BSc (Hons) Nursing Programme

Ongoing Achievement Record Exemplar

(For Cohort 0911 onwards)

Name of Student:

Cohort No:

Student Number:
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Introduction to the Exemplar

The exemplar document is designed to act as an aide memoir for students and mentors who are involved in the collection, presentation and assessment of evidence for the practice portfolio associated with the BSc (Hons) Nursing Programmes (Adult and Mental Health).

For all student nurses who commence their programme after the 1st and delivered in the form of an Ongoing Achievement Record (OAR).

The OAR is essentially a practice portfolio framework utilised by all Nursing Programmes including the University of Lincoln.

This document is a selection of pages from the OAR which have been designed to guide the student and mentor to enable them to complete the assessment in practice affectively.

Part one:

- Principles of assessment – using the Bondy scale
- Evidence and evidence codes
- Mentor signature verification sheet
- Declaration of consent by the student
- Student Placement Journey and profile
- An example of how mentors should assess competencies

Part two:

- Competency mapping with examples and ideas about the type of evidence that may be generated by the student for each competency
- An example of how mentors should assess Essential Skills (ESC’s)
- An example of how placement orientation and preliminary, mid-point and final interviews can be completed
- An example of how section 7, Sign Off mentors could evidence feedback and appraisal logs when mentoring and assessing a management student

Part three:

- Some examples of evidence may be presented by students
Part 1

- Principles of assessment – using the Bondy scale
- Evidence and evidence codes
- Mentor signature verification sheet
- Declaration of consent by the student
- Student Placement Journey and profile
- An example of how mentors should assess competencies
General Guidance on the principles of assessment during practice placements

At the completion of their Nursing Education Programme the student is expected to be able to consistently demonstrate the standard of competency for the field of Adult Nursing as required by the Standards for pre-registration nursing education (2010). These are divided into four domains:

1. Professional Values

2. Communication and Interpersonal Skills

3. Nursing Practice and decision-making

4. Leadership, management and team working

In addition there is a generic standard of competence and a more specific field standard of competence for each of the domains. These are detailed in the assessment pages of this OAR document.

During each placement the student must provide evidence of their learning and this should be expanded upon during the three years of the programme.

Every mentor should review the evidence that has been presented by the student. This may include direct observation by the mentor / assessor, a question & answer session, the presentation of a reflective piece of work. The method of evidence for each specific competency should be negotiated by mentor and student at the beginning of each placement.

The mentor / assessor should assess the student for competent in each element of every domain, using the Bondy (1983) skills escalator for pre – registration nursing. The Bondy grade currently being achieved by the student should be written in the space provided for each competency, signed and dated by the mentor / assessor.

Please refer to the next page for an explanation of the Bondy Skills Escalator and Assessment Framework for use with this Ongoing Achievement Record.
An explanation of the Bondy Assessment Framework for use with this Ongoing Achievement Record.

Mentor/s should complete all relevant NMC competency assessment sheets during each placement in conjunction with the student on placement.

This will provide a clear picture of the success that each student is achieving during every placement and at the end of every year of the programme.

The Bondy Skills Escalator Assessment Framework has four stages with the first stage (1) being the competency level that the student is believed to be able to achieve at the commencement of their programme of nursing education.

**Bondy stage or level** 2, 3 and 4 are the achievement levels that the mentor / assessor should apply to every competency during each placement.

**Bondy Level 2** is essentially requiring the mentor to assess the students’ capability to achieve the criteria set for progression point no 1 in accordance with the Standards for pre-registration nursing education (2010).

According to the Standards for pre-registration nursing education (2010) “these criteria cover safety, safeguarding and protection of people of all ages, their carers and their families and professional values, expected attitudes and behaviours that must be shown towards people, their carers, their families, and others.”

The criteria for progression point no 1 will be assessed at the end of the final placement for year 1 and this can be found on pages 103 to 109 of this OAR document.

**Bondy Level 3** is essentially requiring the mentor to assess the students’ capability to achieve the criteria set for progression point no 2 in accordance with the Standards for pre-registration nursing education (2010).

According to the Standards for pre-registration nursing education (2010) Criteria for progression point no 2 includes the ability of the student to “work more independently, with less direct supervision, in a safe and increasingly confident manner and demonstrate potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice.”

The criteria for progression point no 2 will be assessed at the end of the final placement for year 2 and this can be found on pages 202 to 205 of this OAR document.

**Bondy Level 4** is essentially requiring the mentor to assess the students’ capability to achieve the criteria set for completion of the programme in accordance with the Standards for pre-registration nursing education (2010).

This is essentially for the student, by the end of year 3, to have completed all practical competencies to a standard that is suitable for the student to be able to safely register with the NMC as a newly qualified Adult Nurse.

The Sign Off Mentor should ensure that competencies throughout the programme have been successfully achieved and that the student is still able to achieve the required level.

The Bondy Skills Escalator and Assessment Framework are overleaf:-
The Practice Levels below are the minimum levels of achievement for that part of the course. Students may be assessed at achieving beyond the minimal level and should be encouraged to progress towards the higher levels.

**Practice Level 4:**

**Student self-assessment:** I have practised with minimum supervision and within the NMC and Trust guidelines, meeting the standards of competency, seeking advice and support as appropriate and demonstrating knowledge, skills and attitudes appropriate to this practice level. **Indicators:**
- Prioritises care appropriately, demonstrating careful and deliberate planning.
- Demonstrates evidence-based practice approaches, drawing on a wide range of sources of evidence to support care delivery decisions.
- Actions underpinned with sound evidence-based rationales, communicated in a coherent and accurate manner.
- Demonstrates professional behaviour, showing awareness of responsibilities as an accountable practitioner in relation to self and others.
- Demonstrates ability to adapt behaviour/interventions to needs of client and environment.
- Safe, co-ordinated and efficient practice associated with an autonomous practitioner.
- Consistently communicates effectively with multidisciplinary team, users and carers.

**Practice Level 3:**

**Student self-assessment:** I have practised with decreasing supervision to achieve the standards of competence, requiring occasional support and prompts in the development of appropriate knowledge, skills and attitudes. **Indicators:**
- Demonstrates increasing independence in initiating appropriate interventions.
- Applies knowledge to practice, providing a critical appraisal of the evidence.
- Makes informed judgements, considering more than one source of evidence.
- Demonstrates professional behaviour with underpinning ethical framework.
- Provides safe and efficient care under minimal supervision, demonstrating increasing confidence in own abilities.
- Gives informed rationale for care, demonstrating transferability of skills and knowledge.
- Communicates effectively with the nursing team and other health/social care professionals.

**Practice Level 2:**

**Student self-assessment:** I have practised with assistance in the delivery of care to achieve my practice competencies, demonstrating knowledge, skills and attitudes appropriate to this level. **Indicators:**
- Prioritises care and adapts to meet client needs with support.
- Applies knowledge to practice, identifying possible sources of evidence.
- Makes judgements, providing an evidence based rationale.
- Demonstrates professional behaviour and understanding of professional responsibilities.
- Provides safe care under frequent supervision, demonstrating developing confidence in own abilities.
- Initiates appropriate interventions in relation to essential care without prompts.
- Communicates effectively with clients and the nursing team

**Practice Level 1:**

**Student self-assessment:** I have practised, with constant supervision, in the delivery of essential care to develop the knowledge skills and attitude required to achieve my practice outcomes. **Indicators:**
- Undertakes care with direction and supervision from others.
- Identifies possible locations of information to support practice.
- Provides appropriate explanation in relation to care delivery activities.
- Demonstrates professional behaviour and understanding of personal responsibilities.
- Developing the ability to deliver safe and accurate practice.
- Initiates appropriate interventions with prompts.
- Developing communication skills.
Evidence of learning must be presented by the student to their mentor / assessor to enable the mentor / assessor to assess each competency and award a Bondy Level. Evidence of learning can be generated in an infinite number of ways by the student and the list below is only a guide for both student and mentor.

It is recommended that the student should negotiate the nature and quantity of evidence that their mentor will require to award the appropriate Bondy level at the commencement of each placement experience.

- **Direct observation (DO)** of the student whilst they are working under supervision. More than one observation of the activity/skill may be appropriate for the mentor to satisfy himself or herself that the student is able to sustain an acceptable level of performance and competence. These observations should take place as part of the normal working role of the student, rather than being contrived for the purpose of assessment. Dates, name of supervisor and location of evidence should be recorded against the appropriate Outcome in the Continuity of Assessment document.

- **Question and answer session (QA)** to assess underpinning knowledge the student should demonstrate understanding and application. Dates, name of mentor / assessor and location of evidence should be recorded against the appropriate Outcome in the Continuity of Assessment document.

- **Reflective discussion (RD)** between the mentor and the student regarding the progress in relation to knowledge, understanding and application. Dates, name of supervisor and location of evidence should be recorded against the appropriate Outcome in the Continuity of Assessment document.

- **Reflective Writing (RW)** demonstrating knowledge and understanding as applied to specific placement experiences supported by sources of evidence. This must be retained in the student’s portfolio. If appropriate the use of a reflective model would enhance this process.

- **Testimony Evidence (TE)** from other professionals engaged in the student’s learning and patients that have received nursing care from the student as part of their placement learning experiences. The student must discuss the suitability of approaching a patient with their mentor before requesting a testimony from the patient.

- **Development Plan (DP)** An account of a plan for development made by the student, often in conjunction with their mentor during a practice placement. This should be supplementary to all mandatory action plans written during placement interviews in the course of a normal placement interview schedule.

- **Work Product (WP)** A development by the student such as an anonymised care plan, a risk assessment or a fluid balance chart to demonstrate knowledge and competence and this should normally be supplemented by other evidence regarding policy, best practice guidelines, quality and NMC requirements.

