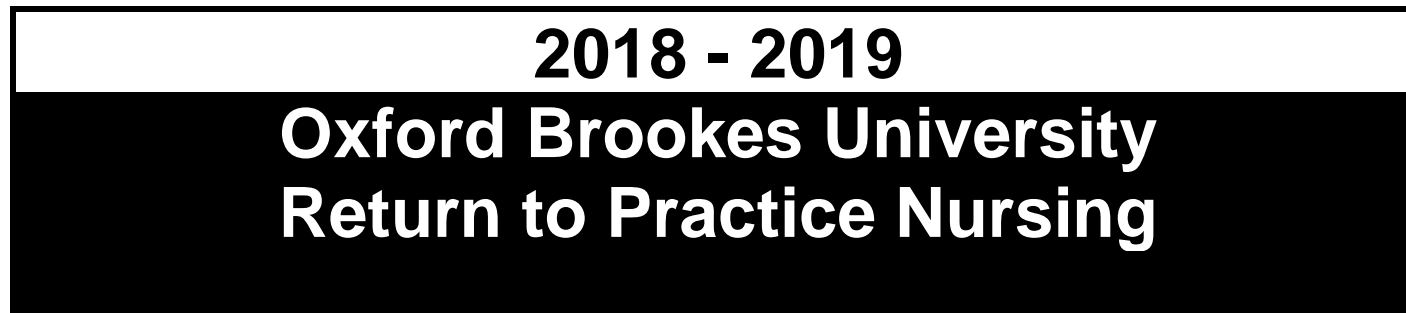


Guide to the Practice Assessment Document



(This document should be read in conjunction with your Practice Assessment Document and Practice Education Handbook)

STUDENT NAME:

STUDENT NUMBER:

Contents

Introduction	4
Section 1: Preparation for practice	6
Student Checklist.....	6
Freedom to Speak Up.....	6
Making the most of your practice experience	6
Sections 2: Ongoing Record of Achievement	9
Initial Placement Meeting.....	9
Midway Review of Progress.....	12
Final assessment of practice	15
End of Programme Assessment of Practice.....	16
Guidance for mentors and link lecturers: using RUBRICs and allocating a grade for practice.....	17
Tips for mentors on giving meaningful midway and final written feedback	19
Section 3 – Competency Framework.....	21
Section 4 – Placement Learning Toolkit	25
Example documentation of ongoing record of achievement (this is adapted from a 1 st year pre-registration student's assessment)	37
EXAMPLE - Initial Placement Meeting	38
EXAMPLE - Initial Action Plan	39
EXAMPLE - Midway Review of Progress.....	40
Revised Action Plan.....	49
Final Assessment of Practice.....	51
Example of a COMPETENCY CHECKLIST & FORMATIVE PRACTICE GRADE: Nursing Progression point 1	61
Examples of reflections	63

Example of a poorly developed reflection	64
Example of a good reflection	65
Example of a good reflection	68
Example of an excellent reflection	70
References.....	77

Introduction

In order to return to the nursing register you must meet particular standards of performance in practice. These standards are set out by the Nursing and Midwifery Council (NMC 2010) and are expressed in the Practice Assessment Document as a series of competencies (see section 3). The competencies are grouped into the four domains identified within the NMC standards (NMC 2010):

Domain 1: Professional Values

Domain 2: Communication and Interpersonal Skills

Domain 3: Nursing Practice and Decision-Making

Domain 4: Leadership, Management and Team Working

The Practice Assessment Document (PAD) contains all the paperwork that will be used by you and your mentor when you are in practice and the feedback and assessments that you gain from each placement will help you develop your professional practice. This is the document in which you will collect all the evidence of your practice learning and assessment during the programme. It is an NMC requirement that all nursing students hold an ongoing record of achievement so that feedback can be passed from one mentor to the next (NMC, 2010) and your Practice Assessment Document serves as this record.

YOU MUST NOT REMOVE ANY WRITTEN FEEDBACK, COMMENTS, OR ACTION PLANS, FROM YOUR PRACTICE ASSESSMENT DOCUMENT, AS THIS IS THE ONGOING RECORD OF YOUR PROGRESS.

The Practice Assessment Document is divided into eight sections:

- **Section 1: Preparation for Practice** a checklist for you to use before and during each placement to ensure that you have achieved all of the requirements; and a flowchart that outlines what you should do if you have any concerns during your practice experience.
- **Section 2: Ongoing Record of achievement**, contains the paperwork to support your ongoing record of achievement including the forms to be completed at initial, midway and final points of your placement.
- **Section 3: Competency framework** guides your learning, and assessment to be completed by your mentor.
- **Section 4: Placement Learning Toolkit – Additional forms to support learning** – contains forms for you to collect feedback from other people that you have worked with and people that you have cared for; forms for you to write reflections; and forms for you to record the spoke placements that you have experienced.
- **Appendices** make reference to additional information that support your practice learning experiences, in particular, skills that you are allowed and not allowed to be involved with.

The following guidance is structured according to the sections of the Practice Assessment Document and is written to guide you through your practice learning experience. Your mentors will also find it helpful.

Section 1: Preparation for practice

This section of the PAD is designed to guide you through what you need to think about before and during your placement.

STUDENT CHECKLIST

Please look through this, with your mentor, at the start of your placement to ensure that you achieve all of the required elements of your practice learning experience.

FREEDOM TO SPEAK UP

It is important that you are aware of what to do if you have any concerns about the safety and wellbeing of people within the practice environment. As a prequalifying student on a professional practice programme, you have a professional duty to:

- put the interests of the people you care for first and to act to protect them if you feel they may be at risk; this may include raising and escalating your concerns.
- raise concerns if you experience or witness bullying or harassment.

We recognise that it might not be easy for you to raise a concern. You may be unsure what to do or the process may seem quite daunting. The flowchart “Freedom to Speak Up” contained with this section of the PAD is designed to help you through this process and should be read in conjunction with the information at: <http://www.hls.brookes.ac.uk/peu/guidelines-for-managing-concerns-in-practice-placements>.

MAKING THE MOST OF YOUR PRACTICE EXPERIENCE

It will be important to behave in a professional manner as outlined in the Standards of Conduct document (www.brookes.ac.uk/Documents/Practice-Education/Standards-of-Conduct/Standards-of-Conduct-Pre-reg/). However, listed below are some practical tips to help you make the most of your practice learning experience, which are useful to think about when you are preparing for your practice learning experiences.

- **Be enthusiastic about learning opportunities and show a willingness to learn:** You will get a much better response if you can demonstrate your enthusiasm rather than being withdrawn and reticent. You may feel very nervous and unconfident but be aware of your body language and the impression you are giving.
- **Be proactive in seeking out experiences for your level of practice:** Ask your mentor if you can observe or participate in different experiences. Come prepared to each shift – have an idea of what you want to achieve or do. Take the initiative in planning your learning experiences.

- **Identify things to do when your mentor is busy:** What can you do without supervision? (NB You should refer to the Nursing Skills/Procedures in Clinical Practice Policy in appendix 1 which provides guidelines about the level of supervision required for certain clinical skills/procedures). Spend some time with other members of the team. Read material available to you within the placement. Go and talk to some of the clients. Sit beside a client and try to imagine what it is like from their perspective.
- **Use your observation skills:** Observe your mentor and other members of staff. How do they communicate? How do they make decisions? How do they perform certain skills or procedures? How do they approach clients and their families?
- **Prepare for the times when you can sit down and talk with your mentor:** Keep a notepad to jot down things you want to ask about. Keep a diary so that you can remember the details of events when you come to talk about them with your mentor.
- **Develop your reflective practice:** Read and use the guidance on using reflection to learn from your experience, in section 4 of this document
- **Be prepared to work as a team member:** Sometimes this will be to meet your own learning objectives but sometimes you will be asked to work with others who require additional help. You can learn a lot from participating as a member of the team. However, as a student you will always be supernumerary in practice.
- **Inter Professional Learning** – take opportunities to learn with and from professionals from other disciplines.
- **Know when to ask for help and seek support:** Your mentor will expect you to ask lots of questions and to acknowledge your own limitations.
- **Keep a record of your own progress:** Note how your confidence and competence are developing. Return regularly to the action plan you set at the beginning of the placement and record your progress. You should have numerous opportunities to achieve your competencies. It is your responsibility to ensure that your mentor is aware of the competencies required and to let them know when you feel ready to be assessed. Self-assess your level of competence using the competency framework and rubrics for each domain. This will ensure you are prepared for any meeting with your mentor about your progress.

- **Ask for regular feedback from your mentor and other people you work with:** For example, if you spend time with a midwife, a general practitioner, a psychotherapist or another member of the nursing team, ask them to provide some brief written feedback. There is a form in section 4 for this purpose.
- Demonstrate professional behaviour at all times.

Sections 2: Ongoing Record of Achievement

INITIAL PLACEMENT MEETING

At the start of your placement, you will need to have an initial placement meeting with your mentor. The purpose of this meeting is for you and your mentor to begin to get to know one another, to identify your learning needs and to make an initial action plan. There is a form to record this at the start of section 2 of the PAD.

Student Self-Assessment

To help your mentor to assess your needs and support you, it is helpful if you record as much relevant information as possible here. You should do this before you meet with your mentor. Important things to include are:

- How you like to learn-for example, do you have a preference for; written information, diagrams or verbal information?
- Do you have any specific learning needs e.g. dyslexia, dyspraxia, if so what do you find helpful? The RCN (2010) have published a useful toolkit for nurses with dyslexia, dyspraxia and dyscalculia, which offers suggestions to help you.
- Do you have any other needs that it would be helpful for your mentor to understand and make adjustments for, for example, diabetes or hearing difficulties? You could also mention other commitments that may impact on your availability.
- What experience and learning have you had in the past, e.g. previous jobs working with people?

Your mentor can use this information to inform your initial discussion. They should also:

- See your fitness to practice badge
- Discuss the Simulation Based Education you have done
- Complete the placement organisation's induction process. This will include local emergency procedures and health and safety policies.

Initial Action Plan

This is where you record what you plan to learn during your placement and how you plan to learn it. Writing clear learning objectives is crucial and it may take a week or two to firm up your objectives. The learning objectives you decide to focus on will depend on:

- The learning opportunities available in the placement. The placement area may have a student information pack that discusses these.
- Learning that you have done in university that you wish to apply to practice.
- Learning that you have done in the skills labs (Simulation Based Education) that you want to build on in practice (e.g. Practicing hand washing, communication skills).
- Competencies that you need to achieve in this placement.
- Personal learning needs (e.g. you may wish to gain confidence in caring for a particular patient group - babies, the elderly)
- Identification of spoke opportunities that you could access from this hub placement

How to write objectives



Try and set **SMART** objectives:

S Specific
M Measurable
A Achievable/**A**greed
R Realistic/**R**esourced
T Time related

- Make them **Specific**: Describe what you want to be able to **do**. Be specific and choose the verb to describe it carefully - see examples below:

Demonstrate	Describe	List	Explain	Discuss	Identify	Plan	Manage	Prioritise	Devise	Plan
-------------	----------	------	---------	---------	----------	------	--------	------------	--------	------

So, for example, if you wanted to learn how to assess a person's neurological status you might use the verb 'demonstrate'. Use additional adverbs to describe specifically **how** you will do it, e.g. accurately. So the objective might read: 'Demonstrate and accurately record the neurological observations of a patient during a 12 hour shift, identifying any changes in their condition'. The words should change as you progress and develop throughout the course, e.g. you may start off describing, but move on to discussing.

- Make them **Measurable**: How will you know when you have learned it? If you use words such as 'understand' or 'know' it is not clear how you or your mentor will be able to tell that you have achieved the objective. You should explain how you would convey that understanding within the wording of the objective-, will you explain it or discuss it.
- Make sure that the objective is **Achievable** - think about how long it may take, how complex it is and whether you have the ability to learn how to do it at this stage in your course. You may need to break it down into several small objectives. So for example 'Confidently manage wounds aseptically' may be too broad and complex to be achievable in your first year, but 'Demonstrate aseptic technique to remove an intravenous cannula' may be more achievable.

- Consider how you will go about learning it and the **R**esources you will need. So if you are learning to do an admission and initial assessment of a patient, you may include: observing your mentor undertaking an admission, familiarising yourself with relevant paper work, reading about assessment of patient needs, undertaking an assessment then reflecting on it with your mentor.
- Be clear regarding the **T**ime frame within which you plan to achieve the objective - by the end of the shift? the week? the placement? It is advisable to set some short term and some longer-term objectives.

Your objectives should be recorded on the initial action plan. Your mentor and link lecturer will be able to guide you regarding the number of objectives appropriate for your stage of the course and the length of the placement.

MIDWAY REVIEW OF PROGRESS

You should plan to meet with your mentor to review your progress approximately midway through the placement block of your practice learning experience. It is important to plan this in advance and to set aside a particular time for it. There are forms to record this meeting in section 2. The purpose of the meeting is:

- To discuss your progress in relation to your objectives and the competencies you are aiming to achieve during the placement – if there are any competencies that you have not yet had the opportunity to work towards you should discuss this at your midway so that you, your mentor and your link lecturer can consider any additional opportunities that could be made available.
- To receive feedback from your mentor regarding your performance, including your strengths and areas for development
- To review spoke placements accessed and the feedback received from these with your mentor
- To agree an action plan that will help you to achieve the required competencies and desired level of practice (i.e. grade) by the end of the placement.

Student self-assessment of progress

In preparation for this meeting, you should record your self-assessment of your progress for each of the four domains. To do this:

- Review your initial action plan. What progress have you made towards your objectives? Record whether they have been achieved or are still being worked on (on-going) in the final column of the action plan table.

- Read through the competencies you are aiming to achieve in each domain. Think about the experiences that you have had in practice in relation to each competency. Which competencies have been demonstrated through achieving your objectives? What evidence do you have that you have made progress? Make notes for yourself regarding these to bring to the meeting.
- Consider your overall development by self-assessing your abilities and allocating yourself a score using the domain RUBRICs. You need to provide evidence for this achievement with examples from your practice
- You may also want to bring evidence that you have understood the knowledge related to your practice, for example notes about particular drugs or conditions, or spider diagrams/mind maps illustrating the variety of factors related to a particular practice issue.
- You can provide more detailed specific evidence of achievement through the use of reflective accounts. You are encouraged to keep a reflective diary noting down significant events and using these opportunities for reflection to learn about your practice. Pick out those reflective accounts that illustrate your learning and practice development and include these as evidence with your self-assessment of practice (you may use the student reflection form, which is in section 4). Please ensure that you anonymise any information within these accounts.
- You can include any other documentary evidence you have of your practice development, for example feedback from other people you have worked with, there is a form (feedback from others who have contributed to assessment) in section 4 to record this. The feedback from those you have cared for is also useful and can be gained via your mentor using one of the forms in section 4.
- Think about and describe qualities you have demonstrated such as use of initiative, compassion, and empathy.

