Health Sciences

UNIVERSITY OF Southampton

Assessment of Practice: Mental Health Nursing

Degree programme NMC proficiencies

Assessment of Practice – Mental Health Nursing

Student Name	
University ID number	
Email address	
Phone number	

Academic tutor name	
Email address	
Phone number	

This document remains the property of the University of Southampton and its care is the responsibility of the student named above. It must be presented on request to the University of Southampton.

Record of on-going achievement

My Assessment of Practice document is my "record of on-going achievement" for practice.

I consent to allow the processing of confidential data about me to be shared between successive mentors and with the relevant education providers in the process of assessing my fitness for practice.

I understand that this is an NMC requirement and that it is essential to the pursuance of my programme of study leading to registration.

Student signature		Date	
Academic tutor signature		Date	

Protecting the public through professional standards: Accepting appropriate responsibility

There may be times when you are in a position where you may not be directly accompanied by your mentor, supervisor or another registered colleague. As your skills, experience and confidence develop, you will become increasingly able to deal with these situations. However, **you must only participate in interventions for which you have been fully prepared or in which you are properly supervised, and which are in keeping with Trust/practice policy.** If you have any doubts, discuss them as quickly as possible with your mentor or academic tutor.

I have read and understood the above statement			
Student signature		Date	
Academic tutor signature		Date	

All entries must maintain confidentiality of service users.

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Welcome to your assessment of practice document

This guide has been developed to help students and mentors to complete the Assessment of Practice (AOP). Please read and become familiar with these pages. We recommend they are read in conjunction with the Faculty and University student handbooks as well as the University regulations which can be accessed through SUSSED www.sussed.soton.ac.uk. Questions arising should be discussed with your academic tutor.

Assessment of practice represents 50% of the pre-registration nursing programme assessment.

In keeping with NMC requirements, your Assessment of Practice document acts as your record of on-going achievement, which is an NMC requirement for registration.

Throughout this document there is guidance on the completion of all elements and more information can be sought from your academic tutor or on the Assessment of Learning in Practice Settings website www.southampton.ac.uk/alps

The mentor's assessment of your practice is fundamental to maintaining professional standards in nursing, so please remind your mentor to read these pages.

Section 1: Guidance for students

Remember, this is YOUR assessment document and you must accept responsibility for accurate completion

- prior to the start of the first practice experience, complete the recommended initial activities including a Professional Development Plan
- actively participate in initial, interim and final interviews with mentor
- identify and affirm learning needs with your mentor
- agree an action plan with your mentor for every practice experience
- take advantage of every opportunity to work with your mentor/supervising practitioner
- take advantage of all the learning opportunities available
- maintain your AOP document
- provide your mentor with examples and evidence from practice to demonstrate how the competencies and skills have been achieved
- make the AOP document available to mentors or academic staff on request
- co-operate with your mentor to ensure the assessment is completed by the date(s) specified
- submit the AOP to the Faculty office by the date specified in the assessment calendar
- complete the on-line evaluation of each practice experience

Nursing competencies – guiding principles

- Fitness for practice
- Fitness for purpose
- Fitness for award
- Fitness for professional standing

These guiding principles establish the philosophy and values underpinning the NMCs requirements for programmes leading to entry to the register as a nurse. The guiding principles relate to professional competence and fitness for practice. As practice takes place in the real world of healthcare delivery, it is inextricably linked to other aspects of fitness: fitness for purpose, professional academic awards and professional standing.

Practice competence

As a student you are deemed to be competent when you have successfully met the NMC standards for nursing at the end of an NMC approved programme. Practice competence may only be signed off by a mentor who has met the NMC additional criteria (NMC, 2008). Graduate key skills are the generic, transferable skills which all students develop during the course of their academic studies. These qualities include oral and written communication, competence in study skills, self-awareness and the ability to use reflection on and for learning. Employers are increasingly seeking evidence of skills development within graduate programmes.

Mapping these skills in the AOP document enables you to monitor and demonstrate the acquisition of transferable skills that are useful not only in improving your studies but which can also help you to make the transition to employment after University.

Transferable skills include: managing your own learning, using information technology, working with others including communication skills, numeracy and problem solving.

Progression points

The AOP document has 3 key sections which form the basis of the assessment in practice element of your programme and are taken from the Standards for Pre-registration nursing NMC (2010)

1. **Part 1 of the programme**
2. **Part 2 of the programme**
3. **Part 3 of the programme**

These sections are divided by "progression points" which must be achieved as required to allow you to progress from:

- Part 1 to part 2 of the programme (1st progression point)
- Part 2 to part 3 of the programme (2nd progression point)
- Part 3 of the programme to the NMC register (final progression point)

Within each part you will find the assessments you need to complete which are based on the NMC progression points and consist of competencies as well as essential skills. These are underpinned by four overarching domains:

1. Professional values
2. Communication and interpersonal skills
3. Nursing practice and decision-making
4. Leadership, management and team working

These include Essential Skills as well as criteria which must be met in a practice setting where people are receiving care. In some situations you will find that these are achieved through simulation and this will usually be done within the simulated experiences you receive as part of your theoretical input.

If you would like to see the NMC (2010) Standards for pre-registration nursing they can viewed on the NMC website www.nmc-uk.org. On the ALPS website you will also find a link to these standards as well as an in-depth mapping document www.southampton.ac.uk/alps

You must work towards all elements of your AOP document during each practice experience.

The following stages have been designed to meet the requirements for progression during the programme

Stage 1 = Part 1 of the programme **Participate and initiate**

Stage 2 = Part 2 of the programme **Initiate and manage**

Stage 3 = Part 3 of the programme **Lead, manage and delegate**

Assessment of competence

The programme is designed around three sequential levels of Outcome and Competence that you have to achieve at different stages of the programme. The levels and criteria for judging achievement are:

Level 1: Participate and initiate (begin to understand the role of the nurse, participate in service user care and begin to initiate care under the supervision of your mentor)

- Participates, or assists in skill and care delivery under the direct supervision of a supervising practitioner
- Acts appropriately when assisting supervising practitioners
- Has a knowledge base and an understanding of the emotional needs of the service user(s) that accompanies the delivery of "hands on" skills
- Has a knowledge base and an understanding of the physiological needs of the patient
- Needs supervision when performing skills or care delivery
- Always ensures the safety and wellbeing of the service user(s)
- Manages and prioritises an appropriate personal workload, seeking help when necessary
- Never undertakes anything beyond own stage of proficiency without instruction from, or referring to a supervising practitioner
- Is able to make an assessment of service user(s) needs and initiate care delivery (non-complex cases)

Level 2: Initiate and manage (able to deliver care to service user & family/carer, and manage own workload (non-complex cases)

- Is able to make an assessment of service user(s) needs and initiate care delivery
- Has a sound knowledge base and an ability to meet the emotional needs of the service user(s) that accompanies the delivery of "hands on" skills
- After instruction and supervised practice can be trusted to practise safely in similar, uncomplicated situations
- Needs guidance and support to perform skills and deliver care in unfamiliar or complex situations
- Always ensures the safety and well-being of the service user(s) and others
- Manages and prioritises personal workloads effectively
- Never undertakes anything beyond own stage of proficiency without instruction from, or consulting, a supervising practitioner
- Takes responsibility for, and can justify, own actions

Level 3: Lead, manage and delegate (able to lead, plan, deliver, evaluate and alter as appropriate care to a group of service users & families/carers for complex cases, case load manage, lead care teams, work in multi-disciplinary teams)

- Practices in accordance with the NMC Code (2009)
- Has the skills and ability to practise safely and effectively without the need for direct supervision
- Manages care in order to ensure the safety and well-being of service user(s) at all times
- Able to plan, deliver, delegate, evaluate and alter as appropriate care to group of service users & families/carers for complex cases
- Lead care teams, work in multi-disciplinary teams
- Support the learning of others
- Is aware of own professional development needs and plans to achieve
- Takes responsibility and delegates appropriately

How are you assessed in practice?

The assessment process involves you and your named mentor agreeing an action plan at the initial interview outlining the learning experiences available in your area, which will meet some, or all of the outcomes required to be completed in that practice experience. This will then be outlined in the action plan agreed with your mentor for that part of the programme. The interim interview provides an opportunity for you and your mentor to agree the items which have been successfully completed, and action plan to complete those remaining. The final interview allows you to review your learning and to consider your needs and requirements for progression to the next stage of the programme or to registration.

The practice experience provides a work-based environment to enable you to apply the theoretical knowledge and skills learnt in academic module/s. Modular learning outcomes tested through a practice based assessment and specified essential skills must be achieved in each placement.

Distinguishing between summative and formative assessment

We believe that assessment should be more than merely a test of how you perform at given points; rather, it should be an integral part of your learning and growing as a nurse. Assessment should not merely be done to you; rather, it should also be done with you, to guide and enhance your learning. You therefore have a summative assessment at the end of each placement. At all other stages you will be given feedback that will enable you to enhance your learning through the progressive stages. Formative assessment evaluates your progress and provides feedback on your development of knowledge, skills and abilities without passing any formal and final judgement. Summative assessment is the process of evaluating your learning at key progression points in the programme. This will be undertaken at the final interview of each practice experience and your mentor will make the decision whether you have passed that practice experience and for placements 2 and 4 whether you have met the progression criteria. At the end of practice experience 6 your mentor will make the decision whether or not you are eligible to enter the register as a nurse.

Assessment in practice

Each practice experience requires an assessment. The assessment must be carried out by a qualified mentor. The assessment should involve one mentor and one student but may include other assessors e.g. a new mentor being supervised. Sufficient time should be set aside to complete the assessment. Assessments should be carried out within the context of practice so that evidence of skills, attitudes and knowledge is captured. It may be appropriate to use a combination of assessment methods e.g. questioning and/or direct observation. Questioning allows the mentor to assess knowledge and attitudes, whilst observation measures accuracy of practice and level of autonomy.

Interim review: Formative assessment

As part of the assessment for the module, mentors will complete a formative assessment. Results will be discussed with you at the time of completion to ensure timely feedback so that where identified, there are opportunities to improve prior to the summative assessment. Where learning needs are identified, feedback should be delivered with sensitivity and in a manner which will enhance learning. Learning needs should be made explicit in the comments section and should be written by both student and mentor following the assessment.

Final Review: Summative assessment

Near to the end of the practice experience (or at least following a minimum of four weeks in one practice area) a summative assessment is completed. Results will be discussed with you at the time of completion to ensure timely feedback. Where learning needs are identified, feedback should be delivered with sensitivity and in a manner which will enhance learning. Comments should be written by both student and mentor following the assessment. If a fail is recorded any learning needs must be documented and made explicit in the comments section.

Skills log

In section 9 you will find a number of clinical skills which are designated as either required or additional as well as space for you to keep a record of any skills which you may have undertaken within your practice experiences. You must ensure that you work with the appropriate level of supervision and do not undertake skills which your mentor feels you are not ready to undertake. AT ALL TIMES you must also adhere to local policy.

Meeting EU directive 2005/36/EC

In section 10 you will find the EU directives. As a student studying to become a registered nurse in the field of adult nursing, students must achieve EU directive 2005/36/EC and gain experience in:

- General and specialist medicine
- General and specialist surgery
- Child care and paediatrics
- Maternity care
- Mental health
- Care of the older person
- Home nursing

Supplementary medicines

Section 11 identifies the specific medicines management competencies expected of a newly registered nurse in any care environment and is based upon the NMC Standards for Medicine management (2004).

Section 2: Guidance for mentors

Introduction

Students will normally acquire knowledge, initially in discrete areas (**Participates**) then, with guidance, quickly start to make connections between these areas (**Initiates**) then be able to draw on knowledge gained from a variety of sources and apply it to the situation at hand (**Manages**). Finally the student will begin to lead, manage and delegate care developing skills in the supervision and support of staff. Use of reflection helps guide the student in linking theory and practice. It also helps the student to identify areas where their knowledge is lacking and further research/reading is required. Skill development is fostered through observation in the first instance, as you guide the student through the stages of skill acquisition, highlighting the knowledge underpinning the skill. The student will then practice with your direct supervision. Once you and the student agree they understand what is required, the student should be offered the opportunity to undertake the skill under indirect supervision, on the understanding that you will check the completed work. Once confident that the student performs the skill competently and demonstrates the required knowledge, underpinning the skill, the student is deemed competent. Further practice will facilitate maintenance and enhancement (such as transferability) of that skill.

All team members, mentors, and associate mentors may be involved in facilitating the student's learning. However it is the mentor who is accountable for the final assessment and completion of the assessment documentation. A fundamental requirement of every registered nurse is to support and facilitate students in meeting their learning needs during practice experiences. In some cases, students will require clear guidance and support in developing those aspects of their practice that have been identified to them as being below the required standard. Involvement of the University academic tutor at an early stage will ensure appropriate support is available for the student and you to facilitate the student in improving their practice to achieve the proficiencies. An action plan will be agreed which clearly identifies areas for improvement. You should inform the student and the academic tutor of the student's progress in meeting the requirements of the action plan so that failing to achieve proficiencies is not an unexpected event for any of the parties involved.

You must remember that as the registered practitioner you are responsible for the assessment process and you need to have confidence in your judgement. Please be certain that the student has achieved the appropriate competency level, before awarding a pass. If you are concerned that the student may not be able to achieve the required level, you must alert the academic tutor so that appropriate support can be offered to both the student and you. It is important that the student is not given "the benefit of the doubt" when assessing.

Assessment of Practice Document

Each student has an assessment of practice (AOP) document which is shared with the mentor throughout the practice experience. This forms the basis of regular discussion of learning needs and also ensures records of achievement are completed regularly.

Each placement requires a clinical assessment. The assessment must be carried out by a qualified mentor who has relevant expertise in assessment. The assessment should involve one mentor and one student but may include other assessors e.g. a new mentor being supervised. Sufficient time should be set aside to complete the assessment.

Assessments should be carried out within the context of practice so that evidence of skills, attitudes and knowledge is captured. It may be appropriate to use a combination of assessment methods e.g. questioning and/or direct observation. Questioning allows the mentor to assess knowledge and attitudes, whilst observation measures accuracy of practice and level of autonomy.

Interim review: Formative assessment

As part of the assessment for the module, mentors will complete a formative (practice) assessment using the specified assessment in the AOP document. Results should be discussed with the student at the time of completion to ensure timely feedback so that where identified, there are opportunities to improve prior to the summative assessment. Where learning needs are identified, feedback should be delivered with sensitivity and in a manner which will enhance learning. Learning needs should be made explicit in the comments section and should be written by both student and mentor following the assessment. If at this stage there are areas that the student may not achieve please contact their Academic Tutor.

Final review: Summative assessment

Near to the end of the practice experience (or at least following a minimum of four weeks in one practice area) a summative assessment is completed of the specified assessment in the AOP document. Results should be discussed with the student at the time of completion to ensure timely feedback. Where learning needs are identified, feedback should be delivered with sensitivity and in a manner which will enhance learning. Comments should be written by both student and mentor following the assessment. If a fail is recorded, any learning needs must be documented and made explicit in the comments section.

Questions that you may want to consider when making an assessment

- Has the student met the performance criteria for achieving a pass?
- Can the student discuss the knowledge underpinning their practice?
- Does the student's self-assessment accurately reflect their performance?

The following guidance has also been developed to help your decision making.

Assessment decision	Criteria
PASS	The student has consistently demonstrated achievement of all of the specified assessments and demonstrates safe practice.
FAIL	The student has failed to consistently demonstrate achievement of all the specified criteria and/or demonstrates unsafe practice

Achieving and maintaining competencies and skills

Students must achieve and **maintain** each stage of competency and skill in order to:

- ensure standards of service user care are maintained
- progress from each part of the programme
- prepare for the responsibilities of registration – end of the 2nd part of the programme
- enter the register – end of the 3rd part of the programme

First progression point criteria

Criteria that must be met as a minimum requirement by progression point one in any practice setting where people are receiving care, or through simulation.

	Areas associated with safety and safeguarding people of all ages, their carers and their families	**Related competency domains**
1.	Demonstrates safe, basic, person-centred care, under supervision, for people who are unable to meet their own physical and emotional needs.	Professional values Communication and interpersonal skills Nursing practice and decision making
2.	Meets people's essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times.	Professional values Communication and interpersonal skills Nursing practice and decision making
3.	Seeks help where people's needs are not being met, or they are at risk.	Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
4.	Is able to recognise when a person's physical or psychological condition is deteriorating, demonstrating how to act in an emergency and administer essential first aid.	Nursing practice and decision making Leadership, management and team working
5.	Demonstrates an understanding of how to work within legal and professional frameworks and local policies to safeguard and protect people, particularly children, young people, and vulnerable adults.	Professional values
6.	Is able to recognise, and work within, the limitations of their own knowledge, kills and professional boundaries, understanding that they are responsible for their own actions.	Professional values Nursing practice and decision making
7.	Demonstrates the ability to listen, seek clarity, and carry out instructions safely.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
8.	Uses and disposes of medical devices safely under supervision according to local and national policy, reporting any incidents or near misses.	Professional values Nursing practice and decision making
9.	Understands and works within the laws governing health and safety at work. Demonstrates safe manual handling techniques, and understands how nurses can help reduce the risk of infection, including effective hand washing.	Professional values Communication and interpersonal skills Nursing practice and decision making
10.	Recognises signs of aggression and takes appropriate action to keep themselves and others safe.	Communication and interpersonal skills Nursing practice and decision making
11.	Safely and accurately carries out basic medicines calculations.	Professional values Nursing practice and decision making
12.	Demonstrates safe and effective communication skills, both orally and in writing.	Communication and interpersonal skills Nursing practice and decision making
13.	Displays a professional image in their behaviour and appearance, showing respect for diversity and individual preferences.	Professional values Communication and interpersonal skills Nursing practice and decision making

Areas associated with safety and safeguarding people of all ages, their carers and their families		Related competency domains
14.	Demonstrates respect for people's rights and choices.	Professional values Communication and interpersonal skills Nursing practice and decision making
15.	Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, values diversity and acts within professional boundaries.	Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
16.	Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.	Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
17.	Practises honestly and with integrity, applying the principles of *The code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008) and the *Guidance on professional conduct for nursing and midwifery students* (NMC, 2009).	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
18.	Acts in a way that values the roles and responsibilities of others in the team and interacts appropriately with them.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working

Second progression point criteria

Criteria that must be met as a minimum requirement by progression point two in any practice setting where people are receiving care, or through simulation.

Criteria		Related competency domains
1.	Works more independently, with less direct supervision, in a safe and increasingly confident manner.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
2.	Demonstrates potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working

Entry to the register - KSF Dimensions, Levels and Indicators for band 5 post

Core/Specific	Number	Dimension	Foundation Gateway (Subset Outline)	
			Level	Indicator
Core	C1	Communication	2	A, B, C, D, E
Core	C2	Personal and people development	2	A, B, C, E, F
Core	C3	Health safety and security	2	A, C, D, F
Core	C4	Service improvement	1	A, B, C, D
Core	C5	Quality	2	A, B, C, D, E
Core	C6	Equality and diversity	1	A, B, C, D, E
Specific	HWB2	Assessment and care planning to meet health and wellbeing needs	2	A, B, C, D, E, F
Specific	HWB5	Provision of care to meet health and wellbeing needs	3	A, B, C, E, H, U
Specific	HWB6	Assessment and treatment planning	1	A, B, C, D, E, F
Specific	HWB7	Interventions and treatments	2	A, B, C, D, E, F, G
Specific	G6	People management	1	C, E

KSF role outlines provided by University Hospital Southampton NHS Foundation Trust

Dimension	Subset outline	Level indicators
Communication	Level 2: Communicate with a range of people on a range of matters	a) communicates with a range of people on a range of matters in a form that is appropriate to them and the situation b) improves the effectiveness of communication through the use of communication skills c) constructively manages barriers to effective communication d) keeps accurate and complete records consistent with legislation, policies and procedures e) communicates in a manner that is consistent with relevant legislation, policies and procedures
Personal and people development	Level 2: Develop own knowledge and skills and provide information to others to help their development	a) assesses and identifies: - feedback from others on own work - how s/he is applying knowledge and skills in relation to the KSF outline for the post - own development needs and interests in the current post - what has been helpful in his/her learning and development to date b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year c) takes responsibility for own personal development and takes an active part in learning opportunities e) keeps up-to-date records of own development review process f) offers information to others when it will help their development and/or help them meet work demands.
Health, safety and security	Level 2: Monitor and maintain health, safety and security of self	a) identifies and assesses the potential risks involved in work activities and processes for self and others c) undertakes work activities consistent with: - legislation, policies and procedures - the assessment and management of risk d) takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary f) supports others in maintaining health, safety and security.
Service improvement	Level 1: Make changes in own practice and offer suggestions for improving services	a) discusses with line manager/work team the changes that need to be made in own practice and the reasons for them b) adapts own practice as agreed and to time, seeking support if necessary support if necessary c) effectively carries out tasks related to evaluating services when asked services when asked d) passes on to the appropriate person constructive views and ideas on improving services for users and the public
Quality	Level 2: Maintain quality in own work and encourage others to do so	a) acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation c) works as an effective and responsible team member d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality e) uses and maintains resources efficiently and effectively and encourages others to do so
Equality and diversity	Level 1: Act in ways that support equality and value diversity	a) acts in ways that are in accordance with legislation, policies, procedures and good practice b) treats everyone with whom s/he comes into contact with dignity and respect c) acknowledges others' different perspectives d) recognises that people are different and makes sure they do not discriminate against other people e) recognises and reports behaviour that undermines equality and diversity
Assessment and care planning to meet health and wellbeing needs	Level 2: Contribute to assessing health and wellbeing needs and planning how to meet those needs	a) explains the purpose of assessing health and wellbeing needs to the people concerned b) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent c) assists in the assessment of people's health and wellbeing and related needs and risks as agreed with the care team and consistent with legislation, policies and procedures d) records and reports back accurately and fully on the assessments undertaken and risks identified e) offers to the team his/her own insights into the health and wellbeing needs and wishes of the people concerned f) makes suggestions on the care, protection and support that will be needed and how this might relate to his/her own work.