- **Case study (CS)** written by the student demonstrating their involvement in and understanding of the holistic care of a patient.
<table>
<thead>
<tr>
<th>Date</th>
<th>Signature</th>
<th>Workplace Address</th>
<th>Designation</th>
<th>Name of Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/10/01</td>
<td>Valerie Martin</td>
<td>The new surgery Wasingbourne</td>
<td>DN</td>
<td>Valerie Martin</td>
</tr>
<tr>
<td>22/03/02</td>
<td>James Thompson</td>
<td>The Grange Nursing Home Saltfleet</td>
<td>RGN</td>
<td>James Thompson</td>
</tr>
<tr>
<td>17/07/02</td>
<td>Annabel Markiss</td>
<td>Johnstone Ward Sleaford Hospital</td>
<td>RN (Comm)</td>
<td>Annabel Markiss</td>
</tr>
<tr>
<td>09/02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Declaration of consent to the processing of confidential data about the student to be shared between successive mentors and the University of Lincoln nursing programme team in the process of assessing fitness for practice.

The Standards to support learning and assessment in practice (NMC 2006, page 30) requires that:

‘An ongoing achievement record including comments from mentors, must be passed from one placement to the next to enable judgments to be made on the student’s progress’.

The Data Protection Act 1998 has confirmed that the NMC ‘is perfectly competent to require the nurse to consent to the processing of confidential data about him or her in the process of assessing her fitness to be a nurse’.

This data might include both ‘personal data’ and ‘sensitive personal data’ as described within Sections 1 and 2 of the Data Protection Act 1998. (In this context ‘nurse’ relates to student nurse and also applies to student ‘midwife’).

Should the student not consent to the sharing of confidential data, then this would be incompatible with ensuring fitness for practice and therefore the student would be unable to meet programme requirements.

The Nursing and Midwifery Council and the University of Lincoln require the student nurse to consent to the processing of personal data as part of the Ongoing Achievement Record (OAR).

The students’ data for the purposes of the fitness assessment will be held in the OAR that is maintained by the student and a carbon copy of each completed assessment page will be removed from the OAR and placed in the students’ personal record and stored for a minimum of five years after the student has left the programme.

Declaration:

Student Name ...Caroline Parnell ....................... UoL ID No 010102367

I declare that I have read and understood the information provided about the use of my personal data as part of the ongoing assessment process in the Ongoing Achievement Record (OAR)

I consent to the data generated about me in the OAR being used for this purpose.

Signature Caroline Parnell Date 17th September 2001
<table>
<thead>
<tr>
<th>Placement Name</th>
<th>Placement Speciality</th>
<th>Placement Dates</th>
<th>Mentor Name</th>
<th>Mentor Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washingbourne DN Team</td>
<td>Community Nursing</td>
<td>19th October 2001 to 23rd March 2002</td>
<td>Valerie Martin</td>
<td>The new surgery Washingbourne Lincolnshire 01534 679456</td>
</tr>
<tr>
<td>The Grange Nursing Home Saltfleet Lincs</td>
<td>Caring for clients in a nursing home</td>
<td>23rd March 2002 to 30th April 2002</td>
<td>James Thompson</td>
<td>01345 679345</td>
</tr>
<tr>
<td>Johnstone ward Sleafould</td>
<td>Acute Medicine</td>
<td>17th July 2002 to 23rd August 2002</td>
<td>Annabel Markiss</td>
<td>01654 784567</td>
</tr>
</tbody>
</table>
## NMC Domain 4: Leadership, management and team working
### Outcomes

**Generic Standard for Competence:**
All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

**Field Standard for Competence:**
Adult nurses must be able to provide leadership in managing adult nursing care, understand and coordinate interprofessional care when needed, and liaise with specialist teams. They must be adaptable and flexible, and able to take the lead in responding to the needs of people of all ages in a variety of circumstances, including situations where immediate or urgent care is needed. They must recognise their leadership role in disaster management, major incidents and public health emergencies, and respond appropriately according to their levels of competence.

### NMC Domain 4: Leadership, management and team working

<table>
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<tr>
<th>Competencies</th>
<th>Year 1 Community Placement</th>
<th>Year 1 In-patient Placement</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Intermediate interview</td>
<td>Final interview</td>
</tr>
<tr>
<td></td>
<td>Mid Placement Bondy Level</td>
<td>Signature &amp; Date</td>
</tr>
<tr>
<td>1 All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people’s wellbeing and experiences of healthcare.</td>
<td>U</td>
<td>Tsimpson 12/03/2008</td>
</tr>
<tr>
<td>2 All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people’s experience and care outcomes and to shape future services.</td>
<td>2</td>
<td>Tsimpson 15/03/2008</td>
</tr>
<tr>
<td>3 All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.</td>
<td>1</td>
<td>Tsimpson 05/04/2008</td>
</tr>
</tbody>
</table>

The evidence code, relating to the information on page 8 of this document gives the type of evidence being used to confirm competency and the portfolio page no relates to the page in the student’s portfolio of evidence for this competency.

In this illustration the student has been unable to complete competency no 1 due to a lack of opportunity and awarded a "U". For competency No 2 they have achieved the desired Bondy level "2". For competency No 3 they have only achieved Bondy level "1".

The evidence code, relating to the information on page 8 of this document gives the type of evidence being used to confirm competency and the portfolio page no relates to the page in the student’s portfolio of evidence for this competency.

In this illustration the student has been unable to complete competency no 1 due to a lack of opportunity and awarded a "U". For competency No 2 they have achieved the desired Bondy level "2". For competency No 3 they have only achieved Bondy level "1".
Part 2

- Competency mapping with examples and ideas about the type of evidence that may be generated by the student for each competency
- An example of how mentors should assess Essential Skills (ESC’s)
- An example of how placement orientation and preliminary, mid-point and final interviews can be completed
- An example of how section 7, Sign Off mentors could evidence feedback and appraisal logs when mentoring and assessing a management student
## NMC Competency Mapping

<table>
<thead>
<tr>
<th>Domain 1: Professional Values</th>
<th>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All nurses must practise with confidence according to The code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people’s choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.</td>
<td>A reflective account by the student thinking about professional regulation with respect to nursing and patient care.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td><strong>1.1</strong> <strong>Adult nurses</strong> must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.</td>
</tr>
<tr>
<td>All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, ageing, death and dying. Nurses must understand how these activities influence public health.</td>
<td>A discussion between mentor and student about the rights of patients in their care (e.g. making decisions about their care, refusal of treatment). The student may reflect on the public health needs of the patients in their care and discuss mechanisms to improve health &amp; wellbeing for them.</td>
</tr>
<tr>
<td>All nurses must work in partnership with service users, carers, families, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.</td>
<td>A discussion between mentor and student about the choices that patients may make and how healthcare professionals should respond to their decisions. A short reflection on the need for the student to understand risk appraisal by creating and maintaining safe environments for patients in their care.</td>
</tr>
<tr>
<td>All nurses must fully understand the nurse’s various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.</td>
<td>A discussion or piece of reflective writing on boundaries of care, the roles of the nurse in differing situations with individual patients and the skill of adaptation dependent upon the needs of the patient/s in their care.</td>
</tr>
<tr>
<td>All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.</td>
<td>The student may wish to create a profile of the professional groups that contribute to patient care and critically appraise how nurses work with them to ensure quality patient care and outcomes.</td>
</tr>
<tr>
<td>Domain 1: Professional Values</td>
<td>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.</td>
<td>The student may wish to scope the different models of portfolio and evidence with due regard to their needs as a student to create evidence of knowledge and skills of nursing. The scope could report on the various different ways that evidence of progressive learning could be collated and then use this new understanding as a blueprint for their own student portfolio.</td>
</tr>
<tr>
<td>All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.</td>
<td>Direct observation of the student seeking help and advice when faced with a new or unfamiliar set of circumstances. Reflective discussion about recognising own limitations</td>
</tr>
<tr>
<td>All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.</td>
<td>The student may wish to create a log of evidence informed policy as they journey through their nurse education course, enabling an understanding of the need for continuous updating and scrutiny of policy and evidence relate to nursing care.</td>
</tr>
</tbody>
</table>
### NMC Competency Mapping

<table>
<thead>
<tr>
<th>Domain 2: Communication and interpersonal skills</th>
<th>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The mentor may use direct observation (DO) to assess the student’s ability to communicate effectively with patients, relatives and other members of the healthcare team in a way that is non-discriminatory by tailoring communication to the needs and capabilities patients.</td>
</tr>
<tr>
<td>All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.</td>
<td>This may be supported by a question and answer session following a period of observation of the student.</td>
</tr>
<tr>
<td>The student may also wish to reflect upon an experience to support their evidence of understanding communication.</td>
<td></td>
</tr>
<tr>
<td>All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and how to obtain it.</td>
<td>The mentor may use direct observation (DO) to assess the student’s ability to communicate effectively with patients, relatives and other members of the healthcare team in a way that is non-discriminatory by tailoring communication to the needs and capabilities patients.</td>
</tr>
<tr>
<td>The student may also wish to reflect upon an experience to support their evidence of understanding communication.</td>
<td>This may be supported by a question and answer session following a period of observation of the student.</td>
</tr>
<tr>
<td>The student may also wish to reflect upon an experience to support their evidence of understanding communication.</td>
<td></td>
</tr>
<tr>
<td>All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people’s needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.</td>
<td>The student may profile examples of how they would communicate using different methods as part of their nursing education and patient care experiences.</td>
</tr>
<tr>
<td>The student may wish to profile how communication with vulnerable adults and children can be carried with critical analysis of how ill health, disability can influence the way effective communication can be achieved.</td>
<td>The student may choose to reflect upon an incident in practice that lead them to consider who the nature of communication affected a care episode either negatively or positively. This may include profiling those professionals involved in the care, their role and their needs in terms of communication which can be complex in some cases.</td>
</tr>
<tr>
<td>The student may wish to create a case study for a patient with a long term condition and use the example to demonstrate the importance of encouraging self care behaviours for all patients and the role of communication to enable this care strategy.</td>
<td></td>
</tr>
<tr>
<td>Adult nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.</td>
<td>The student must be able to demonstrate effective communication skills in all aspects of patient care delivery with patients, relatives, other professionals and the public.</td>
</tr>
<tr>
<td>The student must also be a recognition by the student about when referrals to others should occur.</td>
<td>There must also be a recognition by the student about when referrals to others should occur.</td>
</tr>
<tr>
<td>This could be evidenced by Direct Observation by their mentor, by question and answer session with their mentor and as part of a reflection on practice by the student.</td>
<td></td>
</tr>
</tbody>
</table>
### Domain 2: Communication and interpersonal skills

#### Outcomes

5. All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.

   - The student must be able to recognise professional boundaries and how the use of communication sets those boundaries for the patient and other professionals. The student must also learn when and how to engage and disengage in therapeutic relationships with patients and other professionals.
   - This may be evidenced with Direct Observation by their mentor, by Question & Answer session with their mentor and by student reflection.