It is essential that you do this preparation for your midway review. Mentors are advised not to give you written feedback until you have done your self-assessment so failure to do this is likely to delay your midway review.

Mentor Feedback

At your midway review meeting, your mentor will discuss your self-assessment and give you feedback on your performance. This should include:

- Discussion of the competencies you have been working towards. Your mentor should review any evidence you have including your written reflections on your practice, evidence regarding your understanding of related knowledge and feedback from other professionals. Your mentor may also gain feedback from people you have cared for. They will do this through observation of your interactions and through non-coercive, considerate and timely approaches to people you have cared for and their families. Your mentor may feel that you have achieved some of the competencies but normally will not sign a competency to confirm that you have passed until you have demonstrated it over a period of time- which is usually towards the end of the placement.

- Giving you feedback on each competency domain using the RUBRICS, including the strengths you have demonstrated and areas that require further development. They should record this on the 'Midway review of progress: mentor feedback' form. Your mentor might find the 'tips for mentors on giving meaningful feedback' useful – see the end of this section).
- If there are any concerns about your performance and level of competency achievement, this is an ideal opportunity for your mentor to discuss these concerns with you and give you clear guidance on what to do to improve. It is very important that your link lecturer is made aware of any concerns you or your mentor have with respect to competency achievement.

You should then write a revised action plan to address the areas for further development that you have identified.

Revised Action Plan

Write the numbers of any objectives that are ongoing from your initial action plan in the box at the top of this form to remind you that these are still to be achieved. Then write new/additional SMART objectives with clear time frames, to address the areas for development that you have identified. You may also wish to add objectives that reflect learning opportunities that you have become aware of as you have got to know the placement area. If there are any competencies that are proving particularly challenging for you, it is wise to make the objectives and plan as specific as possible and the time frame fairly short, so that you review your progress and have the opportunity to gain feedback regularly and to improve your performance before the end of the placement.

There is space for your mentor and link lecturer to add any further comments. Your mentor, link lecturer and you should all sign to confirm that the midway review and revised action plan have been discussed and agreed. The link lecturer is unlikely to be present at the time of the midway review with your mentor. **If concerns have been raised about development and achievement, it is the student's responsibility to raise this with the link lecturer as soon as possible following the meeting.**

FINAL ASSESSMENT OF PRACTICE

Student Final Self-Assessment

You should prepare for this meeting with your mentor in the same way as is suggested for you midway review above. Record your final self-assessment including a final review of your action plan, competency achievement and RUBRIC levels for each domain. Ensure that you can provide evidence of your achievements and competence.

Mentor Final Assessment

At your final assessment of practice meeting, your mentor will discuss your final self-assessment and give you feedback on your performance. This will include:

- Final assessment of the competencies required to be achieved for the Return to Practice Module. Your mentor will sign in the relevant box beneath the competency to confirm that you have passed that competency (see section 3 for more information about competencies).
- Competencies will need to have been assessed for the mentor to then progress to giving you summative feedback on your achievements using the Domain RUBRICs. The Domain RUBRICs provide descriptors of practice, the mentor will need to mark on the RUBRIC where they have assessed your level of practice and below the RUBRIC add in comments regarding evidence for this mark.
- Mentors should include suggestions for further development in the future.
- Signing the **Competency Checklist** (see section 3).

END OF PROGRAMME ASSESSMENT OF PRACTICE

You will be allocated a sign-off mentor who will make the final assessment of practice and confirm that the required competencies and standards of proficiency for entry to the professional register have been achieved. You will meet regularly with your sign-off mentor to ensure that there is opportunity for you to have effective feedback on your performance and in order that the sign-off mentor may make an accurate assessment of your achievement of proficiency.

Record of sign-off mentor protected time

It is important that you keep an agreed record of any meetings you have with your sign-off mentor that support or review your progress. You should record dates and details of these activities on the 'End of Programme Assessment of Practice' form. They may be quite informal and will include:

- Discussions you have together, e.g. reflecting on the way you cared for a particular client, or discussing how to solve a particular problem in practice
- time spent discussing and reviewing your progress
- time spent planning your learning and writing action plan

Final assessment by sign-off mentor

Your sign-off mentor should provide written feedback and grading on the form, in relation to the competency framework and RUBRIC domains, commenting on your specific strengths and offering suggestions for further development. They should identify any issues that they feel it would be helpful to discuss or clarify with the link lecturer.

Declaration by sign-off mentor

Once the sign-off mentor has confirmed that you have achieved all your final year competencies and have met the standards of proficiency required for admission to the professional register, they should complete the sign-off declaration section of the form. This is kept within your practice assessment document and submitted at the end of your programme.

GUIDANCE FOR MENTORS AND LINK LECTURERS: USING RUBRICS AND ALLOCATING A GRADE FOR PRACTICE

As discussed at midway and final reviews both the student and mentor will use the RUBRICS to allocate a grade for the student's practice. This will be a formative grade and will help you to use this feedback to further develop your professional practice.

Each domain of practice has 3 – 4 criteria on which to base the decision about this grade. The mentor should tick / circle the appropriate level that you are performing at and then in the right hand column document the mark for each of the criterion. The mentor and link lecturer will then total the sum of these marks. This total will then be divided by the number of criterion giving the average score for the domain (NB at this stage the score should NOT be rounded up or down). The average mark for all 4 domains will then be added together and this will provide the overall score for practice, at this stage the overall score should be rounded up or down (if the score is >0.4 it will be rounded up, otherwise it will be rounded down – for example a total of 17.25 would result in a score of 17, but a total of 17.5 would result in a score of 18).

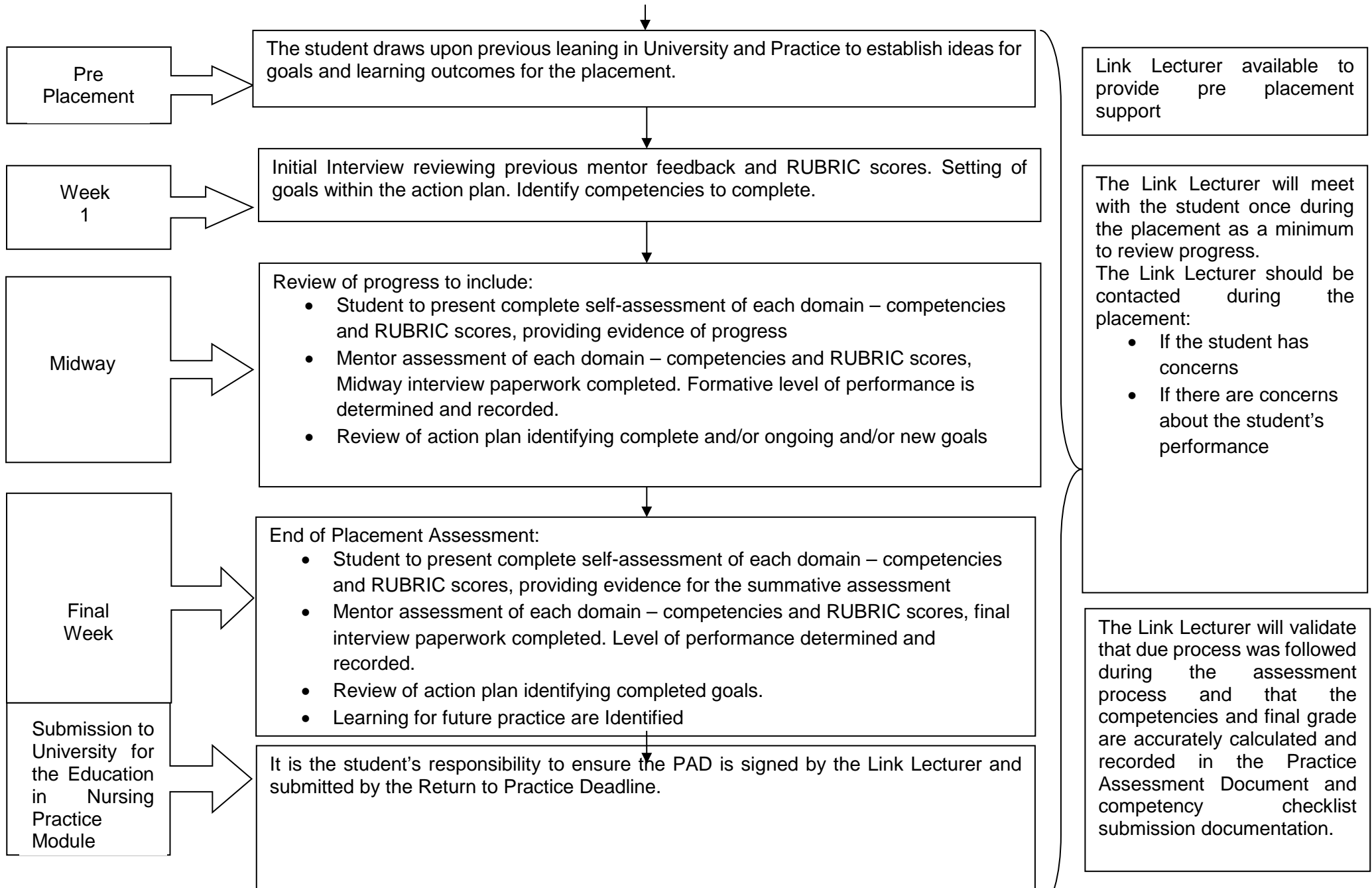
When student self-assessment and mentor assessment is conducted using these RUBRICS it is important to understand the levels that are expected from nursing students. As a Return to Practice student you will be assessed at **Competent Level**. The following information is based on Benner's (1984) level descriptor and must be considered during the assessment process:

Progression point : Entry to the Register – COMPETENT Level

The student is able to practice independently. They are able to conduct a holistic assessment, incorporating a whole range of objective and subjective data. The student is able to effectively plan short and long term goals with the patient/family, and can efficiently prioritise care for a group of people in a range of settings. The student consistently demonstrates competent practice required to gain entry to the register.

The following diagram highlights the process for the assessment of practice:

Process for the Assessment of Practice



TIPS FOR MENTORS ON GIVING MEANINGFUL MIDWAY AND FINAL WRITTEN FEEDBACK

- Make an overview comment and address it to the student “*Phillippa as we have discussed...you have...*”
- Refer to learner’s self-assessment
- Draw on what you have previously discussed highlighting learner achievements (how well and at what level) personal strengths and qualities
- Offer areas for development with suggestions on how to achieve that development

Providing the evidence

- **How often?**
- **How well?**
- **How?**

You need to judge how well they demonstrate their skills, knowledge and attitude and their personal qualities NOT where they have been and what they have done (*unless you say how well they did it or that they demonstrated some learning*)

Use the criteria you have been given (competency statements to judge against)

Don’t be afraid of using your professional judgement (i.e. what you would expect), if in doubt check out with other mentors

Frequency (how often?)

Consistently/always/constantly without fail,

Generally/usually/normally,

Sometimes/occasionally

Rarely/inconsistently/begins to, once, seldom, infrequently,

Never/ has not demonstrated /does not demonstrate/fails to demonstrate



Level (how well?)

Excellent/really well/ exemplary/superb/outstanding/exceptional

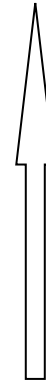
Well developed/capable/proficient/skilful/expert/adept

Very good/well

Good

Satisfactory/adequate acceptable/barely meets required standard/reasonable

Unsatisfactory /poor/fails to meet required standard



How? (use 'doing' or 'being' words -adverbs)

Calmly, correctly, regularly, deliberately, easily, quickly, enthusiastically, expertly, perfectly, promptly, punctually, quietly, rapidly, regularly, reliably, steadily, repeatedly, successfully, skilfully, thoughtfully, well, easily, concisely, accurately, sensitively, responsibly, professionally, precisely, reliably, appropriately, safely, legibly, intuitively, empathically, effectively etc.

Other qualities to consider:

Caring, considerate, compassionate, team worker, independent, proactive, kind, self-aware, recognise own limitations, trustworthy, honest, articulate, capable, supportive, enthusiastic, motivated, warm, alert, questioning, observant, astute, reflective, committed, responsible, reliable, responsive, able to anticipate, analytical, evaluative, empowering, shows insight, non-judgemental, flexible.

Section 3 – Competency Framework

This section outlines the competency framework, and how individual competencies / competency checklists should be completed.

As already explained there are a number of competencies that must be achieved throughout the nursing programme and these are grouped within four domains. These competencies are as follows:

Domain 1: Professional Values		Domain 4: Leadership, Management & Team Working	
1a (core):	Professional Attitude	4a (core):	Self Awareness
1b (core):	Professional Behaviour	4b (core):	Teamwork, Leadership and Collaborative Practice
1c:	Confidentiality and Data Protection	4c:	Time and Care Management and Prioritisation
1d:	Legal Frameworks	4d:	Manage Own Development
Domain 2: Communication and Interpersonal Skills			
2a (core):	Communication		
2b (core):	Therapeutic Relationships		
2c:	Professional Communication and Record Keeping		
2d:	Challenging Situations, Conflict and Aggression		
Domain 3: Nursing Practice and Decision Making			
3a (core):	Person Centred Care		
3b (core):	Safety and Risk Management		
3c:	Safeguarding Children and Vulnerable Adults		
3d:	Assessment of Client Needs and Planning Care		
3e:	Evaluation of Care		
3f:	Emergency First Aid and Immediate Care		
3g:	Prevention and Control of Infection		
3h:	Nutrition, Fluids and Elimination		
3i:	Medicines Management		
3j:	Health Promotion and Empowerment		
3k:	Wound Care and Management		

Each competency statement indicates the level of achievement required. You must pass all of the competencies in order to meet the requirements of the Return to Practice course. Achievement of competencies is determined by your mentor's assessment. You will see that there is a box below each competency statement for your mentor to sign once they are satisfied that you have met all the requirements of that competency statement.

Achievement of competencies is therefore shown by signing the PASS box below the competency. This provides you with a permanent record of your achievement. However, you will also be required to complete a competency checklist. The competency checklist has three main functions:

1. To act as a means of communication between you, your mentor and link lecturer and the module leader
2. To provide confirmation that due process has been followed for assessment to take place and verification by the link lecturer of the mentor's signature, and that there are no omissions
3. To provide you (and others e.g. mentor, link lecturer and academic advisor) with a quick checklist of competencies and grades achieved.

The competency checklist should be completed at the end of your placement/module and handed in as instructed by the module leader. **It is your responsibility to ensure that it is completed and handed in at the appropriate place and time.** You should always keep a copy for your own records within the practice assessment document. Mentors and link lecturers are advised not to sign the competency checklist until they have confirmed achievement of competence within the competency framework section of the practice assessment document and confirmed the grading of each of the domain RUBRICS.

Lack of opportunity to achieve a competency: If an opportunity to achieve a competency is not available then you do not fail it. You should **urgently** discuss with your link lecturer any additional opportunities that can be made available in order to help you achieve it (perhaps by using role-play scenarios, the skills lab or by providing different placement opportunities). If it is still not achievable, your mentor should record **no opportunity** in their feedback in relation to that competency in the relevant domain feedback box and at the bottom of the competency checklist. You do however need to demonstrate all competencies in full by the end of the course.