Dimension	Subset outline	Level indicators
Provision of care to meet health and wellbeing needs	Level 3: Plan, deliver and evaluate care to meet people's health and wellbeing needs	a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent b) identifies with the people concerned: - goals for the specific activities to be undertaken within the context of their overall care plan and their health and wellbeing needs - the nature of the different aspects of care - the involvement of other people and/or agencies - relevant evidence-based practice and/or clinical guidelines c) prepares appropriately for the care to be undertaken e) takes the appropriate action to address any issues or risks h) makes accurate records of the activities undertaken and any risks. u) undertakes care in a manner that is consistent with: - evidence-based practice and/or clinical guidelines - multidisciplinary team working - his/her own knowledge, skills and experience - legislation, policies and procedures
Assessment and treatment planning	Level 1: Undertake tasks related to the assessment of physiological and/or psychological functioning	a) checks with relevant information sources to confirm the assessment tasks to be undertaken b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making and obtains their consent for the activities to be undertaken c) prepares appropriately for the task to be undertaken taking into account any risks d) undertakes and records specified tasks correctly, following delegated procedures or established protocols consistent with legislation, policies and procedures e) monitors individuals whilst carrying out tasks and identifies and reports any changes in their health and wellbeing f) reports findings in the appropriate format to the people who need them
Interventions and treatments	Level 2: Contribute to planning, delivering and monitoring interventions and/or treatments	a) discusses the individual's treatment plan and their related condition/illness with the care team and understands his/her own role in delivering interventions and/or treatments within the plan b) respects individuals' dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent for the interventions and/or treatments to be undertaken c) identifies any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action d) prepares for, undertakes and records interventions/treatments correctly, and in line with legislation, policies and procedures and/or established protocols e) supports and monitors people throughout promptly alerting the relevant person when there are unexpected changes in individuals' health and wellbeing or risks f) provides information to the team on how individuals' needs are changing and feedback on the appropriateness of the individual's treatment plan when there are issues g) responds to, records and reports any adverse events or incidents relating to the intervention/treatment with an appropriate degree of urgency
People management	Level 1: Supervise people's work	c) gives people support and opportunities to assess their own work and gives them clear, sensitive and appropriate feedback in a way that helps them improve and develop e) reports poor performance to a relevant person for them to take action.

Grading tool

A criterion assessment grid is provided which are made up of separate rubrics containing descriptive statements.

- The mentor selects one descriptive indicator for each criterion assessed which best describes the student's performance. Each descriptive indicator is the minimum standard which must be achieved: if the student does not meet the descriptor then the lower indicator is selected
- The mentor should then provide a grade (A,B,C,D & E) which best represents the students' performance within that indicator's banding
- For grades A, B & C students must be awarded either the grade or grade + (for example A or A+, B or B+ or C or C+)

The mentor can provide support through prompts during the observation or on request from the student. Such actions need to be reflected in the scores awarded depending on the level of supervision provided and comments recorded in the comments section of the AOP.

Where a student receives a grade in any of the borderline fail /fail column the student will be required to make contact with their academic tutor so that appropriate support can be given. Mentors can request support from the practice support team led by the practice academic coordinator.

Outcomes - removing "achieved status"

Once a competence or skill has been achieved it does not have to be formally re-assessed. However, if the proficiency or skill is not maintained "achieved" status must be removed. This can be done by any mentor or students' academic tutor.

If this happens:

- The standard of competence and or skill must be re-achieved before the next summative assessment point and before progression is ratified
- If outcomes and/or skills are not re-achieved, the student will be failed in the AOP

Section 3: Additional guidance for students and mentors

Incidents in practice

To be read in conjunction with the University of Southampton guidelines for reporting concerns for students safety available through www.southampton.ac.uk/alps or on request from a University staff member.

Whilst engaged in practice experiences, students may become involved in incidents or accidents. Should this happen, it is important that personnel at the Faculty of Health Sciences are informed, not only to enable the monitoring of health and safety issues but also to offer support and guidance should this be required. The academic tutor must be contacted by the student or their mentor and they will advise the student and mentor of the appropriate action to take. Definitions of what constitutes an "accident" and an "incident" or a "near miss" are available in the student handbook. If there is uncertainty regarding appropriate action to take, contact the Practice Academic Coordinator or academic tutor. In the event of such an occurrence, a form S24 should be completed by the student with help from their academic tutor, and guidelines for completion are included in the document. The form should be returned to the Academic Tutor at the Faculty of Health Sciences.

Whenever students are involved in an accident or incident or a near miss and a practice organisation "Incident Form" is completed, the student or mentor must contact the academic tutor and report this, even if they have only witnessed but were not directly involved in the situation. The Academic Tutor will inform the Programme Lead, the Practice Academic Coordinator and the Learning Environment Lead. Follow up action will be agreed and a record will be made in the student's file. A copy of the incident form must be forwarded to the Programme Lead or Academic Tutor who will ensure safe storage in the student file. Following an accident, incident or near miss students may be required to write a statement.

NB: Please note – students must NEVER write or submit statements that have not been formally endorsed by the University.

Supernumerary status

The primary role of the student undertaking a practice experience is that of a learner and they are required to be supernumerary. Supernumerary status of students means that students are additional to the workforce requirement and staffing figures and we advocate the following principle:

"Students undertaking practice experiences as part of their programme of study are extra to the established numbers in the practice areas. They will be allocated a negotiated workload that is within their scope of practice that meets their required learning needs."

We recognise that practice experiences vary and that staffing levels may also alter across the sectors, units and even within one unit/ward, team or department. Students are required to experience the 7 days a week, 24 hours per day nature of modern health care and as such should experience a variety of working patterns. Students **should not** interpret supernumerary status as being able to alter allocated working patterns or to have their personal requests constantly honoured.

Ultimately, supernumerary status means that the service would continue to be delivered without the student's presence. One example of this would be where a learning opportunity has been identified by the student ***and*** their mentor/practice educator as important in understanding the service user journey and where this involves leaving the placement area to observe and learn from another experience or place of delivery of care e.g. theatre, outpatients, or another service, they will be free to do so.

Social networking

The code states that nurses and midwives must "uphold the reputation of your profession at all times" (NMC, 2008), as a student nurse you must "uphold the reputation of your chosen profession at all times" (NMC, 2009). This means that conduct online and conduct in the real world should be judged in the same way, and should be at a similar high standard. As a student nurse you will jeopardise your ability to join the NMC register, if you:

- share confidential information online
- post inappropriate comments about colleagues or patients
- use social networking sites to bully or intimidate colleagues
- pursue personal relationships with patients or service users
- distribute sexually explicit material
- use social networking sites in any way which is unlawful

This list is not intended to be exhaustive. If there is any doubt about whether a particular activity online is acceptable, it can be useful to think through a real-world analogy. For example, manipulated photos that are intended to mock individuals would be considered offensive if printed and pinned on workplace notice boards, and are no less offensive when shared online, even when privately shared between friends.

Academic integrity

All members of the University are expected to maintain high standards of academic conduct and professional relationships based on courtesy, honesty, and mutual respect. If you work with academic integrity there are a number of practices you must avoid which are explained in the academic integrity statement for students within your undergraduate student handbook. You are responsible for your own work and conduct, and for ensuring you neither fall accidentally into poor academic practice in your written work nor engage in practices which breach academic integrity.

Falsely claiming to have completed hours of practice or achievement of proficiencies or skills by falsification of signatures constitutes a breach of academic integrity and will result in disciplinary action .

Trouble shooting

Difficulties – what action should be taken?

If you are experiencing difficulties in fulfilling the requirements of the AOP, please address your concerns promptly. In the first instance queries should be addressed to your mentor or nurse in charge. If this does not resolve concerns contact the academic tutor (first point of call), Programme Lead or Practice Academic Coordinator. Please refer to the "Managing Student Issues in Practice" poster which should be displayed in your practice area and is contained in the back of this document.

Experience not available

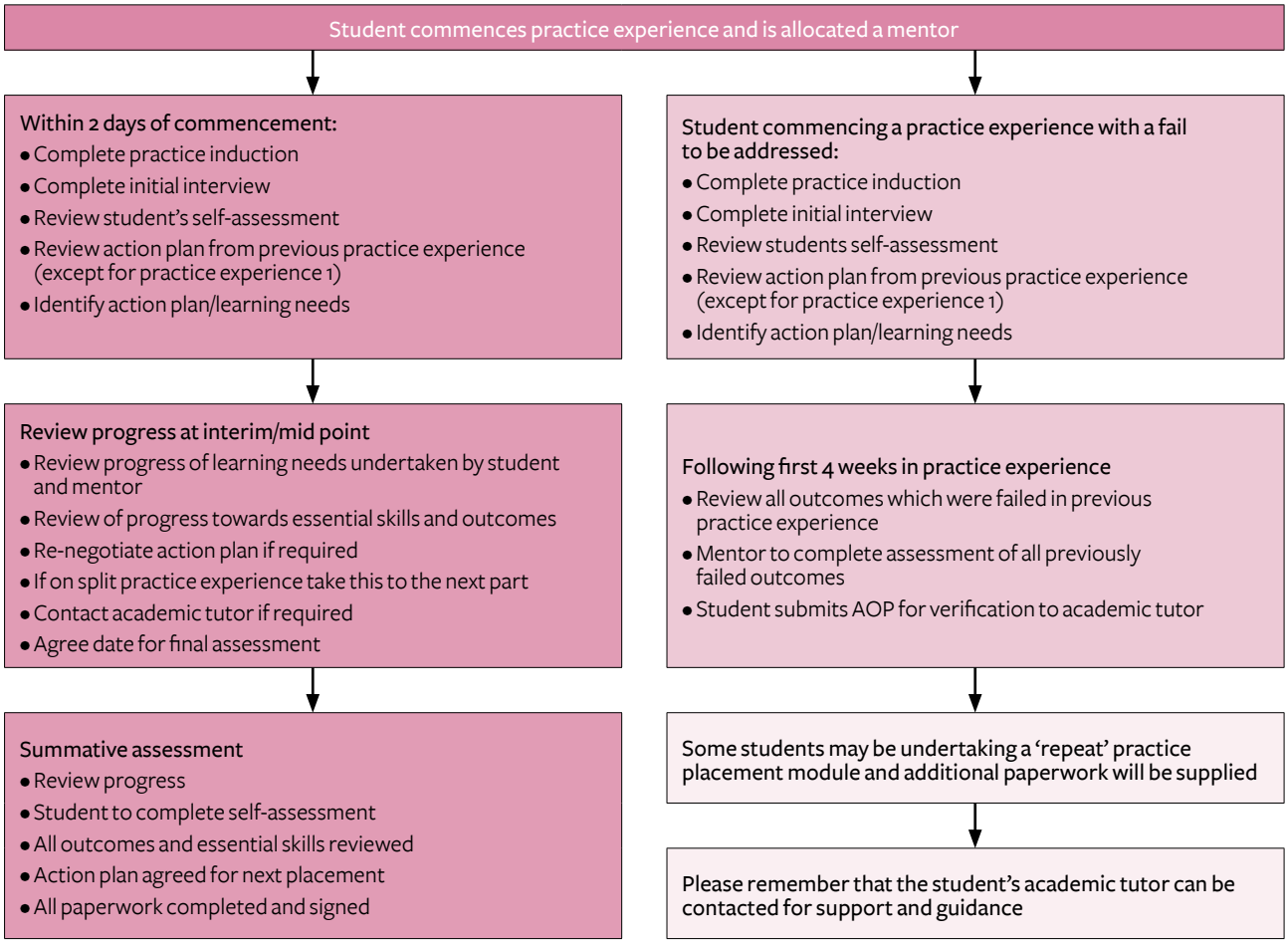
The competencies and the skills log have been designed for use in all practice settings. Please contact your academic tutor if difficulty in achieving proficiencies or skills occurs as identified at the interim interview in any practice experience.

Failed: what happens next?

If you do not complete all aspects of the summative assessment of practice at the first attempt you will be referred. Students are normally allowed a further attempt to complete their AOP. The competencies and or skills not achieved at the required level at the progression point will need to be achieved following the first 4 weeks of your next practice experience. Students who do not achieve the requirements of the AOP at the second attempt may be subject to discontinuation from the programme.

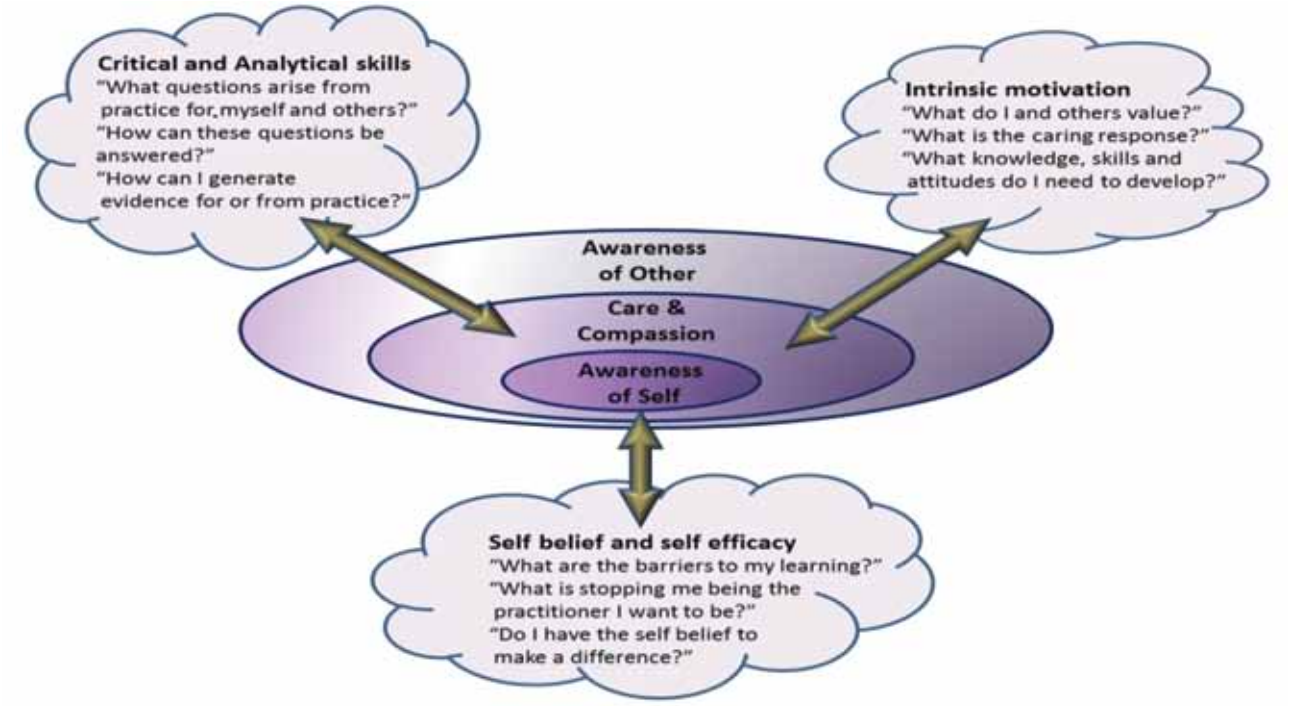
All students who fail a practice experience will be asked to meet with their academic tutor to discuss the next steps.

Undertaking and completing a practice experience



The Southampton Values Based Model

The model emphasises that self-awareness, awareness of others, and the values of care and compassion are central to both education and practice. From these core elements you are encouraged to identify your caring responses which provide the motivation to learn, consider and overcome barriers to your self-efficacy which may inhibit your learning or practice and identify areas of your practice for critical analysis and which require the generation of evidence for practice. The model may be diagrammatically represented as follows:



This model provides "prompt" questions designed to encourage "certain habits of mind" which Sellman (2009) identifies as an educational strategy which will promote the development of the "professionally wise" practitioner. These questions are designed to be of relevance to all learning in both theory and practice settings, and may form the basis of learning through a reflective cycle such as that of Discoll (2002). Based on an awareness of the values of self and others, the prompt questions may be used to explore any aspect of learning. Examples for the use of the model could include: consideration of how to develop study skills; reflecting on an incident in practice; setting study priorities in relation to"theory" learning or developing a research question.

Section 4: Record of mandatory skills

Skill	Date and initial when achieved					
	Year 1		Year 2		Year 3	
Conflict Resolution						
Equality, Diversity and Human Rights						
Fire Safety						
Health and Safety						
Infection Prevention and Control						
Moving and Handling						
Resuscitation						
Safeguarding Children						
Safeguarding Adults						

These skills are based on the NHS South Central Strategic Health Authority (2010) "Statutory and Mandatory Training Framework".

Please note that this record CAN NOT be used as evidence of updates for any external employer.

Section 5: Induction Programme for ALL Pre Registration Nursing & Midwifery Students

		Practice experience					
	Topics to be covered (Mentor initials and date when completed)	1	2	3	4	5	6
Personal issues	Discuss any adjustments re health or learning needs e.g. latex free gloves, dyslexia						
Introduction to staff	Include all staff working within the practice area						
Orientation to practice area	Include: • Staff toilets • Staff rest room/canteen • Where to keep personal belongings • Meal breaks • Relevant link areas and who to contact for visits • Inform of university link – name and contact details						
Professional Conduct and Appearance	Discuss: • Dress code • Professional conduct specific to the practice e.g. working guidelines, etiquette in patients' homes, use of mobile phones						
ID Badge	Explain policy for ID badges						
Confidentiality	Discuss importance of maintaining confidentiality and data protection						
Fire Policy/Procedure	Discuss: • Local policy & emergency numbers • Location of fire points, exits, fire extinguishers, fire blankets & Fire Policy • Explain procedure for evacuation & alarm tones • Awareness of risks associated with practice areas						
Moving & Handling	Discuss: • Local policy and relation to practice area • Location of local moving & handling equipment						
Organisational Policy Folders	Student should be aware of the following policies/procedures: • Health & Safety • Infection Control • Professional Behaviour • Human Resources e.g. Harassment, Equal Opportunities, Complaints etc. • Occupational Health • Other policies specific to practice area • Smoking						
Accident & Clinical Incidents	Explain: • Procedure for reporting accidents/near misses • Procedure for reporting adverse incidents/near misses • Policy for not being able to gain access to a patients' home (Community)						
Resuscitation	Explain: • Procedure in event of an emergency e.g. cardiac arrest • Emergency contact numbers						

		Practice experience					
	Topics to be covered (Mentor initials and date when completed)	1	2	3	4	5	6
Duty Rota	Discuss: • Location, distance and if/when lone working, any travel issues • Requests • Mentors • Number of students on shifts • Finishing at the end of the day • Nights/weekends/evenings (unsocial hours) Following current guidance from the University of Southampton Faculty of Health Sciences please advise the students they may not change shifts						
Sickness & Absence	Explain policy for reporting in the event of sickness or absence including notification to Allocations department (University of Southampton Faculty of Health Sciences)						
Transport Issues	Discuss issues related to car parking, hospital transport across sites, public transport						
Telephone	Discuss: • Contact details for Senior Nurse on duty, team members' mobiles • Student contact details • Bleep/pager system						
Equipment	Explain: • Basic function of appropriate equipment and where and how to access						
Infection Control	The student should be made aware of policies with specific reference to: • Needle stick injury • MRSA • Hand washing						

Section 6: Part 1 of the programme

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, Part 2, part 3 (entry to the register).

