questioning		
1.5	Uses caring conversation techniques		
1.6	Checks understanding and uses clarification techniques		
1.7	Demonstrates awareness of own unconscious bias in communication encounters		
1.8	Writes accurate, clear, legible records and documentation		
1.9	Confidently and clearly presents and shares verbal and written reports with individuals and groups		
1.10	Analyses and clearly records and shares digital information and data		
1.11	Provides clear verbal, digital or written information and instructions when 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:

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
2.1	Shares information and checks understanding about the causes, implications 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		
2.2	Uses clear language and appropriate, written materials, making reasonable 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		

3. At the point of registration, the registered nurse will be able to safely demonstrate evidence based, best practice communication skills and approaches for providing therapeutic interventions				
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
3.1	Motivational interview techniques		
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		

4. At the point of registration, the registered nurse will be able to safely demonstrate evidence-based, best practice communication 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 apof:	praisal 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	ne 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			
Nursing	Procedures (NMC 2018a)			

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 ev all ages:	ridence 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		

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 to undertake the following	procedures:	
2.1	Take, record and interpret vital signs manually and via technological devices		
2.2	Undertake:		
	venepuncture		
	cannulation		
	blood sampling		
	interpreting normal and common abnormal blood profiles and venous blood gases		
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		

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
2.cont/ l	Use 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		

Part 1: At the point of registration, the student nurse will be able to safely demonstrate procedures for assessing people's needs for person-centred care		
Section	Demonstrated safely in practice whilst	Demonstrated safely through simulation

	Procedure	acknowledging own limitations	whilst acknowledging own limitations
	(may be appropriate to attain at a higher level for the different fields)	Please date and sign	Please date and sign
2.cont/	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		

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
and the initiatin	evidence based, best practice approaches for meeting the needs for or maintenance of dignity, accurately assessing the person's capacity gappropriate interventions		
3.1	Observe and assess comfort and pain levels and rest and sleep patterns		
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		

0 1!	n and management of person-centred nursing care	Demonstrated asfalicin	Demonstrated acfalic
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
4. Use ev	vidence based, best practice approaches for meeting the needs for c	are and support with h	ygiene and the
	ance of skin integrity, accurately assessing the person's capacity for	r independence and sel	f-care and initiating
appropri	ate 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		

	t the point of registration, the student nurse will be able to demonst n and management of person-centred nursing care	rate safely, procedures	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
the main	Use evidence based, best practice approaches for meeting the need tenance of skin integrity, accurately assessing the person's capacity appropriate interventions.	• •	
4.6	Use aseptic techniques when undertaking wound care including:		
	dressings		
	pressure bandaging		
	suture removal		
	vacuum closures		
4.7	Use aseptic techniques when managing wound and drainage processes		
4.8	Assess, respond and effectively manage		
	pyrexia		
	hypothermia		

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
	evidence based, best practice approaches for meeting the needs for c on, accurately assessing the person's capacity for independence and ntions.		
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
interver		dence and self-care and initiating	gappiopilate
interver	ntions.	dende and sen-care and miliating	у арргорпасс
			у арргорпакс
interver	Manage artificial nutrition and hydration using:		у арргорише
interver	Manage artificial nutrition and hydration using: oral		у арргориас
interver	Manage artificial nutrition and hydration using: oral enteral		у арргорпас

•	n 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
	vidence based, best practice approaches for meeting the needs for concurately assessing the person's capacity for independence and selutions.		
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 only assessing the person's capacity for independence and self-care a		
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
suppor	evidence based, best practice approaches for meeting the needs for t, accurately assessing the person's capacity for independence and		
approp	riate 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		
8.3	Take and interpret peak flow and oximetry measurements		
8.4	Use appropriate nasal and oral suctioning techniques		
8.5	Manage inhalation, humidifier and nebuliser devices		
8.6	Manage airway and respiratory processes and equipment		

	t the point of registration, the student nurse will be able to demonstres for the planning, provision and management of person-centred n		
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 c		
	ention and management of infection, accurately assessing the perso dence and self-care and initiating appropriate interventions.	n's capacity for	
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		

	n and management of person-centred nursing care	Domonostrato de efeteri	Domestic Leefel
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
	evidence based, best practice approaches for meeting the needs for		
	ly assessing the person's capacity for independence and self-care a	nd initiating appropriat	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		

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 nee		
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		

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 me	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		

Part 2: 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				
11.cont/	11.cont/ Procedural competencies required for best practice, evidence-based medicines administration and						
optimisation.							
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

HEI GUIDANCE DOCUMENTS - AS PER HEI/PRACTICE PARTNERS e.g.