Failing Competency:

If you have engaged in discussion with your mentor about your competencies throughout the placement, you will be aware of any concerns your mentor has. You may need to meet formally several times in during the placement in order to gain sufficient support to enable you to work through particular difficulties. You may find that the form 'Record of additional progress review meetings and resulting action plans' is useful to record these meetings. If these areas of concern are identified early enough you will have enough time to fulfil a relevant action plan and demonstrate successful achievement of the competency throughout the rest of the placement. At this point, your mentor can sign the competency as being successfully achieved. Patient safety is always a consideration and mentors should inform the link lecturer if they have concerns about your ability to perform safely in practice.

By the end of placement deadline, if you are still unable to provide evidence of being competent then you are deemed to have failed to achieve the competency requirements for that module. Your mentor will sign in the REFER box below the relevant competency. Depending on the number of competencies that this applies to you will either be offered a resit of the module (usually if you have failed three competencies or fewer), or a retake of the module (if you have failed more than three competencies). A resit of the module means that you will be provided with a further opportunity to achieve the competencies by the resit examination date. The module leader will confirm the details of the resit requirements. A retake of the module means that you will have to retake the whole module, completing all elements of the module assessment. For further information on rules relating to failure please see section 1 of the Practice Education Handbook.

Inconsistent performance/failure to continue to demonstrate a previously achieved competency:

You are required to continually demonstrate a competence throughout the placement, even when it has been signed off as achieved either earlier in the placement or the academic year. At the end of the placement your competency checklist will be signed by the qualified mentor whose signature will be verified by the link lecturer. This will be taken as the summative evidence of you consistently demonstrating competence and will be forwarded to the module leader.

If at any stage there are concerns about your competency achievement or if you are not continually demonstrating competence at a level previously achieved level then you will be given feedback and an opportunity to address any concerns. By the end of placement deadline, if you are still unable to provide evidence of being competent at a previously achieved level, you will fail the competency. For further information please read:

Failing competency statement: for nursing, midwifery, paramedic, operating department practitioner and FdSc in Health and Social Care students:

<http://www.hls.brookes.ac.uk/peu/failing-competency-statement>

The following diagram should be referred to by the mentor if there are any concerns about student performance in practice:

Process For Mentors to Manage and Report Concerns about a Student Performance in Practice

A cause for concern or failure is identified by the Mentor

It is best practice to inform the student of any concerns as they arise providing evidence and documenting these.

If the minor concerns continue and/or escalate the mentor should call for an urgent review meeting with the student and inform the Link Lecturer

Fitness to Practice Issue? And/or Professional Suitability/ behaviour

And / Or

Competency achievement?

Yes

Yes

Contact the Link Lecturer so that the appropriate procedure and support can be provided
There is further information on the PEU webpages:

- Standards of Conduct
- Professional suitability/behaviour
- Guidance re goal setting and action plans

NB: If the issue is significant the student can be asked to leave the placement area until the link lecturer is contacted.

Review meeting facilitated by the Link Lecturer:

- Mentor to provide evidence for the concern using the domains and competency framework to structure the feedback to the student
- The students position is ascertained and support is offered
- An action plan is developed following the urgent review and documented in the Practice Assessment Document. In some cases, this may mean suspension of fitness to practice pending further investigation.

If the Students performance does NOT improve contact the Link Lecturer for further support.

If Student improves and no further cause for concern at the final Interview document the improvements and complete the action plan. Award the final summative grade at this final assessment point. Make recommendations for future practice.

If Student does NOT improve at the final Interview clearly document the reasons for the failure utilising the competency framework for structure. Award the final summative grade at this final assessment point. Make recommendations for future practice.

Section 4 – Placement Learning Toolkit

This section of your Practice Assessment Document contains various forms that will help you maximise the learning from your placement learning experiences.

Spoke Placement Forms: Long Spoke Placements

During your placement, there will be opportunities to enhance your learning experience by accessing spoke placements (see Practice Education Handbook). There are two different types of spoke placements: 'Long Spoke Experiences' and 'Insight Spoke Experiences'.

Long spoke placements will be between 3 days – 4 weeks long and for these experiences you must complete the '*Spoke Placements*' paperwork. It is very important that you plan your learning in relation to these opportunities. You should record your self-assessment in relation to the experience (relevant previous achievements and learning and how you see the experience in relation to your overall placement learning). After discussion with the person supporting you during the experience, record a brief action plan to help you to make the most of the learning opportunities available. As you complete the long spoke placement, you should record what you have learnt and whether or not you have met your objectives. Ask the supervising person to give you feedback regarding your strengths and to suggest areas for further development. It is also helpful if they can give specific feedback in relation to any of the competency domains relevant to your experience and performance during the spoke placement. You can then use this as evidence, for your mentor in your main placement to consider when assessing your competence at the end of the Education in Nursing Practice Module.

'Insight Spoke Experiences' can last from 1 hour to 2 days. These visits still require the student to consider learning objectives and note their learning post visit. The Spoke Placement form does not need to be completed although you may find that it is helpful for your learning to complete this. For these placements you must still complete the spoke placement learning log, and ask for some documented feedback from your spoke supervisor.

Spoke Placement Forms: Spoke Placement Learning Log (all spoke placements)

As you access all of the various spoke placements (whether long or insight spoke placements) during your longer hub placement it is important to record these experiences on this form. This will provide a summary of your spoke placement experiences, what you have learnt from these experiences, and how this learning links to The Code (NMC, 2015).

Feedback from others who have contributed to assessment

As discussed in section 3 of the Practice Education Handbook it is important to gather feedback from a variety of sources during your placements. There are forms within this section to use for this purpose.

The first form is for you to gather from feedback from other professionals who are not your mentor. This may be from other professionals that you work with within your hub placement, but you may also gather this feedback whilst you are undertaking spoke placements. It is important that you actively seek this feedback as it will aid your learning and will also help your mentor gain insight into your learning needs and development.

The remainder of these forms are for feedback from people you have cared for or supported. The insight that you will gain from patients' and families' perspectives of your care will be invaluable and it is important for you to consider this feedback. There are a variety of forms included in the PAD which can be used to gather this feedback. It is very important that **you do not approach patients** to ask for feedback about how well you are doing. Patients are often in vulnerable circumstances and we need to ensure they are safeguarded from harm. Instead, your mentor should gather this feedback as they have greater experience about whether it is appropriate to seek feedback. Your mentor should therefore use the forms contained within your PAD to appropriately gather and document this feedback and this information will contribute to their assessment of your abilities. It is important to remember that patient confidentiality is maintained throughout this process.

Record of additional progress review meetings and resulting action plans

These forms are available for you to record any review meetings with your mentor that are **in addition** to your initial, midway and final reviews. If you or your mentor have any concerns about your practice development you should arrange a meeting and document this here rather than restricting your meetings to just the midway and final reviews. You may also use this form to record meetings where you have set yourself further objectives if you and your mentor feel that you have achieved all of your original objectives and are ready to set some more.

Student Reflection – utilising Reflection and Action Learning to enhance your Practice

There is no limit to the number of informal reflections that you complete and we could encourage you do write these regularly.

Skills for Reflection

Before you begin to use some of the reflective frameworks to guide your reflection, in this section of the portfolio, take a few minutes to read and think about the skills required for reflection and reflective writing:

- **Self-awareness** is the foundation skill upon which reflective practice is built. It underpins the entire process of reflection because it enables people to see themselves in a particular situation and honestly observe how they have influenced the situation and how the situation has affected them. Self-awareness enables a person to analyse their own feelings, beliefs and values, as a part of the social world. In essence, it requires an exploration of how a situation has affected you and how you have affected a situation.
- **Description** is an opportunity to tell 'your story'. Good description allows you to recollect the important events and features of your practice. It involves the ability to recognise and recollect, significant events, and key features, of an experience, and to give a comprehensive, yet concise account of the situation.
- **Critical Analysis** is a key skill for both reflective practice and academic study.

Critical analysis involves separation of a whole into its component parts and detailed examination of those parts, in order to make judgements about the strengths and weaknesses of the different parts, as well as the whole! Using a metaphor here is helpful. Imagine yourself knocking down a brick wall, you stand there mallet in hand and gaze at it purposefully. At this stage it is just a pile of bricks in need of demolition. After you've exerted yourself knocking it to the ground, you start to see different things that previously you had not noticed made up the wall – the crumbling mortar that held it together, various very small creatures that had until now had made it their home, the odd bit of graffiti, the demo' posters that someone had stuck on it. And, of course the bricks! The point here is that through looking a little closer you can begin to look at the different parts that made up your wall as well as the whole.

The skill of critical analysis is not easy so don't lose heart if you don't get it straight away, use your mentor/link lecturer to help you. In summary, it involves the following activities:

- Identifying existing knowledge relevant to the situation
- Exploring feelings about the situation and the influence of these
- Identifying and challenging assumptions made
- Imagining and exploring other courses of action.

Synthesis is the integration of new knowledge with previous knowledge. You can use synthesis in a creative way to solve problems and to predict likely consequences of actions. Essentially synthesis involves:

- Building up ideas into a connected and coherent whole; it is about original thinking and creativity. (Think about how you would build up a brand new wall!)
- Integration of new knowledge, feelings or attitudes with previous knowledge, feelings or attitudes; it leads to fresh insights or new perspectives on practice.

Evaluation encourages you to make a judgement about the **value** of something. Synthesis and evaluation are crucial in the development of new perspectives and to avoid making the same mistakes again.

Adapted from:

Bulman, C. (2013). Getting started on a journey with reflection. In: Bulman, C. and Schutz, S. (2013).

Atkins, S. and Schutz, S. (2013) Developing skills for reflective practice. In: Bulman, C. and Schutz, S. (2013).

Bulman, C. and Schutz, S. (2013). (Eds) *Reflective Practice in Nursing* (5th Ed.) Wiley-Blackwell: Oxford.

Tips on Reflection and Reflective Writing

Finding someone to reflect with

A colleague, mentor or supervisor can provide a sounding board, open up different perspectives and provide support and guidance. It is helpful to find someone who already has experience of using reflection and who is someone that you trust, if you are going to share and explore your experiences and feelings. The coaching and facilitation role cannot be ignored in the reflective process since it is very easy to slip into non-critical, self-affirmation without it.

Reflective discussion with colleagues is also something that is almost taken for granted or not given the prominence that it deserves. Some people have reflective buddies with whom they regularly discuss their practice. Positive work environments also foster a climate where challenge is expected but supportive discussion is also encouraged. This type of discussion may not be labelled reflection by purists, but is part of the process of enquiry in order to move on one's thinking and practice.

The key thing is to reflect with people you respect and whose opinion you value and to find an environment where you can be up for a challenge.

Developing your reflective writing

- Keeping a Diary or Journal

Essentially keeping a regular diary is an extremely useful tip, since the memory of events can fade quickly, even for those with the most photographic of memories. You may find it helpful to build up a personal repertoire of experience in your diary which you will be able to use to reflect back on and draw from, as you gain in experience. It is worth setting time aside to write in your diary in a form that feels comfortable for you. Using an attractively bound file or book in which to record your reflections may promote your motivation to write. You could split each page; using the left hand side to write up your diary and the right hand side for further reflections, analysis and notes. Try writing down exactly what was said; sentences and key phrases, in order to capture the situation. You may wish to record experiences concerning your own patients or situations that seemed dramatic or special in practice (don't forget confidentiality issues). However, it is possible to miss out on seemingly routine or mediocre events which, on reflection, could prove to be useful learning experiences. Diary keeping requires motivation and commitment; some people find it easier to do than some and others just don't get along with it.

The most important thing is to find a method of contemplating and recording your experiences that works for you.

- Practical Advice for Reflective Writing

1. Use a reflective framework -stick it on your notice board above your desk where you study; refer to it as you work on your first jottings.

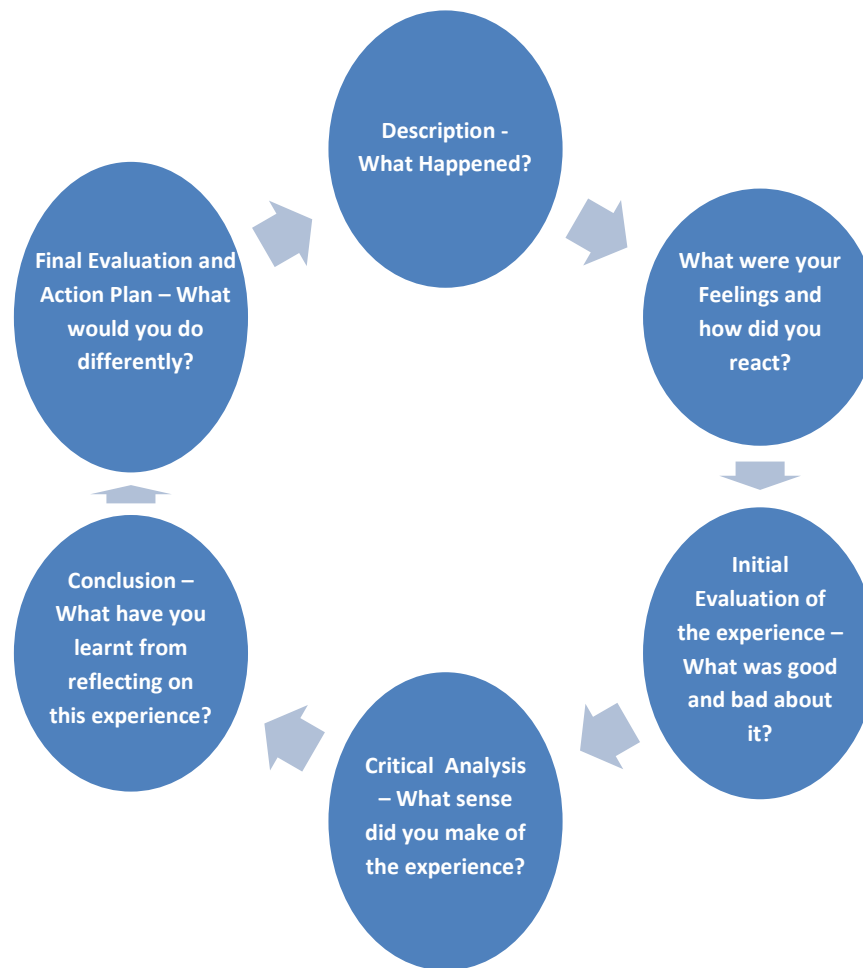
2. Get something down on paper as early as possible, not necessarily something academic or part of assessed work but something you can check out with a mentor in the first instance.
3. Keep a reflective diary - write down what happened and why, what did I learn and what would I do next time?
4. Look back over your diary - use it to inform the academic work required of you.
5. Develop a repertoire of practice to draw on, store up experiences that you could use later in your reflective work, by making notes, jotting things down so that important experiences are not lost.
6. Get to know your mentor - use opportunities for reflective conversations.
7. Get to know your link tutor, make the most of any individual or group opportunities to get feedback.
8. Write down some reflection, then leave it for a while, you may find it easier to be critical on your return.
9. If you are using a framework - refer to it and ensure all stages are covered in order to complete your analysis.
10. Go deep, not wide, in your analysis.
11. Live with lack of perfection - realise you won't always achieve the ideal, do what you can with some sense of direction.
12. Seek out colleagues who support you.