Framework for assessment

In order to pass each practice experience and the end of part 1 progression point you must:

- Achieve all of the progression criteria prior to the progression point (if you achieve these in practice experience 1, they must be maintained in practice experience 2).
- Achieve all of the essential skills required at progression point 1
- Pass the grading in practice tool

Practice experience 1

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes practice experience 1	Professionalism in Practice - On completion of this module students will consistently:	
1.	practise according to the NMC standards of conduct, performance and ethics for nurses and midwives	
2.	promote a professional image in behaviour and appearance at all times	
3.	demonstrate adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.	
4.	demonstrate regular, punctual attendance and have knowledge of, or show application of organisational procedures for reporting absence from placement.	
5.	recognise and work within limitations of their knowledge, skills and professional boundaries.	
6.	demonstrate reflective skills when evaluating own practice	
7.	demonstrate under supervision safe, person centred care which meets people's essential care needs.	
Competencies		**First progression point or Essential skills cluster (ESC)**
Domain 1 Competency 1	All nurses must practise with confidence according to The Code: standards of conduct, performance and ethics for nurses and midwives (2008) and within other recognised ethical and legal frameworks	• Displays a professional image in their behaviour and appearance, showing respect for diversity and individual preference [PP 13, ESC1(3)] • People can trust a newly registered nurse to fully comply with hygiene, uniform and dress code in order to limit, prevent and control infection [ESC 24] 1. Adheres to local policy and national guidelines on dress code for prevention and control of infection including: footwear, hair, piercing and nails 2. Maintains a high standard of personal hygiene 3. Wears appropriate clothing for the care delivered in all environments • Acts with honesty and with integrity, applying the principles of The code: standards of conduct, performance and ethics for nurses and midwives (NMC, 2008) and guidance of professional conduct for nursing and midwifery students (NMC, 2009) [PP 17] • Adopts a principled approach to care underpinned by the code (NMC, 2008) [ESC 4(3)]

Competencies		1st progression point or Essential skills cluster (ESC)
Domain 1 Competency 2	All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion for access to care	• Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries [PP15] • Is attentive and acts with kindness [ESC 5(1)] • Interacts with a person in a manner that is interpreted as warm, sensitive, kind, compassionate, making appropriate use of touch • Demonstrates respect for people's rights and choices [PP14, ESC 1(4), ESC 4 (2)] • Demonstrates safe, basic person centred care under supervision, for people who are unable to meet their own physical and emotional needs [PP1] • Is able to engage with people and build caring professional relationships [ESC 1(5)] • Takes a person centred personalised approach to care [ESC 2] • Meets people's essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times [PP2] • Demonstrates effective hand hygiene and the appropriate use of standard infection control precautions when caring for people [ESC22.1]
Domain 1 Competency 8 Domain 3 Competency 1 Domain 4 Competency 4	All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation	• Is able to recognise and work within the limitations of their own knowledge and skills and professional boundaries, understanding they are responsible for their own actions [PP 6] • Works within limitations of the role and recognises own level of competence [ESC 1 (2)] • Accepts delegated activities within limitations of own role, knowledge and skill [ESC15.1] • Demonstrates ability to listen, seek clarity and carry out instructions safely [PP7]

Guidance to support achievement of competencies of assessment (P1: Professionalism in Practice)

Care Quality Commission (2010) *Essential standards for quality and safety* London: Care Quality Commission
Department of Health (2010) *Essence of Care* London: The Stationary Office
Faculty of Health Sciences (2009) *Uniform Policy* Southampton: University of Southampton
Faculty of Health Sciences (2008) *Absence reporting procedures* Southampton: University of Southampton.
NMC (2008) *The Code: Standards of conduct performance and ethics for nurses and midwives* London: NMC.
NMC (2010) *Standards for pre-registration nursing education* London: NMC
Taylor, B. (2010) *Reflective practice for healthcare professionals : a practical guide* Maidenhead: OU Press

Local policies for absence reporting and uniform when the student is in placement should also be followed.

Registrant signature sheet

Practice experience 1

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 1

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor signature

Professional development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience (In your first experience you may draw on life experience prior to commencing the course)	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based on self-assessment and previous experience.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
1. All nurses must practise with confidence according to The code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers and find acceptable solutions.					
Competency	1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.				
2. All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
Competency	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
Competency	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
Competency	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
Competency	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health, how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behaviour through education, role modeling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person- centered support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centered, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide personcentred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harmand use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress, when compulsory measures are used, and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				

Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Compentency 4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.				
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome Essential skills (NMC, 2010) – Care, Communication and Compassion		
Mentor to initial and date outcome of skills achievement at end of P1 skills	**Skills performed under direct supervision**	**To be achieved in P2**
1.0 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.		
1. Articulates the underpinning values of The Code: Standards of conduct, performance and ethics for nurses and midwives (The Code) (NMC, 2008). 2. Works within limitations of the role and recognises own level of competence. 3. Promotes a professional image. 4. Shows respect for others. 5. Is able to engage with people and build caring professional relationships.	These ESCs are achieved in the grading grid	
2.0 People can trust the newly registered graduate nurse to engage in person-centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.		
1. Takes a person centred, personalised approach to care	This ESC is achieved in the grading grid	
3.0 People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times		
1. Demonstrates respect for diversity and individual preference, valuing differences, regardless of personal view. 2. Engages with people in a way that ensures dignity is maintained through making appropriate use of the environment, skills and adopting an appropriate attitude. 3. Uses ways to maximise communication where hearing, vision or speech is compromised.		
4.0 People can trust in a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an accepting and anti-discriminatory manner, free from harassment and exploitation.		
1. Demonstrates an understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability. 2. Respects people's rights. 3. Adopts a principled approach to care underpinned by The Code (NMC, 2008).	This ESC is achieved in the grading grid	
5.0 People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.		
1. Is attentive and acts with kindness and sensitivity 2. Takes into account peoples physical and emotional responses when engaging with them. 3. Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, making appropriate use of touch. 4. Provides person centred care that addresses both physical and emotional needs and preferences 5. Evaluates ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others.	This ESC is achieved in the grading grid	
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
1. Communicates effectively both orally and in writing, so that the meaning is always clear. 2. Records information accurately and clearly on the basis of observation and communication. 3. Always seeks to confirm understanding. 4. Responds in a way that confirms what a person is communicating. 5. Effectively communicates people's stated needs and wishes to other professionals.		

Mentor to initial and date outcome of skills achievement at end of P1 skills	Skills performed under direct supervision	To be achieved in P2
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
1. Applies the principles of confidentiality. 2. Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and public protection. 3. Applies the principles of data protection.		
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
1. Seeks consent prior to sharing confidential information outside of the professional care team, subject to agreed safeguarding and protection procedures.		
Learning outcomes **Essential skills (NMC, 2010) – Organisational aspects of care**		
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
1. Responds appropriately when faced with an emergency or a sudden deterioration in a person's physical or psychological condition (for example, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide) including seeking help from an appropriate person.		
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
1. Acts within legal frameworks and local policies in relation to safeguarding adults and children who are in vulnerable situations. 2. Shares information with colleagues and seeks advice from appropriate sources where there is a concern or uncertainty. 3. Uses support systems to recognise, manage and deal with own emotions.		
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
1. Responds appropriately to compliments and comments.		
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
1. Works within The Code (NMC, 2008) and adheres to the Guidance on professional conduct for nursing and midwifery students. (NMC, 2010)	This ESC is achieved in the grading grid	
15.0 People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.		
1. Accepts delegated activities within limitations of own role, knowledge and skill.	This ESC is achieved in the grading grid	
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
1. Recognises when situations are becoming unsafe and reports appropriately. 2. Understands and applies the importance of rest for effective practice.		
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
1. Under supervision, works within clinical governance frameworks. 2. Reports safety incidents regarding service users to senior colleagues. 3. Under supervision assesses risk within current sphere of knowledge and competence. 4. Follows instructions and takes appropriate action, sharing information to minimise risk. 5. Under supervision works within legal frameworks to protect self and others. 6. Knows and accepts own responsibilities and takes appropriate action.		

Mentor to initial and date outcome of skills achievement at end of P1 skills	Skills performed under direct supervision	To be achieved in P2
19.0 People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.		
1. Recognises signs of aggression and responds appropriately to keep self and others safe. 2. Assists others or obtains assistance when help is required.		
20.0 People can trust the newly registered graduate nurse to select and manage medical devices safely.		
1. Safely uses and disposes of medical devices under supervision and in keeping with local and national policy and understands reporting mechanism relating to adverse incidents.		
Learning outcomes Essential skills (NMC, 2010) – Infection Prevention and control		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
1. Follows local and national guidelines and adheres to standard infection control precautions.		
22.0 People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.		
1. Demonstrates effective hand hygiene and the appropriate use of standard infection control precautions when caring for all people.	This ESC is achieved in the grading grid	
24.0 People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.		
1. Adheres to local policy and national guidelines on dress code for prevention and control of infection, including: footwear, hair, piercing and nails. 2. Maintains a high standard of personal hygiene. 3. Wears appropriate clothing for the care delivered in all environments.	These ESC is achieved in the grading grid	
Learning outcomes Essential skills (NMC, 2010) – Care, Communication and Compassion		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
1. Reports to an appropriate person where there is a risk of meals being missed. 2. Follows food hygiene procedures in accordance with policy.		
Learning outcomes Essential skills (NMC, 2010) – Medicines management[1]		
33.0 People can trust the newly registered graduate nurse to correctly and safely undertake medicines[2] calculations.		
1. Is competent in basic medicines calculations relating to the following: • tablets and capsules • liquid medicines • injections including: - unit dose - sub and multiple unit dose - SI unit conversion.		

1. Medicines management is "the clinical cost effective and safe use of medicines to ensure patients get maximum benefit from the medicines they need while at the same time minimising potential harm" (MHRA 2004). As the administration of a medicinal product is only part of the process, these ESCs reflect the process from prescribing, through to dispensing, storage, administration and disposal.
2. A Medicinal product is "Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product" (Council Directive 65/65/EEC).

Formative grading assessment

P1- Professionalism in Practice

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Safe, person centred care which meets people's essential care needs. Recognises and works within own limitations. Demonstrates reflective skills to evaluate own practice				
Exceptional ability to provide safe basic person centred care which meets people's essential care needs. Confident and comprehensive nursing care provided. Excellent reflective ability when evaluating own practice.	Demonstrates a clear ability to provide safe basic person centred care which meets people's essential care needs. Confident provision of nursing care. Good evidence of reflection when evaluating own practice.	Satisfactory ability to provide safe basic person centred care which meets people's essential care needs but requires occasional prompting. Lacks confidence in the provision of nursing care. Satisfactory attempt at reflection when evaluating own practice.	Is able to provide safe basic person centred basic care which meets people's essential care needs but requires frequent prompting. Lacks confidence to provide nursing care without constant support and guidance. Limited attempt at reflection when evaluating own practice.	Limited ability to provide safe, basic care which meets people's essential care needs. Not person centred. Requires constant direction in order to carry out safe nursing care. No attempt at reflection to evaluate own practice or poor reflective insight.
S M	S M	S M	S M	S M
Professional image: appearance (adherence to organisational requirements for hygiene, uniform and dress code)				
Exemplary professional appearance at all times. Always adheres to dress code and maintains a very high standard of personal hygiene for prevention and control of infection.	Good professional appearance at all times. Consistently adheres to dress code and maintains a good standard of personal hygiene for prevention and control of infection.	Satisfactory professional appearance. Mostly adheres to dress code and maintains a satisfactory standard of personal hygiene for prevention and control of infection.	Professional appearance inconsistent. Often reminded about dress code or inconsistent standard of personal hygiene and therefore prevention and control of infection at risk.	Unprofessional in appearance. Consistently does not follow dress code or inadequate standard of personal hygiene and therefore prevention and control of infection at risk.
S M	S M	S M	S M	S M
Professional image: behaviour, values and attitudes				
Exemplary personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Exceptionally person centred with exemplary professional conduct/behaviour.	Good personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Consistently person centred with very good professional conduct/behaviour.	Satisfactory personal values and attitudes demonstrated. Never disrespectful, unkind or lacking in compassion or sensitivity. Professional conduct/behaviour satisfactory but could improve person centred approach.	Questionable personal values and attitudes demonstrated. Mostly acts with respect, kindness and compassion but can be insensitive to others through lack of self-awareness of own conduct/behaviour.	Poor personal values and attitudes demonstrated consistently. Conduct, behaviour and attitude consistently unprofessional.
S M	S M	S M	S M	S M
Attendance, punctuality and understanding of organisational procedures for absence reporting				
Exemplary in all aspects of attendance. Always punctual, with an exceptional understanding and application of the organisational procedures for absence reporting.	Good in all aspects of attendance. Punctual, with a good understanding and application of the organisational procedures for absence reporting.	Satisfactory in all aspects of attendance. Usually punctual, with a reasonable understanding and application of the organisational procedures for absence reporting.	Unsatisfactory in most aspects of attendance. Inconsistent attendance, with a limited understanding and application of the organisational procedures for absence reporting.	Poor in all aspects of attendance. Unpredictable attendance with failure to implement and failure to understand organisational procedures for absence reporting.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Formative (interim review) - practice experience 1

Student's review of progress After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student and formative grading, please summarise your views about their progress, including strengths, areas for development and identification of any issues affecting their performance	
Mentor signature	Date

Following this review of grading, progress review and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor must be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for review	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise. This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from you about your views of the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer, this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Experience 1: Formative exercise for Professional attitude and behaviour

Empathy is the ability or process used in understanding the other person's situation and feelings and is an important nursing attribute but in order to develop this in a professional manner we need to first become self-aware. The concept of self-awareness is beneficial to nurses on a personal and professional level. In particular we need to recognise how the care we offer service users may be influenced by our values, beliefs and attitudes. In the following exercise undertake some self-reflection and discuss strategies for managing emotional responses with your mentor.

When you have cared for a service user who evoked a strong emotional response reflect on what happened and jot down in this box as many emotions as you can describe:

Worksheet instructions

- Don't worry if any of these emotions seem to contradict each other...that is normal (we can be sad and happy at the same time)
- If you find a word that appears to dominate try to go "below" that feeling – if you are repeatedly saying "I am frightened" try to determine why by asking "Why" at least 5 times. An example might be when nursing someone with challenging behaviours you might write down that you were frightened. Why am I afraid? *because I was frightened by this service user's behaviour?* Why does that make me frightened? *Because I felt helpless when the service user shouted.* Why does that make me frightened? *Because although I am training to be a nurse, I am a human being and I deserve to be treated with dignity and kindness.* Why does lack of kindness make me scared? *Because too many people in my life treat me that way....*
- Now think about how this emotion may have influenced the way you interacted with this service user?

From your reflection, identify your development needs and explore with your mentor strategies to acknowledge and manage your feelings and discuss these with your mentor. List key ones here for future reference.

- If undertaking this exercise has upset you in any way please discuss this with your mentor or your academic tutor.

Summative grading assessment

P1- Professionalism in Practice

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please record the grade given on the next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Safe, person centred care which meets people's essential care needs. Recognises and works within own limitations. Demonstrates reflective skills to evaluate own practice				
Exceptional ability to provide safe basic person centred care which meets people's essential care needs. Confident and comprehensive nursing care provided. Excellent reflective ability when evaluating own practice.	Demonstrates a clear ability to provide safe basic person centred care which meets people's essential care needs. Confident provision of nursing care. Good evidence of reflection when evaluating own practice.	Satisfactory ability to provide safe basic person centred care which meets people's essential care needs but requires occasional prompting. Lacks confidence in the provision of nursing care. Satisfactory attempt at reflection when evaluating own practice.	Is able to provide safe basic person centred basic care which meets people's essential care needs but requires frequent prompting. Lacks confidence to provide nursing care without constant support and guidance. Limited attempt at reflection when evaluating own practice.	Limited ability to provide safe, basic care which meets people's essential care needs. Not person centred. Requires constant direction in order to carry out safe nursing care. No attempt at reflection to evaluate own practice or poor reflective insight.
S M	S M	S M	S M	S M
Professional image: appearance (adherence to organisational requirements for hygiene, uniform and dress code)				
Exemplary professional appearance at all times. Always adheres to dress code and maintains a very high standard of personal hygiene for prevention and control of infection.	Good professional appearance at all times. Consistently adheres to dress code and maintains a good standard of personal hygiene for prevention and control of infection.	Satisfactory professional appearance. Mostly adheres to dress code and maintains a satisfactory standard of personal hygiene for prevention and control of infection.	Professional appearance inconsistent. Often reminded about dress code or inconsistent standard of personal hygiene and therefore prevention and control of infection at risk.	Unprofessional in appearance. Consistently does not follow dress code or inadequate standard of personal hygiene and therefore prevention and control of infection at risk.
S M	S M	S M	S M	S M
Professional image: behaviour, values and attitudes				
Exemplary personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Exceptionally person centred with exemplary professional conduct/behaviour.	Good personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Consistently person centred with very good professional conduct/behaviour.	Satisfactory personal values and attitudes demonstrated. Never disrespectful, unkind or lacking in compassion or sensitivity. Professional conduct/behaviour satisfactory but could improve person centred approach.	Questionable personal values and attitudes demonstrated. Mostly acts with respect, kindness and compassion but can be insensitive to others through lack of self-awareness of own conduct/behaviour.	Poor personal values and attitudes demonstrated consistently. Conduct, behaviour and attitude consistently unprofessional.
S M	S M	S M	S M	S M
Attendance, punctuality and understanding of organisational procedures for absence reporting				
Exemplary in all aspects of attendance. Always punctual, with an exceptional understanding and application of the organisational procedures for absence reporting.	Good in all aspects of attendance. Punctual, with a good understanding and application of the organisational procedures for absence reporting.	Satisfactory in all aspects of attendance. Usually punctual, with a reasonable understanding and application of the organisational procedures for absence reporting.	Unsatisfactory in most aspects of attendance. Inconsistent attendance, with a limited understanding and application of the organisational procedures for absence reporting.	Poor in all aspects of attendance. Unpredictable attendance with failure to implement and failure to understand organisational procedures for absence reporting.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P1: Professionalism in Practice

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Safe, person centred care which meets people's essential care needs. Recognises & works within own limitations. Demonstrates reflective skills to evaluate own practice.		
Professional image: appearance (adherence to organisational requirements for hygiene, uniform and dress code).		
Professional image: behaviour, values and attitudes.		
Attendance, punctuality and understanding of organisational procedures for absence reporting.		
If the student has achieved a D or E in any of the above a fail must be awarded (please circle)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P2

Competency: If the student has not achieved in any of these then a fail must be awarded	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 1

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further personal and professional development	Suggested activities and experiences that will assist in future development – (*This information is essential for future mentors in setting learning objectives*)
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook)		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for this practice placement		
Mentor signature	PRINT name	Date
I can confirm that thestudent has not met the grading for this practice placement.		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 1

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

This page is for university use and must be copied and stored with the student's records with the Faculty of Health Sciences, University of Southampton

These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 1			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is completed by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading and/or competency and ESCs not achieved and listed below	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