6. All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.

   - The student should be able to identify and act upon an opportunity for health-promoting behaviour in most episodes of healthcare delivery. This will require a good sense of role modelling by the student and effective communication skills.
   - This may be evidenced with Direct Observation by their mentor, by Question & Answer session with their mentor and by student reflection.

7. All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

   - The student must understand the importance of accurate and appropriate record keeping for patient care using electronic care records, paper based records while ensuring their recordings are easily understood, meets the NMC standards for record keeping and is written / typed in a legible and understandable format.
   - The student could evidence this by creating a work product of a care plan in order to be able to demonstrate their ability to contribute succinctly, accurately and appropriately to patient care records.

8. All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

   - The student must be able to understand the need for the rights to confidentiality of personal information for their patients. In addition the mentor must be satisfied that the student can consistently achieve high standards of confidential information handling and storage. The student must be able to describe circumstances where they would actively share personal information with others in the interests of safety and protection which override the need for confidentiality.
   - This could be evidenced by the student by use of a case study or a reflective account of an incident during a practice placement.

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<table>
<thead>
<tr>
<th></th>
<th><strong>Some examples of evidence</strong>  &lt;br&gt; <em>(Students should be encouraged to generate a range of different individualised evidence)</em></th>
</tr>
</thead>
</table>
| 5 | The student must be able to recognise professional boundaries and how the use of communication sets those boundaries for the patient and other professionals. The student must also learn when and how to engage and disengage in therapeutic relationships with patients and other professionals.  
   - This may be evidenced with Direct Observation by their mentor, by Question & Answer session with their mentor and by student reflection. |
| 6 | The student should be able to identify and act upon an opportunity for health-promoting behaviour in most episodes of healthcare delivery. This will require a good sense of role modelling by the student and effective communication skills.  
   - This may be evidenced with Direct Observation by their mentor, by Question & Answer session with their mentor and by student reflection. |
| 7 | The student must understand the importance of accurate and appropriate record keeping for patient care using electronic care records, paper based records while ensuring their recordings are easily understood, meets the NMC standards for record keeping and is written / typed in a legible and understandable format.  
   - The student could evidence this by creating a work product of a care plan in order to be able to demonstrate their ability to contribute succinctly, accurately and appropriately to patient care records. |
| 8 | The student must be able to understand the need for the rights to confidentiality of personal information for their patients. In addition the mentor must be satisfied that the student can consistently achieve high standards of confidential information handling and storage. The student must be able to describe circumstances where they would actively share personal information with others in the interests of safety and protection which override the need for confidentiality.  
   - This could be evidenced by the student by use of a case study or a reflective account of an incident during a practice placement. |
### NMC Competency Mapping

#### Domain 3: Nursing Practice and decision-making

**Outcomes**

| 1 | All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly. |
| 1.1 | **Adult nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment. |

**Some examples of evidence**

(Students should be encouraged to generate a range of different individualised evidence)

- The student must be able to define the nursing process and describe the links to contemporary evidence and knowledge in the delivery of care. They must also be able to demonstrate the need for care to be tailored to every individual patient and the use of decision making and the need for referral to specialists as part of care planning and care delivery.

- To evidence this, the student could devise a case study to demonstrate their knowledge and skills of utilising Assessment Planning Implementation Evaluation (APIE). They could also include a scenario that includes the need for specialist referral and then create a work product referral form and a short piece of reflection to demonstrate knowledge of this process and when to appropriately refer to a specialist.

- **Adult nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.

- The student must be able to understand the care of clients that are normally cared for by nurses from other fields, including midwifery, child, mental health and learning disability and older patients from the adult field that may be vulnerable due to long term conditions such as cognitive impairment.

- To evidence this the student should seek to engage in learning with professionals and patients accessing other fields of nursing and older persons care using reflection, workshops, workbooks, testimony from supervisors and patients where appropriate and work products to reflect the needs of these vulnerable groups of patients.

- All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including comorbidity and physiological and psychological vulnerability.

- The student must demonstrate a good level of knowledge of normal human physiology and abnormal human physiology in terms of physical and psychological symptoms.

- The student may choose to utilise a case study to demonstrate their knowledge of anatomy and physiology and pathophysiology of the patient.

- The mentor may utilise Direct Observation and Question & Answer session to gauge the knowledge of A&P of the student.

- All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.

- The student must be able to demonstrate appropriate knowledge and skill of how to complete a comprehensive systematic nursing assessment by the use of a model or framework that is suitable for the client group and nursing situation that they are working within.

- The student may choose to utilise a case study and present a work product of a comprehensive assessment form, complemented by a piece of reflection, a critique of the model in use.

- The mentor may choose to use Direct Observation of the student completing a patient assessment interview and to use a Question & Answer session to follow-up and test the knowledge and skills of the student.
<table>
<thead>
<tr>
<th>Domain 3: Nursing Practice and decision-making Outcomes</th>
<th>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</th>
</tr>
</thead>
</table>
| 3.1 Adult nurses must safely use a range of diagnostic skills, employing appropriate technology, to assess the needs of service users. | The student must be able to demonstrate their knowledge and skills of essential nursing diagnostics and techniques and more complex tests and procedures related to assessing the patient and completing a comprehensive assessment.  
The student may choose to utilise a case study and present a work product of a comprehensive assessment form, complemented by a piece of reflection, a critique of the model in use.  
The mentor may choose to use Direct Observation of the student completing a patient assessment interview and to use a Question & Answer session to follow-up and test the knowledge and skills of the student. |
| 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement. | The student must be able to demonstrate an appropriate response to the changing needs of patients in their care by being responsive to progressive illness or indeed recovery.  
The student could profile a case and reflect upon the needs of the patient over a period of time detailing the different needs at different times of the care journey. Finally the reflection could reflect the adaptive approach to nursing care as the patients care needs changed. |
| 4.1 Adult nurses must safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions, where relevant, in medical and surgical nursing practice, providing information and taking account of individual needs and preferences. | The student must be able to demonstrate their knowledge and skills of essential nursing diagnostic tests and procedures related to assessing the patient and completing a comprehensive assessment which ultimately reflects the needs of the patient and details the appropriate actions as a result of the tests.  
The student may choose to utilise a case study and present a work product of a comprehensive assessment form, complemented by a piece of reflection, a critique of the model in use.  
The mentor may choose to use Direct Observation of the student completing a patient assessment interview and to use a Question & Answer session to follow-up and test the knowledge and skills of the student. |
| 4.2 Adult nurses must recognise and respond to the changing needs of adults, families and carers during terminal illness. They must be aware of how treatment goals and service users’ choices may change at different stages of progressive illness, loss and bereavement. | The student must be able to recognise the specific needs of a patient and their family in the end of life situations and terminal illnesses. The student must be able to recognise the role of the nurse under these circumstances and the importance of placing the patient and their family at the heart of all decision making about the planned care.  
The student may wish to use a reflective piece to demonstrate a care episode with regards to end of life care. |
| 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion. | The student must be able to use skills to research and understand the key elements of public health principles related to all spheres of nursing practice.  
The student could choose to profile a group of patients related to a clinical area, a geographical area or community with regards to the needs of that population and comment on the priorities, care delivery models to improve and maintain wellbeing by understanding health screening, health promotion and social inclusion initiatives. |
## NMC Competency Mapping