Adapted from:

Bulman, C. (2013). Getting started on a journey with reflection. In: Bulman, C. and Schutz, S. (2013).

Bulman, C. and Schutz, S. (2013). (Eds) *Reflective Practice in Nursing* (5th Ed.) Wiley-Blackwell: Oxford.

Reflective Frameworks



Reflective Cycle – Adapted and updated from Gibbs (1988) by Bulman (2013)

DESCRIPTION***What happened?***

- Describe what happened.
- Keep focused on your description; don't make judgements, or draw conclusions.

FEELINGS***What were your feelings and how did you react?***

- Keep focused on your emotions; don't be tempted to analyse yet.

INITIAL EVALUATION OF THE EXPERIENCE***What was good and bad about the experience?***

- Evaluate your initial feelings and reactions in order to get to the heart of what really concerned you (positive or negative) about the experience. By doing this, you should be able to identify and attend to key issue/s which will allow you to move on to critical analysis.
- **NB:** It is important to keep focused, so try to choose just one or two issues. Then you can move on to develop some in-depth critical analysis rather than just 'skim the surface' of many.

CRITICAL ANALYSIS***What sense did you make of the experience?***

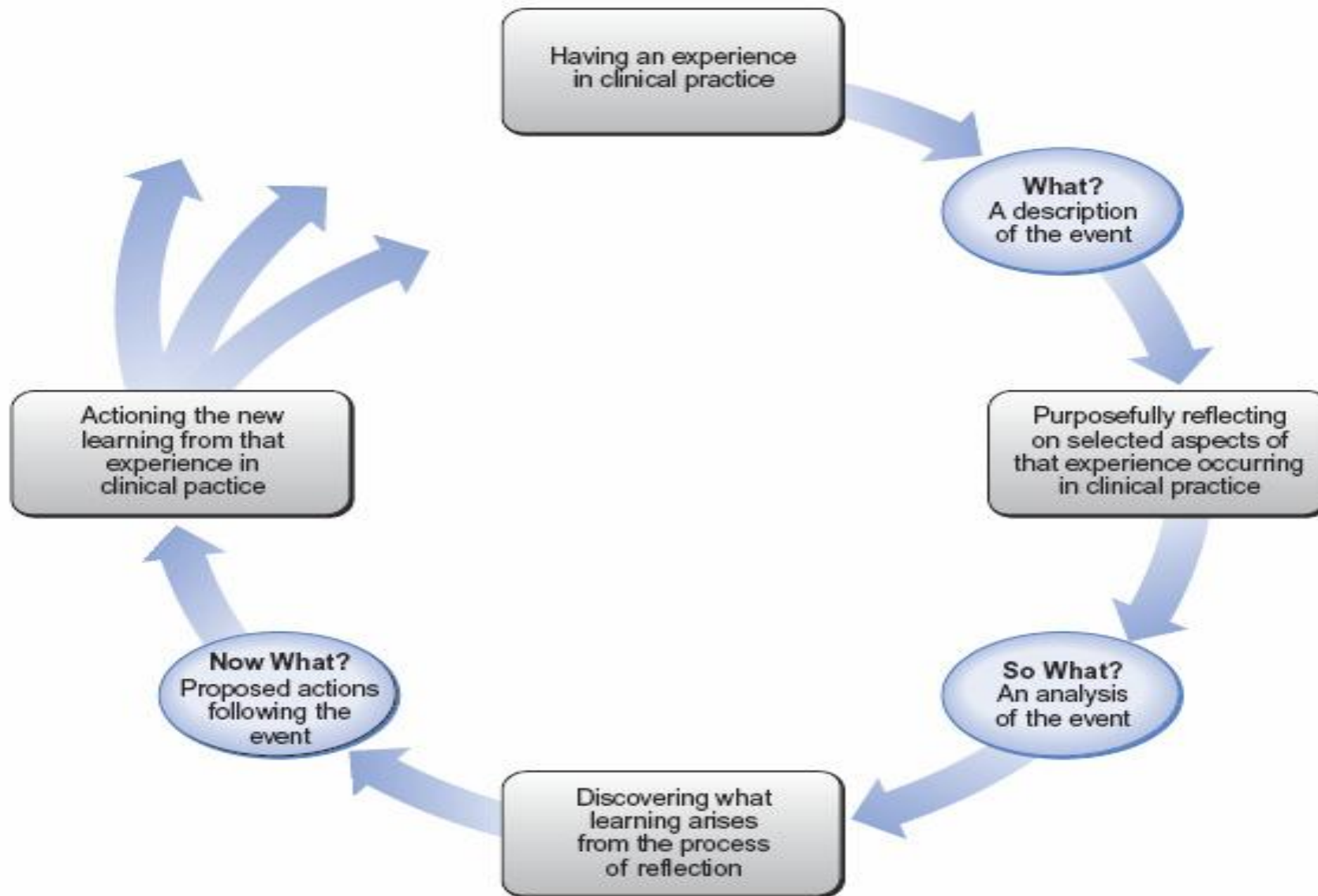
- Critically analyse what was going on. Were people's experiences similar or different to yours, and in what ways? What themes seem to be emerging from your analysis? How do these compare with your previous experiences? Can you challenge any assumptions now?
- **NB:** Make use of knowledge/ideas from outside your experience to develop and inform your analysis, e.g. experts, mentors, policy, research, law and ethics, literature, clinical papers, reviews, discussion papers. How do these compare with your experience?

CONCLUSIONS***What have you learnt from reflecting on this experience?***

- What have you learnt about: yourself, your self-awareness, your practice?
- What have you learnt that you would recommend for practice in general (i.e. social, political, cultural, ethical issues)?

FINAL EVALUATION AND ACTION PLAN***What would you do differently?***

- What would you do if this type of situation arose again?
- What steps will you take, based on what you've learnt, to develop your future practice?
- How will you decide if your practice has been improved?



The What? Model of Structured Reflection and associated trigger questions (Driscoll 2007)

1. A description of the event

What? Trigger questions

- What is the purpose of returning to this situation
- What happened?
- What did I see/do?
- What was my reaction to it?
- What did other people do who were involved in this

2. An analysis of the event

So What? Trigger questions

- How did I feel at the time of the event?
- Were those feelings I had any different from other people who were also involved at the time?
- Are my feelings now, after the event, any different from what I experienced at the time?
- Do I feel troubled, if so, in what way?
- What were the effects of what I did (or did not do)?
- What positive aspects now emerge for me from the event that happened in practice?
- What have I noticed about my behaviour in practice by taking a more measured look at it?
- What observations does any person helping me to reflect on my practice make of the way I acted at the time?

3. Proposed actions following the event

Now What? Trigger questions

- What are the implications for me and others in clinical practice based on what I have described and analysed?
- What difference does it make if I choose to do nothing?
- Where can I get more information to face a similar situation again?
- How could I modify my practice if a similar situation was to happen again?
- What help do I need to help me 'action' the results of my reflections?
- Which aspect should be tackled first?
- How will I notice that I am any different in clinical practice?
- What is the main learning I take from reflecting on my practice in this way?

Driscoll, J. (2007) (Ed.) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*, Bailliere Tindall: Elsevier, Edinburgh, UK.

Reflective Framework. Stephenson (1994)

In: Bulman, C. (2013). Getting started on a journey with reflection

In: Bulman, C. and Schutz, S. (2013). (Eds) *Reflective Practice in Nursing* (5th Ed.) Wiley-Blackwell: Oxford.

Choose a situation from your placement; ask yourself....

- What was my role in this situation?
- Did I feel comfortable or uncomfortable? Why?
- What actions did I take?
- How did I and others act?
- Was it appropriate?
- How could I have improved the situation for myself, the patient, my mentor?
- What can I change in future?
- Do I feel as if I have learnt anything new about myself?
- Did I expect anything different to happen? What and why?
- Has it changed my way of thinking in any way?
- What knowledge from theory and research can I apply to this situation?
- What broader issues, for example ethical, political or social, arise from this situation?
- What do I think about these broader issues?

Model for Structured Reflection – 15th edition (In: Johns 2009)

Reflective Cue
Bring the mind home
Focus on a description of an experience that seems significant in some way
What issues are significant to pay attention to?
How do I interpret the way people were feeling and why they felt that way?
How was I feeling and what made me feel that way?
What was I trying to achieve, and did I respond effectively?
What were the consequences of my actions on the patient, others and myself?
What factors influence the way I was/am feeling, thinking or responding to this situation?
What knowledge did or might have informed me?
To what extent did I act for the best and in tune with my values?
How does this situation connect with previous experiences?
How might I reframe the situation and respond more effectively given this situation again?
What would be the consequences of alternative actions for the patient, others, and myself?
What factors might constrain me responding in new ways?
How do I NOW feel about this experience?
Am I more able to support myself and others better as a consequence?
What insights have I gained?
Am I more able to realise desirable practice?

Johns, C. (2009) *Becoming a Reflective Practitioner* (3rd Ed) Wiley-Blackwell: Oxford

Johns' Model for Structured Reflection is composed of a series of questions helping the reflective practitioner to tune into an experience and provides organisation and meaning to the process of reflection. The first reflective cue encourages the reflective practitioner to 'bring the mind home'. Johns (2009:52) has described this as a 'preparatory cue', placing a person in the 'best position to reflect'. His inspiration here comes from his study of Buddhist meditation and his 'focus on bringing the mind home helps to shift the balance of seeing reflection as a cognitive activity to a more meditative activity.' – this requires time, space and an appropriate environment for reflective contemplation. Johns' chapter on 'Becoming Reflective' in Johns (2009:41-79) provides more detail and examples regarding the other reflective cues in this model.

Example documentation of ongoing record of achievement (this is adapted from a 1st year pre-registration student's assessment)

EXAMPLE - INITIAL PLACEMENT MEETING

Student Name: Sam Smith	Placement Area: Team B South Health Visiting Team
Student Number: 0123456	Placement Dates: 15/05/16 - 09/07/16
Year of Study and Module Number/Name: 2015-2016 EiNP 2	Link Lecturer Name: Jo Jackson
Mentor Name: Lesley Jones	Mentor's Work Email address (for PEMS): xxxxxx
Mentor Date of last Mentor Update: 05/04/16	Mentor Date of last Triennial Review: 03/01/15

Student self-assessment:

Summary of previous achievements/learning: (Previous self-assessments and evaluations, check end of year development review and action plans, consider how to share specific learning needs and reasonable adjustments e.g. Dyslexia)

My first placement on a children's ward was my first extended period of healthcare work experience and I really enjoyed it. I have grown in confidence; developing my communication skills with children and their parents; increasing my familiarity with normal physiological ranges to enable me to better identify abnormal results and suggest the appropriate nursing response; and developing skills about managing multiple patients. I have really enjoyed having the opportunity to experience lots of different procedures and working with different members of the multidisciplinary team. I feel this has enabled me to better understand what my patients are experiencing and to understand the responsibilities of the different MDT members and how they work together.

As part of this placement I would like to develop my skills relating to the following:

- Developing and evaluating care plans - Safeguarding and the challenges this creates within healthcare provision - Health Promotion

I am dyslexic, so need help with planning the order of things, sometimes both, when I am doing things and when I am writing.

Record of Initial checks and discussion: (Mentor to initial boxes when completed)

I have seen the students fitness to practice card	LJ	I have discussed the Simulation Based Education undertaken with the student	LJ
I have read & discussed with the student their previous placement feedback	LJ	Where appropriate I have undertaken risk assessment with the student	LJ
I have given the student opportunity to discuss their specific learning needs & reasonable adjustments	LJ	The student and I have completed the organisation's local induction and health and safety processes.	LJ
I have planned with the student the timing of the midpoint interview.	LJ	The student and I have established where the learning opportunities for 'essential care needs for all people' may arise in this placement	LJ
As mentor, I have informed the Link Lecturer of my email contact, ready for electronic evaluation of the placement via PEMS	LJ	I have reviewed the previous Practice Assessment RUBRIC with the student	LJ
Spoke experiences discussed and planned	LJ		

EXAMPLE - INITIAL ACTION PLAN

Action Plan agreed at the initial meeting:

No.	Objective: I will be able to...	Related competencies:	Timeframe: I will have achieved this by...	Support /resources: To complete this I will require...	Midway Evaluation Achieved/on-going
1.	Build a relationship with a family to enable me to work with my mentor to make an assessment of their specific needs and devise a care plan accordingly	1a, 2a, 2b, 3a, 3d, 3f, 3j, 4b	I will have achieved this by the end of the placement	The opportunity to work with a family and support from my mentor to devise an appropriate care plan. A good awareness of the Healthy Child Programme.	Achieved 12/06/16 LJ
2.	Support a mother / family with a particular aspect of family life that they are experiencing challenges with e.g. sleep, breastfeeding etc.	1a, 2a, 2d, 3d, 3f, 3j	I will have achieved this by midway	The opportunity to work with a mother who is happy for me to support her. Awareness of the appropriate advice to give - obtained through self-directed learning and experiences with mentor.	Achieved 12/06/16 LJ
3.	Work with mentor to identify / monitor safeguarding issues and take the appropriate action, working effectively with other organisations e.g. social services where required	1c, 2b, 3c, 3d, 3e, 4b	I will have achieved this by the end of the placement	The opportunity to work with a family with safeguarding issues under the guidance of my mentor.	Achieved 12/06/16 LJ

The initial action plan has been discussed and agreed

Student Signature: Sam Smith	Date: 15/05/16	Mentor Signature: <i>Lesley Jones</i>	Date: 15/05/16
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EXAMPLE - MIDWAY REVIEW OF PROGRESS

When student self-assessment and mentor assessment is conducted using the following RUBRICs, it is important to understand the levels that are expected throughout the course. The following information is based on Benner's (1984) level descriptors and must be considered during the assessment process. More information about this is included within the Guide to the Practice Assessment Document.

Progression point 1 – NOVICE Level

Although students often have a range of prior experiences Benner contends that student nurses are beginners. By the end of this NOVICE year the student will be able to identify, describe, explain and discuss fundamental knowledge, and will have the skills to contribute to and participate in a range of activities and experiences to enhance and develop those fundamental skills for practice. The student will need to be guided and supported in applying those fundamental rules, which can gradually be applied to different situations and activities. Teaching and learning should focus on objective details such as fundamental personal and psychological care, and rudimentary patient assessments. For example, by the end of the first year students should have the ability to accurately perform a heart rate assessment, understand the underlying physiology and the normal parameters. This along with a range of fundamental knowledge and skills, can be applied to the objective assessment of an individual, irrespective of the clinical environment. The student nurse is generally in need of supervision during this year but has the potential to become increasingly independent in fundamental care delivery. Therefore, it is possible for a student to achieve the highest mark if their performance is judged to be independent within the context of the NOVICE practitioner.