Competency to be achieved	Number of essential skill cluster to be achieved

Summative grading assessment

P1- Professionalism in Practice

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please record the grade given on the next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Safe, person centred care which meets people's essential care needs. Recognises and works within own limitations. Demonstrates reflective skills to evaluate own practice				
Exceptional ability to provide safe basic person centred care which meets people's essential care needs. Confident and comprehensive nursing care provided. Excellent reflective ability when evaluating own practice.	Demonstrates a clear ability to provide safe basic person centred care which meets people's essential care needs. Confident provision of nursing care. Good evidence of reflection when evaluating own practice.	Satisfactory ability to provide safe basic person centred care which meets people's essential care needs but requires occasional prompting. Lacks confidence in the provision of nursing care. Satisfactory attempt at reflection when evaluating own practice.	Is able to provide safe basic person centred basic care which meets people's essential care needs but requires frequent prompting. Lacks confidence to provide nursing care without constant support and guidance. Limited attempt at reflection when evaluating own practice.	Limited ability to provide safe, basic care which meets people's essential care needs. Not person centred. Requires constant direction in order to carry out safe nursing care. No attempt at reflection to evaluate own practice or poor reflective insight.
S M	S M	S M	S M	S M
Professional image: appearance (adherence to organisational requirements for hygiene, uniform and dress code)				
Exemplary professional appearance at all times. Always adheres to dress code and maintains a very high standard of personal hygiene for prevention and control of infection.	Good professional appearance at all times. Consistently adheres to dress code and maintains a good standard of personal hygiene for prevention and control of infection.	Satisfactory professional appearance. Mostly adheres to dress code and maintains a satisfactory standard of personal hygiene for prevention and control of infection.	Professional appearance inconsistent. Often reminded about dress code or inconsistent standard of personal hygiene and therefore prevention and control of infection at risk.	Unprofessional in appearance. Consistently does not follow dress code or inadequate standard of personal hygiene and therefore prevention and control of infection at risk.
S M	S M	S M	S M	S M
Professional image: behaviour, values and attitudes				
Exemplary personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Exceptionally person centred with exemplary professional conduct/behaviour.	Good personal values and attitudes consistently demonstrated. Acts with great respect, kindness, compassion and sensitivity. Consistently person centred with very good professional conduct/behaviour.	Satisfactory personal values and attitudes demonstrated. Never disrespectful, unkind or lacking in compassion or sensitivity. Professional conduct/behaviour satisfactory but could improve person centred approach.	Questionable personal values and attitudes demonstrated. Mostly acts with respect, kindness and compassion but can be insensitive to others through lack of self-awareness of own conduct/behaviour.	Poor personal values and attitudes demonstrated consistently. Conduct, behaviour and attitude consistently unprofessional.
S M	S M	S M	S M	S M
Attendance, punctuality and understanding of organisational procedures for absence reporting				
Exemplary in all aspects of attendance. Always punctual, with an exceptional understanding and application of the organisational procedures for absence reporting.	Good in all aspects of attendance. Punctual, with a good understanding and application of the organisational procedures for absence reporting.	Satisfactory in all aspects of attendance. Usually punctual, with a reasonable understanding and application of the organisational procedures for absence reporting.	Unsatisfactory in most aspects of attendance. Inconsistent attendance, with a limited understanding and application of the organisational procedures for absence reporting.	Poor in all aspects of attendance. Unpredictable attendance with failure to implement and failure to understand organisational procedures for absence reporting.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Retrieval summative assessment

P1: Professionalism in Practice

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Safe, person centred care which meets people's essential care needs. Recognises & works within own limitations. Demonstrates reflective skills to evaluate own practice.		
Professional image: appearance (adherence to organisational requirements for hygiene, uniform and dress code).		
Professional image: behaviour, values and attitudes.		
Attendance, punctuality and understanding of organisational procedures for absence reporting.		
If the student has achieved a D or E in any of the above a fail must be awarded (please circle)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P2

Competency: If the student has not achieved in any of these then a fail must be awarded	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 1

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook)		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for the practice placement		
Mentor signature	PRINT name	Date
I can confirm that the student has not met the grading for the practice placement.		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified		
Academic tutor signature	PRINT name	Date

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Verification of practice retrieval experience 1

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Section 6: Part 1 of the programme - Practice experience 2

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, part 2, part 3 (entry to register).

Framework for assessment

In order to pass each practice experience and the end of part 1 progression point you must:

- Achieve all of the progression criteria prior to the progression point (if you achieve these in practice experience 1, they must be maintained in practice experience 2)
- Achieve all of the essential skills required at progression point 1
- Pass the grading in practice tool

Practice experience 2

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/ associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes practice placement (2)	**Care, Communication and Compassion - On completion of this module students will consistently:**	
1.	demonstrate the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries	
2.	demonstrate active listening skills through use of appropriate non-verbal communication skills	
3.	demonstrate effective listening by responding in an appropriate way to a range of communication cues	
4.	use a variety formats to produce clear, concise and complete records, using appropriate professional language to document care and applying the principles of data protection	
5.	describe and demonstrate application of the principles of confidentiality in professional practice	
6.	demonstrate achievement of identified core competencies	
Competencies		1st progression point (PP) Essential Skills Cluster (ESC)
Domain 2 Competency 1 Domain 2 Competency 5	All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs. All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.	• Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries [PP15]. • Is able to engage with people and build caring professional relationships [ESC1(5)] • Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, making appropriate use of touch [ESC 5(3)]

Domain 2 Competency 3	All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these ay be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.	• Demonstrates safe and effective communication skills, both orally and in writing [(PP12, ESC 6(1)] • Takes into account people's physical and emotional responses when engaging with them [ESC 5(2)] • Always seeks to confirm understanding [ESC 6(3)] • Responds in a way that confirms what a person is communicating [ESC 6(4)] • Effectively communicates people's stated needs and wishes to other professionals [ESC 6(5)] • Uses ways to maximise communication where hearing, vision or speech is compromised [ESC3(3)] • Evaluates ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others [ESC 5(5)]
Domain 2 Competency 7	All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.	• Records information accurately and clearly on the basis of observation and communication [ESC 6(2)] • Practises honestly and with integrity, applying the principles of The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008) and the guidance on professional conduct for nursing and midwifery students (NMC, 2009) [PP17]
Domain 2 Competency 8	All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.	• Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people [PP16]

Guidance to support achievement of competencies of assessment (P2: Communication and compassion)

Department of Health (2003) *Confidentiality NHS Code of Practice* London: Department of Health
Department of Health (2010) *Essence of Care* London: The Stationary Office
McCabe, C. and Timmins, F. (2006) *Communication skills for nursing practice* Basingstoke: Palgrave Macmillan
NMC (2008) *The Code: Standards of conduct performance and ethics for nurses and midwives* London: NMC
NMC (2009) *Record keeping: Guidance for nurses and midwives* London: NMC
NMC (2010) *Standards for pre-registration nursing education* London: NMC

Registrant signature sheet

Practice experience 2

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 2

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor signature

Professional development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon the self-assessment, previous practice experiences and feedback from other mentors.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
1. All nurses must practise with confidence according to *The code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers and find acceptable solutions.					
Competency	1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.				
2. All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
Competency	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
Competency	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
Competency	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
Competency	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health, how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behaviour through education, role modeling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person- centered support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centered, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide personcentred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harmand use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress, when compulsory measures are used, and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				

Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competencies		Formative assessment point (can discuss principles)		Summative assessment point (can discuss principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.				
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome Essential skills (NMC, 2010) – Care, Communication and Compassion		
Mentor to initial and date outcome of skills achievement at end of P2 skills	**Skills performed under in-direct supervision**	**Not achieved**
1.0 *As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.*		
1. Articulates the underpinning values of The Code: Standards of conduct, performance and ethics for nurses and midwives (The Code) (NMC, 2008). 2. Works within limitations of the role and recognises own level of competence. 3. Promotes a professional image. 4. Shows respect for others. 5. Is able to engage with people and build caring professional relationships.	These ESCs are achieved in the grading grid	
2.0 *People can trust the newly registered graduate nurse to engage in person-centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.*		
1. Takes a person centred, personalised approach to care	This ESC is achieved in the grading grid	
3.0 People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times		
1. Demonstrates respect for diversity and individual preference, valuing differences, regardless of personal view. 2. Engages with people in a way that ensures dignity is maintained through making appropriate use of the environment, skills and adopting an appropriate attitude. 3. Uses ways to maximise communication where hearing, vision or speech is compromised.		
4.0 People can trust in a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an accepting and anti-discriminatory manner, free from harassment and exploitation.		
1. Demonstrates an understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability. 2. Respects people's rights.		
3. Adopts a principled approach to care underpinned by The Code (NMC, 2008).	This ESC is achieved in the grading grid	
5.0 People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.		
1. Is attentive and acts with kindness and sensitivity	This ESC is achieved in the grading grid	
2. Takes into account peoples physical and emotional responses when engaging with them. 3. Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, making appropriate use of touch. 4. Provides person centred care that addresses both physical and emotional needs and preferences 5. Evaluates ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others.		
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
1. Communicates effectively both orally and in writing, so that the meaning is always clear. 2. Records information accurately and clearly on the basis of observation and communication. 3. Always seeks to confirm understanding. 4. Responds in a way that confirms what a person is communicating. 5. Effectively communicates people's stated needs and wishes to other professionals.		
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
1. Applies the principles of confidentiality. 2. Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and public protection. 3. Applies the principles of data protection.		

Mentor to initial and date outcome of skills achievement at end of P2 skills	Skills performed under in-direct supervision	Not achieved
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
1. Seeks consent prior to sharing confidential information outside of the professional care team, subject to agreed safeguarding and protection procedures.		
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
1. Responds appropriately when faced with an emergency or a sudden deterioration in a person's physical or psychological condition (for example, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide) including seeking help from an appropriate person.		
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
1. Acts within legal frameworks and local policies in relation to safeguarding adults and children who are in vulnerable situations. 2. Shares information with colleagues and seeks advice from appropriate sources where there is a concern or uncertainty. 3. Uses support systems to recognise, manage and deal with own emotions.		
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
1. Responds appropriately to compliments and comments.		
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
1. Works within The Code (NMC, 2008) and adheres to the Guidance on professional conduct for nursing and midwifery students. (NMC, 2010)	This ESC is achieved in the grading grid	
15.0 People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.		
1. Accepts delegated activities within limitations of own role, knowledge and skill.	This ESC is achieved in the grading grid	
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
1. Recognises when situations are becoming unsafe and reports appropriately. 2. Understands and applies the importance of rest for effective practice.		
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
1. Under supervision, works within clinical governance frameworks. 2. Reports safety incidents regarding service users to senior colleagues. 3. Under supervision assesses risk within current sphere of knowledge and competence. 4. Follows instructions and takes appropriate action, sharing information to minimise risk. 5. Under supervision works within legal frameworks to protect self and others. 6. Knows and accepts own responsibilities and takes appropriate action.		
19.0 People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.		
1. Recognises signs of aggression and responds appropriately to keep self and others safe. 2. Assists others or obtains assistance when help is required.		
20.0 People can trust the newly registered graduate nurse to select and manage medical devices safely.		
1. Safely uses and disposes of medical devices under supervision and in keeping with local and national policy and understands reporting mechanism relating to adverse incidents.		

Mentor to initial and date outcome of skills achievement at end of P2 skills	Skills performed under in-direct supervision	Not achieved
Learning outcomes **Essential skills (NMC, 2010) – Infection Prevention and control**		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
1. Follows local and national guidelines and adheres to standard infection control precautions.		
22.0 People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.		
1. Demonstrates effective hand hygiene and the appropriate use of standard infection control precautions when caring for all people.	This ESC is achieved in the grading grid	
24.0 People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.		
1. Adheres to local policy and national guidelines on dress code for prevention and control of infection, including: footwear, hair, piercing and nails. 2. Maintains a high standard of personal hygiene. 3. Wears appropriate clothing for the care delivered in all environments.	These ESC is achieved in the grading grid	
Learning outcomes **Essential skills (NMC, 2010) – Care, Communication and Compassion**		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
1. Reports to an appropriate person where there is a risk of meals being missed. 2. Follows food hygiene procedures in accordance with policy.		

Medicines management

Mentor to initial and date outcome of skills achievement at end of P2 skills	Skills performed under direct supervision	Not achieved	Indicative content
Learning outcomes **Essential skills (NMC, 2010) – Medicines management[1]**			
33.0 People can trust the newly registered graduate nurse to correctly and safely undertake medicines[2] calculations.			
1. Is competent in basic medicines calculations relating to the following: • tablets and capsules • liquid medicines • injections including: - unit dose - sub and multiple unit dose - SI unit conversion.			Numeracy skills, drug calculations required to administer medicines safely via appropriate routes including specific requirements for children and other groups.

1. Medicines management is "the clinical cost effective and safe use of medicines to ensure patients get maximum benefit from the medicines they need while at the same time minimising potential harm" (MHRA 2004). As the administration of a medicinal product is only part of the process, these ESCs reflect the process from prescribing, through to dispensing, storage, administration and disposal.
2. A Medicinal product is "Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product" (Council Directive 65/65/EEC).

Formative grading assessment

P2: Care, Communication and Compassion.

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Effective communication and interpersonal skills				
Exceptional communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Good communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Satisfactory communication and interpersonal skills. Communication is mainly effective but is always safe, compassionate and respectful of professional boundaries.	Communication and interpersonal skills lack confidence. Communication is compassionate but inconsistently effective or is not always respectful of professional boundaries.	Communication and interpersonal skills poor. Inability to effectively communicate. Lacks personal self-awareness of professional boundaries.
S M	S M	S M	S M	S M
Non-verbal communication skills, interpretation and response				
Demonstrates exceptional active listening skills. Consistently aware of all verbal and non-verbal cues and confidently interprets information and responds skilfully and appropriately.	Good listening skills. Demonstrates awareness of verbal and non-verbal cues and able to interpret information and respond appropriately.	Satisfactory listening skills. Demonstrates some awareness of verbal and non-verbal cues but occasionally misses cues. Mostly responds appropriately.	Listening skills inconsistent. Inability to pick up on some important verbal or non-verbal cues and therefore interpretation and appropriate responses are inadequate.	Poor listening skills. Consistently oblivious to important verbal and non-verbal cues. Responses inappropriate to situation.
S M	S M	S M	S M	S M
Record keeping				
Exceptional record keeping (including electronic form) and uses appropriate, clear, concise language to document care. Documentation is safe, accurate, well organised, comprehensive and complete.	Good record keeping (including electronic form) and mainly uses appropriate, clear language to document care. Could be more concise at times. Documentation is safe, accurate and complete. Limited support required.	Satisfactory safe record keeping (including electronic form). Could improve language used to document care. Requires some support to ensure records are complete.	Record keeping is inconsistent (including electronic form). Use of language used to document care is not always appropriate or clear. Requires frequent support to ensure records are safe, accurate and complete.	Poor record keeping (including electronic form). Language used inappropriate, unclear and inaccurate. Requires constant support to ensure records are accurate, safe and complete.
S M	S M	S M	S M	S M
Confidentiality in professional practice				
Exceptional understanding and knowledge of the principles of confidentiality in professional practice. Responds in an exemplary way to situations arising in everyday practice within legal and ethical frameworks.	Good understanding and knowledge of the principles of confidentiality in professional practice. Responds in an appropriate way to situations arising in everyday practice in accordance within legal and ethical frameworks.	Satisfactory understanding and knowledge of the principles of confidentiality in professional practice. Satisfactory response to situations arising in everyday practice in accordance within legal and ethical frameworks.	Limited understanding and knowledge of the principles of confidentiality in professional practice. Inaccurate responses to situations arising in everyday practice. Sometimes able to apply legal and ethical frameworks relating to confidentiality. At risk of breaching confidentiality.	Lacks knowledge and fails to understand principles of confidentiality in professional practice. Unsatisfactory response to situations arising in everyday practice. Not able to apply legal and ethical frameworks relating to confidentiality and at risk of, or breaches confidentiality.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Interim review - Formative

Student's review of progress After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student and formative grading, please summarise your view about their progress, including strengths, areas for development and identification of any issues affecting their performance. Please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Following this review of progress and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor must be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for final interview	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise. This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from you about your views of the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer, this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrate reflective skills when evaluating own practice		

Students must achieve a pass in all core attributes before they can be graded in care, communication and compassion

Experience 2: Formative exercise for Care, Communication and Compassion

Very often, in our day to day interactions with others, we tend to use repetitive forms of communication and respond using a similar range of related interactions because we are not aware that other options are available. This exercise is aimed at helping you identify different sorts of interventions we can use. By identifying a range of interventions we can act more precisely and with a greater sense of intention. The nurse-service user interaction then becomes more structured and less haphazard: we know what we are saying and also have insights into how we are saying it. This gives us greater interpersonal choice.

Consider the first time a service user asked you questions about their diagnosis and associated treatment. How did you feel? How did you deal with this encounter? In particular how did you communicate with the service user (verbally and non-verbally)? Also, how does this interaction compare to how you would now handle such a situation?

Find out about Heron's six category interventions (1989). The six categories are-

- prescriptive (offering advice)
- informative (offering information)
- confronting (challenging)
- cathartic (enabling the expression of feelings)
- catalytic (drawing out)
- supportive (confirming or encouraging)

Then discuss with your mentor how this model for understanding interpersonal relationships will influence your interpersonal relationship with future service users.

Make a list of the key points that you want to remember for future interactions

Remember when clients/relatives ask you about diagnosis and treatment you must refer them to a qualified practitioner

Summative grading assessment

P2: Care, Communication and Compassion

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Effective communication and interpersonal skills				
Exceptional communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Good communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Satisfactory communication and interpersonal skills. Communication is mainly effective but is always safe, compassionate and respectful of professional boundaries.	Communication and interpersonal skills lack confidence. Communication is compassionate but inconsistently effective or is not always respectful of professional boundaries.	Communication and interpersonal skills poor. Inability to effectively communicate. Lacks personal self-awareness of professional boundaries.
S M	S M	S M	S M	S M
Non-verbal communication skills, interpretation and response				
Demonstrates exceptional active listening skills. Consistently aware of all verbal and non-verbal cues and confidently interprets information and responds skilfully and appropriately.	Good listening skills. Demonstrates awareness of verbal and non-verbal cues and able to interpret information and respond appropriately.	Satisfactory listening skills. Demonstrates some awareness of verbal and non-verbal cues but occasionally misses cues. Mostly responds appropriately.	Listening skills inconsistent. Inability to pick up on some important verbal or non-verbal cues and therefore interpretation and appropriate responses are inadequate.	Poor listening skills. Consistently oblivious to important verbal and non-verbal cues. Responses inappropriate to situation.
S M	S M	S M	S M	S M
Record keeping				
Exceptional record keeping (including electronic form) and uses appropriate, clear, concise language to document care. Documentation is safe, accurate, well organised, comprehensive and complete.	Good record keeping (including electronic form) and mainly uses appropriate, clear language to document care. Could be more concise at times. Documentation is safe, accurate and complete. Limited support required.	Satisfactory safe record keeping (including electronic form). Could improve language used to document care. Requires some support to ensure records are complete.	Record keeping is inconsistent (including electronic form). Use of language used to document care is not always appropriate or clear. Requires frequent support to ensure records are safe, accurate and complete.	Poor record keeping (including electronic form). Language used inappropriate, unclear and inaccurate. Requires constant support to ensure records are accurate, safe and complete.
S M	S M	S M	S M	S M
Confidentiality in professional practice				
Exceptional understanding and knowledge of the principles of confidentiality in professional practice. Responds in an exemplary way to situations arising in everyday practice within legal and ethical frameworks.	Good understanding and knowledge of the principles of confidentiality in professional practice. Responds in an appropriate way to situations arising in everyday practice in accordance within legal and ethical frameworks.	Satisfactory understanding and knowledge of the principles of confidentiality in professional practice. Satisfactory response to situations arising in everyday practice in accordance within legal and ethical frameworks.	Limited understanding and knowledge of the principles of confidentiality in professional practice. Inaccurate responses to situations arising in everyday practice. Sometimes able to apply legal and ethical frameworks relating to confidentiality. At risk of breaching confidentiality.	Lacks knowledge and fails to understand principles of confidentiality in professional practice. Unsatisfactory response to situations arising in everyday practice. Not able to apply legal and ethical frameworks relating to confidentiality and at risk of, or breaches confidentiality.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P2: Care, Communication and Compassion

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Effective communication and interpersonal skills		
Nonverbal communication skills, interpretation and response		
Record keeping		
Confidentiality in professional practice		
If the student has not achieved all of the field competencies and all of the essential skills (ESC) then a fail must be awarded.	PASS	FAIL

Competency and skills achievement: If the student has not achieved in any of these then a fail must be awarded

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: If the student has not achieved all of the field competencies and all of the essential skills (ESC) then a fail must be awarded.	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 2

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in the student handbook).		
Student signature	PRINT name	Date
I can confirm that the student has met the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I can confirm that the student does not meet the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

*this indicates best practice

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Verification of practice experience 2

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Registrant signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 2			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading or competency and ESCs not achieved	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	

Competency to be achieved	Number of essential skill cluster to be achieved

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrate reflective skills when evaluating own practice.		