### Domain 3: Nursing Practice and decision-making

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes. The student must be aware of the principles of safe practice and they should also be able to demonstrate knowledge of hazards of patient care interactions (equipment, treatments and drug side effects) and be able to report concerns about patient safety to the appropriate person / authority. The student may wish to profile the clinical area where they are working to present the risks and hazards related to patient care. They could enhance this by the use of a case study or reflection on a witnessed incident or near miss. The mentor could ask the student to verbally present the risks and hazards associated with a case and ask questions of the student about actions to be taken in the event a risk is discovered that isn’t being managed.</td>
</tr>
<tr>
<td>7</td>
<td>All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe. The student must be able to determine the physical and mental wellbeing of any patient at any time by recognising signs and symptoms of ill health. They must also be able to respond appropriately to these situations by reporting and recording changes of health, ensuring comfort and safety of the patient at all times. The student could utilise a case study to achieve this outcome by profiling a patient care episode, followed by a reflection on the circumstances. The mentor could use Direct Observation, a Question and Answer session to determine the student’s knowledge and skill in this regard.</td>
</tr>
<tr>
<td>7.1 Adult nurses must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care. The student must be able to recognise the signs and symptoms of deteriorating health in patients. They must also be able to respond appropriately to these situations by reporting and recording changes of health and acting in a timely and appropriate manner to avoid further deterioration of the patient. The student could utilise a case study to achieve this outcome by profiling a patient care episode, followed by a reflection on the circumstances. The mentor could use Direct Observation, a Question and Answer session to determine the student’s knowledge and skill in this regard.</td>
<td></td>
</tr>
<tr>
<td>7.2 Adult nurses must understand the normal physiological and psychological processes of pregnancy and childbirth. They must work with the midwife and other professionals and agencies to provide basic nursing care to pregnant women and families during pregnancy and after childbirth. They must be able to respond safely and effectively in an emergency to safeguard the health of mother and baby. The student must demonstrate the health needs of expectant mothers, recent mothers and their babies and know how to work with Midwives and other professionals to provide appropriate care for women and their babies. They must know how to respond appropriately and safely to maintain the safety of this vulnerable client group. The student could utilise a case study to achieve this outcome by profiling a patient care episode, followed by a reflection on the circumstances.</td>
<td></td>
</tr>
</tbody>
</table>
| NMC Competency Mapping | Some examples of evidence  
(Students should be encouraged to generate a range of different individualised evidence) |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 4:</strong> Leadership, management and team working Outcomes</td>
<td><strong>1.</strong> All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people’s wellbeing and experiences of healthcare. The student must be able to articulate their knowledge of the need skills of leadership within nursing for the benefit of quality improvements to care and service development for the benefit of patient care. The student could evidence this by Discussion with their mentor followed by a reflection contextualising the leadership styles of nurses they work with in practice.</td>
</tr>
<tr>
<td></td>
<td><strong>2.</strong> All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people’s experience and care outcomes and to shape future services. The student must be able to recognise the need for improvement in care by evaluating and reflecting upon current practice and striving to improve the knowledge and skills of both themselves and others in practice to ensure quality of care. The student could evidence this by providing examples of when they have reflected upon their practice and considered how to enhance knowledge and skill in order to improve the care they deliver for patients.</td>
</tr>
<tr>
<td></td>
<td><strong>3.</strong> All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced. The student must be able to recognise the priority of patient care and operate within a team as a leader and as a contributor to ensure care is delivered in a timely and appropriate way for all students. The mentor could use Direct Observation, followed by Question &amp; Answer session to understand how skilful and knowledgeable the student is regarding identifying priorities, managing time and using resources effectively for the benefit of patient care.</td>
</tr>
<tr>
<td></td>
<td><strong>4.</strong> All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation. The student must be able to demonstrate their understanding of their own skills and knowledge in terms of ability and limitation. The student must also be able to plan and develop their personal development based on feedback, mentorship, opportunity, incidents in practice and reflective evaluation of the care they deliver. The student could use a reflective account of how they understand their own care delivery and their plan to continuously improve the care they deliver.</td>
</tr>
<tr>
<td></td>
<td><strong>5.</strong> All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills. The student must have an understanding of the role of the nurse to develop and mentor student nurses to reach the minimum standards of care as required by the NMC. The student could demonstrate their ability and willingness to engage in the education and progression of others in the team including their peer group by demonstrating to their mentor one to one discussions, presentation of discrete skills and transfer of knowledge. This may be during ad-hoc opportunities observed and witnessed by their mentor or as part of a pre-arranged teaching session presented to peers and other professionals from the clinical area.</td>
</tr>
</tbody>
</table>
## NMC Competency Mapping

<table>
<thead>
<tr>
<th>Domain 4: Leadership, management and team working Outcomes</th>
<th>Some examples of evidence (Students should be encouraged to generate a range of different individualised evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.</td>
<td>The student must recognise the demand for independently planned, delivered and evaluated care that the individual nurse is accountable for. They are required to also understand the principles of safe and effective delegation and supervision of other care workers by managing risk while remaining ultimately accountable for the care delivered. The student could evidence this by demonstrating the ability to recognise opportunities to delegate and supervise others safely to maximise safe and efficient care. This may include being responsible while supervised by their mentor for the care of a group of patients depending upon the suitability of the area and the skills of the student. These factors will have to be considered by the mentor to determine the level of autonomy for this evidence. The mentor could also Directly Observe the student in their role as nurse designate for one patient, a small caseload of patients or a whole caseload of patients, depending upon their skills and ability. The student and mentor could also hold a reflective discussion which leads to a piece of reflective writing by the student on their experiences of leading care delivery.</td>
</tr>
<tr>
<td>7 All nurses must work effectively across professional and agency boundaries, actively involving and respecting others’ contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.</td>
<td>The nurse must be able to understand the theoretical principles of interprofessional working and multi-agency working to benefit patient care. The student could achieve this competency by profiling the professional groups and agencies typically engaged in the care of patients connected to the clinical area they are attached. The student could also develop a case study of interprofessional and multi-agency working for a patient in their care. The mentor and student could hold a reflective discussion and question and answer session to evidence the knowledge and skills of the student in this regard.</td>
</tr>
</tbody>
</table>
NMC Essential Skills assessment for Year 1 of the Programme

The NMC have introduced Essential Skills Clusters (ESC’s Circular 07/2007 & enhanced by Annexe 3 of the NMC standards for pre-registration nursing training (2010)) to complement the existing NMC pre-registration outcomes / proficiencies. The NMC require that some of these skills are specifically assessed in practice.

During year 1 of the programme students must be assessed in the following ESC’s to be able to progress to year 2

Medicine Calculations (Exam in University)

This ESC assessment must have been successfully completed by the end of year 1 in order for the student to progress into year 2 and therefore will have passed the first progression point, see page 110.

NMC Essential Skills Assessment for Progression Point No 1, to be completed by all primary Mentors in Practice

Dear Mentor, please make an assessment of the following mandatory skills that the student is required to be deemed to have successfully achieved during year 1 of the programme. This is to ensure that the student is fit to progress to year 2 in terms of practice skills.

In order to record your assessment, please complete the assessment grid on the following pages by indicating a successful, unsuccessful or not available for each ESC progression point criteria, thank you.
<table>
<thead>
<tr>
<th>ESC: Care Compassion and Communication:</th>
<th>Year 1 Community Placement</th>
<th>Year 1 In-patient Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.</td>
<td>Please indicate whether the student has been successful in achieving each of the outcomes</td>
<td>Please indicate whether the student has been successful in achieving each of the outcomes</td>
</tr>
<tr>
<td>Successful, Unsuccessful or Unavailable?</td>
<td>Signature and Date</td>
<td>Successful, Unsuccessful or Unavailable?</td>
</tr>
<tr>
<td><strong>1.1 Articulates the underpinning values of The code: Standards of conduct, performance and ethics for nurses and midwives (the code) (NMC 2008).</strong></td>
<td><strong>Successful</strong></td>
<td><strong>Successful</strong></td>
</tr>
<tr>
<td>TPSimpson 14th June 2009</td>
<td></td>
<td>JP Frannington 23rd September 2009</td>
</tr>
<tr>
<td><strong>1.2 Works within limitations of the role and recognises own level of competence.</strong></td>
<td>During the placement the student has to demonstrate their ability to deliver safe and effective care that are determined as Essential Skills Clusters by the NMC.</td>
<td>The outcome should be validated by a signature and date by the mentor / assessor for the student.</td>
</tr>
<tr>
<td><strong>1.3 Promotes a professional image</strong></td>
<td>On these pages mentors are required to confirm whether the student has successfully or unsuccessfully practised care in the context of each of the statements in the left hand columns. No Additional evidence is required for this assessment.</td>
<td><strong>1.4 Show respect for others</strong></td>
</tr>
<tr>
<td><strong>1.5 Is able to engage with people and build caring professional relationships</strong></td>
<td>The mentor should use observation to determine the outcome for the student in each ESC.</td>
<td><strong>1.5 Is able to engage with people and build caring professional relationships</strong></td>
</tr>
</tbody>
</table>
**Placement Orientation Checklist** *(Must be completed within the first week of starting the placement.)*

**Year 1 Placement 1:** Jonstone Ward, Sleafould

Dates of placement: From ...14/03/04............. To ......01/05/04

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Yes (Initial/Date)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fire regulations, emergency procedure.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>2. CPR: location of equipment, emergency telephone number, student’s role in CPR.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>3. Issues surrounding confidentiality discussed.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>4. Health and Safety policies.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>5. Informed of Mentor/Assessor’s name.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>6. Uniform policy discussed (where relevant).</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
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<tr>
<td>7. Details of orientation programme/portfolio.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
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<tr>
<td>8. Placement philosophy discussed.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
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<tr>
<td>9. Introduced to staff and environment.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>10. Student to inform mentor/assessor of Academic Tutor’s name and contact details.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>11. Informed of Clinical Liaison Tutor’s name and contact details.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>12. Sickness and absence procedures discussed.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
<tr>
<td>13. Evidence of student attending Moving and Handling training/update.</td>
<td>Td 16\textsuperscript{th} March 04</td>
<td></td>
</tr>
</tbody>
</table>

*(If there is no evidence available, the student MUST NOT be involved in Moving and Handling until documentary evidence is received.)*

When all these have been achieved

<table>
<thead>
<tr>
<th>Mentor/Assessor signature: T Donaldson</th>
<th>Date: 16\textsuperscript{th} March 04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student signature: Pam Purde</td>
<td>Date: 16\textsuperscript{th} March 04</td>
</tr>
</tbody>
</table>
Preliminary Interview To be completed by the end of the introductory week

Student aims and expectations of placement: Student – identify your learning needs for this placement writing them in the space below. Please consult your academic tutor for assistance if required

As I am a first year student nurse on my first placement my priority to really understand what health care is all about and the role of the nurse in helping the patient to achieve their goals.

I would like to learn how to communicate effectively and to practise some of my clinical skills that are being taught in University.

According to the OAR I need to have understanding of other fields of nursing and so I would like to spend some time with clients / patients’ who are deemed to be from other fields of nursing (children, mental health and learning disabilities)

Overall I want to feel safe and comfortable with what I am being asked to do and I want to fit into the nursing team I am with to gain confidence and above all enjoy the experience.