Student Name: Sam Smith			Student Number: 0123456				
Year of Study: 1			Placement Number: 2				
MIDWAY Assessment of practice RUBRIC: Domain 1 Professional Values							
Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION	
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.		
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory. Respects diversity, individual preferences, rights and choices, and provides care that is person/family-centred.	Demonstrates excellent and consistent professional behaviour to all people and can discuss a range of choices with individuals.	Provides person/family-centred care in a professional manner, providing sound rationale when prompted.	Demonstrates professional behaviour and shows understanding of impact of own practice on person/family-centred care.	Demonstrates professional behaviour towards others, but is not always able to recognise impact of own practice on delivery of person/family-centred care.	Little awareness or insight, unprofessional, careless approach. Concerns raised regarding honesty and integrity. No insight shown when discussed.	3	4
Practises with honesty and integrity, applying the principles of <i>The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015)</i> Displays a professional image in their behaviour and appearance.	Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015).	Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015), when prompted.	Demonstrates honesty, a professional image and integrity at all times. Aware of the NMC Code (2015) but not able to fully explain the principles.	Requires frequent support to understand and demonstrate the need to act with honesty and integrity and reflect a professional image. Is unable to recall the NMC Code (2015).	Overall behaviour and appearance is not consistent with the professional values descriptor.	3	4
Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.	Can consistently evaluate and apply principles surrounding data protection, disclosure and safeguarding.	Is aware of the principles surrounding confidentiality, disclosure and safeguarding. Can discuss some aspects without the need for prompting.	Is aware of the principles surrounding disclosure and safeguarding. Can discuss when prompted.	Is aware of confidentiality and safeguarding but unable to discuss in detail or link to policy and related practice.	No or extremely limited awareness of safeguarding or confidentiality.	3	4
Progression point 1 – NOVICE Level						TOTAL SCORE: 9 / 12	
Student Signature: <i>Sam Smith</i>						AVERAGE SCORE: 3 / 4	
Mentor Signature: <i>Lesley Jones</i>							

Midway review of progress: Domain 1 Professional Values

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 1. You should provide examples and reflections from your practice.</p> <p>Working within the community has enabled me to work closely with a range of people from different social economic, cultural and religious backgrounds. Working with the nurse practitioners has also provided me with greater experience and awareness of caring for people outside of my nursing field e.g. adults and older people (see reflection 'Older people' 02/03/15).</p> <p>Working in this setting has provided me with greater awareness of safeguarding policy and protocols. This has been useful to increase my knowledge about maintaining client confidentiality and when / what information can be shared with other relevant professionals. For example, we notified the GP of domestic violence issues that we had been notified about by the police. The HV locality meeting provided me with useful information about the local policy and pathways which are implemented after a domestic violence issue and how these differ depending on whether parents have agreed for the information to be disclosed or whether there are restrictions on the sharing of information.</p>	<p>Student Self-Assessed Score</p> <p>3</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 1. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 1.</p> <p>Sam, you have taken professional responsibility for your behaviour, showing excellent time keeping, respect for others time and priorities, and a consistent commitment to your own learning. You have demonstrated a kind, sensitive and warm approach to clients. Parents have commented on your ability to pick up cues and adapt to the needs of the family, working in partnership with parents, for example one mother commented to me: "She's great, she notices what needs doing and just gets on with it".</p> <p>We have discussed some complex families in which there were safeguarding concerns. In our discussions of the challenges of maintaining confidentiality you demonstrated insight and an appreciation of complexity.</p>	<p>Mentor Assessed Score</p> <p>4</p>

Student Name: Sam Smith			Student Number: 0123456				
Year of Study: 1			Placement Number: 2				
MIDWAY Assessment of practice RUBRIC: Domain 2 Communication and Interpersonal Skills							
Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION	
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.		
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Communicates empathetically, therapeutically and respectfully with all people, including those who are unwell, anxious or distressed, including in a challenging or complex situation.	Understands and sensitively selects and applies a wide range of professional and therapeutic communication methods, based on a comprehensive assessment.	In most situations, independently selects and applies an appropriate, wide range of professional and therapeutic communication methods.	With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods.	Requires continuous support. With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods.	Unable to communicate with professionalism and fails to demonstrate therapeutic communication methods.	4	4
Maintains accurate, precise and timely written communication.	Consistently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015).	In most situations, independently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015).	With support, maintains accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	Needs guidance to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	Fails to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	4	5
Maintains professional communication whilst building, maintaining and ending therapeutic relationships. Communicates relevant verbal and written information during and beyond the immediate context of care, for example in transition or transfer to other care settings.	Demonstrates skill and sensitivity in establishing, maintaining and ending therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Understands and uses relevant inter-professional communication approaches to support safe and effective care in new contexts.	Appropriately establishes, maintains and ends therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Uses relevant inter-professional communication approaches in such contexts.	Effectively contributes to establishing, maintaining and ending relationships with people in transition / transfer contexts. With support, contributes to inter-professional communication in such contexts.	Requires significant support to contribute to establishing, maintaining and /or ending relationship with people in transition / transfer contexts. Does not independently contribute to inter-professional communication in such contexts.	Unable to contribute to establishing, maintaining and/or ending relationships with people in transition / transfer contexts. Does not contribute to inter-professional communication in such context.	4	4
Progression point 1 – NOVICE Level						TOTAL SCORE:	
Student Signature: <i>Sam Smith</i>						12 / 13	
Mentor Signature: <i>Lesley Jones</i>						AVERAGE SCORE: 4 / 4.3	

Midway review of progress: Domain 2 Communication and Interpersonal Skills

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 2. You should provide examples and reflections from your practice.</p> <p>My observations have shown me that parents are often concerned and very protective over their children and when they feel ill equipped or lacking in knowledge they can feel very anxious or stressed. This has enabled me to further develop my communication skills so that I can recognise these situations, work to reassure parents, help them and hopefully empower them with knowledge to reduce their anxiety (see reflection "postnatal woman"). While our clients receive lots of support from the HV team, they are frequently under the care of other healthcare professionals. This has enabled me to better understand how all these groups work and interact and the importance of maintaining good communication. I have also been able to compare how MDTs function in the community and in the hospital. I have accurately documented a number of care visits as part of my reflections. During clinic sessions, I have demonstrated accurate documentation of baby's weights in their red books and plotted the weight on the growth charts.</p>	<p>Student Self-Assessed Score</p> <p>4</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 2. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 2.</p> <p>Sam, your relaxed and attentive approach puts others at ease. Parents have consistently been keen for you to visit again once they have met you. I have found you supportive and easy to work with when we are visiting a family together. You are a good listener and able to be attentive without intruding but also to balance this with taking the initiative when there are aspects of the care in which you feel confident, for example engaging the child appropriately and encouraging play in order to assess development.</p> <p>You have demonstrated the ability to adjust to the developmental needs of the child and to pick up on their cues and individualise your approach accordingly.</p> <p>You document care accurately and with attention to detail.</p>	<p>Mentor Assessed Score</p> <p>4.3</p>

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

MIDWAY Assessment of practice RUBRIC: Domain 3 Nursing practice & decision making

Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION	
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved		
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Practise safe, person/family centred care. Make evidence-based decisions. Seek informed consent/assent where appropriate.	Is proficient in the delivery of safe, person/family-centred care. Articulates and communicates the evidence required to gain informed consent/assent and to justify and support decisions.	Is able to deliver safe, person/family-centred care. Provides relevant information to gain informed consent/assent and can make and justify evidence-based decisions.	Responds to verbal direction in order to deliver safe, person/family-centred care. Requires guidance in order to seek informed consent/assent and make evidence-based decisions.	Practises safe, person/family-centred care under close supervision. Limited ability to seek informed consent/assent and make evidence-based decisions.	Unsafe practice observed which may compromise person/family-centred care and/or safety. Fails to seek informed consent and cannot provide evidence-based decisions.	3	3
Observes safety, including safeguarding and risk management	Has a comprehensive understanding of safety, including safeguarding, and independently implements appropriate risk management strategies.	Observes safety and uses appropriate risk management strategies with occasional support and guidance.	Responds to verbal direction in order to promote safety and to use appropriate risk management strategies.	Needs continuous verbal and frequent practical guidance in order to recognise situations that might compromise safety, and the appropriate risk management.	Cannot recognise relevant safety procedures and/or appropriate risk management strategies.	3	4
Makes a comprehensive assessment of the individual and family's needs and plans personalised evidence-based care.	Is able to independently carry out an assessment using a range of assessment tools and frameworks, and plans personalised care using evidence and theory	In most cases, demonstrates ability to carry out an assessment and represent the individual/family's needs within a plan of care, using relevant evidence and theory.	With verbal guidance is able to carry out an assessment of an individual/family's needs and can develop care plans, with limited links to evidence and theory	Needs guidance to assess an individual's/family's needs and to plan personalised, evidence-based care.	. Unable to carry out an assessment of an individual's/family's needs and plan personalised, evidence-based care	3	3
Collaborates with individuals and families to evaluate care and revise it in accordance with their changing needs and priorities.	Independently seeks opportunities to collaborate and negotiate with individuals and families to evaluate and revise care in accordance with their changing needs and priorities.	In most cases, identifies opportunities to involve the individual and family in order to evaluate and revise care in accordance with their changing needs and priorities.	With verbal guidance and support, involves individuals and families when evaluating and revising care.	Needs continuous verbal prompting and practical guidance to involve individuals and families when evaluating and revising care.	Does not involve individuals and families to evaluate care in accordance with their changing needs and priorities.	3	3
Progression point 1 – NOVICE Level						TOTAL: 12/ 13	
Student Signature: <i>Sam Smith</i>						AVERAGE: 3 / 3.25	
Mentor Signature: <i>Lesley Jones</i>							

Midway review of progress: Domain 3: Nursing Practice and Decision Making

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 3. You should provide examples and reflections from your practice.</p> <p>The NMC outlines the importance of maintaining clients' dignity at all times. Participating in clinics has demonstrated that they are busy environments and, depending on the facilities in the community location, consultation may take place surrounded by other people which can be a challenge to maintaining dignity and confidentiality. On a number of occasions my supervisor and I have used our professional judgement to assess whether it is appropriate to continue a consultation, seek an alternative environment, or postpone the consultation and arrange a home visit.</p> <p>I have demonstrated awareness for my own safety, adhering to the lone worker policy, by ensuring that I notify a member of the HV team before and when I am leaving visits I am conducting alone.</p> <p>I have participated in health promotion by offering parents advice on visits and clinics, seeking affirmation from my mentor where required. I have developed posters to be placed in the clinic to signpost parents to appropriate resources that they can utilise.</p>	<p>Student Self Assessed Score</p> <p>3</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 3. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 3.</p> <p>Sam, you have demonstrated person centred, emotionally intelligent responses to a range of clients, including babies, children, parents and grandparents.</p> <p>When working with a mother whose ability to safely care for her child was in question, you showed insight into the challenges of balancing support with assessment of parenting capacity and recognised the importance of maintaining professional curiosity. Within our discussions you showed a good understanding of safeguarding procedures and of the need for professionals to support one another in this work. Your written and verbal reflection demonstrates insight into client needs, and a developing appreciation of how exploring clients' experiences can help them to understand their difficulties, appreciate their strengths and to find ways of managing them. Within your "Reflection on postnatal woman" you demonstrate understanding of how to behave in ways that are health promoting and empowering. You recognise the importance of being non-judgemental and the challenges of this - you show self-awareness in that you are able to recognise when you are making judgements and to challenge these in yourself when they arise, recognising and respecting that clients may manage their lives differently to you. You now need to start to take the lead in visits and clinics in order to develop your practice.</p>	<p>Mentor Assessed Score</p> <p>3.25</p>

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

MIDWAY Assessment of practice RUBRIC: Domain 4 Leadership, management & teamwork

Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving		
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved	SCORE FOR EACH CRITERION	
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Demonstrates the ability to manage and improve nursing practice and improve standards of health care by being self-aware and reflective; recognises how personal values and beliefs may affect practice.	Consistently demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice, and modifying practice accordingly.	Demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice	With guidance, shows self-awareness and reflection, understanding of impact of own values and beliefs on practice	Requires consistent support to reflect on practice. At times lacks self-awareness, with little understanding of impact of own values and beliefs.	Lacks self-awareness and insight about own practice despite support. No understanding of impact of own values and beliefs.	4	5
Teamwork, leadership and collaborative practice	Understands and describes the roles and responsibilities of all team members, communicating effectively with them.	Describes the roles and responsibilities of all team members, communicating effectively with them	Identifies the roles and responsibilities of all team members, communicating some appropriate information.	Needs reminding of the roles and responsibilities of all team members, and/or needs guidance about communicating with them.	Fails to demonstrate an understanding of the contribution of self and others within the team. Despite guidance, fails to communicate appropriately with them.	4	4
Time and care management and prioritisation.	Outlines and explains priorities for people / families in receipt of care, and manages time efficiently, with due regard for the needs of others.	Describes the priorities for people / families in receipt of care and manages time well, showing some awareness of the needs of others.	Needs guidance of the mentor and others to identify the priorities of care for people / families.	Requires consistent support when identifying the priorities of care for people / families.	Unable to manage time and identify priorities for people / families in receipt of care.	4	4
Manage own development	Is proactive in own personal, professional and educational development.	Manages own personal, professional and educational development	With guidance, is able to manage own personal, professional and educational development.	Requires consistent support to manage own personal, professional and educational development	Lacks insight into own personal, professional and educational development needs, despite support.	4	5
Progression point 1 – NOVICE Level						TOTAL: 16 / 18	
Student Signature: <i>Sam Smith</i>						AVERAGE: 4 / 4.5	
Mentor Signature: <i>Lesley Jones</i>							

Midway review of progress: Domain 4: Leadership, management & teamwork

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 4. You should provide examples and reflections from your practice.</p> <p>I have written numerous reflections during the course of this placement to reflect upon my own practice and the learnings I have made based on my observations with other members of the team. I have worked hard to make sure that I experience as many different responsibilities of the HV role as possible e.g. locality meetings, observing a meeting into the development of the local breastfeeding policy. This has enabled me to develop a greater awareness of the HV role beyond the scope of attending client visits.</p> <p>I believe I have worked hard to try and integrate myself within the HV team and understand the strengths of the various team members and utilise these to enhance my knowledge base.</p>	<p>Student Self-Assessed Score</p> <p>4</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 4. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 4.</p> <p>Sam, you have demonstrated insight into how you are perceived by others and your behaviour reflects this self-awareness. This has been evident in your ability to quickly gain the trust and respect of both clients and colleagues. You have taken a professional and mature approach to your learning and have shown self-discipline in taking time to write reflective accounts of your experiences in practice. Sharing these with me has enabled us to explore issues in depth and to extend your learning.</p> <p>You have become a popular member of the team; you are thoughtful, empathetic and supportive. You have contributed helpfully o team discussions and team goals. You have many good ideas and have shown creativity in your contributions such as developing a display showing suggestions for useful websites.</p>	<p>Mentor Assessed Score</p> <p>4.5</p>

REVISED ACTION PLAN

Student Name: Sam Smith

Student Number: 0123456

Ongoing actions from initial action plan: objective number:	All completed
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Additional action agreed at the midway review:

No.	Objective: I will be able to...	Related competencies:	Timeframe: I will have achieved this by ...	Support/Resources: To complete this I will require...	Achieved and Ongoing
1.	Take the lead on one component of a new birth visit communicating in a clear manner sensitive to the situation and needs of the family.	1a, 2a, 3j	End of placement	Awareness of the topics covered in new birth visits and experiences of how to conduct effective visits - obtained through self-directed learning and experiences with mentor. Opportunity to participate in a new birth visit - arranged with mentor.	Achieved LJ 07/07/16
2.	Work with my mentor to determine the care needs of a family, assess whether these are being adequately met by the current care plan and (where required) develop a new care plan	1a, 1b, 2a, 2b, 2c, 3a, 3d, 3e	End of placement	Opportunity to work with a family where the care needs are not being met.	Achieved LJ 07/07/16

Key areas for development to improve grades: (to be completed by mentor and link lecturer)

Increasing independence e.g. taking a lead on a visit
 Develop a care plan
 Arrange spoke placements
 Try to articulate the NMC Code(2015) without being prompted and bring it to the heart of your work

Link Lecturer Comments:

Sam is obviously making the most of all learning opportunities within this placement. She has received excellent feedback from her mentor and has set appropriate objectives for the remainder of her placement. We have discussed how she can aim to work more independently for the remainder of her placement which will enhance her grades. We have discussed spoke placements that Sam could organise to enhance her learning and have discussed Essential Care Needs within this context.