Students must achieve a pass in all core attributes before they can be graded in care, communication and compassion

Summative grading assessment

P2: Care, Communication and Compassion.

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Effective communication and interpersonal skills				
Exceptional communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Good communication and interpersonal skills. Communication is safe, effective, compassionate and respectful of professional boundaries.	Satisfactory communication and interpersonal skills. Communication is mainly effective but is always safe, compassionate and respectful of professional boundaries.	Communication and interpersonal skills lack confidence. Communication is compassionate but inconsistently effective or is not always respectful of professional boundaries.	Communication and interpersonal skills poor. Inability to effectively communicate. Lacks personal self-awareness of professional boundaries.
S M	S M	S M	S M	S M
Non-verbal communication skills, interpretation and response				
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S M	S M	S M	S M	S M
Record keeping				
Exceptional record keeping (including electronic form) and uses appropriate, clear, concise language to document care. Documentation is safe, accurate, well organised, comprehensive and complete.	Good record keeping (including electronic form) and mainly uses appropriate, clear language to document care. Could be more concise at times. Documentation is safe, accurate and complete. Limited support required.	Satisfactory safe record keeping (including electronic form). Could improve language used to document care. Requires some support to ensure records are complete.	Record keeping is inconsistent (including electronic form). Use of language used to document care is not always appropriate or clear. Requires frequent support to ensure records are safe, accurate and complete.	Poor record keeping (including electronic form). Language used inappropriate, unclear and inaccurate. Requires constant support to ensure records are accurate, safe and complete.
S M	S M	S M	S M	S M
Confidentiality in professional practice				
Exceptional understanding and knowledge of the principles of confidentiality in professional practice. Responds in an exemplary way to situations arising in everyday practice within legal and ethical frameworks.	Good understanding and knowledge of the principles of confidentiality in professional practice. Responds in an appropriate way to situations arising in everyday practice in accordance within legal and ethical frameworks.	Satisfactory understanding and knowledge of the principles of confidentiality in professional practice. Satisfactory response to situations arising in everyday practice in accordance within legal and ethical frameworks.	Limited understanding and knowledge of the principles of confidentiality in professional practice. Inaccurate responses to situations arising in everyday practice. Sometimes able to apply legal and ethical frameworks relating to confidentiality. At risk of breaching confidentiality.	Lacks knowledge and fails to understand principles of confidentiality in professional practice. Unsatisfactory response to situations arising in everyday practice. Not able to apply legal and ethical frameworks relating to confidentiality and at risk of, or breaches confidentiality.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Retrieval summative assessment

P2: Care, Communication and Compassion

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Effective communication and interpersonal skills		
Nonverbal communication skills, interpretation and response		
Record keeping		
Confidentiality in professional practice		
If the student has not achieved all of the field competencies and all of the essential skills (ESC) then a fail must be awarded.	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: Please circle either pass or fail. (If the student has not achieved all of the field competencies and all of the essential skills (ESC) then a fail must be awarded).	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 2

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook).		
Student signature	PRINT name	Date
I can confirm that the student has met the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I can confirm that the student does not meet the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

*this indicates best practice

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Verification of retrieval practice experience 2

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Registrant signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Section 7: Part 2 of the programme

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, part 2, part 3 (entry to register).

Framework for assessment

In order to pass each practice experience and the end of part 2 progression point you must:

- Achieve all of the progression criteria prior to the progression point (if you achieve these in practice experience 3, they must be maintained in practice experience 4)
- Achieve all of the essential skills required at progression point 2
- Pass the core attributes and graded practice assessment

Practice experience 3

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes	Practice Placement (3) Single patient care management On completion of this placement the student will consistently:	
1.	demonstrate the ability to communicate using a person centred approach that recognises and respects service user/ carer care preferences	
2.	use accurate skills of observation during assessment	
3.	demonstrates safe and accurate use of diagnostic equipment or tests	
4.	accurately interprets signs from assessment and respond appropriately	
5.	evaluate care provided to improve clinical decision making, quality and care outcomes	
6.	demonstrate achievement of core attributes	
Competencies		**2nd progression point (PP) Essential Skills Cluster (ESC)**
Domain 1 Competency 4	All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.	• Forms appropriate and constructive professional relationships with families and other carers [ESC1.6)] • Actively empowers people to be involved in the assessment and care planning process [ESC 2.2] • Determines people's preferences to maximise comfort & dignity [ESC 2.3] • Actively supports people in their own care and self-care [ESC 2.4]

Domain 2 Competency 2	All nurses must use a range of communication skills and technologies to support person centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.	• Uses strategies to enhance communication and remove barriers to effective communication minimising risk to people from lack of or poor communication [ESC6.6] • Distinguishes between information that is relevant to care planning and information that is not [ESC7.4]
Domain 3 Competency 1	All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.	• Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times [ESC2.6] • Considers with the person and their carers their capability for self-care [ESC2.5] • Assists people with their care [ESC2.7] • Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions [ESC10.1]
Domain 3 Competency 3 Domain 3 Competency 3.1	All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement. Mental health nurses must be able to apply their knowledge and skills in a range of evidence based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.	• Measures and documents vital signs under supervision and responds appropriately to findings outside the normal range [ESC9.6] • Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources [ESC9.8] • Undertakes the assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk factors by working with the person and records, shares and responds to clear indicators and signs [ESC9.9] • With the person and under supervision, plans safe and effective care by recording and sharing information based on the assessment [ESC9.10]
Domain 3 Competency 10	All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.	• Reflects on own practice and discusses issues with other members of the team to enhance learning [ESC14.4] • Takes feedback from colleagues, managers and other departments seriously and shares the messages and learning with other members of the team [ESC12.4]

Registrant signature sheet

Practice experience 3

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 3

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor's signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor's signature

Professional development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon the self-assessment, previous practice experiences and feedback from other mentors.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (can apply principles)		Summative assessment point (can apply principles)	
		Mentor initials	Date	Mentor initials	Date
1. All nurses must practise with confidence according to *The Code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers *and* find acceptable solutions.					
Competency	1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.				
2. All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
Competency	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
Competency	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
Competency	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
Competency	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health, how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point (can apply principles)		Summative assessment point (can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behaviour through education, role modeling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person- centered support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can apply principles)		Summative assessment point (can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centered, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide personcentred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (can apply principles)		Summative assessment point (can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harmand use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress, when compulsory measures are used, and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				

Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competencies		Formative assessment point (can apply principles)		Summative assessment point (can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 4 All nurses must be self-aware and recognise how their own values, principles andassumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.				
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome **Essential skills (NMC, 2010) – Care, Communication and Compassion**		
Essential skills The newly qualified graduate nurse should demonstrate the following skills and behaviours. Cluster: Care, communication and compassion		
Mentor to initial and date outcome of skills achievement at end of P3 skills	**Practiced under direct supervision**	**To be achieved in P4**
1.0 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.		
6. Forms appropriate and constructive professional relationships with families and other carers.	This ESC is achieved in the grading grid	
7. Uses professional support structures to learn from experience and make appropriate adjustments.		
2.0 People can trust the newly registered graduate nurse to engage in person-centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.		
2 Actively empowers people to be involved in the assessment and care planning process. 3 Determines people's preferences to maximise comfort & dignity. 4 Actively supports people in their own care and self-care. 5 Considers with the person and their carers their capability for self-care. 6 Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times. 7 Assists people with their care.	These ESCs are achieved in the grading grid	
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
6. Uses strategies to enhance communication and remove barriers to effective communication minimising risk to people from lack of or poor communication.	This ESC is achieved in the grading grid	
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
4. Distinguishes between information that is relevant to care planning and information that is not.	This ESC is achieved in the grading grid	
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
2. Applies principles of consent in relation to restrictions relating to specific client groups and seeks consent for care. 3. Ensures that the meaning of consent to treatment and care is understood by the people or service users.		
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
2. Accurately undertakes and records a baseline assessment of weight, height, temperature, pulse, respiration and blood pressure using manual and electronic devices. 3. Understands the concept of public health and the benefits of healthy lifestyles and the potential risks involved with various lifestyles or behaviours, for example, substance misuse, smoking, obesity. 4. Recognises indicators of unhealthy lifestyles 5. Contributes to care based on an understanding of how the different stages of an illness or disability can impact on people and carers.		
6. Measures and documents vital signs under supervision and responds appropriately to findings outside the normal range.	This ESC is achieved in the grading grid	
7. Performs routine, diagnostic tests for example urinalysis under supervision as part of assessment process (near client testing).		
8. Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources. 9. Undertakes the assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk factors by working with the person and records, shares and responds to clear indicators and signs. 10. With the person and under supervision, plans safe and effective care by recording and sharing information based on the assessment. 11. Where relevant, applies knowledge of age and condition-related anatomy, physiology and development when interacting with people.	These ESCs are achieved in the grading grid	

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	To be achieved in P4
10.0 People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.		
1. Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions.	This ESC is achieved in the grading grid	
2. Works within the limitations of own knowledge and skills to question and provide safe and holistic care.		
3. Prepares people for clinical interventions as per local policy.		
4. Actively seeks to extend knowledge and skills using a variety of methods in order to enhance care delivery.		
5. Detects, records, reports and responds appropriately to signs of deterioration or improvement.		
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
4. Documents concerns and information about people who are in vulnerable situations.		
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
2. Responds appropriately when people want to complain, providing assistance and support.		
3. Uses supervision and other forms of reflective learning to make effective use of feedback.		
4. Takes feedback from colleagues, managers and other departments seriously and shares the messages and learning with other members of the team.	This ESC is achieved in the grading grid	
13.0 People can trust the newly registered, graduate nurse to promote continuity when their care is to be transferred to another service or person.		
1. Assists in preparing people and carers for transfer and transition through effective dialogue and accurate information.		
2. Reports issues and people's concerns regarding transfer and transition.		
3. Assists in the preparation of records and reports to facilitate safe and effective transfer.		
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
2. Supports and assists others appropriately.		
3. Values others' roles and responsibilities within the team and interacts appropriately.		
4. Reflects on own practice and discusses issues with other members of the team to enhance learning.	This ESC is achieved in the grading grid	
5. Communicates with colleagues verbally, face-to-face and by telephone, and in writing and electronically in a way that the meaning is clear, and checks that the communication has been fully understood.		
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
3. Contributes as a team member.		
4. Demonstrates professional commitment by working flexibly to meet service needs to enable quality care to be delivered.		
5. Uses supervision as a means of developing strategies for managing own stress and for working safely and effectively.		
6. Adheres to safety policies when working in the community and in people's homes, for example, lone worker policy.		
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
7. Contributes to promote safety and positive risk taking.		
8. Under supervision works safely within the community setting taking account of local policies, for example, lone worker policy.		

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	To be achieved in P4
Learning outcomes **Essential skills (NMC, 2010) – Infection Prevention and control**		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
2. Participates in assessing and planning care appropriate to the risk of infection thus promoting the safety of service users. 3. Participates in completing care documentation and evaluation of interventions to prevent and control infection. 4. Aware of the role of the Infection Control Team and Infection Control Nurse Specialist, and local guidelines for referral. 5. Recognises potential signs of infection and reports to relevant senior member of staff. 6. Discusses the benefits of health promotion within the concept of public health in the prevention and control of infection for improving and maintaining the health of the population.		
22.0 People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.		
2. Applies knowledge of transmission routes in describing, recognising and reporting situations where there is a need for standard infection control precautions. 3. Participates in the cleaning of multiuse equipment between each person. 4. Uses multi-use equipment and follows the appropriate procedures. 5. Safely uses and disposes of, or decontaminates, items in accordance with local policy and manufacturers' guidance and instructions. 6. Adheres to requirements for cleaning, disinfecting, decontaminating of 'shared' nursing equipment, including single or multi-use equipment, before and after every use as appropriate, according to recognised risk, in accordance with manufacturers' and organisational policies.		
23.0 People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.		
1. Safely delivers care under supervision to people who require to be nursed in isolation or in protective isolation settings. 2. Takes appropriate actions in any environment including the home care setting, should exposure to infection occur, for example, chicken pox, diarrhoea and vomiting, needle stick injury. 3. Applies knowledge of an 'exposure prone procedure' and takes appropriate precautions and actions. 4. Takes personal responsibility, when a student knowingly has a blood borne virus, to consult with occupational health before carrying out exposure prone procedures.		
25.0 People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.		
1. Demonstrates understanding of the principles of wound management, healing and asepsis, Safely performs basic wound care using clean and aseptic techniques in a variety of settings. 2. Assists in providing accurate information to people and their carers on the management of a device, site or wound to prevent and control infection and to promote healing wherever that person might be, for example, in hospital, in the home care setting, in an unplanned situation.		
26.0 People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.		
1. Adheres to health and safety at work legislation and infection control policies regarding the safe disposal of all waste, soiled linen, blood and other body fluids and disposing of 'sharps' including in the home setting. 2. Ensures dignity is preserved when collecting and disposing of bodily fluids and soiled linen. 3. Acts to address potential risks within a timely manner including in the home setting.		

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	To be achieved in P4
Learning outcomes **Essential skills (NMC, 2010): Nutrition**		
27.0 People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.		
1. Under supervision helps people to choose healthy food and fluid in keeping with their personal preferences and cultural needs. 2. Accurately monitors dietary and fluid intake and completes relevant documentation. 3. Supports people who need to adhere to specific dietary and fluid regimens and informs them of the reasons. 4. Maintains independence and dignity wherever possible and provides assistance as required. 5. Identifies people who are unable to or have difficulty in eating or drinking and reports this to others to ensure adequate nutrition and fluid intake is provided.		
28.0 People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.		
1. Takes and records accurate measurements of weight, height, length, body mass index and other appropriate measures of nutritional status. 2. Assesses baseline nutritional requirements for healthy people related to factors such as age and mobility. 3. Contributes to formulating a care plan through assessment of dietary preferences, including local availability of foods and cooking facilities. 4. Reports to other members of the team when agreed plan is not achieved.		
29.0 People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.		
1. Applies knowledge of fluid requirements needed for health and during illness and recovery so that appropriate fluids can be provided. 2. Accurately monitors and records fluid intake and output. 3. Recognises and reports reasons for poor fluid intake and output. 4. Reports to other members of the team when intake and output falls below requirements.		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
3. Follows local procedures in relation to mealtimes, for example, protected mealtimes, indicators of people who need additional support. 4. Ensures that people are ready for the meal; that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance.		
31.0 People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs		
1. Recognises, responds appropriately and reports when people have difficulty eating or swallowing. 2. Adheres to an agreed plan of care that provides for individual difference, for example, cultural considerations, psychosocial aspects and provides adequate nutrition and hydration when eating and swallowing is difficult.		

Medicines management

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	To be achieved in P4	Indicative content
34.0 People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.			
1. Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice. 2. Demonstrates an understanding of types of prescribing, types of prescribers and methods of supply. 3. Demonstrates understanding of legal and ethical frameworks for prescribing.			Law, consent, confidentiality, ethics, accountability. Responsibilities under law, application of medicines legislation to practice, include: use of controlled drugs, exemption orders in relation to patient group direction (PGD)*. Regulatory requirements: Standards for medicines management (NMC, 2007), the code (NMC, 2008), Standards of proficiency for nurse and midwife prescribers (NMC, 2006). Statutory requirements in relation to mental health, mental capacity, children and young people and medicines, national service frameworks and other country specific guidance.
35.0 People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part.			
1. Demonstrates awareness of a range of commonly recognised approaches to managing symptoms, for example, relaxation, distraction and lifestyle advice. 2. Discusses referral options.			The principles of holistic care, health promotion, lifestyle advice, over-the-counter medicines, self-administration of medicines and other therapies. Observation and assessment. Effect of medicines and other treatment options, including distraction, positioning, alternative and complementary therapies. Ethical and legal frameworks.
36.0 People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.			
1. Uses knowledge of commonly administered medicines in order to act promptly in cases where side effects and adverse reactions occur.			Related anatomy and physiology. Drug pathways and how medicines act. Impacts of physiological state of patients on drug responses and safety, for example, the older adult, children, pregnant or breast feeding women and significant pathologies such as renal or hepatic impairments. Pharmaco-dynamics -the effects of drugs and their mechanisms of action in the body. Pharmaco-therapeutics – the therapeutic actions of certain medicines. Risks versus benefits of medication. Pharmaco-kinetics and how doses are determined by dynamics and systems in the body. Role and function of bodies that regulate and ensure the safety and effectiveness of medicines. Knowledge on management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for safety.
37.0 People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.			
1. Demonstrates ability to safely store medicines under supervision.			Managing medicines in hospital or primary care settings, for example, schools and the home care setting. Legislation that underpins practice related to a wide range of medicines such as controlled drugs, infusions and oxygen. Suitable conditions for storage, managing out-of-date stock, safe handling medication, managing discrepancies in stock, omissions.

*Nursing students cannot supply or administer under a PGD (Standards for medicines management (NMC, 2007)

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	To be achieved in P4	Indicative content
38.0 People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.			
1. Uses prescription chart correctly and maintain accurate records. 2. Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves. 3. Administers and, where necessary, prepares medication safely under direct supervision, including orally and by injection.			Involvement of people receiving treatment, management of fear and anxiety, importance of nonverbal and verbal communication. Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. Use of personal drug record cards for controlled drugs. Preparing and administering medication in differing environments places, including the home care setting, hygiene, infection control, compliance aids, safe transport and disposal of medicines and equipment. Safety, checking person's identity, last dose, allergies, anaphylaxis, poly-pharmacy, monitoring of effect and record keeping. Where and how to report contra-indications, side effects, adverse reactions. Skills needed to administer safely via various means, for example, oral, topical, by infusion, injection, syringe driver and pumps. Aware of own limitations and when to refer on. Legal requirements, mechanisms for supply, sale and administration of medication, self-administration including controlled drugs.
39.0 People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care settings including at home.			
1. Demonstrates awareness of roles and responsibilities within the multi -disciplinary team for medicines management, including how and in what ways information is shared within a variety of settings.			Links to legislation, use of controlled drugs, the code in relation to confidentiality, consent and record keeping. Use of electronic records.
40.0 People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.			
1. Under supervision involves people and carers in administration and self-administration of medicines.			Cultural, religious, linguistic and ethical beliefs, issues and sensitivities around medication. Ethical issues relating to compliance and administration of medicine without consent. Self-administration, assessment explanation and monitoring. Concordance. Meeting needs of specific groups including self-administration, for example, people with mental health needs, learning disabilities, children and young people, adolescents and older adults.
41.0 People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.			
1. Accesses commonly used evidence based sources relating to the safe and effective management of medicine.			Evidence based practice, identification of resources, the 'expert' patient and client. Using sources of information, national and local policies, clinical governance, formularies, for example, British National Formulary and the British National Formulary for Children.
42.0 People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.			
1. Demonstrates knowledge of what a patient group direction is and who can use them.			National prescribing centre competency framework www.npc.co.uk

Formative grading assessment

P3: Single patient care management

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Person centred communication				
Exemplary patient led discussion and appropriate consideration of patient/carer preferences when planning care provision.	Good discussion with limited support to identify patient/carer preferences when planning care provision. Patient/carer appropriately included in decision making.	Attempts to involve patient/carer in discussion when planning care provision. Less skilful or confident in approach. Adequate and appropriate recognition of preferences.	Some discussion with patient/carer of preferences when planning care provision but inadequate recognition of, or chooses to ignore reasonable patient/carer preferences.	Inappropriate and ineffective discussion to adequately plan patient's care provision. Discussion fails to identify patient/carer preferences.
S M	S M	S M	S M	S M
Assessment skills: observational skills and ability to choose diagnostic tools/equipment to aid assessment and demonstrates ability to use them				
Exemplary ability to comprehensively and accurately assess: demonstrates excellent skills of observation and expertly uses appropriate diagnostic equipment/tools.	Good ability to accurately assess: demonstrates good observation skills and accurately uses appropriate diagnostic equipment/tools with limited support.	Safe assessment skills. Demonstrates satisfactory skills of observation and accurately uses appropriate diagnostic equipment/tools with some support.	Lacking in confidence when undertaking assessment. Satisfactory observation skills but inaccurate or inappropriate use of diagnostic equipment/tools.	Inadequate and inappropriate assessment therefore unsafe practice. Lacking basic skills of observation and/or inaccurate/inappropriate use of diagnostic equipment/tools.
S M	S M	S M	S M	S M
Assessment skills: interpretation of findings and responds to findings, implementing evidenced based care				
Confidently and accurately interprets findings. Skilfully responds/refers promptly and appropriately. Provides exemplary evidenced based care in a caring, proficient, coordinated manner.	Accurately interprets findings. Responds/ refers appropriately. Provides good evidenced based care with limited support in a caring, competent manner.	Accurately interprets findings. Seeks support/ advice from mentor to respond/refer appropriately. With help satisfactory evidenced based care provided in a caring manner.	Accurately interprets findings but does not respond or refer appropriately. With prompting recognises need for support from mentor to demonstrate safe, evidence based practice.	Not able to accurately interpret findings and does not respond or refer appropriately. Does not seek support/advice from mentor therefore intervention by mentor required to maintain patient safety.
S M	S M	S M	S M	S M
Evaluation of care				
Exceptional ability to evaluate care to improve clinical decision making, quality and outcomes.	Good ability to evaluate care to improve clinical decision making, quality and outcomes.	Satisfactory ability with some prompting to evaluate care to improve clinical decision making, quality and outcomes.	Limited ability to evaluate care to improve clinical decision making, quality and outcomes.	Lacks ability to evaluate care to improve clinical decision making, quality and outcomes.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Interim review - Formative