Mentor’s comments: (Mentor – discuss the needs of the learner and the resources and opportunities you and your placement can offer.

The plan would be for the student to spend some time getting used to the new environment and our team. Once settled we can then plan to use the time effectively to get the best out of the placement for them.

The main focus for this placement should be to create a foundation of nursing in line with the academic work the student will be doing with the University, so we plan to work on communication, understanding the principles of nursing care and the broader health care agenda.

We can work on skills and things as the placement goes along

Initial Plan for Learning:
1. To keep the student within our team for about the first 5 or 6 weeks
2. To ask the team to look for patients and or households who have patients or relatives who meet the criteria of other fields of nursing
3. To enable the student to gain practice of as many clinical skills as possible

Placement set up check list: (Mentor & Student please initial to confirm the checklist has been addressed successfully)

1. The student and mentor are familiar with the learning needs for the student in this placement (Public health centred experience of community nursing and exposure to the other fields of nursing, please refer to the handbook for practice for further details)
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___14/10/08___

2. Off duty has been arranged and both mentor and student know the requirement for 100% attendance at 37.5 hours per week (pro rata) unless otherwise informed by letter from the University or through sickness. The mentor & student are aware of the sickness reporting system.
   Mentor Initial ___JML___ Student Initial ___TP___ Date 14/10/08_

3. The mentor and student agree each shift will be completed fully (7.5 hours or 12 hours) in accordance with the requirements of the NMC and this will be indicated by the completion of the students green attendance card on a daily basis.
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___14/10/08___

4. The mentor and student are aware of the action that should be taken in the event of a problem that cannot be resolved in practice. A problem resolution chart is available in the practice handbook.
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___14/10/08___
Mid Point (Intermediate) Interview

This is the most important interview as it gives the student an indicator of their progress and areas they should work on to improve their performance.

Student self assessment of progress at mid point:

Student - consider the learning you have enjoyed during the first half of the placement and write how you would like to develop further in the second half of the placement.

| I feel my placement is going well and I have settled into the routine of the team OK. |
| I haven’t had much opportunity to look at the other branches of nursing and so I would like to make that a priority please. |
| My clinical skills are coming along OK and I seem to be getting on well with my mentor. |

Mentor’s comments:

Mentor, discuss the progress of the student and comment upon their needs for the rest of the placement including an action plan.

| The student is getting along with the team OK, but seems to want to run before they can walk on occasions. |
| The work they are producing for their portfolio of evidence is OK, but I have recommended they seek tutorial support to improve. Also there isn’t a lot of the evidence to read through at the moment. |
| I have been able to indicate a Bondy level 2 for about half of the proficiencies, but there is some significant work to do to achieve the others. We have managed to get one of the ESC’s completed. Overall not a bad start to a first placement and lots to work on, but the student is keen and enthusiastic and welcome in our team. |

Revised Action Plan:

1. To try and find clients and patients from the other fields of nursing – I’ll discuss this with our health visitors, CPN’s, Practice Nurses and GP’s to see if they can help out.
2. For the student to start presenting more written evidence for learning for the proficiencies where a level 1 is currently assessed.
3. To continue to practise clinical skills.

Mid - Placement check list: (Mentor & Student please initial to confirm the checklist has been addressed successfully)

1. We agree the needs of the learner and an action plan has been revised to reflect those needs for the remainder of the placement.
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___19/12/08___
2. The mentor has completed a progress assessment in the proficiency pages of the ongoing achievement record (this document).
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___19/012/08___
3. The mentor and student are aware of the action that should be taken in the event of a problem that cannot be resolved in practice. A problem resolution chart is available in the practice handbook.
   Mentor Initial ___JML___ Student Initial ___TP___ Date ___19/12/08___
Ongoing Achievement Record Exemplar for BSc (Hons) Nursing Programmes 2011 onwards Version 1.3 2012 - TS

Year 1 Placement No 1 Public Health in Primary Care – Experience of Public Health Nursing in a Community Setting

Final Interview To be completed at the end of the placement

Student self assessment of learning Student – evaluate your performance during your placement and describe in brief the learning outcomes you have achieved and your objectives for the next placement

| I thought that overall the placement went well and the nurses helped me to really understand what nursing in community setting is about – I love it! |
| My objectives for the next placement are to work towards the proficiencies that are still not at level 2 as required by the programme by the end of the year and to work on my clinical skills. |
| I also need to look for reading and additional learning resources to improve my ability to demonstrate knowledge of other fields of nursing |

Mentor’s comments: (Evaluate and assess the progress of student during the placement and make recommendations for the students learning for future personal developments in preparation for future placements)

| The student has worked well with the team and we have enjoyed the time with them. |
| I would recommend that |
| 1. Improve evidence searching and understanding skills to improve the quality of evidence being produced. |
| 2. Spend more time thinking and writing reflectively to enhance the evidence in your portfolio. |
| 3. Continue to practice your clinical skills – you should achieve your ESC outcomes in the next placement. |
| 4. Continue to demonstrate your enjoyment and enthusiasm for nursing |

Placement completion check list: (Mentor & Student please initial to confirm the checklist has been addressed successfully)

| 1. The mentor has made an assessment of the student in this placement based upon the evidence presented by the student and a grade using the Bondy rating scale has been given for each proficiency and all available Essential Skills Cluster Objectives |

| Mentor Initial ____JML____ | Student Initial ____TP____ | Date ___16/03/09___ |
SECTION 7

Records of Regular Feedback Session provided by Sign Off Mentor during the final Management Placement
**Final Management Placement Only (Sign off mentors only)**

The sign off mentor is required to formally meet with the student during the placement to the equivalent of one hour per week for the length of the placement. The arrangements for these scheduled meetings should be negotiated between the mentor and student at the beginning of the placement. An area for recording the meetings and the resultant actions plans has been made available for you on the following pages. The management placement is 14 weeks in duration and so 14 boxes have been made available to you, but you don’t have to use them all, you may wish to meet once per month for 4 hours rather than once per week for 1 hour.

Once you are satisfied with your overall assessment of the NMC proficiencies you are required by the NMC (2006) Standards to support learning and assessment in practice 3.2.6 page 29 & 30 to make the final sign off in practice – stating that your student has been successful or unsuccessful with regard to all practice requirements set by the NMC.

This confirmation will then be utilised by the Examination Board for the University of Lincoln BSc (Hons) Nursing Programme to determine whether, in conjunction with academic assignment and attendance, good character and health, the NMC should receive the recommendation that the student be accepted onto the live register for Adult Nursing (Part 1).

To confirm your assessment of the student and sign off you are required to complete the appropriate part of section 8 of this document on page 93 or 94.
### Record of Feedback Sessions throughout the final management placement:

<table>
<thead>
<tr>
<th>Date</th>
<th>No of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/07/09</td>
<td>2.5 hours</td>
</tr>
<tr>
<td>27/08/09</td>
<td>3 hours</td>
</tr>
</tbody>
</table>

#### Issues Discussed

- We discussed the needs of the student in terms of how they can improve their decision making skills.
- We discussed the plan for creating a case load for the student in week 4 and the lines of communication including supervision and mentorship.

#### Action Plan

1. for the student to gather literature on decision making skills and techniques
2. The mentor and student to select a case load and plan to enable the student to take the lead for this caseload from week no 4
3. To clarify the communication and supervision requirements for the student and their caseload
4. To set another date for the next feedback session – 27/08/09

---

<table>
<thead>
<tr>
<th>Date</th>
<th>No of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/08/09</td>
<td></td>
</tr>
</tbody>
</table>

#### Issues Discussed

- The student is progressing well. They need to become more confident in making independent decisions, but the information communicated and decision being made, with long arm support, are appropriate and in line with local and national policy.

#### Action Plan

- To continue with the caseload.
- The student needs to begin to make decisions independently and then report back whenever they are confident in their own knowledge and ability.
- To look at the student beginning to not only attend but participate in the regular team update meetings we hold in order to demonstrate their commitment to learning outcomes in the proficiencies.
ONE of the statements (Successful or Unsuccessful) on the following two pages must be completed by the Sign Off Mentor at the end of the Final Management Placement.

The Sign-Off Mentor will assess and make a judgement of the suitability of the student to register as a nurse at the end of their training.
Sign Off Mentor Statement of **Successful**
Achievement in Practice

Name of Student: ___Joanna Bond_____________________________

Student University Enrolment No _0000012345_____________________

Name of Sign Off Mentor: ___Jane Critchen_____________________

Placement Name and Address: ___The Community Nursing Team, Boltoft Surgery Lincoln_______________________________

Post Code: _LN48 9ZZ_____ Telephone Number: __01522 887887879___

**Statement**

I hereby confirm that a comprehensive evaluation of the evidence of prior achievement by the student has been undertaken using the information contained within this Ongoing Achievement Record.

I confirm the above named student nurse had worked with a mentor for at least 40% of the time during their final placement and I have facilitated a feedback session of at least 1 hour per week throughout this placement.

I declare that I have assessed the student as capable of safe and effective practice at the end of their programme as required by paragraph 3.2.6 of the NMC (2006) Standards to support learning and assessment in practice, pages 29 & 30.

Signature _____Jane Critchen___ Date _14th August 2009_

Name (Please Print) ___Jane Critchen

Designation ___District Nurse Team Leader

Sign Off Mentor - Please detach the Blue copy of this page and keep for your records. All other copies should be retained in this document and returned to the University of Lincoln by the Student Nurse.
Sign Off Mentor Statement of **Unsuccessful**
Achievement in Practice

**Name of Student:** __________________________________________

**Student University Enrolment No:** __________________________

**Name of Sign Off Mentor:** __________________________________

**Placement Name and Address:** ________________________________

______________________________________________________________

**Post Code:** ________  **Telephone Number:** _________________

**Statement**

I hereby confirm that a comprehensive evaluation of the evidence of prior achievement by the student has been undertaken using the information contained within this Ongoing Achievement Record.