The midway progress review and revised action plan have been discussed and agreed	
Student Signature: Sam Smith	Date: 12/06/16
Mentor Signature: Lesley Jones	Date: 12/06/16
Link Lecturer Signature: Jo Jackson	Date: 12/06/16

FINAL ASSESSMENT OF PRACTICE

When student self-assessment and mentor assessment is conducted using the following RUBRICs it is important to understand the levels that are expected throughout the course. The following information is based on Benner's (1984) level descriptors and must be considered during the assessment process. More information about this is included within the Guide to the Practice Assessment Document.

Progression point 1 – NOVICE Level

Although students often have a range of prior experiences Benner contends that student nurses are beginners. By the end of this NOVICE year, the student will be able to identify, describe, explain and discuss fundamental knowledge, and will have the skills to contribute to and participate in a range of activities and experiences to enhance and develop those fundamental skills for practice. The student will need to be guided and supported in applying those fundamental rules, which can gradually be applied to different situations and activities. Teaching and learning should focus on objective details such as fundamental personal and psychological care, and rudimentary patient assessments. For example, by the end of the first year students should have the ability to accurately perform a heart rate assessment, understand the underlying physiology and the normal parameters. This along with a range of fundamental knowledge and skills can be applied to the objective assessment of an individual, irrespective of the clinical environment. The student nurse is generally in need of supervision during this year but has the potential to become increasingly independent in fundamental care delivery. Therefore, it is possible for a student to achieve the highest mark if their performance is judged to be independent within the context of the NOVICE practitioner.

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

FINAL Assessment of practice RUBRIC: Domain 1 Professional Values

Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION	
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.		
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory. Respects diversity, individual preferences, rights and choices, and provides care that is person/family-centred.	Demonstrates excellent and consistent professional behaviour to all people and can discuss a range of choices with individuals.	Provides person/family-centred care in a professional manner, providing sound rationale when prompted.	Demonstrates professional behaviour and shows understanding of impact of own practice on person/family-centred care.	Demonstrates professional behaviour towards others, but is not always able to recognise impact of own practice on delivery of person/family-centred care.	Little awareness or insight, unprofessional, careless approach. Concerns raised regarding honesty and integrity. No insight shown when discussed.	4	4
Practises with honesty and integrity, applying the principles of <i>The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2015)</i> Displays a professional image in their behaviour and appearance.	Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015).	Demonstrates honesty, a professional image and integrity at all times and is able to discuss the principles outlined in The Code (NMC, 2015), when prompted.	Demonstrates honesty, a professional image and integrity at all times. Aware of the NMC Code (2015) but not able to fully explain the principles.	Requires frequent support to understand and demonstrate the need to act with honesty and integrity and reflect a professional image. Is unable to recall the NMC Code (2015).	Overall behaviour and appearance is not consistent with the professional values descriptor.	4	5
Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.	Can consistently evaluate and apply principles surrounding data protection, disclosure and safeguarding.	Is aware of the principles surrounding confidentiality, disclosure and safeguarding. Can discuss some aspects without the need for prompting.	Is aware of the principles surrounding disclosure and safeguarding. Can discuss when prompted.	Is aware of confidentiality and safeguarding but unable to discuss in detail or link to policy and related practice.	No or extremely limited awareness of safeguarding or confidentiality.	4	5
Progression point 1 – NOVICE Level Student Signature: <i>Sam Smith</i> Mentor Signature: <i>Lesley Jones</i>						TOTAL SCORE: 12/14	
						AVERAGE SCORE: 4/4.6	

Final Assessment: Domain 1 Professional Values

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 1. You should provide examples and reflections from your practice.</p> <p>Throughout this placement, I have had the opportunity to work with a diverse range of people. I have worked with people from a number of different social, economic and age demographics which has given me a better understanding of how care needs change across these. I have also worked with people outside of my field of nursing e.g. older people, adults and people with mental health difficulties. This has been great for my personal development, increasing my awareness of how nursing is different for my colleagues studying other fields of nursing.</p> <p>I have strived to maintain a professional attitude throughout the placement, both in terms of my interaction with clients and patients and my personal organisation. I believe that I have acted towards people in a sensitive manner when discussing personal and complex issues such as postnatal depression.</p> <p>Working in the community has enabled me to develop greater awareness about how community services interact and share information to ensure there is a cohesive patient experience.</p>	<p>Student Self Assessed Score</p> <p>4</p>
<p>Mentor: Please comment on the student’s performance, strengths and areas for development in relation to the competency domain 1. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 1</p> <p>Sam, since your midway review you have taken on the challenge of working more independently and taking the lead in some client contacts. Your practice when leading on an antenatal visit demonstrated how much you have learned during this placement. You prepared yourself well and demonstrated a relaxed, professional manner during the visits. You were kind and sensitive at all times, and in spite of your anxieties you were able to maintain a person centred approach.</p>	<p>Mentor Assessed Score</p> <p>4.6</p>

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

FINAL Assessment of practice RUBRIC: Domain 2 Communication and Interpersonal Skills						
Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved.	
DOMAIN CRITERION/SCORE	5	4	3	2	1	S: M:
Communicates empathetically, therapeutically and respectfully with all people, including those who are unwell, anxious or distressed, including in a challenging or complex situation.	Understands and sensitively selects and applies a wide range of professional and therapeutic communication methods, based on a comprehensive assessment.	In most situations, independently selects and applies an appropriate, wide range of professional and therapeutic communication methods.	With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods.	Requires continuous support. With frequent guidance, applies an appropriate, wide range of professional and therapeutic communication methods.	Unable to communicate with professionalism and fails to demonstrate therapeutic communication methods.	4 4
Maintains accurate, precise and timely written communication.	Consistently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015).	In most situations, independently maintains accurate, precise and timely records, as stipulated in the NMC Code of Conduct (2015).	With support, maintains accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	Needs guidance to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	Fails to maintain accurate, precise and timely records as stipulated in the NMC Code of Conduct (2015).	4 5
Maintains professional communication whilst building, maintaining and ending therapeutic relationships. Communicates relevant verbal and written information during and beyond the immediate context of care, for example in transition or transfer to other care settings.	Demonstrates skill and sensitivity in establishing, maintaining and ending therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Understands and uses relevant inter-professional communication approaches to support safe and effective care in new contexts.	Appropriately establishes, maintains and ends therapeutic relationships with people who are transferring to different care settings and/or transitioning to other services. Uses relevant inter-professional communication approaches in such contexts.	Effectively contributes to establishing, maintaining and ending relationships with people in transition / transfer contexts. With support, contributes to inter-professional communication in such contexts.	Requires significant support to contribute to establishing, maintaining and/or ending relationship with people in transition / transfer contexts. Does not independently contribute to inter-professional communication in such contexts.	Unable to contribute to establishing, maintaining and/or ending relationships with people in transition / transfer contexts. Does not contribute to inter-professional communication in such context.	4 5
Progression point 1 – NOVICE Level						TOTAL SCORE:
Student Signature: <i>Sam Smith</i>						12/14
Mentor Signature: <i>Lesley Jones</i>						AVERAGE SCORE: 4/4.6

Final Assessment: Domain 2 Communication and Interpersonal Skills

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 2. You should provide examples and reflections from your practice</p> <p>Working with people with a diverse range of care needs has enabled me to develop my ability to deliver care in a person centred manner. When working in the community a lot more time is spent talking to clients and this is often the primary way that care needs are assessed.</p> <p>The importance of good communication between members of the MDT was made evident to me in my interaction with 'Arthur' (see reflection "Older People"), where transitioning between primary and secondary care may have contributed to poorer outcomes.</p> <p>Working in the community puts practitioners at increased personal risk, as you are often meeting alone with clients in their own home. It is therefore of increased importance to be able to identify signs of anxiety and aggression and implement strategies to de-escalate the situation when required. I have acknowledged the risk of lone working and have kept in regular contact with my mentor when visiting families alone.</p>	<p>Student Self Assessed score</p> <p>4</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 2. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 2</p> <p>During this placement you have demonstrated excellent communication skills. When leading on an antenatal visit you put the client at ease, gave clear explanations and listened carefully. You were able to pace the assessment to suit the client's needs. Your reflection on this shows insights and empathy.</p>	<p>Mentor Assessed Score</p> <p>4.6</p>

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

FINAL Assessment of practice RUBRIC: Domain 3 Nursing practice & decision making

Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving	SCORE FOR EACH CRITERION	
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved		
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Practise safe, person/family centred care. Make evidence-based decisions. Seek informed consent/assent where appropriate.	Is proficient in the delivery of safe, person/family-centred care. Articulates and communicates the evidence required to gain informed consent/assent and to justify and support decisions.	Is able to deliver safe, person/family-centred care. Provides relevant information to gain informed consent/assent and can make and justify evidence-based decisions.	Responds to verbal direction in order to deliver safe, person/family-centred care. Requires guidance in order to seek informed consent/assent and make evidence-based decisions.	Practises safe, person/family-centred care under close supervision. Limited ability to seek informed consent/assent and make evidence-based decisions.	Unsafe practice observed which may compromise person/family-centred care and/or safety. Fails to seek informed consent and cannot provide evidence-based decisions.	4	4
Observes safety, including safeguarding and risk management	Has a comprehensive understanding of safety, including safeguarding, and independently implements appropriate risk management strategies.	Observes safety and uses appropriate risk management strategies with occasional support and guidance.	Responds to verbal direction in order to promote safety and to use appropriate risk management strategies.	Needs continuous verbal and frequent practical guidance in order to recognise situations that might compromise safety, and the appropriate risk management.	Cannot recognise relevant safety procedures and/or appropriate risk management strategies.	4	4
Makes a comprehensive assessment of the individual and family's needs and plans personalised evidence-based care.	Is able to independently carry out an assessment using a range of assessment tools and frameworks, and plans personalised care using evidence and theory	In most cases, demonstrates ability to carry out an assessment and represent the individual/family's needs within a plan of care, using relevant evidence and theory.	With verbal guidance is able to carry out an assessment of an individual/family's needs and can develop care plans, with limited links to evidence and theory	Needs guidance to assess an individual's/family's needs and to plan personalised, evidence-based care.	. Unable to carry out an assessment of an individual's/family's needs and plan personalised, evidence-based care	4	4
Collaborates with individuals and families to evaluate care and revise it in accordance with their changing needs and priorities.	Independently seeks opportunities to collaborate and negotiate with individuals and families to evaluate and revise care in accordance with their changing needs and priorities.	In most cases, identifies opportunities to involve the individual and family in order to evaluate and revise care in accordance with their changing needs and priorities.	With verbal guidance and support, involves individuals and families when evaluating and revising care.	Needs continuous verbal prompting and practical guidance to involve individuals and families when evaluating and revising care.	Does not involve individuals and families to evaluate care in accordance with their changing needs and priorities.	4	5
Progression point 1 – NOVICE Level						TOTAL:16 /17	
Student Signature: <i>Sam Smith</i>						AVERAGE:	
Mentor Signature: <i>Lesley Jones</i>						4 / 4.25	

Final Assessment: Domain 3: Nursing Practice and Decision Making

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 3. You should provide examples and reflections from your practice</p> <p>The NMC outlines the importance of delivering person centred care. I believe reflection "Visit 2" provides evidence of an interaction in which I observed and demonstrated good person centred care.</p> <p>It is important to have an awareness of up to date evidence to ensure that the care given is always in line with best practice. Throughout the placement there have been a number of topics that I felt I did not have sufficient knowledge about so I researched these areas following these interactions to enhance my knowledge. This is a skill that I will need to continue to implement and develop as I practice.</p> <p>While working in the community I have seen a number of examples where care plans need revising. For example: a client originally required support to breastfeed, however this became unsustainable under other life pressures. The care plan that the client required then needed re-evaluating. We needed to reassure the client that every bit of breast milk that her baby received was beneficial and that while he may be primarily formula fed, she could still breastfeed at quieter times.</p>	<p>Student Self Assessed Score</p> <p>4</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 3. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 3</p> <p>You work from a sound knowledge base and are careful to seek support when necessary. Your confidence in your knowledge and skills has grown over the placement and you have demonstrated excellent care of our clients. In particular, your assessment skills have developed and you are more able to explore sensitive issues and to ask helpful questions in a supportive way.</p> <p>Well done for understanding the constructive feedback at midway. You have responded to this and are now practicing with more independent, taking the lead at visits and clinics with support.</p>	<p>Mentor Assessed Score</p> <p>4.25</p>

Student Name: Sam Smith	Student Number: 0123456
Year of Study: 1	Placement Number: 2