Student's review of progress After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student and formative grading, please summarise your view about their progress, including strengths, areas for development and identification of any issues affecting their performance. Please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Following this review of grading, progress review and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor must be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for review	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise. This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from you about your views of the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrate reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrate the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrate active listening skills through use of appropriate non-verbal communication skills.		
Demonstrate effective listening by responding in an appropriate way to a range of communication cues.		
Use a variety formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describe and demonstrate application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in single patient care management

Experience 3: grading in practice exercise – Formative exercise for single patient care management

As a nurse you will have a vital role to play in managing drug therapy for service users with medical conditions. To undertake this safely you will need to use knowledge of the drug (*core drug knowledge*) and knowledge about the service user (*core service user variables*) to maximise the therapeutic and minimise the adverse effects of the drug and to provide patients and family with information. With your mentor select one patient you have been working with and who is informing the grading of *single patient care management*. Now select one drug they are currently prescribed and undertake the following research:

Drug name	
Pharmacotherapeutics: the desired effects of the drug	
Pharmacokinetics: the changes that occur to the drug inside the body	
Pharmacodynamics: the effects of the drug on the body	
Contraindications & precautions: conditions under which the drug should not be used or must be used carefully with monitoring	
Adverse effects: unintended and usually undesired effects that may occur with the use of the drug	
In relation to the above information is there any key information about the key service user that it is important to be aware of	
Now take time to discuss this with your mentor before undertaking your summative assessment and link to the medicines management section of this document	

Adapted from: Aschenbrenner, D.S., Venable,S.J. (2008) Drug therapy in nursing Lippincott Williams & Wilkins

Summative grading assessment

P3: Single patient care management

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	**Good B+ or B**	**Pass C+ or C**	**Borderline fail D**	**Fail E**
Person centred communication				
Exemplary patient led discussion and appropriate consideration of patient/ carer preferences when planning care provision. **S** **M**	Good discussion with limited support to identify patient/carer preferences when planning care provision. Patient/carer appropriately included in decision making. **S** **M**	Attempts to involve patient/carer in discussion when planning care provision. Less skilful or confident in approach. Adequate and appropriate recognition of preferences. **S** **M**	Some discussion with patient/carer of preferences when planning care provision but inadequate recognition of, or chooses to ignore reasonable patient/carer preferences. **S** **M**	Inappropriate and ineffective discussion to adequately plan patient's care provision. Discussion fails to identify patient/carer preferences. **S** **M**
Assessment skills: observational skills and ability to choose diagnostic tools/equipment to aid assessment and demonstrates ability to use them				
Exemplary ability to comprehensively and accurately assess: demonstrates excellent skills of observation and expertly uses appropriate diagnostic equipment/tools. **S** **M**	Good ability to accurately assess: demonstrates good observation skills and accurately uses appropriate diagnostic equipment/tools with limited support. **S** **M**	Safe assessment skills. Demonstrates satisfactory skills of observation and accurately uses appropriate diagnostic equipment/tools with some support. **S** **M**	Lacking in confidence when undertaking assessment. Satisfactory observation skills but inaccurate or inappropriate use of diagnostic equipment/tools. **S** **M**	Inadequate and inappropriate assessment therefore unsafe practice. Lacking basic skills of observation and/or inaccurate/inappropriate use of diagnostic equipment/tools. **S** **M**
Assessment skills: interpretation of findings and responds to findings, implementing evidenced based care				
Confidently and accurately interprets findings. Skilfully responds/refers promptly and appropriately. Provides exemplary evidenced based care in a caring, proficient, coordinated manner. **S** **M**	Accurately interprets findings. Responds/ refers appropriately. Provides good evidenced based care with limited support in a caring, competent manner. **S** **M**	Accurately interprets findings. Seeks support/ advice from mentor to respond/refer appropriately. With help satisfactory evidenced based care provided in a caring manner. **S** **M**	Accurately interprets findings but does not respond or refer appropriately. With prompting recognises need for support from mentor to demonstrate safe, evidence based practice. **S** **M**	Not able to accurately interpret findings and does not respond or refer appropriately. Does not seek support/ advice from mentor therefore intervention by mentor required to maintain patient safety. **S** **M**
Evaluation of care				
Exceptional ability to evaluate care to improve clinical decision making, quality and outcomes. **S** **M**	Good ability to evaluate care to improve clinical decision making, quality and outcomes. **S** **M**	Satisfactory ability with some prompting to evaluate care to improve clinical decision making, quality and outcomes. **S** **M**	Limited ability to evaluate care to improve clinical decision making, quality and outcomes. **S** **M**	Lacks ability to evaluate care to improve clinical decision making, quality and outcomes. **S** **M**

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P3: Single patient care management

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Person centred communication		
Assessment skills: observational skills & ability to choose diagnostic tools/equipment to aid assessment & demonstrates ability to use them		
Assessment skills: interpretation of findings and responds to findings, implementing evidenced based care		
Evaluation of care		
Please circle if a pass or fail (if the student has achieved a D or E in any of the above a fail must be awarded)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P4

Competency achievement: Please circle pass or fail (if the student has not achieved all of the field competencies then a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 3

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress

After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.

Student signature	Date

Mentor's review of progress

After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.

Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook).		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for this practice placement.		
Mentor signature	PRINT name	Date
I can confirm that the student has not met the grading for this practice placement.		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 3

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 3			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading or competency and ESCs not achieved	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	

Competency to be achieved	Number of essential skill cluster to be achieved

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrate reflective skills when evaluating own practice		

Care, Communication and Compassion	PASS	FAIL
Demonstrate the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Use a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in single patient care management

Summative grading assessment

P3: Single patient care management

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C.
Please insert grade on next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Person centred communication				
Exemplary patient led discussion and appropriate consideration of patient/carer preferences when planning care provision.	Good discussion with limited support to identify patient/carer preferences when planning care provision. Patient/carer appropriately included in decision making.	Attempts to involve patient/carer in discussion when planning care provision. Less skilful or confident in approach. Adequate and appropriate recognition of preferences.	Some discussion with patient/carer of preferences when planning care provision but inadequate recognition of, or chooses to ignore reasonable patient/carer preferences.	Inappropriate and ineffective discussion to adequately plan patient's care provision. Discussion fails to identify patient/carer preferences.
S M	S M	S M	S M	S M
Assessment skills: observational skills and ability to choose diagnostic tools/equipment to aid assessment and demonstrates ability to use them				
Exemplary ability to comprehensively and accurately assess: demonstrates excellent skills of observation and expertly uses appropriate diagnostic equipment/tools.	Good ability to accurately assess: demonstrates good observation skills and accurately uses appropriate diagnostic equipment/tools with limited support.	Safe assessment skills. Demonstrates satisfactory skills of observation and accurately uses appropriate diagnostic equipment/tools with some support.	Lacking in confidence when undertaking assessment. Satisfactory observation skills but inaccurate or inappropriate use of diagnostic equipment/tools.	Inadequate and inappropriate assessment therefore unsafe practice. Lacking basic skills of observation and/or inaccurate/inappropriate use of diagnostic equipment/tools.
S M	S M	S M	S M	S M
Assessment skills: interpretation of findings and responds to findings, implementing evidenced based care				
Confidently and accurately interprets findings. Skilfully responds/refers promptly and appropriately. Provides exemplary evidenced based care in a caring, proficient, coordinated manner.	Accurately interprets findings. Responds/ refers appropriately. Provides good evidenced based care with limited support in a caring, competent manner.	Accurately interprets findings. Seeks support/ advice from mentor to respond/refer appropriately. With help satisfactory evidenced based care provided in a caring manner.	Accurately interprets findings but does not respond or refer appropriately. With prompting recognises need for support from mentor to demonstrate safe, evidence based practice.	Not able to accurately interpret findings and does not respond or refer appropriately. Does not seek support/advice from mentor therefore intervention by mentor required to maintain patient safety.
S M	S M	S M	S M	S M
Evaluation of care				
Exceptional ability to evaluate care to improve clinical decision making, quality and outcomes.	Good ability to evaluate care to improve clinical decision making, quality and outcomes.	Satisfactory ability with some prompting to evaluate care to improve clinical decision making, quality and outcomes.	Limited ability to evaluate care to improve clinical decision making, quality and outcomes.	Lacks ability to evaluate care to improve clinical decision making, quality and outcomes.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Retrieval summative assessment

P3: Single patient care management

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Person centred communication		
Assessment skills: observational skills & ability to choose diagnostic tools/equipment to aid assessment & demonstrates ability to use them		
Assessment skills: interpretation of findings and responds to findings, implementing evidenced based care		
Evaluation of care		
Please circle if a pass or fail (if the student has achieved a D or E in any of the above a fail must be awarded)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P4

Competency and skills achievement: Please circle either pass or fail (if the student has not achieved all the field competencies than a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 3

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress

After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.

Student signature	Date

Mentor's review of progress

After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.

Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in the student handbook).		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for this practice experience.		
Mentor signature	PRINT name	Date
I can confirm that the student has not meet the grading for this practice experience.		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

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Verification of retrieval practice experience 3

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Section 7: Part 2 of the programme

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, part 2, part 3 (entry to register).

Framework for assessment

In order to pass each practice experience and the end of part 2 progression point you must:

- Achieve all of the progression criteria prior to the progression point (if you achieve these in practice experience 3, they must be maintained in practice experience 4).
- Achieve all of the essential skills required at progression point 2
- Pass the grading in practice tool

Practice experience 4

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes	Practice Placement (4) : Care management of a group of patients On completion of this placement the student will consistently:
1.	demonstrate ability to assess people's care needs, safely prioritises and manage own workload
2.	articulate reasons for prioritisation of care choices
3.	provide a personalised approach to care and accurately identifies changing care needs and responds appropriately
4.	demonstrates safe and effective practice in medicines administration and management
5.	demonstrate understanding of legal and ethical frameworks relating to safe administration of medicines in practice
6.	give a verbal report of people's care needs at handover to demonstrate appropriate and safe professional communication skills in practice
7.	demonstrate achievement of core attributes

Competencies		Essential skills clusters
Domain 4 Competency 3 Domain 3 Competency 1 Domain 3 Competency 3 Domain 3 Competency 10	All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced. All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly. All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement. All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care where necessary, and communicating changes to others.	• Forms appropriate and constructive professional relationships with families and carers [ESC1.6] • Actively empowers people to be involved in the assessment of care and planning process [ESC2.2] • Determines people's preferences to maximise comfort and dignity [ESC2.3] • Actively supports people in their own care and self care [ESC2.4] • Considers with the person and their carers their capability for self care[ESC2.5] • Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times [ESC2.6] • Assists people with their care [ESC2.7] • Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions [ESC10.1] • Communicates with colleagues verbally, face-to-face and by telephone, and in writing and electronically in a way that the meaning is clear, and checks that the communication has been fully understood [ESC 14.5]
Domain 3 Competency 7 Domain 3 Competency 7.1	All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe. Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention , crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.	• Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources [ESC9.8] • Detects, records, reports and responds appropriately to signs of deterioration or improvement [ESC10.5]
Medicines management	• Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice and for prescribing [ESC 34.1,34.3] • Demonstrates ability to safely store medicines under supervision [ESC 37.1] • Uses prescription charts correctly and maintains accurate records [ESC 38.1] • Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves [ESC 38.2] • Administers and, where necessary, prepares medication safely under direct supervision, including orally and by injection [ESC 38.3] • Under supervision involves people and carers in administration and self-administration of medicines [ESC40.1]	

Guidance to support achievement of competencies of assessment (P4: Care management of a group of patients)

Care Quality Commission (2010) *Essential standards for quality and safety* London: Care Quality Commission
Department of Health (2010) *Essence of Care* London: The Stationary Office
Dougherty, L. and Lister, S. (eds) (2008) *The Royal Marsden Hospital Manual of Clinical Procedures* 7th Ed Oxford: Wiley-Blackwell
National Patient Safety Agency (2007) *Recognising and responding appropriately to early signs of deterioration in hospital patients* London: NPSA
NMC (2008) *The Code: Standards of conduct performance and ethics for nurses and midwives* London: NMC
NMC (2008) *Standards for medicines management* London: NMC
NMC (2010) *Standards for pre registration nursing education* London: NMC

Registrant signature sheet

practice experience 4

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 4

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor signature

Professional development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon the self-assessment, previous practice experiences and feedback from other mentors.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (Can apply principles)		Summative assessment point (Can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 2 All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
Competency 3 All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
Competency 4 All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
Competency 8 All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point (Can apply principles)		Summative assessment point (Can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communicationstrategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behavior through education, role modelling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (Can apply principles)		Summative assessment point (Can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point (Can apply principles)		Summative assessment point (Can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				

Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competencies		Formative assessment point (Can apply principles)		Summative assessment point (Can apply principles)	
		Mentor initials	Date	Mentor initials	Date
Competency 4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multi-professional team and others working in health, social care and other services and settings.				
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome **Essential skills (NMC, 2010): Care, Communication and Compassion**		
Essential skills The newly qualified graduate nurse should demonstrate the following skills and behaviours. Cluster: Care, communication and compassion		
Mentor to initial and date outcome of skills achievement at end of P4 skills	**Practiced under indirect supervision**	**Not achieved**
1.0 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.		
6. Forms appropriate and constructive professional relationships with families and other carers.	This ESC is achieved in the grading grid	
7. Uses professional support structures to learn from experience and make appropriate adjustments.		
2.0 People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.		
2. Actively empowers people to be involved in the assessment and care planning process. 3. Determines people's preferences to maximise comfort & dignity. 4. Actively supports people in their own care and self-care. 5. Considers with the person and their carers their capability for self-care. 6. Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times. 7. Assists people with their care.	These ESCs are achieved in the grading grid	
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
6. Uses strategies to enhance communication and remove barriers to effective communication minimising risk to people from lack of or poor communication.		
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
4. Distinguishes between information that is relevant to care planning and information that is not.	This ESC is achieved in the grading grid	
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
2. Applies principles of consent in relation to restrictions relating to specific client groups and seeks consent for care. 3. Ensures that the meaning of consent to treatment and care is understood by the people or service users.		
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs, to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
2. Accurately undertakes and records a baseline assessment of weight, height, temperature, pulse, respiration and blood pressure using manual and electronic devices. 3. Understands the concept of public health and the benefits of healthy lifestyles and the potential risks involved with various lifestyles or behaviours, for example, substance misuse, smoking, obesity. 4. Recognises indicators of unhealthy lifestyles. 5. Contributes to care based on an understanding of how the different stages of an illness or disability can impact on people and carers. 6. Measures and documents vital signs under supervision and responds appropriately to findings outside the normal range. 7. Performs routine, diagnostic tests for example urinalysis under supervision as part of assessment process (near client testing). 8. Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources.		
9. Undertakes the assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk factors by working with the person and records, shares and responds to clear indicators and signs.	This ESC is achieved in the grading grid	
10. With the person and under supervision, plans safe and effective care by recording and sharing information based on the assessment. 11. Where relevant, applies knowledge of age and condition-related anatomy, physiology and development when interacting with people.		

Mentor to initial and date outcome of skills achievement at end of P4 skills	Practiced under direct supervision	Not achieved
10.0 People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.		
1. Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions.	This ESC is achieved in the grading grid	
2. Works within the limitations of own knowledge and skills to question and provide safe and holistic care. 3. Prepares people for clinical interventions as per local policy. 4. Actively seeks to extend knowledge and skills using a variety of methods in order to enhance care delivery.		
5. Detects, records, reports and responds appropriately to signs of deterioration or improvement.	This ESC is achieved in the grading grid	
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
4. Documents concerns and information about people who are in vulnerable situations.		
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
2. Responds appropriately when people want to complain, providing assistance and support. 3. Uses supervision and other forms of reflective learning to make effective use of feedback. 4. Takes feedback from colleagues, managers and other departments seriously and shares the messages and learning with other members of the team.		
13.0 People can trust the newly registered, graduate nurse to promote continuity when their care is to be transferred to another service or person.		
1. Assists in preparing people and carers for transfer and transition through effective dialogue and accurate information. 2. Reports issues and people's concerns regarding transfer and transition. 3. Assists in the preparation of records and reports to facilitate safe and effective transfer.		
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi-agency team and to inspire confidence in others.		
2. Supports and assists others appropriately. 3. Values others' roles and responsibilities within the team and interacts appropriately. 4. Reflects on own practice and discusses issues with other members of the team to enhance learning. 5. Communicates with colleagues: verbally (face-to-face and by telephone), in writing and electronically in a way that the meaning is clear, and checks that the communication has been fully understood.		
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
3. Contributes as a team member. 4. Demonstrates professional commitment by working flexibly to meet service needs to enable quality care to be delivered. 5. Uses supervision as a means of developing strategies for managing own stress and for working safely and effectively. 6. Adheres to safety policies when working in the community and in people's homes, for example, lone worker policy.		
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
7. Contributes to promote safety and positive risk taking. 8. Under supervision works safely within the community setting taking account of local policies, for example, lone worker policy.		

Mentor to initial and date outcome of skills achievement at end of P4 skills	Practiced under direct supervision	Not achieved
Learning outcomes **Essential skills (NMC, 2010) – Infection Prevention and control**		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
2. Participates in assessing and planning care appropriate to the risk of infection thus promoting the safety of service users. 3. Participates in completing care documentation and evaluation of interventions to prevent and control infection. 4. Aware of the role of the Infection Control Team and Infection Control Nurse Specialist, and local guidelines for referral. 5. Recognises potential signs of infection and reports to relevant senior member of staff. 6. Discusses the benefits of health promotion within the concept of public health in the prevention and control of infection for improving and maintaining the health of the population.		
22.0 People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.		
2. Applies knowledge of transmission routes in describing, recognising and reporting situations where there is a need for standard infection control precautions. 3. Participates in the cleaning of multiuse equipment between each person. 4. Uses multi-use equipment and follows the appropriate procedures. 5. Safely uses and disposes of, or decontaminates, items in accordance with local policy and manufacturers' guidance and instructions. 6. Adheres to requirements for cleaning, disinfecting, decontaminating of 'shared' nursing equipment, including single or multi-use equipment, before and after every use as appropriate, according to recognised risk, in accordance with manufacturers' and organisational policies.		
23.0 People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.		
1. Safely delivers care under supervision to people who need to be nursed in isolation or in protective isolation settings. 2. Takes appropriate actions in any environment including the home care setting, should exposure to infection occur, for example, chicken pox, diarrhoea and vomiting, needle stick injury. 3. Applies knowledge of an 'exposure prone procedure' and takes appropriate precautions and actions. 4. Takes personal responsibility, when a student knowingly has a blood borne virus, to consult with occupational health before carrying out exposure prone procedures.		
25.0 People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.		
1. Demonstrates understanding of the principles of wound management, healing and asepsis. Safely performs basic wound care using clean and aseptic techniques in a variety of settings. 2. Assists in providing accurate information to people and their carers on the management of a device, site or wound to prevent and control infection and to promote healing wherever that person might be, for example, in hospital, in the home care setting, in an unplanned situation.		
26.0 People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.		
1. Adheres to health and safety at work legislation and infection control policies regarding the safe disposal of all waste, soiled linen, blood and other body fluids and disposing of 'sharps' including in the home setting. 2. Ensures dignity is preserved when collecting and disposing of bodily fluids and soiled linen. 3. Acts to address potential risks within a timely manner including in the home setting.		