I confirm the above named student nurse had worked with a mentor for at least 40% of the time during their final placement and I have facilitated a feedback session of at least 1 hour per week throughout this placement.

I declare that I have assessed the student as **not capable** of safe and effective practice at the end of their programme as required by paragraph 3.2.6 of the NMC (2006) Standards to support learning and assessment in practice, pages 29 & 30.

**Signature** ___________________________  **Date** ______________

**Name (Please Print)** ___________________________

**Designation** ________________________________

**Sign Off Mentor** - Please detach the Blue copy of this page and keep for your records. All other copies should be retained in this document and returned to the University of Lincoln by the Student Nurse.
Part 3

Examples of evidence for student portfolios

(These examples are not the blueprint for how the student should generate evidence, but they serve as some examples of how evidence might be presented)
Year 2 Trimester 4
Domain 1 – Professional Values: 1, 3, 4,
Domain 2 – Communication & Interpersonal Skills: 1, 2, 3, 4, 8
Domain 3 – Nursing Practice and Decision Making: 4, 4.2
Domain 4 – Leadership, management & team working: 6


My mentor and I had a discussion about the incident which enabled me to reflect upon the learning outcomes from this experience.

The confidentiality of information retained for health care reasons has to be maintained at all times by the staff on the ward.

I was working on Pope ward as a student nurse where I was asked by a visitor regarding the results of a blood test a patient had received earlier that day. I did not know the visitor and did not know how to interpret the result. I explained this to the visitor, took their details and I said I would ask the qualified nurse to come and see them as soon as possible.

The nurse eventually found time and went to see the relative at the bed side and I accompanied her. The relative asked to see the nurse in private and the nurse reluctantly agreed, after informing the patient what was going to happen.

The relative wanted to know the diagnosis for the patient and asked lots of questions, but continued to expressively forbid the nurse from revealing to the patient that they had cancer if indeed that was the case.

The nurse refused to give the visitor, the patient’s son the results and suggested he make an appointment with the patient’s consultant and Dr +++++++++ would see him after ward round in a few days time.

In the mean time the patient asked the nurse what the results were and she told him the results were abnormal, but to wait until the consultant round when he would learn more about the situation. The consultant informed the patient they had cancer and talked about a plan of action, treatment, possible outcomes, mortality rates for this type of cancer etc.

The visitor learnt the same information after the ward round at the patient’s bedside and afterwards was not very happy the information had been given to the patient.

The son made a complaint to the ward manager regarding the nurse’s actions allowing the patient to know their diagnosis. The manager responded by supporting his nurse by stating the patient has the right to know information about their health care and the son had no right, in law, to prevent this from happening.

This made me realise the importance of maintaining secure and confidential information, but also realising when the information, regardless of how sensitive it is, should be made available to the patient.

Learning Outcomes

1. The student understands the importance of maintaining confidential information of all types in a secure and controlled environment.
2. The student discussed at reasonable length the need to not display patient names and information in line with the NHS Code of Confidentiality (2003)
3. The student demonstrated an appropriate response to a request to divulge confidential information to a visitor / member of the public.

Mentor Signature

John Fielding

Date
14th August 2008
Reflective Log – 7/2/06 and 14/2/06

Having been on placement days with the district nursing team and having seen many patients with leg ulcers I attended the Leg Ulcer Clinic. This was a very interesting experience. The clinic is run by a district nurse, who is trained in leg ulcer management, and a health care assistant. The clients are patients who have had leg ulcers for more than 12 weeks, who are referred by their GP for assessment and treatment.

The district nurse is qualified to do Doppler assessments on leg ulcers. This determines if the leg ulcer is venous or arterial. This can make a difference to the treatment offered. Arterial leg ulcers are referred to the consultants at the local hospital for assessment for surgical treatment. Venous leg ulcers can be treated with compression bandages as long as the Doppler assessment is under 0.8. Venous ulcers are common on the gaiter area of the leg. The Doppler assessment is repeated every year as the score can change. The compression bandages or stockings can be two or four stage. This can cause non-compliance from the patient as they feel the bandages are too tight or hard to put on, or they just don’t like them. The patients are seen every week at least, sometimes if it is necessary the district nursing team from their practice see the patient in between appointments. Ulcers of patients with diabetes can take much longer to improve because of their problems of circulation in the legs.

The patient’s leg is undressed and washed with aquasept. The leg is carefully dried and cream is applied to the whole leg and foot. The dressings are supplied to the patient by the district nurse who is also a nurse prescriber, or their own GP. The patient usually brings dressings with them. The nurse redresses the leg with whatever dressing have been assessed as correct for their ulcer. This can depend on what stage the ulcer is at, how much slough the wound has, and whether the wound is wet or dry. The nurse bandages the leg with either two stage or four stage dressings or stockings. Two stage bandages are just a soft bandage and then a crepe bandage over the top. The four stage is more compressing and the third and fourth stage are quite tightly wound around to compress the whole leg. The bandages are always done from the toes to the knee to avoid any pressure being put on parts of the leg as this can cause oedema in the leg.

I found the clinics very interesting. The nurses had built up very good relationships with some of the patients as they can attend for a long time. Some of the patients leg ulcers had actually healed and the clinic were just assessing their leg as a precaution; these patients still wore the stockings. The patient’s records were kept up to date and contact was made between the clinic and the GP and or the district nurse involved. Some patient preferred particular dressings that they had used for a long time and weren’t happy to try something else. The nurse accepted this but put forward the point that the other dressing could be more appropriate. I feel this knowledge will be useful to me in my placement and in future placements. I really enjoyed this experience.

NMC Competencies:

Domain 1 – Professional Values: 1, 7, 9
Domain 2 – Communication & Interpersonal Skills:
Domain 3 – Nursing Practice and Decision Making: 1, 2, 3, 3.1, 4, 4.1, 7.1
Domain 4 – Leadership, management & team working: 1, 2, 7
Liverpool Care Pathway

I attended a training session on symptom control and the Liverpool Care pathway. It was presented by the Specialist Palliative Care Nursing Service. The session was very interesting and extended the knowledge I have been developing in this placement. (Handouts and Liverpool Care Pathway enclosed)

The session on symptom control raised my awareness of the common symptoms and the treatments available. I developed my knowledge of the common symptoms in advanced cancer such as: constipation, nausea, anorexia, and anxiety.

After this session I felt I had gained a huge amount of understanding in these areas. It reinforced the knowledge I had experienced in my placements and the developing skills I am acquiring from my latest placement.

The training on the Liverpool Care Pathway was very interesting. I had seen this document used in the community and discussed in the nursing home. It brings together all the relevant information for the patient and their family so that anyone who is involved with the patient knows exactly what the situation is and the requirements of the patient and their family. It means the multi disciplinary teams would all have access to this document and will all work from the same information. This document is recommended by the NICE guidelines.

We also discussed the problems of working with this document. For example, it can be difficult to assess when it is the correct time to implement the use of this document. Looking at the positive and negative sides to the use of this document I think it is a very informative and helpful document in the event of working with a dying patient. It seemed very simple to use once it has been explained. I feel it could give a patient access to a good standard of care at a time when they need the best care available.

NMC Competencies:

Domain 1 – Professional Values: 1, 2, 7, 8, 9
Domain 2 – Communication & Interpersonal Skills:
Domain 3 – Nursing Practice and Decision Making: 1, 3, 4
Domain 4 – Leadership, management & team working: 1, 2
Reflective Log – Mr A

Mr A is a 73 year old man with learning disabilities residing in the setting where I am currently in placement. He is a very private man that never married and has lived here for nearly three years. Mr A is a non-smoker with no special dietary requirements. Mr A likes drawing and painting. He prefers to go to watch TV until about 11.30, and likes to be up out of bed by 8am for breakfast.

Mr A suffers with asthma, wears glasses and has a bilateral testicular hernia. He has club feet and spends much of his time in his wheelchair. Mr A also has a Zimmer frame to assist with short distances such as going to the toilet. Mr A’s hernia means he has a urethral catheter. On discharge from hospital to the home Mr A was found to have MRSA in his catheter site and groin area. Mr A suffers with anxiety at times and can need careful management if he becomes upset and anxious.

Mr A’s medications:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Uses</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levothyroxine SOD tablets 100mcg</td>
<td>Thyroid hormones used in hypothyroidism</td>
<td>anginal pain, arrhythmias, Tachycardia, skeletal muscle cramps, diarrhoea, vomiting.</td>
</tr>
<tr>
<td>Ferrous Sulphate</td>
<td>Iron deficiency</td>
<td>Gastro intestinal irritation, constipation.</td>
</tr>
<tr>
<td>Carbmazepine 2mgs</td>
<td>Partial and secondary generalised tonic-clonic seizures; trigeminal neuralgia: prophylaxis of bipolar disorder unresponsive to lithium</td>
<td>Nausea and vomiting, dizziness, headache, confusion and agitation.</td>
</tr>
<tr>
<td>Diazepam 2mgs</td>
<td>Short term use in anxiety or insomnia.</td>
<td>Drowsiness and light-headedness the next day; confusion and ataxia; amnesia; dependence.</td>
</tr>
<tr>
<td>Salbutomol inhaler:</td>
<td>Mild to moderate asthma symptoms. Responds rapidly to short acting beta 2 antagonists such as salbutomol</td>
<td>Fine tremor especially in the hands; nervous tension; headaches; muscle cramps; palpitations.</td>
</tr>
<tr>
<td>Seretide evohaler:</td>
<td>Corticosteroid used in asthma. Reduces the airway inflammation. Used in addition to bronchodilator.</td>
<td>High doses can induce adrenal suppression. Bone mineral density can be affected with long term use.</td>
</tr>
</tbody>
</table>
Mr A’s needs regarding the daily activities of life (Appendix 3):

1. Maintaining a safe environment:

Mr A is at risk of falls due to his club feet, hernia and learning difficulties. Mr A stands and moves short distances with a Zimmer frame. Mr A wears glasses. Environment needs to be free from hazards.