FINAL Assessment of practice RUBRIC: Domain 4 Leadership, management & teamwork

Bondy Scale Label	Independent / Excellent	Supervised / Very Good	Assisted / Satisfactory	Marginal / Borderline	Dependent / Not Achieving		
Level of assistance required - in the context of expectations at progression point –See Benner (1984) & competency descriptors for each progression point	No supporting cues required – no more direction than is expected at this level	Requires occasional supportive cues – more direction than is expected for this level	Requires frequent verbal and occasional practical directives in addition to supportive cues – more direction than is expected at this level	Requires continuous verbal and frequent practical directive cues – more direction than is expected at this level	Requires continuous verbal and continuous practical directive cues – more direction than is expected at this level. One or more competencies not achieved	SCORE FOR EACH CRITERION	
DOMAIN CRITERION/SCORE	5	4	3	2	1	S:	M:
Demonstrates the ability to manage and improve nursing practice and improve standards of health care by being self-aware and reflective; recognises how personal values and beliefs may affect practice.	Consistently demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice, and modifying practice accordingly.	Demonstrates self-awareness through self-assessment and reflection, understanding of impact of own values and beliefs on practice	With guidance, shows self-awareness and reflection, understanding of impact of own values and beliefs on practice	Requires consistent support to reflect on practice. At times lacks self-awareness, with little understanding of impact of own values and beliefs.	Lacks self-awareness and insight about own practice despite support. No understanding of impact of own values and beliefs.	4	5
Teamwork, leadership and collaborative practice	Understands and describes the roles and responsibilities of all team members, communicating effectively with them.	Describes the roles and responsibilities of all team members, communicating effectively with them	Identifies the roles and responsibilities of all team members, communicating some appropriate information.	Needs reminding of the roles and responsibilities of all team members, and/or needs guidance about communicating with them.	Fails to demonstrate an understanding of the contribution of self and others within the team. Despite guidance, fails to communicate appropriately with them.	4	4
Time and care management and prioritisation.	Outlines and explains priorities for people / families in receipt of care, and manages time efficiently, with due regard for the needs of others.	Describes the priorities for people / families in receipt of care and manages time well, showing some awareness of the needs of others.	Needs guidance of the mentor and others to identify the priorities of care for people / families.	Requires consistent support when identifying the priorities of care for people / families.	Unable to manage time and identify priorities for people / families in receipt of care.	4	4
Manage own development	Is proactive in own personal, professional and educational development.	Manages own personal, professional and educational development	With guidance, is able to manage own personal, professional and educational development.	Requires consistent support to manage own personal, professional and educational development	Lacks insight into own personal, professional and educational development needs, despite support.	4	5
Progression point 1 – NOVICE Level						TOTAL: 16/18	
Student Signature: <i>Sam Smith</i>						AVERAGE: 4/4.5	
Mentor Signature: <i>Lesley Jones</i>							

Final assessment 4: Leadership, Management and Team Working

<p>Student: You need to provide the mentor with evidence of your development related to the objectives you have set and how you are progressing in relation to the competencies and rubric in domain 4. You should provide examples and reflections from your practice.</p> <p>I have undertaken a great deal of independent study throughout my placement and this is contained within my Practice Assessment Document. I enjoy working as part of teams and have worked to integrate myself within the HV team to learn from, and observe the practice of a range of different health care practitioners.</p>	<p>Student Self Assessed Score</p> <p>4</p>
<p>Mentor: Please comment on the student's performance, strengths and areas for development in relation to the competency domain 4. Provide the student with evidence (e.g. feedback) for the decisions you have made in relation to their grade and development in domain 4.</p> <p>Sam, I feel that you have gained insight into how you learn best and you have demonstrated courage and tenacity in developing and using your skills and recognising that you can take a lead in contacts with clients using your mentor for support, rather than observing. You have also developed your skills of written reflection and have been able to provide good evidence of your competence.</p>	<p>Mentor Assessed Score</p> <p>4.5</p>

Key areas for development in next placement: (to be completed by mentor and link lecturer)

<p>Use your learning from this placement to develop your understanding and inform your practice in the acute setting: For example: Knowledge of the Health Visitor's role and what information is useful in discharge letters Understanding of community support Understanding of normal child development and how this may be affected by illness</p>
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Link Lecturer Comments:

<p>Sam, you have continued to make the most of all learning opportunities and have received excellent feedback from your mentor. Since midway you have been able to work more independently and take a lead on particular elements of the role. You have conducted a large amount of self-directed study during this placement and completed a number of high quality reflections; this has clearly contributed to your learning development. The quality of your documentation in this Practice Assessment Document is of a high standard and demonstrates your insight and learning - well done.</p>	<p>Agreed Final overall Summative Score</p> <p style="text-align: center;">18</p>
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<p>The reflections have been read and discussed. The final assessment has been undertaken and outcomes have been discussed. The Mentor and Student Evaluations of Placement have been completed via the Practice Education Management System (PEMS).</p>	
<p>Student Signature: Sam Smith</p>	<p>Date: 07/07/16</p>
<p>Mentor Signature: Lesley Jones</p>	<p>Date: 07/07/16</p>
<p>Link Lecturer Signature: Jo Jackson</p>	<p>Date: 07/07/16</p>

EXAMPLE OF A COMPETENCY CHECKLIST & FORMATIVE PRACTICE GRADE: NURSING PROGRESSION POINT 1

This form provides a checklist of achievement for individual modules. Students must ensure that the competencies within the practice assessment document are completed before asking the mentor and link lecturer to sign this form. The form should be completed, photocopied (both sides) and handed in to individual module leaders by the deadline specified in the appropriate practice module handbooks.

Please sign the declaration overleaf.

Student Name: Sam Smith	U40400 / U40470	U40401 / U40471
Student Number: 0123456	Placement 1	Placement 2
Domain 1: Professional Values		
Core Competency 1a: Professional Attitude	1a AB	1a LJ
Core Competency 1b: Professional behaviour	1b AB	1b LJ
Competency 1c: Confidentiality and Data protection	1c LJ	
Competency 1d: Legal Frameworks	1d AB	
Domain 2: Communication and Interpersonal Skills		
Core Competency 2a: Communication	2a AB	2a LJ
Core Competency 2b: Therapeutic relationships	2b AB	2b LJ
Competency 2c: Professional communication and record keeping	2c LJ	
Competency 2d: Challenging situations, conflict and aggression	2d LJ	
Domain 3: Nursing Practice and Decision Making		
Core Competency 3a: Person centred care	3a AB	3a LJ
Core Competency 3b: Safety and risk management	3b AB	3b LJ
Competency 3c: Safeguarding Children and Vulnerable Adults	3c LJ	
Competency 3d: Assessment of client needs and planning care	3d LJ	
Competency 3e: Evaluation of care	3e AB	
Competency 3f: Emergency first aid and immediate care	3f AB	
Competency 3g: Prevention and control of infection	3g AB	
Competency 3h: Nutrition, hydration and elimination	3h AB	
Competency 3i: Medicines management	3i AB	
Competency 3j: Health promotion and empowerment	3j LJ	
Competency 3k: Wound Care and management	3k AB	
Domain 4: Leadership, Management & Team Working		
Core Competency 4a: Self Awareness	4a AB	4a LJ
Core Competency 4b: Collaborative Practice, Teamwork and leadership	4b AB	4b LJ
Competency 4c: Time & care management & prioritisation	4c LJ	
Competency 4d: Manage own development	4d LJ	

Mentors/Link Lecturer: Please enter a signature above for each of the competencies achieved. If any aspect of any competency has not been achieved due to lack of opportunity, please enter N/A and record the reasons why within the practice assessment document. An action plan for achievement of this aspect should be completed overleaf. Failure to achieve a competency for any other reason should be written in with FAIL very clearly.

Declaration by Mentor and Link Lecturer

Name of placement area	Practice Assessment Score	Mentor	Link Lecturer
Placement 1: Children's Specialist Day Care	U40400/U40470 (Formative) Mark: 15	I verify that the competencies signed overleaf have been achieved in full and that the practice assessment document has also been completed in full. If failure of any competency has occurred, this is clearly indicated overleaf and within practice assessment document. Sign: A Brown Print: Annette Brown Date: 03/02/16	I verify the signature of the mentor and the grade awarded. Sign: S Smith Print: Sarah Smith Date: 03/02/16
	Converted to Module Grade: 37.5		
Placement 2: Team B South Health Visiting Team	U40400/U40470 (Formative) Mark: 18	I verify that the competencies signed overleaf have been achieved in full and that the practice assessment document has also been completed in full. If failure of any competency has occurred, this is clearly indicated overleaf and within practice assessment document. Sign: L Jones Print: Lesley Jones Date: 07/07/16	I verify the signature of the mentor and the grade awarded. Sign: J Jackson Print: Jo Jackson Date: 07/07/16
	Converted to Module Grade: 45		

Action plan for achievement of competency for which no opportunity was available. N.B. The student is expected to achieve the core competencies in every placement

Competency Number	Aspect not achieved (due to lack of opportunity)	Action plan for achievement

Examples of reflections

There are different levels of reflection, ranging from basic descriptive writing to highly analytical writing. Your academic advisor will support and advise you about how to develop your work in order to help you reflect at a higher level and thus enhance your practice.

There are forms for you to use for reflections in Section 7 of the PAD and more information about how to write reflections is within section 7 of this guide.

The following examples aim to illustrate the different levels of reflective writing.

EXAMPLE OF A POORLY DEVELOPED REFLECTION

Student Name: Claire Brown	Student Number: 012569	Placement Area: 2B
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Reflection (please ensure that confidentiality is maintained throughout, do not record patient names or specific details & do not name members of staff): It is recommended that you utilise a reflective framework as described in Section 7 of the Guide to the Practice Assessment Document.

This is a reflection of my first part of placement ready for the mid-way review it will provide evidence of my achievement of competencies. I have learnt lots during the placement so far. I have worked with my mentor and achieved the hours I need to. I am really enjoying the placement and everyone its really nice.

I am good at washing patients every day; at first I had someone to help me now I can do it on my own; this is evidence of me improving and meeting the goal and competency. I care for patients holistically looking at their psychosocial needs like we learnt in the module at University, I can see that patients are nervous when they come into hospital but I am good at telling them not to worry; evidence of this is when one patient was really grateful when I helped them organise their locker and showed them how to use the call bell. I am pleased with the way I helped the deaf and confused patient, I think my communication was good here and meets the communication competency. On reflection I could have improved what I did with this patient by notifying other members of the team sooner about the deafness. I have found some patients tricky to manage as they seem to be moaning all the time about either what is wrong with them or what we are doing with them; we are only trying to help. I used to find similar situations where I worked before but here it feels different somehow, we are all working hard and trying to support patients to get better. I have discussed this with my mentor she has talked about professionalism, managing stress, empathy etc, etc - I think I have a lot to learn to be able to be like the qualified staff. I have been involved in lots of the routine everyday care activities; I am getting much better at feeding people, washing people, moving and handling, talking to patients etc etc.; evidence for this is from my mentor telling me I am good. I think I could be better with drugs and BP - I get really worried about the BP but I will get better. I have been involved in drug giving and I have started to learn some of them; I am starting to understand the process of giving out drugs and my mentor gives me lots of questions to answer; I feel worried when I don't know the answer but my mentor is good at helping me look things up in the BNF.

If I were to improve any of my skills, it would be BP.

EXAMPLE OF A GOOD REFLECTION

Student Name: <i>Julie Jones</i>	Student Number: 0123567	Placement Area: 3X
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Reflection (please ensure that confidentiality is maintained throughout, do not record patient names or specific details & do not name members of staff):

Reflection on Food and Nutrition competency using Gibbs Reflective Cycle for my Introductory Placement Final Meeting**Description**

A 43 year old lady (Mrs S) was admitted to the ward who was very obese with a body mass index of 34. Due to concerns about her weight and health, staff tried to restrict her access to food and following a discussion with her about her care plan she did start on a diet. She was initially in agreement with this care plan but after some days following it she found it increasingly difficult and started to arrange for visitors to bring food in for her and we found out she had been hiding food as well. It became apparent that she was binge eating at times. My mentor and I discussed this and came up with the plan to refer her to the dietician.

Feelings

My main feelings were of: confusion, frustration, impatience, inadequacy and being unprepared.

I felt confused by the actions of this lady as we were all trying to help and support her with the diet and she had stated that she wanted help with her weight. However, despite this she hid food and worked against the care being offered. This made me feel frustrated and I was aware that at times it made me feel impatient towards her. It may be that she had psychological problems that made it difficult for her to change her eating habits. When I talked to her about it, it helped me to understand a bit better what it was like for her, but I found it a challenge to be empathetic.

Initial Evaluation of the Experience

My main concerns were:

- my own lack of theoretical knowledge and experience regarding how best to help this lady
- my lack of understanding of what it might be like for her for me to be empathetic .

I was aware that I had limited knowledge of this sort of problem and so did not understand what was happening for her. As a team everyone was keen to try and help this lady with her weight and improve her health and so the plan of putting her on a diet was done with the best intentions. However, this did not really help as it placed the staff in a position of 'policing' her food and created frustrated feelings in staff when she did not

comply with the diet. The plan of referral to the dietician was more appropriate so that her eating could be assessed and other interventions could be considered.

Critical Analysis

I spent some time chatting with this lady about her eating and she agreed to try and help me understand what it was like for her. She said that she had been dieting since she was 18 years old but had never been able to maintain any weight loss for long and now got to the point where dieting did not really work anymore. She said she felt quite desperate about this at times. This made me realise the impact this issue was having on the whole of her wellbeing and life.

Following a case conference, the team identified that they were also experiencing frustration and impatience. This reassured me in some ways that as a professional you can experience these feelings. I learnt that as a team, you can manage these feelings by, exploring this and offering support to each other and then developing an action plan to meet the needs of the patient. Hawkins and Shohet (2007) explain that teams that work intensively together need to take time away from work to stand back and look at how they function individually and collectively. In this case, it was evident that time taken to reflect together helped to develop a positive approach to Mrs S. Staff found ways to talk about their frustration and therefore were more able to demonstrate patience toward Mrs S. The staff also recognised the need for some expert advice and an action plan was put in place to facilitate this.

I have extended my own knowledge by reading Jenkins et al. (2007). Through this my understanding of binge eating and obesity has grown and I realise it is not straight forward and that binge eating may be considered by some as a form of addiction and that people often feel shame which is why they may hide the food. It might be then, that the diet that Mrs Smith was put on made her feel more shameful about her eating so she felt she had to hide the food. Fairburn (1995) also suggests that dieting particularly yo-yo style dieting may change body composition and metabolism in such a way that makes it increasingly difficult to lose weight. Therefore despite the care plan being formulated in the best interest of Mrs Smith it is likely that it was, if not making things worse, certainly maintaining a problem.

Conclusions

This experience has made me realise that even when it seems that you are doing the right thing for someone and you think they are not helping themselves, it is important to find out more about a situation and the person's experience - to try and see things from their point of view. I have realised that the food and nutrition competency isn't just about what people eat and drink but can be a sign of other things going on that affect their lives.