Mentor to initial and date outcome of skills achievement at end of P4 skills	Practiced under direct supervision	Not achieved
Learning outcomes **Essential skills (NMC, 2010): Nutrition**		
27.0 People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.		
1. Under supervision helps people to choose healthy food and fluid in keeping with their personal preferences and cultural needs. 2. Accurately monitors dietary and fluid intake and completes relevant documentation. 3. Supports people who need to adhere to specific dietary and fluid regimens and informs them of the reasons. 4. Maintains independence and dignity wherever possible and provides assistance as required. 5. Identifies people who are unable to or have difficulty in eating or drinking and reports this to others to ensure adequate nutrition and fluid intake is provided.		
28.0 People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.		
1. Takes and records accurate measurements of weight, height, length, body mass index and other appropriate measures of nutritional status. 2. Assesses baseline nutritional requirements for healthy people related to factors such as age and mobility. 3. Contributes to formulating a care plan through assessment of dietary preferences, including local availability of foods and cooking facilities. 4. Reports to other members of the team when agreed plan is not achieved.		
29.0 People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.		
1. Applies knowledge of fluid requirements needed for health and during illness and recovery so that appropriate fluids can be provided. 2. Accurately monitors and records fluid intake and output. 3. Recognises and reports reasons for poor fluid intake and output. 4. Reports to other members of the team when intake and output falls below requirements.		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
3. Follows local procedures in relation to mealtimes, for example, protected mealtimes, indicators of people who need additional support. 4. Ensures that people are ready for the meal; that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance.		
31.0 People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs.		
1. Recognises, responds appropriately and reports when people have difficulty eating or swallowing. 2. Adheres to an agreed plan of care that provides for individual difference, for example, cultural considerations, psychosocial aspects and provides adequate nutrition and hydration when eating and swallowing is difficult.		

Medicines Management

Mentor to initial and date outcome of skills achievement at end of P4 skills	Practiced under direct supervision	Not achieved	Indicative content
34.0 People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.			
1. Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice. 2. Demonstrates an understanding of types of prescribing, types of prescribers and methods of supply. 3. Demonstrates understanding of legal and ethical frameworks for prescribing.	This ESC is achieved in the grading grid This ESC is achieved in the grading grid		Law, consent, confidentiality, ethics, accountability. Responsibilities under law, application of medicines legislation to practice, including: use of controlled drugs, exemption orders in relation to patient group direction (PGD)* Regulatory requirements: Standards for medicines management (NMC, 2007), The Code (NMC, 2008), Standards of proficiency for nurse and midwife prescribers (NMC, 2006). Statutory requirements in relation to mental health, mental capacity, children and young people and medicines, national service frameworks and other country specific guidance.
35.0 People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part.			
1. Demonstrates awareness of a range of commonly recognised approaches to managing symptoms, for example, relaxation, distraction and lifestyle advice. 2. Discusses referral options.			The principles of holistic care, health promotion, lifestyle advice, over-the-counter medicines, self-administration of medicines and other therapies. Observation and assessment. Effect of medicines and other treatment options, including distraction, positioning, alternative and complementary therapies. Ethical and legal frameworks.
36.0 People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.			
1. Uses knowledge of commonly administered medicines in order to act promptly in cases where side effects and adverse reactions occur.			Related anatomy and physiology. Drug pathways and how medicines act. Impacts of physiological state of patients on drug responses and safety, for example, the older adult, children, pregnant or breast feeding women and significant pathologies such as renal or hepatic impairments. Pharmaco-dynamics - the effects of drugs and their mechanisms of action in the body. Pharmaco-therapeutics - the therapeutic actions of certain medicines. Risks versus benefits of medication. Pharmaco-kinetics - how doses are determined by dynamics and systems in the body. Role and function of official bodies that regulate and ensure the safety and effectiveness of medicines. Knowledge of management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for safety.

*Nursing students cannot supply or administer under a PGD (Standards for medicines management (NMC, 2007)

Mentor to initial and date outcome of skills achievement at end of P4 skills	Practiced under direct supervision	Not achieved	Indicative content
37.0 People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.			
1.0 Demonstrates ability to safely store medicines under supervision.	This ESC is achieved in the grading grid		Managing medicines in hospital or primary care settings, for example, schools and the home care setting. Legislation that underpins practice related to a wide range of medicines such as controlled drugs, infusions and oxygen. Suitable conditions for storage, managing out-of-date stock, safe handling medication, managing discrepancies in stock, omissions.
38.0 People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.			
1. Uses prescription chart correctly and maintains accurate records. 2. Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves. 3. Administers and, where necessary, prepares medication safely under direct supervision, including orally and by injection.	These ESCs are achieved in the grading grid		Involvement of people receiving treatment, management of fear and anxiety, importance of nonverbal and verbal communication. Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. Use of personal drug record cards for controlled drugs. Preparing and administering medication in differing environments, including the home care setting, hygiene, infection control, compliance aids, safe transport and disposal of medicines and equipment. Safety: checking person's identity, last dose, allergies, anaphylaxis, poly-pharmacy, monitoring of effect and record keeping. Where and how to report contra-indications, side effects, adverse reactions. Skills needed to administer safely via various means, for example, oral, topical, by infusion, injection, syringe driver and pumps. Aware of own limitations and when to refer on. Legal requirements, mechanisms for supply, sale and administration of medication, self-administration including controlled drugs.
39.0 People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care settings including at home.			
1. Demonstrates awareness of roles and responsibilities within the multi-disciplinary team for medicines management, including how and in what ways information is shared within a variety of settings.			Links to legislation, use of controlled drugs, *The Code* in relation to confidentiality, consent and record keeping. Use of electronic records.
40.0 People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.			
1. Under supervision involves people and carers in administration and self-administration of medicines.	This ESC is achieved in the grading grid		Cultural, religious, linguistic and ethical beliefs, issues and sensitivities around medication. Ethical issues relating to compliance and administration of medicine without consent. Self-administration, assessment explanation and monitoring. Concordance. Meeting needs of specific groups including self-administration, for example, people with mental health needs, learning disabilities, children and young people, adolescents and older adults.

Mentor to initial and date outcome of skills achievement at end of P3 skills	Practiced under direct supervision	Not achieved	Indicative content
41.0 People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.			
1. Accesses commonly used evidence based sources relating to the safe and effective management of medicine.			Evidence based practice, identification of resources, the 'expert' patient and client. Using sources of information, national and local policies, clinical governance, formularies, for example, British National Formulary and the British National Formulary for Children.
42.0 People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.			
1. Demonstrates knowledge of what patient group directions are and who can use them.			National prescribing centre competency framework www.npc.co.uk

Formative grading assessment

P4- Care management of a group of patients

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Prioritisation and management of care				
Exemplary ability to manage and prioritise own workload. Confident and at ease in managing competing care needs and situations. Fluently and fully able to articulate rationale for prioritisation of care.	Good ability to manage own workload, prioritises reasonably well therefore able to manage competing care needs and situations. Mostly able to articulate rationale for prioritisation of care.	Satisfactory ability to manage own workload and shows reasonable ability to manage competing care needs and situations effectively. Prioritisation could be improved but safe care provided.	Requires frequent direction and support to be able to competently manage own workload. Inconsistent in approach to prioritisation of competing care needs and situations but demonstrates awareness.	Inability to manage own workload with inadequate prioritisation of care. Lacks insight into competing care needs and situations therefore not able to accurately identify and articulate care priorities.
S M	S M	S M	S M	S M
Provision of personalised care and response to changing care needs				
Exemplary practice demonstrated. Confidently and systematically meets people's essential care needs through a personalised care approach. Prompt recognition and response to changing care needs.	Reasonably confident practice demonstrated meeting people's essential care needs through a personalised care approach. Accurately identifies and appropriately responds to changing care needs. Minimal support required.	Satisfactory practice demonstrated meeting people's essential care needs through a personalised care approach. With limited help able to identify and appropriately respond to changing care needs.	Lacks confidence in delivery of care. Often requires direction and assistance to meet people's essential care needs. Frequent prompts required to identify and appropriately respond to changing care needs.	Unskilled. Lacks ability to meet people's essential care needs. Personalised approach not evident. Unable to identify changing care needs or appropriately respond without significant help.
S M	S M	S M	S M	S M
Medicines management				
Exemplary and confident medicines administration and management. Works within legal and ethical frameworks.	Good medicines administration and management. Works within legal and ethical frameworks.	Safe medicines administration and management with some support /prompting. Works within legal and ethical frameworks.	Requires frequent prompting and support to ensure safe medicines administration and management. Works within legal and ethical frameworks.	Lacks knowledge and skills even with prompting to ensure safe medicines administration and management.
S M	S M	S M	S M	S M
Verbal Communication skills during handover				
Exemplary professional communication skills. Confident and fluent verbal report at handover. Content is logically structured, concise, accurate and comprehensive.	Good professional communication skills. Good verbal report at handover. Content is reasonably structured, accurate and sufficiently detailed.	Satisfactory professional communication skills. Satisfactory verbal report at handover. Content not always well organised but accurate and sufficiently detailed.	Professional communication skills but lacks confidence. Verbal report at handover accurate but not complete for safe practice.	Inappropriate or unprofessional communication skills. Verbal report at handover lacks accuracy and incomplete for safe practice.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Interim Review - Formative

Student's review of progress

After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance

Student signature	Date

Mentor's review of progress

After discussion with the student and formative grading, please summarise your view about their progress, including strengths, areas for development and identification of any issues affecting their performance. Please remember that this information will help the next mentor develop appropriate learning experiences for the student.

Mentor signature	Date

Following this review of grading, progress review and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor must be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for review	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise. This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from you about your views of the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/ spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of, organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrates the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Use a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in care management of a group of patients

Experience 4: formative exercise – Care management of a group of patients

Think back over the handovers you have received from staff. What sort of elements does a good handover need to contain?

- Now under the direct supervision of your mentor undertake a handover of a group of patients who will be contributing to the summative assessment

How did you decide which information was relevant to include in your documentation and handover?

- Reflect with your mentor on your experience and ask for feedback on your performance

From your reflection and discussion, identify your development needs and discuss these with your mentor

Summative grading assessment

P4: Care management of a group of patients

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	**Good B+ or B**	**Pass C+ or C**	**Borderline fail**	**Fail**
Prioritisation and management of care				
Exemplary ability to manage and prioritise own workload. Confident and at ease in managing competing care needs and situations. Fluently and fully able to articulate rationale for prioritisation of care. **S** **M**	Good ability to manage own workload, prioritises reasonably well therefore able to manage competing care needs and situations. Mostly able to articulate rationale for prioritisation of care. **S** **M**	Satisfactory ability to manage own workload and shows reasonable ability to manage competing care needs and situations effectively. Prioritisation could be improved but safe care provided. **S** **M**	Requires frequent direction and support to be able to competently manage own workload. Inconsistent in approach to prioritisation of competing care needs and situations but demonstrates awareness. **S** **M**	Inability to manage own workload with inadequate prioritisation of care. Lacks insight into competing care needs and situations therefore not able to accurately identify and articulate care priorities. **S** **M**
Provision of personalised care and response to changing care needs				
Exemplary practice demonstrated. Confidently and systematically meets people's essential care needs through a personalised care approach. Prompt recognition and response to changing care needs. **S** **M**	Reasonably confident practice demonstrated meeting people's essential care needs through a personalised care approach. Accurately identifies and appropriately responds to changing care needs. Minimal support required. **S** **M**	Satisfactory practice demonstrated meeting people's essential care needs through a personalised care approach. With limited help able to identify and appropriately respond to changing care needs. **S** **M**	Lacks confidence in delivery of care. Often requires direction and assistance to meet people's essential care needs. Frequent prompts required to identify and appropriately respond to changing care needs. **S** **M**	Unskilled. Lacks ability to meet people's essential care needs. Personalised approach not evident. Unable to identify changing care needs or appropriately respond without significant help. **S** **M**
Medicines management				
Exemplary and confident medicines administration and management. Works within legal and ethical frameworks. **S** **M**	Good medicines administration and management. Works within legal and ethical frameworks. **S** **M**	Safe medicines administration and management with some support /prompting. Works within legal and ethical frameworks. **S** **M**	Requires frequent prompting and support to ensure safe medicines administration and management. Works within legal and ethical frameworks. **S** **M**	Lacks knowledge and skills even with prompting to ensure safe medicines administration and management. **S** **M**
Verbal Communication skills during handover				
Exemplary professional communication skills. Confident and fluent verbal report at handover. Content is logically structured, concise, accurate and comprehensive. **S** **M**	Good professional communication skills. Good verbal report at handover. Content is reasonably structured, accurate and sufficiently detailed. **S** **M**	Satisfactory professional communication skills. Satisfactory verbal report at handover. Content not always well organised but accurate and sufficiently detailed. **S** **M**	Professional communication skills but lacks confidence. Verbal report at handover accurate but not complete for safe practice. **S** **M**	Inappropriate or unprofessional communication skills. Verbal report at handover lacks accuracy and incomplete for safe practice. **S** **M**

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P4: Care management of a group of patients

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Prioritisation and management of care		
Provision of personalised care and respond to changing care needs		
Medicines management		
Verbal communication skills during handover		
Please circle if a pass or fail (if the student has achieved a D or E in any of the above a fail must be awarded)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: Please circle either pass or fail (if the student has not achieved all the field competencies and all of essential skills than a fail must be awarded	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 4

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in the student handbook).		
Student signature	PRINT name	Date
I can confirm that the student has met the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I can confirm that the student does not meet the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

*this indicates best practice

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Verification of practice experience 4

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

This page is for university use and must be copied and stored with the student's records with the Faculty of Health Sciences, University of Southampton

These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 4			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading or competency and ESCs not achieved	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

Competency to be achieved	Number of essential skill cluster to be achieved

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of, organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrates the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Use a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in single patient care management

Summative grading assessment

P4: Care management of a group of patients

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Prioritisation and management of care				
Exemplary ability to manage and prioritise own workload. Confident and at ease in managing competing care needs and situations. Fluently and fully able to articulate rationale for prioritisation of care. S M	Good ability to manage own workload, prioritises reasonably well therefore able to manage competing care needs and situations. Mostly able to articulate rationale for prioritisation of care. S M	Satisfactory ability to manage own workload and shows reasonable ability to manage competing care needs and situations effectively. Prioritisation could be improved but safe care provided. S M	Requires frequent direction and support to be able to competently manage own workload. Inconsistent in approach to prioritisation of competing care needs and situations but demonstrates awareness. S M	Inability to manage own workload with inadequate prioritisation of care. Lacks insight into competing care needs and situations therefore not able to accurately identify and articulate care priorities. S M
Provision of personalised care and response to changing care needs				
Exemplary practice demonstrated. Confidently and systematically meets people's essential care needs through a personalised care approach. Prompt recognition and response to changing care needs. S M	Reasonably confident practice demonstrated meeting people's essential care needs through a personalised care approach. Accurately identifies and appropriately responds to changing care needs. Minimal support required. S M	Satisfactory practice demonstrated meeting people's essential care needs through a personalised care approach. With limited help able to identify and appropriately respond to changing care needs. S M	Lacks confidence in delivery of care. Often requires direction and assistance to meet people's essential care needs. Frequent prompts required to identify and appropriately respond to changing care needs. S M	Unskilled. Lacks ability to meet people's essential care needs. Personalised approach not evident. Unable to identify changing care needs or appropriately respond without significant help. S M
Medicines management				
Exemplary and confident medicines administration and management. Works within legal and ethical frameworks. S M	Good medicines administration and management. Works within legal and ethical frameworks. Minimal support. S M	Safe medicines administration and management with some support/prompting. Works within legal and ethical frameworks. S M	Requires frequent prompting and support to ensure safe medicines administration and management. Works within legal and ethical frameworks. S M	Lacks knowledge and skills even with prompting to ensure safe medicines administration and management. S M
Verbal Communication skills during handover				
Exemplary professional communication skills. Confident and fluent verbal report at handover. Content is logically structured, concise, accurate and comprehensive. S M	Good professional communication skills. Good verbal report at handover. Content is reasonably structured, accurate and sufficiently detailed. S M	Satisfactory professional communication skills. Satisfactory verbal report at handover. Content not always well organised but accurate and sufficiently detailed. S M	Professional communication skills but lacks confidence. Verbal report at handover accurate but not complete for safe practice. S M	Inappropriate or unprofessional communication skills. Verbal report at handover lacks accuracy and incomplete for safe practice. S M

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Retrieval summative assessment

P4: Care management of a group of patients

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Prioritisation and management of care		
Provision of personalized care and respond to changing care needs		
Medicines management		
Verbal Communication skills during handoevr		
Please circle if a pass or fail (if the student has achieved a D or E in any of the above a fail must be awarded)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: Please circle either pass or fail (if the student has not achieved all the field competencies and all of essential skills than a fail must be awarded	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 4

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement).		
Student signature	PRINT name	Date
I can confirm that the student has met the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I can confirm that the student does not meet the required progression point.		
Sign-off mentor signature*	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

*this indicates best practice

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Verification of retrieval practice experience 4

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Section 8: Part 3 of the programme

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, part 2, part 3 (entry to register).

Framework for assessment

In order to pass each practice experience and the end of part 3 and entry to the register you must:

- Achieve all of the progression criteria prior to the sign-off for entry to the register (if you achieve these in practice experience 5, they must be maintained in practice experience 6)
- Achieve all of the essential skills required at sign-off for entry to the register.
- Pass core competencies and the graded practice assessment

Practice experience 5

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes	Practice Experience (5) Inter-professional coordination of care. On completion of this placement the student will consistently:
1.	work in partnership with people, their families, carers and other professionals.
2.	work within ethical and legal frameworks , recognises the need for advocacy and competently acts as advocate when required or ensures access to independent advocacy
3.	understand the roles of others in inter-professional care and able to accurately select and prioritise professionals/services/ agencies to support people's care delivery.
4.	demonstrate correct organisational procedures for referral and the ability to effectively communicate people's care needs when referring to other health professionals/services/agencies
5.	reflect and evaluate planned inter-professional service provision & acknowledges any limitations, identifying areas to improve people's experience and care outcomes.
6.	demonstrate achievement of core attributes

Competencies		Essential Skills Cluster (ESC)
Domain 1 Competency 1 Domain 1 Competency 1.1	All nurses must practise with confidence according to *The Code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions. Mental health nurses must understand and apply current legislation to all service users, paying particular attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long term conditions and those approaching the end of life.	• Upholds people's legal rights and speaks out when these are at risk of being compromised [ESC4.4] • Is accepting of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers [ESC4.5] • Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation [ESC4.6]
Domain 1 Competency 4 Domain 2 Competency 4	All nurses must work in partnership with service users, carers, families, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety. All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.	• Recognises and acts to overcome barriers in developing effective relationships with service users and carers [ESC 1.12] [ESC2.12] • Is sensitive and empowers people to meet their own needs and make choices and considers with the person and their carer(s) their capability to care [ESC2.8] • Uses strategies to manage situations where a person's wishes conflict with nursing interventions necessary for the person's safety [ESC2.11] • Works autonomously, confidently and in partnership with people, their families and carers to ensure that needs are met through care planning and delivery, including strategies for self-care and peer support [ESC2.13] • Consistently shows ability to communicate safely and effectively with people providing guidance for others [ESC6.7] • Ensures access to independent advocacy [ESC2.9] • Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others [ESC2.10]
Domain 1 Competency 6	All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.	• Initiates, maintains and closes professional relationships with service users and carers [ESC 1.13] • Engages with people in the planning and provision of care that recognises personalised needs and provides practical and emotional support [ESC5.9]
Domain 4 Competency 7 Domain 4 Competency 2	All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies. All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.	• Works within the context of a multi-professional team and works collaboratively with other agencies when needed to enhance the care of people, communities and populations [ESC9.15] • Works inter-professionally and autonomously as a means of achieving optimum outcomes for people [ESC14.10]
Domain 2 Competency 7	All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.	• Acts appropriately in sharing information to enable and enhance care (carers, MDT and across agency boundaries) [ESC7.7]. • Acts within the law when confidential information has to be shared with others [ESC7.9]
Guidance to support achievement of competencies of assessment (P5: inter-professional coordination of care)		
Care Quality Commission (2010) *Essential standards for quality and safety* London: Care Quality Commission NMC (2009) *Guidance for the care of Older people* London: NMC Department of Health (2010) *Essence of Care* London: The Stationary Office NMC (2008) *The Code: Standards of conduct performance and ethics for nurses and midwives* London: NMC NMC (2010) *Standards for pre registration nursing education* London: NMC		

Registrant signature sheet

Practice experience 5

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 5

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor's signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor's signature

Professional Development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon the self-assessment, previous practice experiences and feedback from other mentors.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (competent in application)		Summative assessment point (competent in application)	
		Mentor initials	Date	Mentor initials	Date
1. All nurses must practise with confidence according to The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers and find acceptable solutions.					
Competency	1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.				
2. All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
Competency	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
Competency	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
Competency	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
Competency	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health, how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behavior through education, role modelling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments,develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote selfcare and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				

Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management in practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.				
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome Essential skills (NMC, 2010): Care, Communication and Compassion		
Mentor to initial and date outcome of skills achievement at end of P5 skills	**Practiced under direct/indirect supervision**	**To be achieved in P6**
1.0 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.		
8. Demonstrates clinical confidence through sound knowledge, skills and understanding relevant to field. 9. Is self-aware and self-confident, knows own limitations and is able to take appropriate action. 10. Acts as a role model in promoting a professional image. 11. Acts as a role model in developing trusting relationships, within professional boundaries.		
12. Recognises and acts to overcome barriers in developing effective relationships with service users and carers. 13. Initiates, maintains and closes professional relationships with service users and carers.	These ESCs are achieved in the grading grid	
14. Uses professional support structures to develop self-awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise.		
2.0 People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.		
8. Is sensitive and empowers people to meet their own needs and make choices and considers with the person and their carer(s) their capability to care. 9. Ensures access to independent advocacy. 10. Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others. 11. Uses strategies to manage situations where a person's wishes conflicts with nursing interventions necessary for the person's safety. 12. Acts with dignity and respect to ensure that people who are unable to meet their activities of living have choices about how these are met and feel empowered to do as much as possible for themselves. 13. Works autonomously, confidently and in partnership with people, their families and carers to ensure that needs are met through care planning and delivery, including strategies for self-care and peer support. 14. Actively helps people to identify and use their strengths to achieve their goals and aspirations.	These ESCs are achieved in the grading grid	
3.0 People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times.		
4.0Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care. 5.0 Is proactive in promoting and maintaining dignity.		
4.0 People can trust in a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an accepting and anti-discriminatory manner, free from harassment and exploitation.		
4. Upholds people's legal rights and speaks out when these are at risk of being compromised. 5. Is acceptant of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers. 6. Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation.	These ESCs are achieved in the grading grid	
7. Manages and diffuses challenging situations effectively.		

