# Practice Assessment Document (PAD) Scotland

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# **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
Part 2	Year Two
Part 3	Year Three & Year Four
PEF	Practice Education Facilitator
PLE	Practice Learning Experience
PSMAV	Prevention & Safe (Therapeutic) Management of Aggression and Violence.
SIPCEP	Scottish Infection Prevention & Control Education Pathway

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# **SECTION 1: GUIDANCE**

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

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

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

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

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

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

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

As a student it is your responsibility to:

- Take a proactive approach to practice and personal learning by developing learning plans.
- Complete the pre practice learning activities prior to the start of the PLE.
- Be aware who your academic assessor is and the Practice Education Facilitator (PEF/CHEF) for the area.
- Identify the approved mechanism by which you, as a student, may raise
  concerns about the safety of service users. This is addressed through the
  "Raising Concerns in Practice" in your Practice Learning Handbook and you
  MUST make yourself aware of your responsibilities in relation to this aspect of
  your role.
- Always seek consent from service users at all times and you must respect the rights of a service user to decline your participation in care, or to decline care, at all times.
- Provide access to your PAD on day 1 of each PLE and thereafter, so that your supervisor/assessor can review your progress to date. Failure to do so may result in a delay to the commencement of your placement.
- Ensure that your practice supervisor/assessor signs 'record of signatories' form once they have reviewed your PAD.
- Ensure all actions and entries in your PAD are undertaken in collaboration with your practice supervisor/assessor and documented by them.
- Identify experiences and learning opportunities with practice supervisor/assessor to enable the achievement of practice learning outcomes, NMC Proficiencies, communication and relationship management skills and nursing procedures and personal objectives.
- Critically reflect in and on your practice and document within your PAD.
- Demonstrate your ability to integrate theoretical learning with practice.
- Share with your practice supervisors and assessors evidence of learning and development to inform assessment of performance.
- Ensure that all elements of the assessment section are completed fully and signed before you leave your PLE.
- Ensure that your practice supervisor/practice assessor completes and signs your 'attendance record'.
- On completion of the PLE, individual HEI procedures will be followed for your submission of documentation.
- Ensure that you have knowledge of the requirements and declare your 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/Course/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 pre placement learning activities focus on the nature of the care area, the practice placement profile, the service user, and the nature of common conditions that may be encountered. These activities will enable you to identify potential learning opportunities thereby facilitating the development of a learning plan to achieve the required proficiencies (detailed in Section 2), skills and procedures (NMC 2018a) whilst within the practice learning environment. These pre-practice activities will be documented as complete by a practice supervisor in the PAD once you commence your PLE.

# 1.3.2 Orientation and preliminary meeting

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

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

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

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

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

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

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

# 1.3.3 Interim feedback meeting

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

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

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

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

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

# 1.3.4 Final performance

#### **Final Performance Assessment**

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

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

### 1.4. Feedback from service users and carers

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

Please note the following guidance:

 You should try to seek feedback from service users/carers <u>at least once per</u> practice learning experience, but a minimum of once per PART. If additional opportunities arise, these should be actioned and additional documentation can be inserted within the PAD to reflect any further feedback you receive.

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

#### 1.5. Risk assessment

#### Introduction:

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

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

- Alert the university as soon as possible if you are pregnant or will be under the age of 18 when you first commence practice or if you are returning to a practice learning environment following maternity leave and are still breastfeeding.
- Consent to sharing information. While any information divulged by you will be treated sensitively, it will be necessary to share information relating to your situation with the member of staff responsible for the practice learning environment. At University of Edinburgh, that person is the Placement Organiser. 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

- The Programme Director 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 is typically 37.5 hours per week and

may be 'core' shifts of 7.5 hours or long shifts of 11.5 hours. There may be local variation and you should discuss these with the Placement Organiser if you are at all unsure.

- 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.
- Your attendance will be monitored by a signed timesheet which should be submitted to the Programme Secretary.
- 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.
- Attendance records should not be signed in advance. If the practice supervisor and/or assessor is not going to be on duty during the last few days of your PLE the attendance records for these days should be signed by another member of staff.
- If the practice learning environment closes because of a public holiday, you can either work in a different environment on that day or make up the time at another time.

#### 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 fit note should be submitted to the Programme Secretary.

# 1.7.4 Unauthorised absence

If you accrue significant periods of unauthorised absence this will be addressed through the HEIs disciplinary policy and procedures. This may ultimately result in your discontinuation from the programme. All sick time will have to be made up and it is your responsibility to discuss this with your Personal Tutor or Academic Assessor at an early stage. The Programme Director will organise additional practice learning time for you if necessary.

# 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 the HEI (as per local policy) stating your reason for non-attendance.
   You should email the Programme Secretary.
- 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	CAC	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	JB	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	RB	Adult	



# SECTION 2: PRACTICE LEARNING EXPERIENCES (PLE)

## 2.0. Programme outline

The Bachelor of Nursing with Honours (Adult) (MN) programme aims to provide a learning environment in which students are enabled to flourish and pursue individual interests, reaching the standards required for NMC registration while developing as individuals. Through the course of this student-centred journey, nursing students acquire knowledge and understanding alongside the development of their professional competencies, producing a graduate nurse who is fit to practice, fit for purpose and fit for the profession. Graduates of the MN programme are prepared for the evolving healthcare landscape and NMC 'Future Nurse' aspirations. Guided by the NMC Standards of Proficiency (NMC 2018), the Chief Nursing Officer's 2030 vision (Scottish Government, 2017), the MN programme develops nurses who are personcentred in their practice, adaptable to a range of care settings and experiences, prepared to work with diverse communities and populations.

The programme is developed across 3 themes in a spiral curriculum which facilitates student development over the four years of the programme. The core courses cover all the NMC requirements while outside courses in year one and honours options in years 3 and 4 allow students to personalise their education and pursue their own interests. This personalisation culminates in a dissertation on a subject of the student's choice. The personalisation of the curriculum also extends to practice learning with students being offered opportunities to explore a range of practice settings and to shape those experiences to their own interests while addressing the NMC proficiency requirements. Elective placement in year 3 as well as an opportunity for an Attachment Placement within a range of specialist services, research, clinical education, health promotion, special education and more.

Over the course of the programme, students develop a critical understanding of individuals and their families, exploring the social, emotional, and spiritual contexts of their lives as well as the biological and psychological aspects of their care. With increasing recognition of the complexity of care, students come to appreciate the dynamic and complex nature of interdisciplinary care, preparing them for the roles and healthcare settings of the future. Proficiency in a range of skills and procedures is developed alongside an understanding of assessment, care planning and provision across the lifespan. The MN programme produces graduates who are critical thinkers, demonstrating leadership skills which will enhance healthcare in the future.

# 2.0.1. Programme flow/planner

YEAR	SEMESTER 1		SEMESTER 2		SUMMER PERIOD	
	THEORY	PRACTICE	THEORY	PRACTICE	THEORY	PRACTICE
1	Life sciences and nursing care  Mental health and nursing care  Designing research in nursing, health and social care  Becoming a critically reflective practitioner	6 weeks (135 hours)  Community based  With opportunities for experience in mental health, LD, maternity, children and young people	Global Public Health: A critical approach to health improvement  OR  Homeless and Inclusion Health  Life sciences and nursing care  Becoming a critically reflective practitioner	8 weeks (210 hours)  Community or care home based  Older person/  Adult/  vulnerable populations	Becoming a critically reflective practitioner	10 weeks (375 hours)  Hospital based  Adult to include learning opportunities across range of medical and surgical aspects of care  4 weeks (150 hours)  Elective placement
2	Pathophysiology and Nursing Care in acute settings  Dissertation	6 weeks (135 hours)  Hospital/community/care home based*  With opportunities to learning opportunities relating to management of acute care needs	Leading and managing for health and social care  Managing complex needs  Dissertation	10 weeks (345 hours) Hospital/community/care home based* With opportunities to learning opportunities relating to management of complex needs	Dissertation	12 weeks (450)  Management placement  Hospital/community/care home based  With learning opportunities for management skills, team leadership, clinical decision making, teaching skill development

<sup>\*</sup>This setting is the basis of the QI project that students undertake for their dissertation. These 2 placements should therefore be in the same setting.

#### 2.1. Assessment criteria

# **Background Information**

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

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

## **Assessment Components**

There are two components to your assessment

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

# 1. Platforms and Proficiencies

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

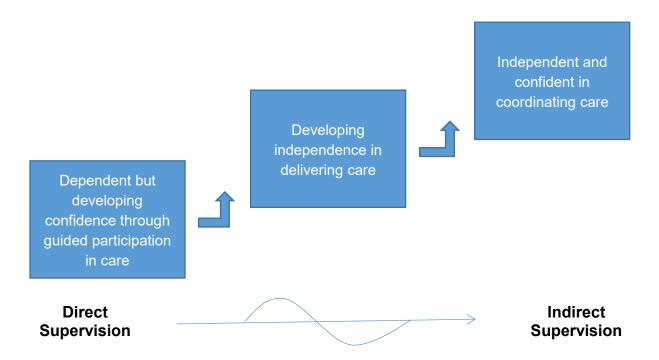
- Platform 1 Being an accountable professional
  - 20 proficiencies to be achieved
- Platform 2 Promoting health and preventing ill health
  - 12 proficiencies to be achieved
- Platform 3 Assessing needs and planning care
  - 16 proficiencies to be achieved
- Platform 4 Providing and evaluating care

- 18 proficiencies to be achieved
- Platform 5 Leading and managing nursing care and working in teams
  - 12 proficiencies to be achieved
- Platform 6 Improving safety and quality of care
  - 12 proficiencies to be achieved
- Platform 7 Coordinating care
  - 13 proficiencies to be achieved

# **Assessment of Proficiencies through Participation in Care**

The practice assessor will ultimately be responsible for determining the assessment outcome in practice however, this will involve collaborative discussion with others who support and come into contact with you as you progress through each Part of your programme. The participation in care framework 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

- <u>Dependent</u> 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, personcentred 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
- <u>Developing Independence</u> 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

## Annexes A and B: Skills and Procedures

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

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

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

# Communication and relationship management skills

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

## Nursing Procedures

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

## Skill and Procedure Achievement

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

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

# 2.2. Mandatory Training

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

	Pre Practice	Part 1	Part 2	Part 3 & 4
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
Student Signature:				
HEI Signature:				
Date:				
Prevention & Safe (Therapeutic) Management of Violence and Aggression	Breakaway technique – theory and practice	Theory and Practice	Theory Refresher	Theory and Practice
Student Signature:				
HEI Signature:				
Date:				
Fire Safety (Statutory)	Community Course 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	Part 1	Part 2	Part 3 & 4
Cardio-Pulmonary	BLS		BLS/AED	BLS/AED
Resuscitation (Theory and Practice)				or
( 1231) 1112 / (23130)				II C
Student Signature:				ILS
_				
HEI Signature:				
Date:				
Control of Infection	No. 4 Hand	SIPCEP Foundation		
	Hygiene **	Pathway		
Student Signature:				
HEI Signature:				
Date:				
Numeracy		Numeracy	Numeracy	Numeracy
		assessment	assessment	assessment (100%)
Student Signature:				(10070)
HEI Signature:				
Date:				
Adult Support and Protection		Community Course: Adult Support and Protection		
Student Signature:				
HEI Signature:				
Date:				
Child Wellbeing		Community Course		
(Protection) for the general contact workforce		John Marky Jourse		
Student Signature:				
HEI Signature:				
Date:				
Skin Surveillance				
Student Signature:				
HEI Signature:				
Date:				
	<u>I</u>	1	1	L

# 2.3. 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 – Community

# 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 take place during your initial discussions with your practice supervisor.			
5.	Please note the expected practice hours to be achieved whilst within this PLE and ensure that your shift pattern will enable you to achieve these hours.			
6.	Please refer to and discuss the skills and procedures with your practice supervisor to identify any skills that can be safely demonstrated within the PLE.			