Care plan:
- To maintain environment free from hazards on the floor so Mr A can move freely and safely in his room.
- To give Mr A easy access to his Zimmer frame so he can use the toilet easily.
- To ensure Mr A wears his glasses.

2. Communication:

Mr A has learning disabilities and can mumble his words. He can get frustrated when he cannot be understood.

Care Plan:
- To be patient and give Mr A time to express his needs.
- Advise Mr A to speak slowly and clearly if he is difficult to understand.
- If Mr A becomes upset and agitated to use the set control plan.

3. Respiration:

As Mr A has asthma he needs careful management of exertion, and if possible avoiding situation where he will become short of breath. This can cause anxiety attacks in Mr A if he cannot breath.

- Care Plan:
  - To ensure Mr A receives his medication as necessary.
  - If Mr A gets agitated calm him down and use his control plan.

4. Nutrition:

Mr A eats a very good diet and drinks well during the day. There have been concerns recently that he had lost weight but this has been found to be due to the incorrect recording of his wheelchair weight.

Care plan:
- To encourage good nutrition and to drink lots of fluids.
- To weigh Mr A monthly and record in the nutrition assessment.
5. Elimination

5a. Urine

Mr A has an indwelling urethral catheter. This is changed regularly. Mr A needs very careful catheter care twice daily due to the bilateral testicular hernia. Mr A likes his leg bag to be emptied regularly.

- Care Plan:
  - To ensure Mr A’s catheter care is performed twice a day.
  - To monitor Mr A’s leg bag throughout the day and empty as necessary.

5b. Bowels

Mr A can suffer with constipation, so is advised to increase fluids and fibre and to have lactolose on a regular basis. He had haemorrhoids on admittance to the home three years ago.

Care Plan:
- To encourage regular use of the toilet.
- To give lactolose as necessary to keep Mr A regular.

6. Personal hygiene

Mr A is a very private person and finds the personal hygiene aspect of his care difficult. This needs to be dealt with very sensitively.

- Care Plan:
  - Mr A requires help from one carer during hygiene, dressing, bathing times.
  - Mr A finds hygiene to his hernia site painful and this needs sensitive and careful management.
  - To explain what is going to happen to Mr A before hygiene is performed.
  - Mr A has MRSA in his groins so needs aseptic techniques and correct disposal of the clinical waste.
  - Mr A’s skin folds and groins need particular attention as they can become sore and painful.

7. Body temperature:

Mr A does not have a problem with regulating his own body temperature.

8. Mobility:

Mr A has club feet. He transfers with the use of a Zimmer frame. He has difficulties with long distances and uses his wheelchair. Mr A can transfer from his chair to bed with monitoring.

Care Plan:
- Mr A needs encouragement to use his Zimmer frame for short distances.
- Mr A uses a wheelchair for long distances.
Mr A is quite a shy man and has difficulties interacting but will with encouragement.

Care plan:
- To encourage Mr A to attend social activities in the lounge.

10. Expressing sexuality: Mental health:

Mr A likes to be well presented and clean.

11. Sleeping pattern:

Mr A sleeps well usually but can have restless and disturbed nights. Mr A has recently started to go into bed for the night time, he had before that slept in his chair.

Care plan:
- To encourage Mr A to sleep on his side to relieve pressure on his buttocks.

12. Dying

Mr A has no specific requests yet but has decided to use the co-op funeral service.

Pressure management

Mr A’s waterlow score is 16 which gives him a high risk of pressure damage. Mr A occasionally suffers with superficial damage to his buttocks due to the continual use of his wheelchair.

Care plan:
- Mr A has a pressure cushion supplied for his wheelchair.
- Mr A has a propad mattress on his bed
- To apply cavalon cream to Mr A’s buttocks as necessary.
- To dress buttocks with allevyn dressing when broken and sore.
- Following the ***** policy ‘Strategy for the Prevention and Treatment of Pressure Sores’ (2005) (Appendix 6)

Anxiety attacks

Mr A can become very anxious and requires careful management, as they can cause Mr A to have an asthma attack.

Care Plan:
- Mr A to be given tranquilizers if he becomes anxious and agitated.

Mr A’s care plan contains a detailed explanation of how to deal with him if he becomes agitated. This explains the way of calming him down by talking to him quietly and listening to what Mr A says calmly. If this is not seen to be working it advises the person to leave and ask another member of the nursing team to attempt to calm him.

I have been involved with Mr A’s care since arrival on placement. I feel I have developed a fairly good relationship with this gentleman. It took a few weeks to build up the trust with Mr A as he is a private person and unsure of new members of staff.
As Mr A has learning difficulties all the staff members give Mr A time to explain himself and explain things to him. This is as stated by the National Service Framework work for older people (DOH 2001 p 25)

Staff communicate in ways which meet the needs of all users and carers, including those with sensory impairment, physical or mental frailty, or learning disability or those whose first or preferred language is not English.

I have been involved in providing basic care to Mr A. Mr A needs particular care with his cleanliness due to his catheter, testicular hernia and MRSA. He needs his groins and hernia washing twice a day. This is an uncomfortable time for Mr A and reassurance and encouragement is necessary. Mr A likes to be well presented and dressed early in the morning. I have also been involved with his dressing changing. His groins need to be checked daily as they can become sore. His buttocks need checking daily and a dressing applied if necessary.

Mr A has particular problems with pressure sores on his buttocks from continually sitting in his wheelchair. Mr A is advised to rest on his bed in the afternoon but he does not always accept this. Mr A does have a pressure cushion in his wheelchair as suggested by the National institute for Health and Clinical Excellence guidelines for ulcer management (2005 P 23)

I have performed Mr A’s observation for the past three months. These have all been normal and show there are no concerns with Mr A at the moment. Mr A’s weight has also been monitored. There were concerns over the past few months that Mr A’s weight had been noticed to have decreased. I reweighed Mr A in august and checked the weight of his wheelchair. There was a discrepancy in the weight of the wheelchair. Once rectified Mr A’s weight was more consistent. If Mr A had lost weight he would have been placed on a food monitoring form for three days to monitor the amount of food he was eating. If this was unusual then he would have been referred to his GP.

I have recently been involved in the updating of Mr A’s care plans. The care plans are reviewed every month to assess if they are still valid and effective. Policy on Care Planning Principles 2003 (Appendix 5) Mr A’s were consistently valid. I read through all the plans and made sure the plans incorporated all the necessary items for the holistic nursing care necessary for Mr A’s particular needs. I feel the nursing plans for Mr A really portray this mans needs very well and give a clear explanation of how to deal with his specific problems. I think Mr A is very settled and happy in this setting.
NMC Competencies:

Domain 1 – Professional Values: 1, 2, 3, 4, 6, 8, 9
Domain 2 – Communication & Interpersonal Skills: 1, 2, 3, 3.1, 4, 5, 8,
Domain 3 – Nursing Practice and Decision Making: 1, 1.1, 2, 3, 3.1, 4.2, 7,
Domain 4 – Leadership, management & team working: 2, 4

References:


Reflective Log

Miss G is an 80 year old lady who is usually totally mobile and mainly self caring. She usually only needs help to with personal care. Miss G was found on her toilet floor at 6.45 am. She was disorientated but was not complaining of any pain. The nurse on duty helped Miss G back to bed and checked her over. Miss G has had a knee replacement. The nurse took the decision to monitor Miss G as she could find no concern with her. Her knee could be manipulated; she has no obvious signs of injury and was not complaining of any pain.

By 8.30am, when the day nurse spoke to Miss G she was very uncomfortable and in great pain. The carers had hoisted Miss G from her bed as she had said it was too painful. Miss G was sitting in her chair. The nurse asked for her to be put back into bed. The nurse was worried about Miss G as he could not manipulate her leg and this leg was sitting a lot shorter than the other. The GP was informed and advised she was sent to A & E. I chaperoned Miss G to hospital. Miss G found the ambulance drive very uncomfortable and seemed very confused as to what had happened. She was constantly like this throughout the day.

Miss G was diagnosed with a fractured head of femur and was admitted to a ward in the hospital. Throughout these few hours in A & E Miss G was very uncomfortable and confused. I had to keep explaining to her what had happened, where she was and what was going to happen. The doctor that attended Miss G did not explain to her what would happen as she seemed so confused to him. I had to explain that she was staying in hospital for a little while until her hip got better.

When this incident originally happened I felt that the professional practice shown on this day was not as I would have expected. I thought the nurse who found Miss G in the morning should have contacted the GP services straight away or sent her to hospital. When I reflected in the incident later I then felt the nursing team did what they thought was correct at the time Miss G did not seem to be in any pain initially. She said she was fine and was put back to bed. Having done a night shift I realised this time of morning is a very busy time for assistance required and drug administration. When the day team arrived they were told of the incident and it was then that it was discovered by them that Miss G was now in pain and uncomfortable. The nurse then contacted the GP and Miss G was transported to hospital for an x-ray.

The nursing home followed procedures and filled in an accident report (enclosed), following the Accidents, Incidents and Dangerous Occurrences Policy 1999. (Enclosed) Three days later the manager reported it to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences 1995) following the Accidents, Incidents and Dangerous Occurrences policy1999). (Enclosed) Miss G’s family had to be appeased by the nursing staff as they were very upset that this had happened.