Although this experience didn't require me to assist Mrs S physically with her eating and drinking it did make me realise that helping someone with this problem is not just about the physical actions but is also about the support and encouragement you give. For me, this was helped by getting to know Mrs S as an individual and trying to understand her concerns rather than simply seeing her obesity as a problem that needed to be solved. It was also useful to debrief and share experiences and feelings with other team members and learn from their knowledge and experiences. I realise

now that the feelings I had are also shared by others and that it is useful to challenge these feelings and learn from them. Checking out the literature was also valuable. It provided me with an opportunity to critically consider what we know about binge eating and obesity. This helped me to consider and apply the knowledge to my work with Mrs S and further developed my appreciation of her situation and how the team and myself might help her in a more therapeutic way.

Final Evaluation and Action Plan

In future I will make sure:

- I talk to people about not only their food and fluid intake but where appropriate also think about the reasons behind problems in this area.
- I will find out more about different eating problems such as obesity.
- I have arranged to meet with the dietician in relation to Mrs S so I can find out how best to help her.
- I will observe how teams support each other and consider how I fit into this process
- I will need to gain feedback from future mentors about my contribution to professional team working and assessing and monitoring patients' food and fluid intake.
- With the help of my mentors, I will continue to challenge the feelings that practice situations bring in order to learn from them.

I think that I will know my practice is improving when:

- I am able to assess patients' food and fluid intake in an holistic way with less supervision from my mentor
- I am more confident in my contributions to teamwork
- I can show that I am nursing my patient rather than a set of problems

References:

Fairburn C G (1995) *Overcoming Binge Eating*. The Guilford Press New York.

Hawkins P and Shohet R (2007) *Supervision in the Helping Professions*. Open University Press Berkshire.

Jenkins A (2007) Binge Eating: The hidden disease. *Primary Health Care*. 17(4). 19-21

Student Signature: *Julie Jones*

Date: 17th June 2016

EXAMPLE OF A GOOD REFLECTION

Student Name: Tom Hall	Student Number: 159876	Placement Area: Forensic Mental Health Service
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Reflection (please ensure that confidentiality is maintained throughout, do not record patient names or specific details & do not name members of staff): It is recommended that you utilise a reflective framework as described in Section 7 of the Guide to the Practice Assessment Document.

Please consider how your reflection links to The Code (NMC, 2015): Prioritise people – Practise effectively – Preserve safety – P

Reflection on communication based on Driscoll, J. 2007 model 'Practising Clinical Supervision: A reflective Approach for Healthcare Professionals' Baillere Tindall: Elsevier, Edinburgh, UK.

A description of the event

I spent time on a forensic ward shadowing nursing team members and spending time with patients. In preparation for the experience I had attempted to mentally prepare myself by discussing possible index offences I may encounter with my mentor and other members of staff. I wanted to be informed of the patients documented risk factors and diagnosis but deferred information of their index offence until after meeting them. I do not believe myself to be a judgemental person however I did not know whether I would approach the person in a different manner if I knew their index offence.

I spent time on the ward and conversed with patients and staff members to grasp the type of service provided, and how the service users felt towards the service helping their individual care needs. On learning of a patient's index offence by reading the electronic record, I felt lethargic and I attempted to stifle my emotion by distracting myself with task orientated activities within the office, before I felt I could professionally discuss the offence with another staff member. I was approached by a second year student nurse who had been observing me and she asked me whether I had just read Mr X's profile. She commended my reaction and reported that her first reaction to the same information was not as well maintained as mine. The offence was a very serious one and involved vulnerable people.

An analysis of the event

Initially I felt disturbed and emotionally lethargic and I questioned whether I could help support a person who had committed such crimes. My second reaction was to orientate myself to the present time and distract myself. I believed it would have been inappropriate and insensitive to discuss my mixed feelings in a busy office. It was reassuring to know that the other student also reacted to the information and I was not a 'weak' person because of it.

I was partly surprised by my reaction and feelings toward the person whom committed the index offence as I do not believe I am naïve to the types of offences people commit. In reality I do not think anything would have prepared me associating a person with whom I was spending time engaging with, with such a horrific offence. In hindsight I think more experience in this field of care and communicating with team members would help to develop my resilience.

I continued to think about how professionals deal with knowledge of horrific offences and I sought to discuss it with a member of the team the next day during supervision. My analysis of my thoughts was of a self-weakness which was quickly diminished when speaking to senior staff in confidence. I was reassured that any member of staff at any time can be affected by information and it was essential that they communicated with team members in order to take care of their own wellbeing to carry out their duties competently. It was reported during supervision that It was recommendable to find the middle ground of being resilient enough to deliver care without being desensitised.

Reflecting on this situation has helped me to redefine why I want to be a qualified nurse and not a judicial employee - and that is to support the care of the person and not to punish them for their crimes. I understand that mental health forensic teams need to be critically mindful of the offence in relation to the persons capabilities of when their mental health has deteriorated, with the foremost plan to help to treat and stabilise the person's illness and to rehabilitate them for eventual integration back into the community if it is safe for them and society to do so.

Proposed actions following the event

This event could have resulted in judgemental behaviour (whereby the patient could have been treated unfairly), poor communication with team members, poor personal wellbeing and the potential possibility of becoming incompetent in practice. However reflecting on this event has led to a positive outcome as I have been able to build on personal resilience, utilize communication with other team members and stay focused on the progressive best interest of the person's needs and safety, and that of public safety. I feel that I have been able to reflect on my own thoughts and performance in an honest way which has enabled me to gain the full benefit from supervision.

I believe I had the right intentions of not wanting to read a person's index offence before meeting them. However perhaps it would be beneficial to address my thoughts before spending time with the person and then I could focus on tasks in hand. Learning to deal with my own resilience and how to improve it by learning from other nurses' methods of dealing with difficult information will be of benefit to me and others.

Student Signature: *Tom Hall*

Date:

17 December 2015

EXAMPLE OF AN EXCELLENT REFLECTION

Student Name: Sarah Field	Student Number: 165982	Placement Area: Community
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Reflection (please ensure that confidentiality is maintained throughout, do not record patient names or specific details & do not name members of staff): It is recommended that you utilise a reflective framework as described in Section 7 of the Guide to the Practice Assessment Document.

Please consider how your reflection links to The Code (NMC, 2015): Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

The reflective model chosen is based on Borton's reflective cycle (1970), adapted by Driscoll (2007). All names of people and places have been changed / omitted in order to respect confidentiality (NMC, 2015).

What?

On this particular morning I was working with the district nurse. We had been allocated a patient that was due to have an injection, so we discussed the case history of the patient and the theory in relation to this medication and its administration. On arrival at the patient's home, I immediately noticed in the porch a specific area containing a row of shoes. As soon as a family member opened the door, I also saw religious artefacts possibly indicating that this family were of Muslim faith. The patient and his family were in the living room, all of which were barefooted. The district nurse made our introductions and we then entered the living room to administer the injection.

At this point I was feeling extremely uncomfortable for not acknowledging that we were in fact wearing our shoes, and whether or not this was acceptable to the family. There felt to be a conflict between my professional values in respecting culture and family centred care, yet bearing in mind any health and safety issues regarding appropriate footwear. I asked myself whether this might have been discussed and established at previous visits. Had anyone explained the health and safety reasons for wearing protective footwear, especially in view of the risks of needles and glass ampoules? Was this acceptable to the family, or were they too reserved to say anything? It was important not to make assumptions.

Nonetheless, without prior knowledge of the origins of the family's faith and ethnicity, I did not know nor did I acknowledge if there was any significance to the family in my actions as a visitor in their home. This left me feeling compromised with a sense of disempowerment by my lack of autonomy as a student. I recognised that I had taken a passive role in this encounter, thereby most perturbed by the fact that my actions felt incongruous with my values.

Through reflection I wish to challenge the tacit assumption that adherence to the requirements of dress code and the health and safety risks of

removing one's shoes prevails over the personal or contextual elements of my professionalism. In doing so, I will also examine the broader issues around cultural competence and professionalism in order to:

- understand more fully the influences on my professional attitude and behaviour in this context;
- consider how evaluating this experience may impact my future practice.

So What?

Footwear: In a Cultural Sense

Discussing how shoes are intimately connected to the wearer, DeMello (2009) describes the globally widespread customs, practices and beliefs around their removal. Clothing, including footwear, often signifies religious modesty and a respect for deity, with even feet themselves being objects of worship. Therefore in some cultures, approaching a shrine dedicated to a family deity in footwear is prohibited. As a mark of respect, it is expected that footwear be removed before entering a home or place of worship. It is also required as social etiquette, for practical and hygienic reasons, cultural and religious terms or even mandatory (Dresser 2005). For example, Foster (2000) discusses that in Japanese culture, it is mandatory to remove one's shoes before entering homes and most public buildings, with there even being a prescribed way of removing and placing them in a designated area.

Footwear: In a Professional Sense

The Royal College of Nursing (RCN) (2013) advocates that there are certain essential requirements for dress code that every health care professional should meet. Apart from being practical and smart, safety issues need to be considered and the general guidance suggests footwear is fit for purpose, offering protection against damage to the feet in the event of an accident. Although there is not much written about footwear in dress codes, there are obvious common sense factors that need no evidence base for good practice. Nonetheless, essential then for good practice, the Department of Health (DH) (2010) recommends that dress code policies state explicit guidance on footwear appropriate to the specific context and work of the employee.

Whilst maintaining good practice with regard to cultural and religious diversity, the DH (2010) offers guidance on adapting dress code policies to take into account the religious beliefs and cultural needs of employees. Although these local policies must be agreed and approved in partnership with infection control and risk management, community staff can thereby develop suitable local policies in consultation with the relevant staff and organisations to meet the needs of community working. However, there appears to be a dearth of information addressing how dress code policies can be adapted to accommodate respect for the religious beliefs and cultural diversity of patients.

Maintaining a professional image by complying with professional dress code, versus managing and respecting family expectations of the professional within their own home, thereby presents a professional dilemma. Furthermore, encompassed in this professional conflict between wearing suitable footwear to protect the health and safety of the health care professional or removing footwear out of respect and sensitivity for family culture and beliefs, are the complexities of professionalism and cultural competence.

Professional Competence

It could be said that professionalism is an '*...alignment between oneself and the expectations of a profession*' (Health & Care Professions Council (HCPC) 2014:15). Being subject to regulation, the adherence to codes, standards and policies provides parameters for safe and ethical practice, and many include some element of reflectiveness with a view to improving competence in oneself (Wilkinson et al 2009). Conversely, the HCPC (2014) identifies that being a registered professional is not synonymous to being professional. In studying the construct of professionalism across three different health professions, the HCPC highlight the commonalities in perception of the concept, suggesting that professionalism can also be an expression of self, defined by and based upon individual values, innate qualities and personal integrity.

Ginsburg et al (2000) emphasise that codes of conduct and policies may not address the personal or contextual elements of professionalism; hence issues of conflict and context tend to interact in day-to-day practice. When resolving a conflict between professional or personal values of equal worth, which value takes precedence is ultimately dependant on the judgement of the professional within that context. They conclude that this situational judgement and the appropriateness of professional behaviour sometimes requires making choices with regard to relating new ideas to old values (Ginsburg et al 2000). Therefore, it could be argued that one's professionalism is defined in the interaction between the professional, patient and context becoming one's own creation within the boundaries of regulation.

Simply put, professionalism is the competence or skill of a professional and the multi-dimensional nature of competence embodies self-awareness and emotional insight (Maddison and Sharp 2013). Indeed, self-awareness underpins the entire process of reflection and being conscious of our limitations in knowledge, skills and appropriate actions. Any given situation is influenced by our attitudes and behaviour, but seeing things beyond face value and reading between the lines enables assumptions to be challenged. This in turn allows for creativity and growth and the exploration of alternative ways of doing things (Atkins and Schutz 2013).

Cultural Competence

According to the Department of Health (DH) (2009), religious and cultural diversity and the equitable treatment of individuals are important

considerations, not only in terms of the law around equality, but also an aspiration for practice that supports the design and delivery of healthcare around the needs of a complex society. Garneau and Pepin (2015) establish that equality relates to the fundamental principles and values of a personalised approach to patient care and the development of cultural competence in professionals is considered to be an essential component of promoting equity in healthcare.

Culture as defined by Kim-Godwin et al (2001) is a learnt system guiding decisions and behaviours of a population or family, and generally consists of shared values, beliefs and traditions. In some communities family inclusion is particularly relevant to tradition and religious responsibility providing a holistic approach in promoting the wellness of an individual and their family. It is therefore vital for health care staff to understand the importance of the interaction between religious identity and its impact on a patient's health and wellbeing in the wider context (Rassool 2015, Ohm 2003). Hence, being aware of the cultural views and preferences of a patient and their family before administering a treatment allows for a sensitive and respectful delivery of care.

Cultural awareness however, is not the same as cultural competence. Cultural competence, as viewed by Racher and Annis (2007: 263) is a process that moves '*...beyond the superficial knowledge of a culture to seek and consider the personal meanings that individuals ascribe to their own ethnicity*'. It too is multi-dimensional and includes cultural knowledge, awareness, sensitivity, attitude, skills and encounters (Kim-Godwin et al 2001). Yet, cultural competence is not just about someone else's culture it can be reflected upon in relation to one's own. Our own culture is often assumed until we encounter another that is significantly different. It could be said that culture is a determinant of behavior and therefore by challenging one's own attitudes and behaviour in view of what shapes them is fundamental to understanding their relevance to any given context.

Bourne and Jenkins (2013) study the significance of professional and organisational cultures and values, which have an integral influence on the decision-making processes of care delivery. Similarly to Ginsburg et al (2000), they also affirm that disparity in the relative importance placed on personal, professional and organisational values, potentially results in conflict within and between individuals and groups.

Only when healthcare organisations and academic institutions nurture environments conducive to the development of cultural competence and its application in practice will healthcare students and professionals actualise their cultural competence (Garneau & Pepin 2015). An example organisation, the US National Centre for Cultural Competence (NCCC no date), generates international guidelines for achieving cultural competence at organisational level. They promote leadership and role modeling as key strategies for enhancing organisational respect for cultural diversity, attaining to cultural proficiency.

Now What?

What have I learnt?

- I can now understand more fully the influences on my professional attitude and behaviour if I examine my own culture and my professional and organisational culture.
- I have learnt that professionalism in itself is a culture and that professional and cultural competence are inextricably linked and are lifelong processes.
- By developing professional and cultural competence I can make informed decisions and my behaviour will be based on competent judgement relevant to context.
- I can challenge the assumption that one value prevails over another by looking deeper into the conflict.
- I believe I can forsake my own values if they are incongruous with the values of my profession.
- I will seek out other professionals and organisations that promote leadership and role modeling in cultural competence.
- I can consider multi-professional approaches to adapting organisational policies and procedures to address the conflict.
- This will fully involve patients and their families in being creative in finding alternative ways of doing things within the boundaries of regulation. (e.g. carrying overshoes in community bag, or a separate pair of 'house shoes' for this purpose).
- I can now address my feelings around lack of autonomy as a student as I become a more competent practitioner.

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