# PRE-PRACTICE LEARNING ACTIVITIES PART 1: PLE 1 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/ assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on 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.			
<ol><li>Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely</li></ol>			
to present with and undertake a literature search in relation to these.			
<ul> <li>From your search, identify two key papers on the topic and list</li> </ul>			
below (using appropriate reference style)			
o In the space below provide a brief summary of these two papers			
and outline any best practice recommendations in relation to these  Paper 1 –			
Fapel   -			
Paper 2 -			
Condition / situation			

6.	any related learning fro	ce learning environment you om your theory Courses that nment. Please note your tho	will support your learning		
7.	identify any related lea sessions) that will supp note your thoughts belo		or practice (or skills care environment. Please		
Practice Supervisor – please sign to confirm that the pre-practice learning activities have been completed by the student					
Date	<u>                                     </u>	Student Signature:	Practice Supervisor and/ or Assessor Signature:		

# PART 1: PLE 1

This first practice learning experience is designed to allow you to develop understanding of the social world of the care home. You will develop your communication skills, interacting with both staff and residents. This is the residents' home and you should consider how that shapes the way that you think about the setting as well as the communication that you have with people. You should try to attend at different times of day in order to experience different aspects of the setting, for example, you may arrange with your Supervisor to attend at breakfast time or to be there for evening meal. It may be helpful to take part in activity sessions or to be in the care home during the afternoon to meet some of the family members who may visit. Spend time talking to people and learning about their lives. This is your first learning experience and you should speak to your Supervisor about how to shape this experience to suit your own learning needs.

During the time in this setting you will be joined by Year Four students from Nursing Studies. They will meet and talk to you about learning opportunities and you should take the time to engage with them about the care setting. They have been learning about Supervision in practice so may take the opportunity to work with you. This would be helpful for their learning as well as yours.

#### **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	
	to summarise the main points student and discussion around	
	Procedures that could be ac	
Date//	Student Signature:	Practice Supervisor and/or Assessor Signature:

Final:

Interim:

Agreed date for next meetings

## INTERIM FEEDBACK MEETING

### PART 1: PLE 1

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

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

FEEDBACK FROM ADDITIONA	L 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:						

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

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

Platform 4: Providing and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Distance College and another of some
Platform 6: Improving safety and quality of care
Platform 7: Coordinating care
<b>3</b>

Please comment on prog procedures in Annex A a future PLEs.				
Date	Student Signatu	re:	Practice Assessor	r'S
			Signature:	
Practice Assessor Overa	II Summative As	sessment	Comments	
Overall result for this PLI		P	ASS / 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						
ttendance at placement (please refer to attendance record), and through objective							
evidence-based assessments, has:							
ACHIEVED / NOT ACHIEVED (Please delete as appr	ropriate) the expected level of						
DEPENDENT							
Signature of Practice Assessor:							
Date:							
Student Statement							
I (wi	rite name in capital letters)						
have received feedback on my performance and have	had the opportunity to reflect						
and discuss this with the Practice Assessor. Please write comments below:							
Student signature:	Date:						

ATTENDANCE RECORD											
				PA	RT 1: F	LE 1					
Studer	nt Name and	ID									
Course	e Name										
Progra	mme and ye	ear									
Field o	f Practice										
Practic	e learning e	nvironr	nent								
Week No	Week beginning	М	Т	W	Т	F	S	S	Tota hou		Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12.5	12.5	DO	DC	37.5	5	S. Nurse
1											
2											
3											
					Tot	al num we	ber of eks =				
_			_	_	_		_				
	ction 1.7.1 f		kimum	hours		_	week				
_	Key: U=University DO=Day Off										
	C=Compassionate leave S=Sick A=Absent (not sick)										
Date   Studer					ent Sigi	nature:					ssessor/ · 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:									
Please initial the relevant column									
	Achieved Not achieve								
Platform 1: Being an accountable professional									
<b>Platform 2:</b> 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									

Practice Assessor: Comment on areas of development for safe demonstration of skills and procedures (Annexes A & B)				
Practice Assessor Confirmatory Statement – END OF PART 1				

(print name)	
Signature of Practice Assessor:	
Date:	
Academic Assessor Confirmatory Stat	ement (HEI use only) – END OF PART 1
I confirm that in partnership with the nom (print name)  ACHIEVED/NOT ACHIEVED (please del proficiencies) at the DEPENDENT level for	inated Practice Assessor, student nurse has ete as appropriate) all platforms (and
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) 2 – Older Person/Adult/ Vulnerable Populations

**Practice Learning Experience (PLE) 3 – Acute Hospital** 

**Practice Learning Experience (PLE) 4 – Elective** 

## PART 2 PLE 2

## 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 2 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on 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.  A summary of the profile, choose one that you are unfamiliar with and write a short summary.
<ul> <li>5. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.         <ul> <li>From your search, identify two key papers on the topic and list below (using appropriate reference style)</li> <li>In the space below provide a brief summary of these two papers and outline any best practice recommendations in relation to these</li> </ul> </li> </ul>
Paper 1 –
Paper 2 -
Condition / situation

Date	<u>                                     </u>	Student Signature:	Practice Supervisor and/or Assessor Signature:	
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
	identify any related I sessions) that would Please note your the		for practice (or skills this care environment.	
6.	identify any related I	ctice learning environment the earning from your theory Couthis care environment. Pleas	rses that would support	

### PART 2: PLE 2

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

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

PART 2: 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	

LEARNIN	G DEVELO	OPMENT	PLAN
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## PART 2: 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 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 2

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
riationii 4. I roviding and evaluating care
Platform 5: Leading and managing nursing care and working in teams

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

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

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

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

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

want to, this will not affect your future care or treatment.						
Please tick if you are: The patient/service user Carer/Relative						
How happy were you with the way the student nurse	Very happy	Нарру	l'm 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 r	nurse have	done differ	ently?			
Date/	Student Signature: Practice Supervisor and/or Assessor Signature:					

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

FEEDBACK FROM ADDITIONA	L LEARNING OPPORTUNITIES				
PART 2: PLE 2					
Student Name: STUDENT ID:					
	Intake/Year Group:				
Name of Placement:	Practice Supervisor:				
Name and Location of Organisation/Professional Visited:					
Individual overseeing student's opportustudent performance and what has been le					
Print Name:	Sign:				
Date:					
Student reflection - please reflect on what you have learnt:					
Date:					
Student signature:					

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

# FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: PLE 2 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
Flationii 4. Floviding and evaluating care
Platform 5: Leading and managing nursing care and working in teams
Platform 6: Improving safety and quality of care
in taken or improving carety and quanty or oare
Platform 7: Coordinating care

Please comment on progre procedures in Annex A an future PLEs.					
Date	Student Signatu	ıre:	Practice Asse	ssor's	
			Signature:		
Practice Assessor Overall	Summative Ass	sessment	Comments		
Overall result for this PLE	PASS / FAIL / GRADE				
Name of Practice Assessor	(print full name)				
Signature of Practice Assess	sor:				
Designation:		Date:			

Practice Assessor Confirmatory Statement						
I confirm that: student nurse (print full name)						
following a	period of hours of					
attendance at placement (please refer to attendance 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						
l (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										
				PA	RT 2:	PLE 2				
Stude	nt Name and	ID								
Cours	e Name									
Programme and year										
Field	of Practice									
Practi	ce 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	12.5	12. 5	12.5	DO	DO	37.5	S. Nurse
1										
2										
3										
						Total number of hours weeks =hrs				
0	-4: 4 7 4 5			la c		ام م				
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)						ot sick)				
Date	· · · · · · · · · · · · · · · · · · ·						sessor/			
								Sup	ervisor	Signature:

## PART 2 PLE 3

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

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

		<b>3</b>
Date	been completed by the stud	Practice Supervisor and/or Assessor Signature:
	sessor – please sign to co	
identify any related l	ctice learning environment that earning from the preparation of I support your learning within oughts below:	for practice (or skills
identify any related l	ctice learning environment the earning from your theory Cou this care environment. Pleas	rses that would support

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

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

PART 2: 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	
iiiai assessiiieilt	

LEARNING	DEVELO	PMENT	PLAN
----------	--------	-------	------

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 3

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
riationii 4. I roviding and evaluating care
Platform 5: Leading and managing nursing care and working in teams

Platform 6: Improving sa	afety and quality of care		
Platform 7: Coordinating	g care		
Skills and Procedures:			
Student feedback:			
Have any issues been re and/or academic assess		Yes	No
Development Support P	lan (see Section 3)	Yes	No
Date/	Student Signature:	Practice Supe Assessor Sign	

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 2: PLE 3

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

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

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

want to, this will not allect	your ruture	care or trea	imeni.		
Please tick if you are:	Please tick if you are: The patient/service user Carer/Relative				е
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 nur					
What could the student r	iurse have	done differ	rently?		
Date/	Student S	ignature:	and	actice Superv d/or Assesso nature:	

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 2: PLE 3 Please note any other forms of service user/carer feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Student Signature: Date Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES		
PART 2: PLE 3		
Student Name:	STUDENT ID:	
	Intake/Year Group:	
Name of Placement:	Practice Supervisor:	
Name and Location of Organisation/Pro	fessional Visited:	
Individual overseeing student's opportunity comments – Please comment on student performance and what has been learnt		
Print Name:	Sign:	
Date:		
Student reflection - please reflect on what you have learnt:		
Date:		
Student signature:		

		ADDITIONAL NOTES	
		PART 2: PLE 3	
Date	Time	Detail	Signature
Date	Time	Student, practice supervisors, practice assessors, academic assessors can add notes to this page	Signature