Many of the latest policies and protocols that we refer to for use locally can be found at the link below. This would include information such as the uniform policy which is referred to in this document and in the Practice Learning Handbook.

https://policyonline.nhslothian.scot/Pages/default.aspx

Specific updates to policies and procedures will be communicated to you through the Hub on-line portal for the latest information.

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.

KEY:

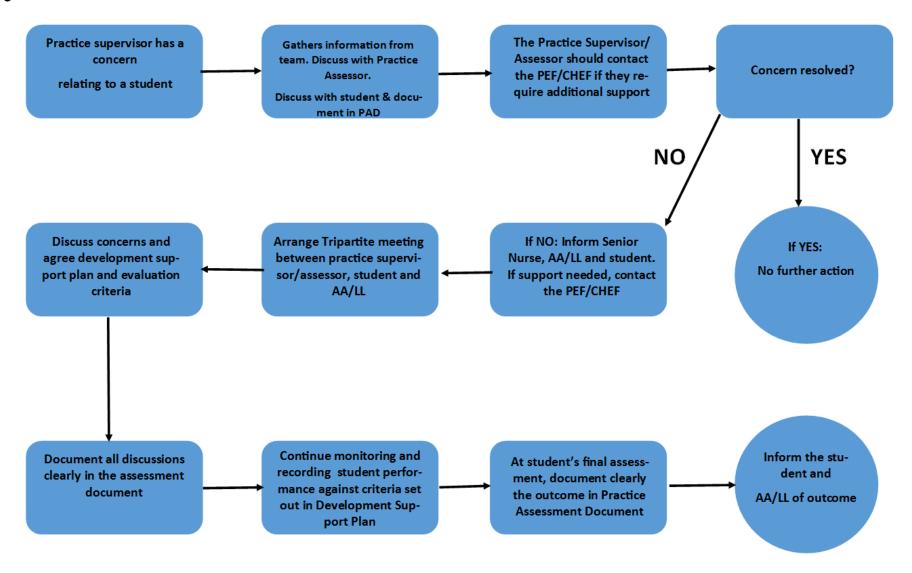
AA = Academic Assessor; LL = Liaison Lecturer; PEF = Practice Education Facilitator; CHEF = Care Home Practice Education Facilitator

Development Need Identified:						
Specific areas to be addressed	Related Platform number /proficiency	Participation in Care level	Learning Resources/ad	tions	Evidence of achievement	Achievement/ Review date
Practice Assessor & Superviso	r Signature:	Student Sign	nature:	Academic Assessor Si	ignature:	Date
		Januari Sigi			3	_//_
Development support plan outcome :		Achieved / I (please circl	Not Achieved e)			Date//

DEVELOPMENT SUPPORT PLAN FEEDBACK

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

QMU FLOWCHART FOR RAISING PROFICIENCIES CONCERNS



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	 Revist The Code (NMC) Review PAD/procedures Read the NHS policy of medication management and administration 	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	 With your supervisor/assessor participate in medication administrations Under supervision safely administer and record the prescribe medication for 5 consecutive drug administrations Identify 5 common drugs each week. understanding what they are used for, side effects and contraindications 	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

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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:

https://www.nes.scot.nhs.uk/media/2063151/nes user and carers final report word 290 313-no appendix inc nes and gcu logo wsv.pdf [accessed 05/08/19]

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: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf [accessed 05/08/19]

Nursing and Midwifery Council (NMC) (2018a) *Future nurse: standards of proficiency for registered nurses* NMC available from: https://www.nmc.org.uk/standards-for-nurses/standards-of-proficiency-for-registered-nurses/ [accessed 05/08/19]

Nursing and Midwifery Council (2018b) Standards framework for nursing and midwifery education (part 1) NMC available from: https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/ [accessed 05/08/19]

Nursing and Midwifery Council (2018c) Standards for student supervision and assessment (part 2) NMC available from: https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/ [accessed 05/08/19]

Nursing and Midwifery Council (2018d) Standards for pre-registration nursing programmes (part 3) NMC available from: https://www.nmc.org.uk/standards-for-pre-registration-nursing-programmes/ [accessed 05/08/19]

Nursing and Midwifery Council (2018e) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates NMC available from: https://www.nmc.org.uk/standards/code/ [accessed 05/08/19]

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