Reflective Log – Being in charge
I was given the opportunity to be in charge of one side of the nursing home, under the supervision of my mentor. It was a very exciting and interesting experience. I was given responsibility for the drugs round, the dressing checks, overseeing the care assistants and the basic care provided, and the running of that side for the evening shift. I felt I had had enough experience on the floor working with the care team and the nursing staff to understand the responsibility and objectives.

At the beginning of the shift I felt a little nervous of such a responsibility but soon got into the work and just got on with it. Throughout the evening I felt I dealt with all the concern quote well. I found the hardest bit was to use the time effectively and plan it well. I found throughout the evening it was difficult to plan a set time to achieve tasks as incidents happen that need to be dealt with immediately or fairly quickly. The main objective was to prioritize the tasks and deal with the most immediate first.

I felt the evening was very successful but I really learnt the difficulty of keeping to a time routine and fitting in simple tasks like dressing changes that are not particularly a priority. I feel I accomplished the basic running of this side but I was disappointed that I did not mange to keep ahead of the dressing changes. It opened my eyes to the amount of responsibility the nursing team have on a normal shift. They have to juggle many tasks at once; some have to be achieved in a very tight time frame like the drugs rounds. But at the same time issues can happen that need dealing with immediately, such as a resident falling. I was also surprised at the amount of paperwork that can need to be dealt with on a routine shift. Not only do the nursing team have to write in everyone’s progress notes but for example, any changes to care plans have to be dealt with, and any incidents have to be recorded on the incident forms,

I also learnt to keep an eye on the basic tasks that are being done by the care team. I thought they had managed the basic care well and I trusted the senior care member to keep abreast of this. But the report that came back form the night team who we handed over to was that quite a few patients on that side were quite wet and some needed the whole bed changing. This taught me the need to be assessing the standards of care yourself and to be performing checks if necessary to keep the standards of care to an acceptable level.

This was a great learning opportunity and I was very excited and pleased to be able to have this opportunity. I thoroughly enjoyed the learning experience and look forward to other similar opportunities that I may be able to experience in the following placements.
Reflective Log – Drug Administration

This activity was performed using the regulation of the NMC Guidelines for the Administration of Medicine (2004).

After having instruction on the drugs system in use in the home, under supervision I prepared and administered the morning drugs to the service users. It is important to prepare the drugs trolley first, identifying any drugs that need replacing from the drug cupboard, and if sufficient medicine pots, spoons etc are available. The MAR (medication administration record) sheets should be to hand.

Once prepared the trolley needs to be unlocked (the nurse on that side keeps the keys), and removed from the wall fitting. It is important to have a set organised routine to administer and check the drugs. The pharmacy supply MAR sheets that are checked in with the drugs by the nurse on duty. All the service users’ details are recorded on a sheet in front of the MAR sheets. A photograph of the service user is provided for verification purposes. On the MAR sheets are the service user’s name, room number, and the name of drug, amount and how many times a day it is to be administered. Any changes must be attended to as soon as possible. (The use of Medication Administration Record Sheets (2005) – enclosed)

The details of the service user and drugs are repeated on the box or bottle. Some drugs are administered in packets from the chemist in daily amounts. These also carry the significant details as well. Once the drug round is in process the trolley should not be left unlocked or with drugs on the top that can be a danger to other service users. Controlled drugs are kept in a double locked cupboard in the nurse’s office. They are checked by two nurses every time they are used, and signed for in the controlled drugs book. (The Controlled Drugs Register (2005) – enclosed)

Once the drugs are given the MAR sheet should be signed for. If the patient refused the drugs or the drug is withheld then this should be designated on the sheet. (NMC Guidelines for the Administration of Medicines 2004) Following the NMC guidelines 2004 any errors of administration of drugs must be reported immediately to the line manager.

Medicines need to be stored at room temperature (20oc). Any drugs that need to be refrigerated should be held in a lockable fridge, the fridge should have a thermometer in it. This should be monitored and recorded daily onto a sheet. (Storage of medicines (2005) enclosed)

The first round I found rather difficult and a little confusing. I found I was unsure of where the drugs were situated in the trolley. My mentor was very supportive and helped me when she thought I was struggling but gave me the space to learn the system myself. I found I need more experience with the drug trolley and also with the drugs and what conditions they are used for. Once I got used to the routine of checking the names, drugs, time of administration etc I grew accustomed with the system and it became easier and more of a routine. I found it was important to ask the service user if it was acceptable to give them their drugs, always gaining consent beforehand.

While I was doing the drug round I realised the difficulty of administering the drugs within a time limit. This round is quite a long round being the morning drugs for all the
service users in the home. I found there were many distractions and many times when the nursing staff were needed to perform or help with another task.

I found the service users can be quite anxious if they do not receive the expected drugs on time or if one is omitted. I had not even thought of the impact on the emotional effect on the service user. This was particularly pertinent with the controlled drugs such as the oramorph for one lady, who is particularly anxious because of her condition.

Hopefully, I will develop a more confident routine with time once I become accustomed to the names, places and service users. It will be important to bear in mind not to become complacent with the medication round. It is important to check the details of the service user, drug, amount and when they are administered.

**Proficiencies:**

1.1 Professional and Ethical Practice
4:1 Professional and Ethical Practice
5:3 Care Delivery
8:2 Care Delivery

**References:**

***** policy (2005) - *Administration of Medicine* – MPD01.05. ****** Care Homes.

***** policy (2005) – *The use of Medication Administration Record Sheets* – MPD01.15. ******* Care Homes.

***** policy (2005) – *The Controlled Drugs Register* – MPD01.8. ******* Care Homes.

***** policy (2005) – *Storage of medicines* – MPD01.08. ******* Care Homes.

Reflective Log – 4/8/06

Having highlighted in my interviews with my mentor that I wished to experience a female catheterisation, my mentor gave the opportunity to perform one on the same lady I had recently had problems catheterizing, under supervision. (See log for 8/6/06)

The lady had again removed her catheter and needed to be re-catheterised. As she is a bar iatric lady this can be complicated by her size. We organised the relevant equipment we needed before we attended her room. (Catheters, catheter pack, saline, sterile gloves, normal gloves, clinical waste bag) (Appendix 1). I organised the sterile field using aseptic technique (Pirie 2006) on the table near me, and I removed the catheter tip from the inner packaging and placed it on the sterile field. Once the lady had been turned on her side and had her leg elevated I cleaned the area with the saline and clean gauze. I orientated my self with the lady’s anatomy and pushed the catheter into the top of lady’s vaginal area. It can be hard to orientate with this lady as she is so overweight. The catheter did go in and I inflated the balloon remembering to keep hold of the catheter first so it did not slip out. Once the lady was made comfortable we cleaned up the waste and removed it. (Reilly 2006)

I found this task much less stressful as the first catheterisation was done as a necessity as the lady was not passing urine at all and the nursing staff were quite concerned. This time it was being performed as a routine catheter so it was less important it was performed immediately. My mentor again talked me through the routine beforehand so I was sure of what was happening. Also, I have been using aseptic techniques regularly within this placement so I was much more accustomed to the routine and did not have to think about this. I felt pleased that I had achieved this task and will be calmer and more confident about achieving this in this future.

Proficiencies:

1:2 Professional and Ethical Practice
2:1 Care Delivery
8:1 Care Delivery
8:3 Care Delivery

References:


Part 4

Frequently Asked Questions (FAQ’s)
• **Do students have to produce new evidence for every competency on every placement?**

The student should be encouraged to develop knowledge, skills and experience of delivering nursing care for patients in every placement. There is a realisation that every placement is different. The University of Lincoln would encourage students to access the range of experiences available on each placement and use them to build upon the portfolio of evidence.

The student should be aware of their areas for improvement that have been identified on previous placements and focus their attention on learning and working towards being deemed competent for those areas on each placement.

It is a requirement for mentors to assess the student for all of their competencies in every placement and to give feedback on the areas that the student should focus upon to improve.

The amount and nature of evidence required to achieve a specific competency should be negotiated between mentor and student as ongoing dialogue during the placement, using the preliminary, intermediate and final interviews as formal review points of the progress of the student.

• **Do mentors need to mark the evidence presented in placement by the student?**

Mentors should use the evidence presented to them by the student to assess the level of knowledge and skill for each competency in the OAR. The evidence will be presented to the University of Lincoln for academic scrutiny at various points in the programme and where appropriate a mark for the academic skill of the work will be awarded.

• **When should the student present their evidence to their mentor during a placement?**

The student should negotiate with their mentor about when and how they would like to review the evidence generated. This could be on a weekly or bi-weekly basis or prior to the intermediate and final interview.
• **How will the student know how they are doing?**

The student and their mentor must work together for at least 40% of the time in placement and during this contact time the mentor should continually assess, plan and evaluate the learning and progress made by the student. This should enable ongoing dialogue between mentor and student to allow the student to gauge how they are progressing in the placement.

The formal forum to discuss progress is the Intermediate interview when the mentor should grade their progress using the Bondy assessment scale, as described on pages 5, 6 & 7 of this exemplar. This should also be supported with a narrative regarding progress and this should be recorded on the relevant interview record in the OAR.

• **What happens if all placements during an academic year are not able to give opportunities for students to achieve any of the NMC competencies or ESC assessments?**

The planning stages of student allocation should ensure that this does not happen, but if there was a case of a student not being able to complete either an NMC competency or ESC assessment due to the nature of the placements they have been allocated, the University of Lincoln would ask the student / mentor to use the problem resolution protocol as soon as the issue has been identified, hopefully at the preliminary interview. This would enable the University and the placement learning manager to look at how to resolve this issue for the student.

However, if the student had not successfully gained one or more of their NMC Competencies or ESC assessments to the required standard by the end of the academic year, they will have been deemed to have been unsuccessful in practice for that year and a process of student progress governance will emerge. This will be an individualised package of support that will be tailored to the students’ circumstances and decided by University exam board processes in co-operation with the nursing programme team.