## FINAL ASSESSMENT: END OF PLE TO BE COMPLETED BY PRACTICE ASSESSOR PART 2: PLE 3 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
Distance College and another of some
Platform 6: Improving safety and quality of care
Platform 7: Coordinating care
<b>3</b>

Please comment on progre procedures in Annex A an future PLEs.				
Date	Student Signat	ure:	Practice Asse	essor's
			Signature:	
Practice Assessor Overall	Summative As:	sessment (	Comments	
Overall result for this PLE		P.A	ASS / FAIL / GR	ADE
Name of Practice Assessor	(print full name)			
Signature of Practice Assess	sor:			
Designation:			Date:	

Practice Assessor Confirmatory Statement		
I confirm that: student nurse (print full name)		
following a	period of hours of	
attendance at placement (please refer to attendance r	record), and through objective	
evidence-based assessments, has:		
ACHIEVED / NOT ACHIEVED (Please delete as appr	ropriate) the expected level of	
DEVELOPING INDEPENDENCE		
Signature of Practice Assessor:		
Date:		
Student Statement		
l (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										
				PA	RT 2:	PLE 3				
Stude	nt Name and	ID								
Cours	e Name									
Progra	amme and ye	ear								
Field	of Practice									
Practi	ce 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	0	12.5	12. 5	12.5	DO	DO	37.5	S. Nurse
1										
2										
3										
					Тс	otal nun	nber of			
Saa aa	ction 171f	or mo-	,im	n haur	· Madel	od so	wook			
	<b>ction 1.7.1 f</b> J=University		Kiiiiui	ii iiours		Day Off				
-	C=Compassi		eave		S=Si			A=Ab	sent (no	ot sick)
Date				Student	t Signa	nture:			ctice Ass	sessor/ Signature:
/_										

## 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: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: 15. 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. 16. Read the appropriate practice learning environment profile, which can be accessed on QMPLE. 17. Briefly summarise what the practice learning environment does:

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

//	Cladoni Olynataro.	Assessor Signature:
	sessor – please sign to conbeen completed by the student Signature:	
identify any related I sessions) that would Please note your the	sessor – please sign to co	for practice (or skills this care environment.
	earning from your theory Cou this care environment. Pleas	rses that would support

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

#### **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	
iiiai assessiiieilt	

Please use the space below to summarise the main points arising from the	
preliminary meeting with the student and discussion around the students learni	ing
development plan.	

Please review skills achieved to date and identify skills and procedures the	nat
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 4

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
riationii 4. I roviding and evaluating care
Platform 5: Leading and managing nursing care and working in teams

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

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

want to, this will not affect	your rature	care or trea			
Please tick if you are: The 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: Practice Supervisor and/or Assessor Signature:				

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 2: PLE 4 Please note any other forms of service user/carer feedback (e.g. cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Practice Supervisor Date Student Signature: and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES			
PART 2: PLE 4			
Student Name:	STUDENT ID:		
	Intake/Year Group:		
Name of Placement:	Practice Supervisor:		
Name and Location of Organisation/Professional Visited:			
Individual overseeing student's opportustudent performance and what has been le			
Print Name:	Print Name: Sign:		
Date:			
Student reflection - please reflect on what you have learnt:			
Date:			
Student signature:			

ADDITIONAL NOTES			
PART 2: PLE 4			
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 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
3
Platform 5: Leading and managing nursing care and working in teams
Platform 5. Leading and managing hursing care and working in teams
Platform 6: Improving safety and quality of care
Platform 7: Coordinating care

Please comment on progre procedures in Annex A an future PLEs.			
Date	Student Signature:	Practice Assessor's	
1 1		Signature:	
Practice Assessor Overall Summative Assessment Comments			
Overall result for this PLE		SS / FAIL / GRADE	
Name of Practice Assessor	(print full name)		
Signature of Practice Assess	sor:		
Designation:		Date:	

Practice Assessor Confirmatory Statement		
I confirm that: student nurse (print full name)		
following a	period of hours of	
attendance at placement (please refer to attendance r	record), and through objective	
evidence-based assessments, has:		
ACHIEVED / NOT ACHIEVED (Please delete as appr	ropriate) the expected level of	
DEVELOPING INDEPENDENCE		
Signature of Practice Assessor:		
Date:		
Student Statement		
l (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 2: PLE 4										
Student Name and ID										
Cours	e Name									
Programme and year										
Field	of Practice									
Practi	ce learning e	nvironn	nent							
Week No	Week beginning	М	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12.5	12. 5	12.5	DO	DO	37.5	S. Nurse
1					0				07.0	
2										
3										
Total number of hours weeks =hrs										
See section 1.7.1 for maximum hours worked per week										
Key:U=UniversityDO=Day OffC=Compassionate leaveS=SickA=Absent (not sick)										
. , , ,										
Date Student Signature:					Supervisor 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:			
Plea	se 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 areas of development for safe demonstration of skills and procedures (Annexes A & B)			

Practice Assessor Confirmatory Statement – END OF PART 2				
, ,	inated Academic Assessor, student nurse			
(print name) has  ACHIEVED/NOT ACHIEVED (please delete as appropriate) all platforms (and				
	, , , , , , , , , , , , , , , , , , , ,			
proficiencies) at the <b>DEVELOPING INDE</b>				
programme and, RECOMMEND/DO NOT	RECOMMEND (please delete as			
appropriate) progression to <b>PART 3</b> .				
Signature of Practice Assessor:				
Date:				
<b>Academic Assessor Confirmatory Stat</b>	ement (HEI use only) – END OF PART 2			
I confirm that in partnership with the nomi				
(print name)	has			
ACHIEVED/NOT ACHIEVED (please del	ete as appropriate) all platforms (and			
proficiencies) at the <b>DEVELOPING INDE</b>	PENDENCE level for Part 2 of the			
programme and, <b>RECOMMEND/DO NO</b>				
appropriate) progression to <b>PART 3</b> .	<b>,</b> ,			
Comments:				
Signature of Academic Assessor:				
Date:				
Designation:	Date:			
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) 5a – Hospital/community/care home based

Practice Learning Experience (PLE) 5b – Hospital/community/care home based Elective

Practice Learning Experience (PLE) 6 – Hospital/community/care home based

# PART 3 PLE 5A

# 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 5A PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 2. Read the appropriate practice learning environment profile, which can be accessed on 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.
<ul> <li>5. Considering the service user group that attend the practice learning experience, select one condition/situation that those service users are likely to present with and undertake a literature search in relation to these.         <ul> <li>From your search, identify two key papers on the topic and list below (using appropriate reference style)</li> <li>In the space below provide a brief summary of these two papers and outline any best practice recommendations in relation to these</li> </ul> </li> </ul>
Paper 1 –
Paper 2 -
Condition / situation

identify any related lea	ice learning environment that arning from your theory Cours is care environment. Please	ses that would support		
identify any related lea sessions) that would s Please note your thou		or practice (or skills nis care environment.		
Practice Supervisor/Assessor – please sign to confirm that the pre-practice learning activities have been completed by the student				
Date//	Student Signature:	Practice Supervisor and/ or Assessor Signature:		

### PART 3: PLE 5A

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

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

PART 3: PLE 5A

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 5A			
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.			
Places review skills askieved to date and identify skills and procedures that			
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 5A

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 safe	ty and quality of care			
Platform 7: Coordinating c	are			
Skills and Procedures:				
Student feedback:				
	una di ta tha muaati aa	Vac	No	
Have any issues been referred to the practice and/or academic assessor?		Yes	No	
Development Support Plan (see Section 3)		Yes	No	
Date//	Student Signature:	Practice Supe Assessor Sign		

# SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 5A

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

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

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

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

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PLE 5A 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: Date Student Signature: Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONA	FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES			
PART 3	: PLE 5A			
Student Name:	STUDENT ID:			
	Intake/Year Group:			
Name of Placement:	Practice Supervisor:			
Name and Location of Organisation/Pro	fessional Visited:			
Individual overseeing student's opported student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and what has been less than the student performance and t				
Print Name:	Sign:			
Date:				
Student reflection - please reflect on what you have learnt:				
Date:				
Student signature:				

ADDITIONAL NOTES					
PART 3: PLE 5A					
Date Tir	ne	Detail	Signature		
Date Tir	ne	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 5A 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	
Dietform 7: Coordinating core	
Platform 7: Coordinating care	

Please comment on progress towards safely demonstrating the skills and procedures in Annex A and B. Identify aspects for the student to focus on in future PLEs.				
Date/	Student Signature:	Practice Assessor's Signature:		
Practice Assessor Overall	Summative Assessment	Comments		
Overall result for this PLE				
		ASS / FAIL / GRADE		
Name of Practice Assessor (	print full name)			
Signature of Practice Assess	or:			
Designation:		Date:		
Practice Assessor Confirm	-			
I confirm that: student nurse (print full name)				
following a period of				
attendance record), and thro		placement (please refer to		

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

ATTENDANCE RECORD										
				PAR	T 3: P	LE 5A				
Studer	nt Name and	ID								
Course	Name									
Progra	mme and ye	ear								
Field o	f Practice									
Practic	e learning e	nvironr	ment							
Week No	Week beginning	М	Т	W	Т	F	S	S	Total hours	Practice signature
e.g.	dd/mm/yy	DO	U 0	12	12	12	DO	DO	36	S. Nurse
1										
2										
3										
					Тс		nber of			
						٧٧	cers -	1113	<u>l</u>	
See sed	ction 1.7.1 f	or max	cimur	n hours	s work	ed pe	r week			
<b>Key</b> : U=University			DO=[	Day Of	f					
C	C=Compassionate leave			S=Si	ck		A=Al	osent (no	ot sick)	
Date			Stude	nt Sign	nature:			tice Asservisor S	essor/ ignature:	

# PART 3 PLE 5B

# 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 5B PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: Practice Learning Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: Make contact with the practice learning environment and ascertain the shift patterns in operation, the name of your designated practice supervisor/assessor and if appropriate, arrange a pre-practice experience visit. 9. Read the appropriate practice learning environment profile, which can be accessed on QMPLE 10. Briefly summarise what the practice learning environment does:

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

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

### PART 3: PLE 5B

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

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

PART 3: PLE 5B

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

LLA	IKINING DEVELOP WIENT FE	AIT	
PART 3: PLE 5B			
Please use the space below preliminary meeting with the development plan.			
Please review skills achieved 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 3: PLE 5B

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 safe	ty and quality of care		
Platform 7: Coordinating c	are		
Skills and Procedures:			
Student feedback:			
	una di ta tha muaati aa	Vac	No
Have any issues been referred to the practice and/or academic assessor?		Yes	No
Development Support Plan (see Section 3)		Yes	No
Date//	Student Signature:	Practice Supe Assessor Sign	

# SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: PLE 5B

**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: The patient/service user Carer/Relative						
How happy were you with the way the student nurse	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy	
cared for you?						
listened to your needs?						
understood the way you felt?						
talked to you?						
showed you respect?						
What did the student nurse do well?						
What could the student nurse have done differently?						
Date//	Stud	ent Signatur	re:	PS &/or PA S	Signature:	

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PLE 5B 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: Date Student Signature: Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES				
PART 3: PLE 5B				
Student Name:	STUDENT ID:			
	Intake/Year Group:			
Name of Placement:	Practice Supervisor:			
Name and Location of Organisation/Professional 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 3: PLE 5B 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: Coordinating care

Please comment on progress towards safely demonstrating the skills and procedures in Annex A and B. Identify aspects for the student to focus on in future PLEs.					
Date/	Student Signature:	Practice Assessor's Signature:			
Practice Assessor Overall	Summative Assessment	Comments			
Overall result for this PLE					
	Overall result for this PLE PASS / FAIL / GRADE				
Name of Practice Assessor (	print full name)				
Signature of Practice Assess	or:				
Designation:		Date:			
Practice Assessor Confirm	-				
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 (wi	rite name in capital letters)			
have received feedback on my performance and have	had the opportunity to reflect			
and discuss this with the Practice Assessor. Please write comments below:				
Student signature:	Date:			

ATTENDANCE RECORD										
PART 3: PLE 5B										
Studer	Student Name and ID									
Course	e Name									
Progra	mme and ye	ear								
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										
	l	<u> </u>	1		To	tal nur	nber of	hours		
						W	eeks =	hrs		
See sed	ction 1.7.1 f	or max	timun	n hours	s work	ed pei	r week			
Key: L	J=University				DO=[	Day Of	f			
C	C=Compassi	onate l	eave		S=Si	ck		A=Ab	osent (no	ot sick)
Date/_				Stude	nt Sign	ature:			tice Asse ervisor S	essor/ ignature:

#### PART 3 PLE 6

#### 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 6 PRACTICE LEARNING EXPERIENCE DETAILS Student Name: Intake: Student ID: Year: **Practice Learning** Start date: **Environment:** Finish date: Telephone Number: PLE Type: Name of PEF/CHEF: Nominated Practice Supervisor Name: Nominated Practice Assessor Name: Nominated Academic Assessor Name: Prior to the commencement of each practice learning environment, the student should: 15. 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. 16. Read the appropriate practice learning environment profile, which can be accessed on QMPLE 17. Briefly summarise what the practice learning environment does:

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

identify any related lea your learning within thi	ce learning environment that rning from your theory Cours s care environment. Please	ses that would support note your thoughts below:
identify any related lea sessions) that would so Please note your thoug		or practice (or skills nis care environment.
Practice Supervisor/Asses learning activities have be	en completed by the stude	ent
Date//	Student Signature:	Practice Supervisor and/ or Assessor Signature:

#### PART 3: PLE 6

You are going to a practice learning environment to develop your communication and relationship skills as well as to develop skills and proficiency. Every practice learning experience offers a different set of opportunities. As adult learners, you will take responsibility for your own learning and will shape your practice learning experience to ensure that you meet your personal learning needs. The Practice Supervisor and Assessor will support you to plan your experience and think about the opportunities available within and adjacent to the practice learning environment. Your Liaison Lecturer is available to support you and can be contacted if you need support in relation to your practice learning.

You should be mindful of your own learning needs. Reflect on your skills and think about where you should focus your attention and time in order to develop. Think about your scope of practice, stage of learning and consider what support you will need. Look for opportunities to engage with a range of service users, families, carers and stakeholders. Look for opportunities – perhaps an opportunity to visit a clinic or a high dependency area, to follow a patient for an investigation or to spend time with another professional. There may be opportunities to look after people who live with chronic conditions, who have a learning disability or who live with dementia. Think about the complexity of healthcare and the ways in which a range of conditions and situations overlap. For example, you may look after someone who has a mental health condition who is undergoing surgery, or someone with diabetes who is experiencing homelessness. Be open minded as you enter your practice learning experience and look for opportunities to learn from a range of people and professionals.

You should set your own learning objectives for the experience and liaise closely with your Practice Supervisor and Assessor to ensure that they are appropriate for the practice learning environment. In all situations there is help available so be sure to seek support when you need to do so. Enjoy your practice learning experience.

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

PART 3: 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 3: 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 3: 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 safe	ty and quality of care			
Platform 7: Coordinating c	are			
_				
Skills and Procedures:				
Ctudout to a discour				
Student feedback:				
Have any issues been referred to the practice and/or academic assessor?				
Development Support Plan	Yes	No		
Date	Student Signature:	Practice Supe		
		Assessor Sigi	ialui <del>C</del> .	

## SERVICE USER / CARER FEEDBACK (see guidance in Section 1.4) PART 3: 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:				arer/Relative	
How happy were you with the way the student nurse	Very happy	Нарру	l'm not sure	Unhappy	Very unhappy
cared for you?					
listened to your needs?					
understood the way you felt?					
talked to you?					
showed you respect?					
What did the student nur	se do well?	?			
What could the student n	urse have	done differ	ently?		
Date//	Stud	ent Signatur	re:	PS &/or PA S	Signature:

# STUDENT REFLECTION ON SERVICE USER / CARER FEEDBACK PART 3: PLE 6 Please note any other forms of service user/carer feedback (eg cards, letters, emails). Please ensure anonymity is maintained. Use the box below to record your thoughts and feelings on all service user/carer feedback received: Date Student Signature: Practice Supervisor and/or Assessor Signature:

FEEDBACK FROM ADDITIONAL LEARNING OPPORTUNITIES							
PART 3: 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	t you have learnt:						
Date:							
Student signature:							

	ADDITIONAL NOTES					
		PART 3: PLE 6				
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 6 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: Coordinating care

Please comment on progre procedures in Annex A and future PLEs.					
Date/	Student Signat	ure:	Practice Assessor's Signature:		
Practice Assessor Overall	Summative Ass	essment Co	mments		
Overall result for this PLE  Name of Practice Assessor (	· .	PAS	S / FAIL / GRADE		
Signature of Practice Assess  Designation:	or:	D	ate:		
Practice Assessor Confirm  I confirm that: student nurse following a period of	(print full name)		acement (please refer to		
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 appr	ropriate) the expected level of
INDEPENDENT	
Signature of Practice Assessor:	
Date:	
Student Statement	
Student Statement	
I (wi	rite name in capital letters)
have received feedback on my performance and have	had the opportunity to reflect
and discuss this with the Practice Assessor. Please w	rite comments below:
Student signature:	Date:

ATTENDANCE RECORD										
				PA	RT 3: F	PLE 6				
Studer	nt Name and	ID								
Course	e Name									
Progra	mme and ye	ear								
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										
					То		nber of eeks =			
0	-4: A <b>-</b> 7 A - 5						1			
	ction 1.7.1 fo		kımun	n nours		_				
_	J=University		001/0			Day Of	I	۸ ــ ۸ ــ	oont /s	ot aiak)
	C=Compassi	onate I	eave		S=Sick A=Absent (not sick)		·			
Date/_	Date  Student Signature:  Practice Assessor/ Supervisor 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

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

<b>Practice Assessor Confirmatory States</b>	ment – END OF PART 3				
(print name)	inated Academic Assessor, student nurse has				
ACHIEVED/NOT ACHIEVED (please del proficiencies) and skills at procedures at programme and, RECOMMEND/DO NOT	the <b>INDEPENDENT</b> level for Part 3 of the				
appropriate) progression to THE REGIST	ER.				
Signature of Practice Assessor:					
Date:					
<b>Academic Assessor Confirmatory Stat</b>	ement (HEI use only) - END OF PART 3				
I confirm that in partnership with the nom (print name)	inated Practice Assessor, student nurse has				
<b>ACHIEVED/NOT ACHIEVED</b> (please delete as appropriate) all platforms (and proficiencies) and skills at procedures at the <b>INDEPENDENT</b> level for Part 3 of the programme and, <b>RECOMMEND/DO NOT RECOMMEND</b> (please delete as appropriate) progression to <b>THE REGISTER</b> .					
Comments:					
Signature of Academic Assessor:					
Date:					
HEI USE ONLY					
Number of hours for 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

•	neral Care) - '5.2.1 Training programme for nurses res	
training leading to the award of a formal	qualification of nurses responsible for general care sha	all 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

Home nursing

Care of the old and geriatrics

B.6

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.

Plati	form 1: Being an accountable professi	onal					
1.1	understand and act in accordance with <i>The Code</i> (2015): Professional standards of practice and behaviour for nurses and midwives, and fulfil all registration requirements						
	All statements outlined as part of <i>The</i> 0	Code (NMC 2018) :EU clinio	cal instruction Directives	N/A			
	PART 1 - Dependent PART 2 - Developing Independence PART 3 - Independent						
	Demonstrates:- Professional behaviour and appearance honesty and integrity, good timekeepin adherence to appropriate policies and protocols, accurate record keeping, accountability for own actions, accepts acts on constructive feedback, respect the privacy and dignity of others, appropriate information sharing.  ACHIEVED Signal	g, honesty and integrity adherence to appropriate and accountability for own for acts on constructive the privacy and digning appropriate information.	y, good timekeeping, oriate policies and record keeping, yn actions, accepts and feedback, respect for ity of others,	Demonstrates:- Professional behaviour at honesty and integrity, god adherence to appropriate protocols, accurate reconsaccountability for own acts on constructive feed the privacy and dignity of appropriate information s	od timekeeping, policies and d keeping, tions, accepts and back, respect for others,		
	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.  ACHIEVED Signature	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.  ACHIEVED Signature	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
	Date	Date	Date
1.3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and resituations, behaviours or errors that could result in poor care outcomes		candour, recognising and reporting any	
	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			
	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.  ACHIEVED Signature	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.  ACHIEVED Signature	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
	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 instruction 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 a 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 a 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 Directives 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	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	Date	
1.9	understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions  The Code (NMC 2018) 1.1; 1.3; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.5; 7.3; 7.4 :EU clinical instruction Directives N/A			
	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 an decisions in routine, complex and challenging situations  The Code (NMC 2018) 1.4; 2.3; 2.4; 2.5; 4.1; 5.2; 6.2; 7.1; 9.2; 9.3; 14.1; 15.1; 18.1; 19.2; 19.4; 20.2; 20.6 :EU clinical instruction Directives N/A		
	PART 1 - 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 producing accurate, clear and legible documentation. Participate in ward rounds/MDT/case conference/ handovers.  ACHIEVED Signature	Developing confidence and competence in appropriate use of verbal and non-verbal communication skills. Produces accurate, clear and legible documentation. Adopts an active role in ward rounds/MDT/case conference/ handovers.  ACHIEVED Signature	Confidently and clearly presents and shares verbal and written reports with individuals and groups Lead ward rounds/ MDT/case conference/ handovers, formulate and document plans. Analyse and accurately records and shares digital information and data.  ACHIEVED Signature
i	Date	Date	Date

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; 17.1; 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	

1.13	demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families,			
	carers and colleagues			
		; 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 Directives B1-B7			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent	
	Utilise verbal and non-verbal communication skills. Developing ability to actively listen and respond to verbal cues from others. Demonstrates empathy when interacting with people, their families, carers and colleagues. Aware of the need to engage in appropriate information sharing. Developing a professional disposition when interacting with all people.	Developing confidence and competence in engaging in verbal and non-verbal communication with others. Engages in active listen to identify relevant information from patients, their families and carers. Responds appropriately to verbal cues from others. Demonstrates empathy when interacting with people, their families, carers and colleagues. Engages confidently in appropriate information sharing. Developing a professional disposition when interacting with all people.	Is confident and competent in engaging in verbal and non-verbal communication with others. Actively engages in active listen to identify relevant information from patients, their families and carers. Is skilled in recognising and responding to verbal cues from others. Demonstrates empathy when interacting with people, their families, carers and colleagues. Confidently and appropriately identifies relevant information for sharing with appropriate individuals/agencies. Always presents self in a professional manner when interacting with all people	
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
	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 Di	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	demonstrate the numeracy, literacy, digital and technological skills required to meet the needs of people in their care to ensure safe and effective nursing practice			
	The Code (NMC 2018) 10.1; 10.3; 10;4; 10.	5; 10.6; 14.3; 17.2; 18.1; 18.2; 18.3; 20.10 :EL	J clinical instruction Directives B1-B7	
	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 complete, clear, accurate and timely records				
	<i>The Code</i> (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 accurate verbal statements and written reports in patient notes and documentation.	Developing confidence and competence in sharing clear and accurate verbal statements and written reports in patient notes, documentation or handovers.	Confidently and accurately presents and shares verbal and written statements in patient notes and documentation. Provides clear verbal, digital or written information and instructions when delegating or handing over responsibility for care.		
	ACHIEVED Signature	ACHIEVED Signature	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 from service users, carers and MDT professionals. Engage in reflection.	Seeking feedback with PS/PA from service users, cares and MDT professionals and using this for development/ inform future practice. Actively engages in reflection.	Taking the lead to obtain feedback from service users, cares and MDT professionals and using information for personal and professional development/inform future practice. Utilises reflection to inform action.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		

1.18	demonstrate the knowledge and confidence	to contribute effectively and proactively in an	interdisciplinary team
	The Code (NMC 2018) 3.3; 5.4; 6.1; 8.1; 8.2 20.3; 25.1 :EU clinical instruction Directives	2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.3; 9.4; 10.2; 11. N/A	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
1.19	act as an ambassador, upholding the reputa services	tion of their profession and promoting public o	confidence in nursing, health and care
		; 6.2; 7.1; 8.1; 9.3; 9.4; 11.1; 12.1; 13.5; 14.1; ; 21.1; 21.2; 22.1; 22.2; 22.3; 23.1; 23.2; 23.3	
	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

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

## Platform 2: Promoting health and preventing ill health

Registered nurses play a key role in improving and maintaining the mental, physical and behavioural health and 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 Signatur	e ACHIEVED Signature	
	Date	Date	Date	

2.2	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 Directive	es 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 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 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; 7.7	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 experting 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-B				
	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		
2.9	use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability				
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5 7.5; 8.2; 8.3 :EU clinical instruction Directive	; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; s B1-B7	4.1; 4.2; 4.3; 4.4; 5.4; 5.5; 7.1; 7.2; 7.3; 7.4;		
	PART 1 - Dependent	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.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		

2.10	provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care			
	The Code (NMC 2018) 7.1; 7.2; 7.3; 7.4; 7.5 :EU clinical instruction Directives B1-B7			
	PART 1 - 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	evidence-base for immunisation, vaccination			
	The Code (NMC 2018) 1.3; 1.4; 2.1; 2.2; 2.3 Directives B1-B7	; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 4.1; 5.2; 6.1; 6.2;	7.1; 7.2; 7.3; 7.4; 7.5 :EU clinical instruction	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent	
		Consider the core theories, concepts, principles and terminology in conversation with your PS/PA.  ACHIEVED Signature	Explain the core theories, concepts, principles and terminology in accessible language to individuals or groups.  ACHIEVED Signature	
		J -	3	
0.40		Date	Date	
2.12	protect health through understanding and applying the principles of infection prevention and control, including communicable disease 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; 17.3; 18.1; 18.3; 19.2; 19.3; 19.4 :EU clinical 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.	
		4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	

## 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 personcentred 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.

Platf	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 p 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 clinica	al 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 Signature	ACHIEVED Signature	ACHIEVED Signature
	Date	Date	Date
3.2	pharmacology and social and behavioural so developing appropriate care plans	systems and homeostasis, human anatomy an ciences when undertaking full and accurate per ; 6.2; 10.1; 13.1; 13.2; 17.3; 18.1; 18.2; 18.3 :	erson-centred nursing assessments and
	7776 COUC (14176 2010) 2.1, 0.1, 0.2, 0.0, 0.1	, 6.2, 16.1, 16.1, 16.2, 17.6, 16.1, 16.2, 16.6.	Eo diffical frictional Briodives 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 care planning.  ACHIEVED Signature	Initiate and complete nursing assessments and plans of care. Explore with PS/PA the aspects listed in 3.2 and the impact and influence on nursing assessment and care planning.  ACHIEVED Signature	Independently complete nursing assessments and plans of care. Analyse with PS/PA the aspects listed in 3.2 and the impact and influence on nursing assessment and care planning.  ACHIEVED Signature
		3	
	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					
						irectives B1-B7
	PART 1 - Dependent		PART 2 - Developing	Independence	PART 3 - Independer	nt
	Participation in nursing planning of care. For ea knowledge of conditions this will have on planning	ch, demonstrate and the impact	Initiate, complete and rassessments and plans apply knowledge of coillustrate the impact this planning care.	s of care. For each, nditions and	Independently comple nursing assessments For each, apply knowl and evaluate the impa planning care.	and plans of care. ledge of conditions
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	
3.4	goal setting when working with people, their families, communities and populations of all ages  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  PART 1 - Dependent	I-D <i>1</i>	PART 2 - Developing	Independence	PART 3 - Independer	nt
	Participation in nursing planning of care. For ea and discuss the importa partnership with people care.	ch, demonstrate nce 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			
		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.	Initiate and complete nursing assessments and plans of care. Interpret data gathered and in discussion with your PS/PA, explore and devise a person-centred plan of care with agreed goals.	Independently complete nursing assessments and plans of care. Interpret and synthesise data gathered, explore and devise a person-centred plan of care with agreed goals.	
	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date	
3.6	effectively assess a person's capacity to ma	ke decisions about their own care and to give	or withhold consent	
	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.	
		accisions about care.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
			ACHIEVED Signature Date	
3.7	ACHIEVED Signature	ACHIEVED Signature Date		
3.7	ACHIEVED Signature  Date  understand and apply the principles and pro	ACHIEVED Signature Date	Date	
3.7	ACHIEVED Signature  Date understand and apply the principles and pro  The Code (NMC 2018) 1.3; 1.5; 2.1; 2.3; 2.4	ACHIEVED Signature  Date cesses for making reasonable adjustments	Date	
3.7	ACHIEVED Signature  Date  understand and apply the principles and pro  The Code (NMC 2018) 1.3; 1.5; 2.1; 2.3; 2.4  Directives B1-B7	ACHIEVED Signature  Date  cesses for making reasonable adjustments  ; 2.5; 2.6; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.1; 10.1;  PART 2 - Developing Independence  Recognises individual needs and adapts practice to meet individual care requirements.	Date  17.1; 17.2; 17.3 :EU clinical instruction  PART 3 - Independent  Assess individual needs and initiate adaptations to practice to meet individual care requirements.	
3.7	ACHIEVED Signature  Date  understand and apply the principles and pro  The Code (NMC 2018) 1.3; 1.5; 2.1; 2.3; 2.4  Directives B1-B7	ACHIEVED Signature  Date  cesses for making reasonable adjustments  ; 2.5; 2.6; 3.3; 3.4; 4.1; 4.2; 4.3; 4.4; 5.1; 10.1;  PART 2 - Developing Independence  Recognises individual needs and adapts practice to meet individual care	Date  17.1; 17.2; 17.3 :EU clinical instruction  PART 3 - Independent  Assess individual needs and initiate adaptations to practice to meet individual	

3.8	understand and apply the relevant laws about mental capacity for the country in which you are practising when making decisions in relation to people who do not have capacity				
	The Code (NMC 2018) 1.3; 1.5; 2.1; 2.5; 3.7 B5; B6; B7	; 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;		
	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	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 :EU clinical instruction Directives B3; B4; B5	l; 8.5; 8.6; 14.1; 13.2; 13.4; 14.1; 14.2; 14.3; 1 i; B6; B7	5.2; 15.3; 16.1; 16.2; 16.4; 17.1; 17.2; 17.3		
	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				
	The Code (NMC 2018) 2.6; 3.1; 4.3; 6.2; 7.1 Directives B3; B4; B5	; 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		
	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		
		Date	Date		
3.11	undertake routine investigations, interpreting	and sharing findings as appropriate			
	The Code (NMC 2018) 1.4; 2.1; 6.2; 8.1; 8.2	; 8.3; 8.4; 8.5; 13.1; 13.2 :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, tadditional investigations or escalating to other	aking prompt action when required by implemers	enting 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 further investigations required.	Interpret any abnormalities from 3.11 and in collaboration with your PS/PA, implement necessary actions and consider if further investigations are required.	Interpret any abnormalities from 3.11 and, implement necessary actions and consider if further investigations are required.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		

3.13	prioritising care plans					
	The Code (NMC 2018) 2.1; 2.2; 2.3; 3.1; 3.2; 6.1; 6.2; 13.1; 13.2; 18.1; 22.3 :EU clinical instruction Directives B1-B7					
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent			
		In collaboration with your PS/PA apply knowledge of co-morbidities to identify priorities of care when planning care.	Applying knowledge of co-morbidities, prioritise care to meet the demands of people's complex nursing and social care needs.			
		ACHIEVED Signature	ACHIEVED Signature			
		Date	Date			
3.14	identify and assess the needs of people and families for care at the end of life, including requirements for palliative care and decision making related to their treatment and care preferences					
	The Code (NMC 2018) 1.2; 1.4; 2.1; 2.2; 3.2	; 6.1; 6.2; 7.3; 13.1; 13.2; 18.1; 22.3 :EU clinic	cal 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 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	•	refer people safely to other professionals or s ; 8.4; 8.5; 11.1; 13.2; 13.3 :EU clinical instruct			
	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: Assessing needs and planning care

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

Platf	orm 4: Assessing needs and planning care			
4.1	demonstrate and apply an understanding of what is important to people and how to use this knowledge to ensure their needs for safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based person-centred care			
		; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13. B1-B7		
	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.	
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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					
	<i>The Code</i> (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 Ind	ependence	PART 3 - Independen	t
	In collaboration with PS/PA, us appropriate communication sk support people, families and c manage their care when appro	ills to arers to opriate.	Uses appropriate commun support people, families ar manage their care when a	nd carers to opropriate.	Identifies opportunities shared decision making families and carers to it when appropriate.	g with people, manage their care
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	Date		Date		Date	
<ul> <li>demonstrate the knowledge, communication and relationship management skills required to provide peopl accurate information that meets their needs before, during and after a range of interventions</li> <li>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; 18.2; 18.3; 20.6; 20.7; 20.10 :EU clinical instruction Directives B1-B7</li> </ul>			ns			
	PART 1 - Dependent		PART 2 - Developing Ind	ependence	PART 3 - Independen	t
	In conversation with the PS/P/demonstrates understanding of knowledge and skills needed to 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 so support fore, during ons. on the street of the s	Obtains informed consent interventions. In collaborate answers questions from particles or refers on as appropriate information sources e.g. the alternative language, audic props to meet individual necessity.	ion with PS/PA, atients/families atients/families atients of anslators, o or graphics, eeds.	Takes an active role in and families prior to an Where appropriate, propatients/families with reprocedures or refers of Identifies additional super the person may require other services.	d after interventions. byides esults from n where necessary. bport services which e/makes referrals to
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	Date		Date		Date	

4.4	demonstrate the knowledge and skills required to support people with commonly encountered mental health, behavioural, cognitive and learning challenges, and act as a role model for others in providing high quality nursing interventions to meet people's needs			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5	5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.4; 4.1; 4.2; 4	1.3; 5.1; 5.2; 5.3; 5.4; 5.5; 6.2; 7.1; 7.2; 7.3;	
		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	Demonstrates ability to support people with	Takes an active role in planning and	
	a number of common mental health	a number of common mental health	evaluating care with people with a range of	
	conditions in the practice area and	conditions. Communicates effectively with	commonly encountered mental health,	
	approaches to treatment. In collaboration	people of all abilities. Uses techniques and	behavioural, cognitive and learning	
	with PS/PA, communicates effectively with	aides to ensure effective communication.	challenges. Acts as a role model by	
	people of all abilities. In collaboration with	Provides evidence based nursing care to	ensuring care is evidence based and	
	the PS/PA, provides evidence based	reduce the negative impacts of mental ill	challenges appropriately when not.	
	nursing care to reduce the negative	health.	Identifies gaps in own knowledge and	
	impacts of mental ill health.		takes steps to address.	
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	Date	Date	Date	

4.5	demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs			
		i; 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		
	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.	
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	Date	

4.6	demonstrate the knowledge, skills and ability to act as a role model for others in providing evidence-based nursing care to meet people's needs related to nutrition, hydration and bladder and bowel health			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5	; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 4.1; 4.2; 5.1; 5	.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7.4;	
	9.1; 9.2; 9.3; 9.4; 13.1; 13.2; 13.3; 13.4; 20.1	I; 20.2; 20.3; 20.4; 20.5; 20.6; 20.8; 22.3 :EU o	clinical instruction Directives B1-B7	
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent	
	In conversation with PS/PA, explains the signs and symptoms of dehydration and malnutrition. In collaboration with PS/PA, uses evidence based tools to assess fluid and nutritional needs and bladder and bowel function. Assists with toileting whilst maintaining privacy and dignity. Reports any problems with bladder/bowel function to PS/PA.	Undertakes assessment of fluid and nutritional needs using evidence based tools and reports back to PS/PA. Undertakes assessment of bladder and bowel function using evidence based tools and reports back to PS/PA. Identifies when people may need referral to other health care professionals or services. Communicates effectively with people to set appropriate goals regarding fluid and nutritional intake. Assists with toileting whilst maintaining privacy and dignity.	Takes an active role in planning and evaluating nursing care to address people's fluid and nutritional needs. Takes an active role in planning and evaluating nursing care to promote bladder and bowel function health. Makes safe and appropriate referrals to other health care professionals or services in relation to fluid/nutrition and bladder/bowel health. 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	

4.7		y to act as a role model for others in providing lity, hygiene, oral care, wound care and skin		
		2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 4.1; 4.2; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 7.1; 7.2; 7.3; 7; 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 collaboration with the PS/PA, provides evidence based nursing care which meets people's needs regarding mobility, hygiene, oral care, wound care and skin integrity.	Uses evidence based tools to assess people's needs regarding mobility, hygiene, oral care, wound care and skin integrity and reports back to PS/PA. Provides evidence based care which meets people's needs regarding mobility, hygiene, oral care, wound care and skin integrity with increasing independence. Identifies when people may need referral to other health care professionals or services.	Takes an active role in planning and evaluating nursing care to address people's needs regarding mobility, hygiene, oral care, wound care and skin integrity. Makes safe and appropriate referrals to other health care professionals or services in relation to mobility, hygiene, oral care, wound care and skin integrity needs. Acts as a role model by ensuring care is evidence based and challenges appropriately when not. Identifies gaps in own knowledge and takes steps to address.	
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	Date	

4.8	demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain  The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6; 3.1; 3.3; 4.1; 4.2; 4.3; 5.1; 5.2; 5.3; 5.4; 5.5; 6.1; 6.2; 8.1; 8.2; 8.3; 8.5; 8.6; 11.1; 11.2; 11.3; 13.1; 13.2; 13.3; 13.4 :EU clinical instruction Directives B1-B7					
	PART 1 - Dependent		PART 2 - Developing	Independence	PART 3 - Independent	t
	In conversation with PS range of interventions is commonly encountered in collaboration with PS evidence based nursing with a range of common symptoms.	for people with d symptoms. S/PA, provides g care to people	Uses evidence based commonly encountere discusses findings with Provides evidence bas with commonly encour with increasing indepedientifies when people to other health care preservices.	d symptoms and a PS/PA. sed care to people atered symptoms andence. may need referral	Takes an active role in evaluating nursing care commonly encountered Makes safe and approposition to commonly symptoms. Acts as a receival ensuring care is evident challenges appropriate Identifies gaps in own takes steps to address.	e to address d symptoms. priate referrals to ssionals or services v encountered ple model by nce based and ly when not. knowledge and
	ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
	Date		Date		Date	

4.9	demonstrate the knowledge and skills required to prioritise what is important to people and their families when providing evidence-based person-centred nursing care at end of life including the care of people who are dying, families, the deceased and the bereaved				
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5	; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical 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			
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instruction Directives B1-B7				
	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 instructi	ion Directives B1-B7		
	The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5.  PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	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	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	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  The Code (NMC 2018) 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.2;2.3; 2.4; 2.5; 2.6 :EU clinical instruction Directives B1-B7				
	PART 1 - 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	demonstrate the ability to manage commonly encountered devices and confidently carry out related nursing procedures to meet people's needs for evidence based, person-centred care  The Code (NMC 2018) N/A :EU clinical instruction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	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.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		

4.13	demonstrate the knowledge, skills and confidence to provide first aid procedures and basic life support				
	The Code (NMC 2018) 1.4; 6.2; 15.1; 15.2;				
	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	understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines  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		
	Shadow your PS/PA carrying out medications administration. Demonstrate	Shadow your PS/PA carrying out	Safely and effectively administer		
	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	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.	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.		
	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	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	Complete drug calculations independently, checked by PS/PA. Demonstrate compliance with medicines management policies and awareness of where to find		

4.15	4.15 demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage  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		
4.40	Date	Date	Date		
4.16	demonstrate knowledge of how prescriptions understanding of the potential risks associate	s can be generated, the role of generic, unliced ed with these approaches to prescribing	nsed, and off-label prescribing and an		
	The Code (NMC 2018) 18.1; 18.2; 18.3 :EU	<u> </u>			
	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		

following registration  The Code (NMC 2018) 18.1; 18	3.2; 18.3 :EU	clinical instruction Directi	ives B1-B7		
PART 1 - Dependent		PART 2 - Developing	Independence	PART 3 - Independer	nt
Demonstrate in discussion that aware of prescribing procedures the pharmacological effects of necountered in the learning envand demonstrate understanding necessary administration procedures.	s. Discuss medications vironment g of the	Understand and demorprocedures, supervised Discuss the pharmacolomedications encountered environment and demounderstanding of the neadministration procedure.	I by your PS/PA. ogical effects of ed in the learning nstrate ecessary	Understand and demo procedures independe your PS/PA. Discuss t effects of medications learning environment a understanding of the r administration procedu	ently, checked by the pharmacological encountered in the and demonstrate necessary
ACHIEVED	Signature	ACHIEVED	Signature	ACHIEVED	Signature
Date		Date		Date	
safe discharge home or transfer  The Code (NMC 2018) 3.3; 5.4  PART 1 - Dependent				PART 3 - Independer	nt
•			<u>-</u>	<u> </u>	
Observe the discharge/transfer with your PS/PA. Demonstrate understanding of the details and arrangements which need to be considered. Demonstrate your adocument arrangements made In discussion, demonstrate away the necessary communication resafe and effective discharge/transfer.	d ability to in records. areness of equired for nsfer.	Take part, alongside yo conversation about disc home/transfer. Demons of the details and arranned to be considered the necessary plans. Deability to document arrange records. Demonstrate and effective discharge	charge strate understanding gements which and how to make emonstrate your angements made in awareness of the ion required for safe /transfer.	Initiate and carry out a discharge home/transi observing. Make arrar support of your supervithese arrangements a Initiate and carry out obstween stakeholders transfer of an individual supervisor.	fer with your PS/PA agements, with visor and record ppropriately. communication in the discharge or al, observed by your
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## Platform 5: leading and managing nursing care and working in teams

Registered nurses provide leadership by acting as a role Course 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.

Platfo	orm 5: Leading and managing nursing care and	d working in teams				
5.1	understand the principles of effective leadership, management, group and organisational dynamics and culture and apply these to team working and decision-making					
	The Code (NMC 2018) 4.3; 4.4; 5.4; 6.2; 7.1	; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6;	8.7; 9.1; 9.2; 9.3; 9.4; 10.1; 10.2; 10.3; 10.4;			
	10.5; 11.1; 11.2; 11.3; 13.2; 13.3; 13.5; 15.1; 15.3; 16.1; 16.2; 16.3; 17.2; 19.1; 19.2; 19.4; 20.1; 20.3; 20.5; 20.6; 20.7; 20.8; 20.9;					
	20.10; 25.1; 25.2 :EU clinical instruction Dire					
	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	n factors, environmental factors and strength-	based approaches when working in teams			
	The Code (NMC 2018) 1.1; 1.3; 1.4; 1.5; 2.1; 2.2; 2.3; 2.4; 2.5; 2.6; 3.1; 3.2; 3.3; 3.4; 4.2; 4.2; 4.3; 5.1; 5.2; 5.3; 5.5; 7.1; 7.2; 7.3; 7.4; 7.5; 8.2; 13.2; 13.3; 13.4; 16.2; 16.3; 17.3; 19.2; 25.1 :EU clinical instruction Directives B1-B7					
	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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	Date	Date	Date			

5.3	understand the principles and application of processes for performance management and how these apply to the nursing team				
	, , , , , , , , , , , , , , , , , , , ,	; 9.2; 9.3; 9.4; 11.1; 11.2; 11.3; 12.1; 13.5; 16 ; 22.3; 23.1; 23.2; 23.3; 23.4; 23.5; 24.1; 24.2;			
	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		
5.4	demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care				
	The Code (NMC 2018) 5.4; 8.2; 8.3; 8.4; 8.5; 8.6; 9.3; 11.1; 11.2; 11.3; 13.2; 13.3; 13.5; 25.1 :EU clinical instruction Directives B1-B7				
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	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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	Date	Date	Date		

5.5	safely and effectively lead and manage the nursing care of a group of people, demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in providing care				
	The Code (NMC 2018) 5.4; 6.2; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.2; 8.3; 8.4; 8.5; 8.6; 8.7; 9.1; 9.2; 9.3; 9.4; 10.1; 10.2; 10.3; 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 prioritisation, delegation and assignment of care responsibilities to a group of people.		
		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 indi	viduals and interact confidently with other		
	The Code (NMC 2018) 7.1; 7.4; 7.5; 8.1; 8.2 Directives B1-B7	; 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		
	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		
	ACHIEVED Signature  Date	ACHIEVED Signature Date	ACHIEVED Signature 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.	In collaboration with PS/PA demonstrate ability to identify, monitor and evaluate quality of care delivery.	Demonstrate ability to appraise, monitor and evaluate the care delivered by team members.			
	ACHIEVED Signature	ACHIEVED Signature	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	ACHIEVED Signature			
		Date	Date			

5.9	demonstrate the ability to challenge and provide constructive feedback about care delivered by others in the team, and support them to identify and agree individual learning needs  The Code (NMC 2018) 2.1; 3.4; 8.2; 8.4; 9.1; 9.3; 9.4; 20.3; 20.5; 25.1 :EU clinical instruction Directives B1-B7				
	PART 1 - 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	contribute to supervision and team reflection activities to promote improvements in practice and services  The Code (NMC 2018) 8.2; 8.4; 9.1; 9.2; 9.3; 9.4; 11.2 :EU clinical instruction Directives B1-B7				
	,				
	PART 1 - 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.	In collaboration with PS/PA demonstrate ability to share and record information within the team and other agencies utilising digital technologies.	Ability to input, access and share relevant information/data utilising digital technologies within the team and other agencies.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
5.12	understand the mechanisms that can be use political awareness and skills	d to influence organisational change and publ	ic policy, demonstrating the development of		
	The Code (NMC 2018) 8.2; 9.2; 20.3; 20.7 :E	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.	In collaboration with PS/PA demonstrate ability to distinguish between organisational and political changes.	Ability to analyse and recognise internal and external influences on organisational change policies and political awareness.		
	ACHIEVED Signature	ACHIEVED Signature	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.

Platf	orm 6: Improving safety and quality of care				
6.1	understand and apply the principles of health and safety legislation and regulations and maintain safe work and care environments				
	The Code (NMC 2018) 13.4, 16.1, 19.1, 19.2	2, 19.3, 19.4, 20.4 :EU clinical instruction Dire	ctives 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			
	Date	Date	Date		
6.2	•	understand the relationship between safe staffing levels, appropriate skills mix, safety and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately			
	The Code (NMC 2018) 8.5, 10.2, 11.1, 16.1,	19.1, 25.1 :EU clinical instruction Directives E	31-B7		
	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 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.	In conversation with your PS/PA consider how you will action the local and national frameworks, legislation and regulations for assessing, managing and reporting risks and their impact on your practice.	In your practice be able to demonstrate how you comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks and ensure the appropriate action is taken and documented.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
6.4	demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies				
	The Code (NMC 2018) 6.2, 8.4, 10.2, 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 quality improvement.	In conversation with your PS/PA consider the range of methodologies available to develop practice and how you might use them.	Participate in audit activity in your PLE and share with your PS/PA how the outcomes may inform quality improvement.		
	ACHIEVED Signature	ACHIEVED Signature	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	17.2, 19.2, 20.4, 25.1 :EU clinical instruction D	Pirectives B1-B7	
	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 of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement			
	The Code (NMC 2018) 8.4, 8.6, 19.2, 25.1 :E	EU clinical instruction Directives B1-B7		
	PART 1 - Dependent PART 2 - Developing Independence PART 3 - Independent			
	In conversation with your PS/PA consider	Under supervision participate in	Identify changes or improvements that	
	how nursing care can be evaluated and	evaluations in and of practice, for example	have taken place as a consequence of	
	how findings may be used to improve	completing audits or assisting people to	service evaluation and consider the	
	practice.	complete evaluations.	evidence base to support them.	
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	Date	

6.8	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 es and experiences, mistakes and adverse ou		
	- ·	1, 8.4, 8.5, 8.6, 9.1, 9.2, 10.2, 10.6, 16.4, 19.1,	·	
	PART 1 - Dependent	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 card 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	self and others	e uncertainty, and demonstrate an understand	ding of strategies that develop resilience in	
	The Code (NMC 2018) 1.3, 3.1, 6.1, 8.7, 13.	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 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	1.1, 13.3, 13.4, 15.1, 15.3, 19.1, 25.1 :EU clini	cal 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.

Platfo	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 Independence	PART 3 - Independent		
	In conversation with your PS/PA demonstrate a foundation understanding of the principles of partnership and interdisciplinary working.	Plan and coordinate the care of people in your PLE and take and make referrals to other agencies and professionals.	Plan and coordinate complex care and consider the influence local and national policy may have on care.		
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
7.2		alth and social care policies, and the mechan ere appropriate between the devolved legislat			
	The Code (NMC 2010) 4.3, 10.2, 20.4 .E0 C	illical instruction Directives			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA demonstrate a foundation understanding of some of the health and social care policies that influence the PLE.	In conversation with your PS/PA demonstrate an understanding of the key methodologies applied to influence policy.	Seek out opportunities to speak with others about health and social care legislation and apply the knowledge to your practice.		
	ACHIEVED Signature	ACHIEVED Signature	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 a 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	of policy changes on the delivery and coordin	nation of care  20.4, 22.3 :EU clinical instruction Directives	other professions and understand the impact	
	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 instructions				
	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.		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 Signatu	re ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		
7.6	demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care services across a wide range of integrated care settings				
	The Code (NMC 2018) 4.1, 4.3, 8.1, 10.1	, 17.3 :EU clinical instruction Directives			
	PART 1 - Dependent	PART 2 - Developing Independence	PART 3 - Independent		
	In conversation with your PS/PA conside 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 Signatu	re ACHIEVED Signature	ACHIEVED Signature		
	Date	Date	Date		

7.7 understand how to monitor and evaluate the quality of people's experience of complex care			re	
	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.  ACHIEVED Signature	In conversation with your PS/PA consider the range of approaches you can use to monitor and evaluate care.  ACHIEVED Signature	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	
	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 Independence	PART 3 - Independent	
	Discuss with your PS/PA what equitable access to healthcare for people who are vulnerable or have a disability might be. Talk about legislation that might support you in this e.g. Mental Health (Care and Treatment) (Scotland) Act 2003.	Demonstrate how you would facilitate access to healthcare for people by advocating for them and working with their beliefs and values.	Using your professional knowledge, demonstrate and document your practice of advocating for people and making reasonable adjustments to your assessment, planning and delivery of care.	
	ACHIEVED Signature	ACHIEVED Signature	ACHIEVED Signature	
	Date	Date	Date	
7.10	understand the principles and processes in caseloads, settings and services	volved in planning and facilitating the safe disc	harge and transition of people between	
	The Code (NMC 2018) 2.3, 3.3, 4.3, 5.5, 7	1, 7.4, 8.3, 10.3, 13.2, 25.1 :EU clinical instruct	ion 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 influence safe discharge or transition of care between settings and services.	In conversation and practice with your PS/PA share your understanding of some of the principles and processes that enable safe discharge and transition by participating in related activities.	Using your professional knowledge of the principles and processes, participate in and document the activities the safe discharge and transition of people between caseloads, settings and services.	
	ACHIEVED Signature		ACHIEVED Signature	
	Date	Date	Date	

7.11	demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed				
	The Code (NMC 2018) 8.6, 10.2, 14.1, 14.3, 16.1, 19.1, 19.2, 19.4, 25.1 :EU clinical instruction Directives				
	PART 1 - 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	7.12 demonstrate an understanding of the processes involved in developing a basic business case for additional care funding by 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.  ACHIEVED Signature	In conversation with your PS/PA consider how you would participate in processes to develop a business case for additional funding for care.  ACHIEVED Signature	Using your professional knowledge participate in activities and conversations with colleagues who are developing a basic business case for additional care funding.  ACHIEVED Signature		
	ACHIEVED Signature Date	ACHIEVED Signature Date	ACHIEVED Signature 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: Demonstrated safely **Demonstrated safely** Section through simulation in practice whilst Skill whilst acknowledging acknowledging own own limitations 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 Makes appropriate use of open and closed questioning 1.4 1.5 Uses caring conversation techniques Checks understanding and uses clarification techniques 1.6 1.7 Demonstrates awareness of own unconscious bias in communication encounters Writes accurate, clear, legible records and documentation 1.8 1.9 Confidently and clearly presents and shares verbal and written reports with individuals and groups 1.10 Analyses and clearly records and shares digital information and data Provides clear verbal, digital or written information and instructions when 1.11 delegating or handing over responsibility for care Demonstrates the skills and abilities required to support people at all stages of 1.12 life who are emotionally or physically vulnerable

2. At the point of registration, the registered nurse will be able to safely demonstrate evidence based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care: Demonstrated safely Demonstrated safely Section in practice whilst through simulation Skill acknowledging own whilst acknowledging limitations own limitations Please date and sign Please date and sign 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		

commun	point of registration, the registered nurse will be able to safely demon- lication skills and approaches for providing therapeutic interventions	Strate evidence base	a, best practice
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		

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

Part 1: A	g Procedures (NMC 2018a) t the point of registration, the student nurse will be able to saf	ely demonstrate procedures	for assessing
people's Section	needs for person-centred care  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 take a history, obs	serve, recognise and accurate	ely assess people of
all ages:	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		
	<ul><li>1.1.5 Signs of mental and emotional distress including:</li><li>agitation</li></ul>		
	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		
	Symptoms and signs of     deterioration		
	• sepsis		

	t the point of registration, the student nurse will be able to safely der	monstrate procedures	for assessing
Section	needs for person-centred care  Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	idence based, best practice approaches to undertake the following	procedures:	
2.1	Take, record and interpret vital signs manually and via technological devices		
2.2	Undertake:  • venepuncture		
	cannulation		
	blood sampling		
	<ul> <li>interpreting normal and common abnormal blood profiles and venous blood gases</li> </ul>		
2.3	Set up and manage routine electrocardiogram (ECG) investigations		
	<ul> <li>interpret normal and commonly encountered abnormal traces</li> </ul>		
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		

	t the point of registration, the student nurse will be able to safely den needs for person-centred care	monstrate procedures	for assessing
Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	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: A	t the point of registration, the student nurse will be able to safely de	monstrate procedures	for assessing
people's	needs for person-centred care		
Section	Procedure  (may be appropriate to attain at a higher level for the different fields)	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
		Please date and sign	Please date and sign
	Jse 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
initiati	e maintenance of dignity, accurately assessing the person's capacity of appropriate interventions  Observe and assess comfort and pain levels and rest and sleep patterns		
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		

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

	At the point of registration, the student nurse will be able to demons on and management of person-centred nursing care	trate 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
	ntenance of skin integrity, accurately assessing the person's capaci g appropriate interventions.  Use aseptic techniques when undertaking wound care including:	ty for independence and	d self-care and
4.0	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		

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
hydrati interve	evidence based, best practice approaches for meeting the needs for confidence and only assessing the person's capacity for independence and only ntions.		
5.1	Observe, assess and optimise:		
	nutrition status and determine the need for intervention and support		
	<ul> <li>hydration status and determine the need for intervention and support</li> </ul>		
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		<u> </u>

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		ndence and self-care and initiating	,
interver	ntions.		,
interver 5.7			, арриорими
	Manage artificial nutrition and hydration using:		
	Manage artificial nutrition and hydration using:  oral		
	Manage artificial nutrition and hydration using:  oral enteral		

Section	Procedure	Demonstrated safely in practice whilst acknowledging own limitations	Demonstrated safely through simulation whilst acknowledging own limitations
	evidence based, best practice approaches for meeting the needs for c		
	accurately assessing the person's capacity for independence and selentions.	f-care and initiating ap	propriate
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			
7. Use evidence based, best practice approaches for meeting the needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions.						
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					
7.2	Use a range of contemporary moving and handling techniques and mobility					

	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			
8. Use es support, appropri						
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					

	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			
the preve	9. Use evidence based, best practice approaches for meeting the needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions.					
9.1	Observe, assess and respond rapidly to potential infection risks using best practice guidelines					
9.2	Use standard precautions protocols					
9.3	Use effective aseptic, non-touch techniques					
9.4	Use appropriate personal protection equipment					
9.5	Implement isolation procedures					
9.6	Use evidence-based hand hygiene techniques					
9.7	Safely decontaminate equipment and environment					
9.8	Safely use and dispose of waste, laundry and sharps					
9.9	Safely assess and manage invasive medical devices and lines					

041-	n and management of person-centred nursing care	Demonstrated sefety !:-	Demonstrated asfala
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		
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		

	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	
	Use evidence based, best practice approaches for meeting the need ly assessing the person's capacity for independence and self-care a			
10.4	Understand and apply:			
	organ and tissue donation protocols			
	advanced planning decisions			
	living wills and health and lasting powers of attorney for health			
10.5	Understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and			
	verification of expected death			
10.6	Provide care for the deceased person and the bereaved respecting cultural requirements and protocols			

	t the point of registration, the student nurse will be able to demonstr 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
	edural competencies required for best practice, evidence-based med	licines administration a	nd 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		

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.cont/ Procedural competencies required for best practice, evidence-based medicines administration and ptimisation.					
11.9	Administer and monitor medications using vascular access devices and enteral equipment					
11.10	Recognise and respond to adverse or abnormal reactions to medications					
11.11	Undertake safe storage, transportation and disposal of medicinal products					



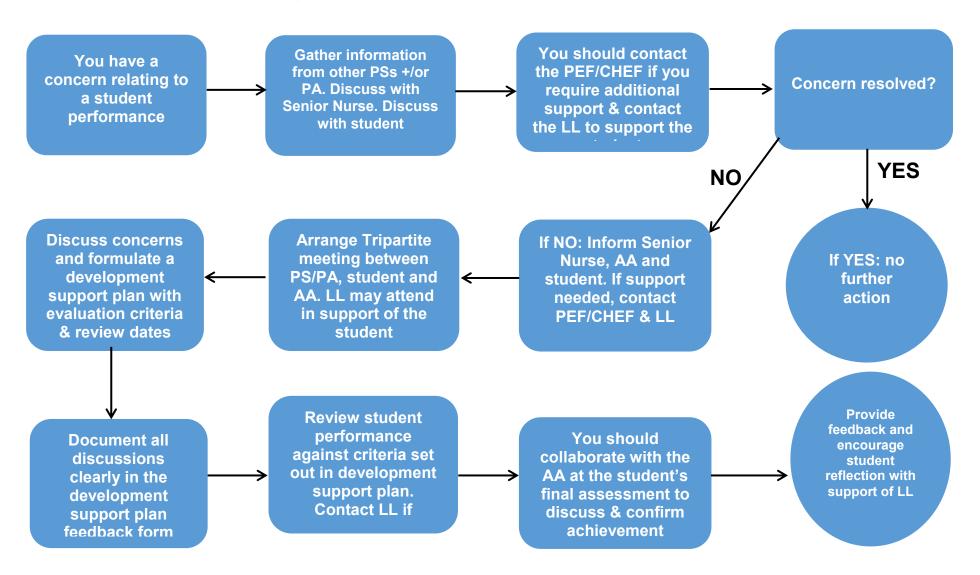
# **SECTION 3: POLICIES, GUIDELINES, PROTOCOLS**

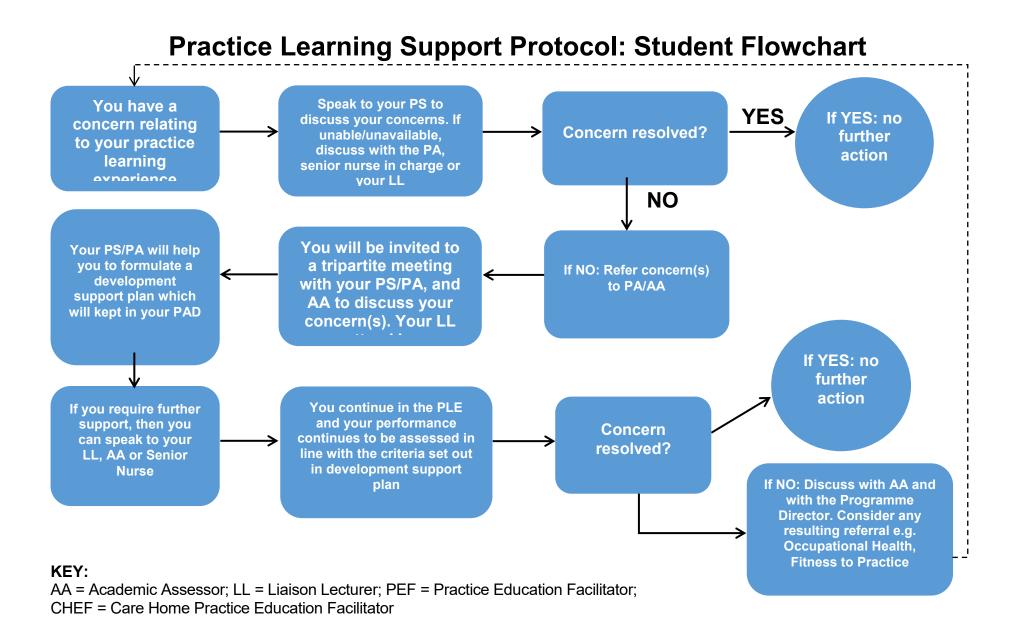
3.1 Development Support Plans

#### 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.

# Practice Learning Support Protocol: Nominated PS/PA Flowchart





#### **LEARNING DEVELOPMENT SUPPORT PLAN**

Development Need Identific	<del>c</del> u.					
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 & Super	rvisor Signature:	Student Sig	 nature:	Academic Assessor S	ignature:	Date
Development support plan	outcome :	Achieved / (please circ	Not Achieved			Date//

### **DEVELOPMENT SUPPORT PLAN FEEDBACK**

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

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

#### **Development Need Identified:**

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

Specific areas to be addressed	Related Platform number /proficiency	Participation in Care level	Learning Resources/actions	Evidence of achievement	Achievement/ Review date
Student is required to enhance their skills and knowledge to the required level in relation to medicine administration	Platform 1.15/1.20 Platform 3.3 Platform 4 .5/ 4.14/4.15	Developing independence	<ul> <li>Revist The Code (NMC)</li> <li>Review PAD/procedures</li> <li>Read the NHS policy of medication management and administration</li> </ul>	Explain via discussion your understanding of the code in relation to the areas of development  Through discussion explain the policy and the importance for this policy	Complete action and Review by 1/1/2020  Complete action and Review by 1/1/2020
		Developing independence	<ul> <li>With your supervisor/assessor participate in medication administrations</li> <li>Under supervision safely administer and record the prescribe medication for 5 consecutive drug administrations</li> <li>Identify 5 common drugs each week. understanding what they are used for, side effects and contraindications</li> </ul>	Through participation/observation /discussion demonstrate proficiency  Discussion. Q&A sessions. Evidence within medicine management workbook	Complete action and Review by 7/1/2020 on- going/complete for end of placement

# DEVELOPMENT SUPPORT PLAN FEEDBACK with example of feedback

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

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

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

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 wor d 290313-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: <a href="https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf">https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/openness-and-honesty-professional-duty-of-candour.pdf</a> [accessed 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/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: <a href="https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/">https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/</a> [accessed 05/08/19]

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

#### **APPENDIX 1**

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

Paper 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)

1		
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