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct/indirect supervision	To be achieved in P6
5.0 People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.		
6. Anticipates how people might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort. 7. Makes appropriate use of touch. 8. Listens to, watches for, and responds to verbal and non-verbal cues. 9. Engages with people in the planning and provision of care that recognises personalised needs and provides practical and emotional support. 10. Has insight into own values and how these may impact on interactions with others. 11. Recognises circumstances that trigger personal negative responses and takes action to prevent this compromising care. 12. Recognises and acts autonomously to respond to own emotional discomfort or distress in self and others. 13. Through reflection and evaluation demonstrates commitment to personal and professional development and lifelong learning.	This ESC is achieved in the grading grid	
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
7. Consistently shows ability to communicate safely and effectively with people providing guidance for others. 8. Communicates effectively and sensitively in different settings, using a range of methods and skills. 9. Provides accurate and comprehensive written and verbal reports based on best available evidence. 10. Acts autonomously to reduce and challenge barriers to effective communication and understanding. 11. Is proactive and creative in enhancing communication and understanding. 12. Uses the skills of active listening, questioning, paraphrasing and reflection to support a therapeutic intervention. 13. Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances, for example, responding to emergencies, unexpected occurrences, saying "no", dealing with complaints, resolving disputes, deescalating aggression, conveying 'unwelcome news'.	This ESC is achieved in the grading grid	
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
5. Acts professionally and autonomously in situations where there may be limits to confidentiality, for example, public interest and protection from harm. 6. Recognises the significance of information and acts in relation to who does or does not need to know. 7. Acts appropriately in sharing information to enable and enhance care (carers, MDT and across agency boundaries). 8. Works within the legal frameworks for data protection including access to and storage of records. 9. Acts within the law when confidential information has to be shared with others.	This ESC is achieved in the grading grid This ESC is achieved in the grading grid	
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
4. Uses helpful and therapeutic strategies to enable people to understand treatments and other interventions in order to give informed consent. 5. Works within legal frameworks when seeking consent. 6. Assesses and responds to the need and wishes of carers and relatives in relation to information and consent. 7. Demonstrates respect for the autonomy and rights of people to withhold consent in relation to treatment within legal frameworks and in relation to people's safety.		

Essential skills Cluster (NMC, 2010): Organisational aspects of care		
Mentor to initial and date outcome of skills achievement at end of P5 skills	**Practiced under direct/indirect supervision**	**To be achieved in P6**
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make an holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
12. In partnership with the person, their carers and their families, makes a holistic, person centred and systematic assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk, and together with them, develops a comprehensive personalised plan of nursing care. 13. Acts autonomously and takes responsibility for collaborative assessment and planning of care delivery with the person, their carers and their family. 14. Applies research based evidence to practice.		
15. Works within the context of a multi-professional team and works collaboratively with other agencies when needed to enhance the care of people, communities and populations.	This ESC is achieved in the grading grid	
16. Promotes health and well-being, self-care and independence by teaching and empowering people and carers to make choices in coping with the effects of treatment and the on-going nature and likely consequences of a condition including death and dying. 17. Uses a range of techniques to discuss treatment options with people. 18. Discusses sensitive issues in relation to public health and provides appropriate advice and guidance to individuals, communities and populations for example, contraception, substance misuse, smoking, obesity. 19. Refers to specialists when required. 20. Acts autonomously and appropriately when faced with sudden deterioration in people's physical or psychological condition or emergency situations, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide. 21. Measures, documents and interprets vital signs and acts autonomously and appropriately on findings. 22. Works within a public health framework to assess needs and plan care for individuals, communities and populations.		
10.0 People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.		
6. Provides safe and effective care in partnership with people and their carers within the context of people's ages, conditions and developmental stages. 7. Prioritises the needs of groups of people and individuals in order to provide care effectively and efficiently. 8. Detects, records and reports if necessary, deterioration or improvement and takes appropriate action autonomously. 9. Evaluates the effect of interventions, taking account of people's and carers' interpretation of physical, emotional, and behavioural changes. 10. Involves the person in review and adjustments to their care, communicating changes to colleagues.		
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
5. Recognises and responds when people are in vulnerable situations and at risk, or in need, of support and protection. 6. Shares information safely with colleagues and across agency boundaries for the protection of individuals and the public. 7. Makes effective referrals to safeguard and protect children and adults requiring support and protection. 8. Works collaboratively with other agencies to develop, implement and monitor strategies to safeguard and protect individuals and groups who are in vulnerable situations. 9. Supports people in asserting their human rights. 10. Challenges practices which do not safeguard those in need of support and protection.		

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct/indirect supervision	To be achieved in P6
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
5. Shares complaints, compliments and comments with the team in order to improve care. 6. Actively responds to feedback. 7. Supports people who wish to complain. 8. As an individual team member and team leader, actively seeks and learns from feedback to enhance care and own and others' professional development. 9. Works within ethical and legal frameworks and local policies to deal with complaints, compliments and concerns.		
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
6. Actively consults and explores solutions and ideas with others to enhance care.		
7. Challenges the practice of self and others across the multi-professional team.	This ESC is achieved in the grading grid	
8. Takes an effective role within the team adopting the leadership role when appropriate. 9. Act as an effective role model in decision making, taking action and supporting others.		
10. Works inter-professionally and autonomously as a means of achieving optimum outcomes for people.	This ESC is achieved in the grading grid	
11. Safeguards the safety of self and others, and adheres to lone working policies when working in the community setting and in people's homes.		
15.0 People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.		
2. Works within the requirements of *The Code* (NMC, 2008) in delegating care and when care is delegated to them. 3. Takes responsibility and accountability for delegating care to others. 4. Prepares, supports and supervises those to whom care has been delegated. 5. Recognises and addresses deficits in knowledge and skill in self and others and takes appropriate action.		
16.0 People can trust the newly registered graduate nurse to safely lead, co-ordinate and manage care.		
1. Inspires confidence and provides clear direction to others. 2. Takes decisions and is able to answer for these decisions when required. 3. Bases decisions on evidence and uses experience to guide decision-making. 4. Acts as a positive role model for others. 5. Manages time effectively. 6. Negotiates with others in relation to balancing competing and conflicting priorities.		
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
7. Demonstrates effective time management. 8. Prioritises own workload and manages competing and conflicting priorities. 9. Appropriately reports concerns regarding staffing and skill-mix and acts to resolve issues that may impact on the safety of service users within local policy frameworks. 10. Recognises stress in others and provides appropriate support or guidance ensuring safety to people at all times. 11. Enables others to identify and manage their stress. 12. Works within local policies when working in the community setting including in people's homes and ensures the safety of others.		

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct/indirect supervision	To be achieved in P6
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
9. Reflects on and learns from safety incidents as an autonomous individual and as a team member and contributes to team learning. 10. Participates in clinical audit to improve the safety of service users. 11. Assesses and implements measures to manage, reduce or remove risk that could be detrimental to people, self and others. 12. Assesses, evaluates and interprets risk indicators and balances risks against benefits, taking account of the level of risk people are prepared to take. 13. Works within legal and ethical frameworks to promote safety and positive risk taking. 14. Works within policies to protect self and others in all care settings including in the home care setting. 15. Takes steps not to cross professional boundaries and put self or colleagues at risk.		
19.0 People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.		
3. Selects and applies appropriate strategies and techniques for conflict resolution, de-escalation and physical intervention in the management of potential violence and aggression.		
20.0 People can trust the newly registered graduate nurse to select and manage medical devices safely.		
2. Works within legal frameworks and applies evidence based practice in the safe selection and use of medical devices. 3. Safely uses and maintains a range of medical devices appropriate to the area of work, including ensuring regular servicing, maintenance and calibration including reporting adverse incidents relating to medical devices. 4. Keeps appropriate records in relation to the use and maintenance of medical devices and the decontamination processes required as per local and national guidelines. 5. Explains the devices to people and carers and checks understanding.		
Essential skills cluster: infection prevention and control		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
7. Works within *The Code* (NMC, 2008) and in keeping with the Guidance on professional conduct for nursing and midwifery students (NMC, 2010) and in collaboration with people and their carers to meet responsibilities for prevention and control of infection. 8. In partnership with people and their carers, plans, delivers and documents care that demonstrates effective risk assessment, infection prevention and control. 9. Identifies, recognises and refers to the appropriate clinical expert. 10. Explains risks to people, relatives, carers and colleagues and educates them in prevention and control of infection. 11. Recognises infection risk and reports and acts in situations where there is need for health promotion, protection and public health strategies.		
22. People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to the needs and limitations in all environments.		
7. Initiates and maintains appropriate measures to prevent and control infection according to route of transmission of micro-organisms, in order to protect service users, members of the public and other staff. 8. Applies legislation that relates to the management of specific infection risk at a local and national level. 9. Adheres to infection prevention and control policies and procedures at all times and ensures that colleagues work according to good practice guidelines. 10. Challenges the practice of other care workers who put themselves and others at risk of infection. 11. Manages overall environment to minimise risk.		

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct/indirect supervision	To be achieved in P6
23.0 People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.		
5. Recognises and acts upon the need to refer to specialist advisers as appropriate. 6. Assesses the needs of the infectious person, or people and applies appropriate isolation techniques. 7. Ensures that people including colleagues are aware of and adhere to local policies in relation to isolation and infection control procedures. 8. Identifies suitable alternatives when isolation facilities are unavailable and principles have to be applied in unplanned circumstances.		
24.0 People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.		
4. Acts as a role model to others and ensures colleagues work within local policy.		
25.0 People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.		
3.0 Applies a range of appropriate measures to prevent infection including application of safe and effective aseptic technique. 4.0 Safely performs wound care, applying non-touch or aseptic techniques in a variety of settings. 5.0 Able to communicate potential risks to others and advise people on the management of their device, site or wound to prevent and control infection and to promote healing.		
26.0 People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.		
4. Manages hazardous waste and spillages in accordance with local health and safety policies. 5. Instructs others to do the same.		
Essential skills cluster: Nutrition and fluid management		
27.0 People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.		
6. Uses knowledge of dietary, physical, social and psychological factors to inform practice. Is aware of those factors which can contribute to poor diet, cause or be caused by ill health. 7. Supports people to make appropriate choices and changes to eating patterns, taking account of dietary preferences, religious and cultural requirements, treatment requirements and special diets needed for health reasons. 8. Refers to specialist members of the multi-disciplinary team for additional or specialist advice. 9. Discusses in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately. 10. In liaison with a registered midwife provides essential advice and support to mothers who are breast feeding. 11. Provides support and advice to carers when the person they are caring for has specific dietary needs.		
28.0 People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.		
5. Makes a comprehensive assessment of people's needs in relation to nutrition identifying, documenting and communicating level of risk. 6. Seeks specialist advice as required in order to formulate an appropriate care plan. 7. Provides information to people and their carers. 8. Monitors and records progress against the plan. 9. Discusses progress and changes in condition with the person, carers and the multi-disciplinary team. 10. Acts autonomously to initiate appropriate action when malnutrition is identified or where a person's nutritional status worsens, and reports this as an adverse event.		

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct/indirect supervision	To be achieved in P6
29.0 People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.		
5. Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids. 6. Identifies signs of dehydration and acts to correct these. 7. Works collaboratively with the person their carers and the multi-disciplinary team to ensure an adequate fluid intake and output.		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
5. Challenges others who do not follow procedures. 6. Ensures appropriate assistance and support is available to enable people to eat. 7. Ensures provision is made for replacement meals for anyone who is unable to eat at the usual time, or unable to prepare their own meals. 8. Ensures that appropriate food and fluids are available as required.		
31.0 People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs.		
3. Takes action to ensure that, where there are problems with eating and swallowing, nutritional status is not compromised. 4. Administers enteral feeds safely and maintains equipment in accordance with local policy. 5. Safely, maintains and uses nasogastric, PEG and other feeding devices. 6. Works within legal and ethical frameworks taking account of personal choice.		
32.0 People can trust the newly registered graduate nurse to safely administer fluids when fluids cannot be taken independently.		
1. Understands and applies knowledge of intravenous fluids and how they are prescribed and administered within local administration of medicines policy. 2. Monitors and assesses people receiving intravenous fluids. 3. Documents progress against prescription and markers of hydration. 4. Monitors infusion site for signs of abnormality, and takes the required action reporting and documenting signs and actions taken.		

Medicines Management

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct supervision	To be achieved in P6	Indicative content
33.0 People can trust the newly registered graduate nurse to correctly and safely undertake medicines calculations.			
2. Is competent in the process of medication-related calculation in nursing field involving: • tablets and capsules • liquid medicines • injections • IV infusions including: i. unit dose ii. sub and multiple unit dose iii. complex calculations iv. SI unit conversion			Numeracy skills, drug calculations required to administer medicines safely via appropriate routes including specific requirements for children and other groups.
34.0 People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.			
4. Applies legislation to practice to safe and effective ordering, receiving, storing administering and disposal of medicines and drugs, including controlled drugs in both primary and secondary care settings and ensures others do the same. 5. Fully understands all methods of supplying medicines, for example, Medicines Act exemptions, patient group directions (PGDs), clinical management plans and other forms of prescribing. 6. Fully understands the different types of prescribing including supplementary prescribing, community practitioner nurse prescribing and independent nurse prescribing.			Law, consent, confidentiality, ethics, accountability. Responsibilities under law, application of medicines legislation to practice, include: use of controlled drugs, exemption orders in relation to patient group direction (PGD)* Regulatory requirements: Standards for medicines management (NMC, 2007), *The Code* (NMC, 2008), Standards of proficiency for nurse and midwife prescribers (NMC, 2006). Statutory requirements in relation to mental health, mental capacity, children and young people and medicines, national service frameworks and other country specific guidance.
35.0 People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part.			
3. Works confidently as part of the team and, where relevant, as leader of the team to develop treatment options and choices with the person receiving care and their carers. 4. Questions, critically appraises, takes into account ethical considerations and the preferences of the person receiving care and uses evidence to support an argument in determining when medicines may or may not be an appropriate choice of treatment.			The principles of holistic care, health promotion, lifestyle advice, over-the-counter medicines, self-administration of medicines and other therapies. Observation and assessment. Effect of medicines and other treatment options, including distraction, positioning, alternative and complementary therapies. Ethical and legal frameworks.

*Nursing students cannot supply or administer under a PGD (Standards for medicines management (NMC, 2007)

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct supervision	To be achieved in P6	Indicative content
36.0 People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.			
2. Applies knowledge of basic pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 3. Understands common routes and techniques of medicine administration including absorption, metabolism, adverse reactions and interactions. 4. Safely manages drug administration and monitors effects. 5. Reports adverse incidents and near misses. 6. Safely manages anaphylaxis.			Related anatomy and physiology. Drug pathways and how medicines act. Impacts of physiological state of patients on drug responses and safety, for example, the older adult, children, pregnant or breast feeding women and significant pathologies such as renal or hepatic impairments. Pharmaco-dynamics - the effects of drugs and their mechanisms of action in the body. Pharmaco-therapeutics – the therapeutic actions of certain medicines. Risks versus benefits of medication. Pharmaco-kinetics and how doses are determined by dynamics and systems in the body. Role and function of bodies that regulate and ensure the safety and effectiveness of medicines. Knowledge on management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for safety.
37.0 People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.			
2. Orders, receives, stores and disposes of medicines safely (including controlled drugs).			Managing medicines in hospital or primary care settings, for example, schools and the home care setting. Legislation that underpins practice related to a wide range of medicines such as controlled drugs, infusions and oxygen. Suitable conditions for storage, managing out-of-date stock, safe handling of medication, managing discrepancies in stock, omissions.
38.0 People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.			
4. Under direct supervision safely and effectively administers and, where necessary, prepares medicines via routes and methods commonly used and maintains accurate records. 5. Supervises and teaches others to do the same. 6. Understands the legal requirements.			Involvement of people receiving treatment, management of fear and anxiety, importance of nonverbal and verbal communication. Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. Use of personal drug record cards for controlled drugs. Preparing and administering medication in differing environments , including the home care setting, hygiene, infection control, compliance aids, safe transport and disposal of medicines and equipment. Safety, checking person's identity, last dose, allergies, anaphylaxis, polypharmacy, monitoring of effect and record keeping. Where and how to report contra-indications, side effects, adverse reactions. Skills needed to administer safely via various means, for example, oral, topical, by infusion, injection, syringe driver and pumps. Aware of own limitations and when to refer on. Legal requirements, mechanisms for supply, sale and administration of medication, self-administration including controlled drugs.

Mentor to initial and date outcome of skills achievement at end of P5 skills	Practiced under direct supervision	To be achieved in P6	Indicative content
39.0 People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care settings including at home.			
2. Effectively keep records of medication administered and omitted, in a variety of care settings, including controlled drugs and ensures others do the same.			Links to legislation, use of controlled drugs, the code in relation to confidentiality, consent and record keeping. Use of electronic records.
40.0 People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.			
2. Works with people and carers to provide clear and accurate information. 3. Gives clear instruction and explanation and checks that the person understands the use of medicines and treatment options. 4. Assesses the person's ability to safely self-administer their medicines. 5. Assists people to make safe and informed choices about their medicines.			Cultural, religious, linguistic and ethical beliefs, issues and sensitivities around medication. Ethical issues relating to compliance and administration of medicine without consent. Self-administration, assessment, explanation and monitoring. Concordance. Meeting needs of specific groups including self-administration, for example, people with mental health needs, learning disabilities, children and young people, adolescents and older adults.
41.0 People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.			
2. Works within national and local policies and ensures others do the same.			Evidence based practice, identification of resources, the 'expert' patient and client. Using sources of information, national and local policies, clinical governance, formularies, for example: British National Formulary and the British National Formulary for Children.
42.0 People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.			
2. ***Through simulation and course work*** demonstrates knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability. 3. ***Through simulation and course work*** demonstrates how to supply and administer via a patient group direction.			National prescribing centre competency framework www.npc.co.uk

Formative grading assessment

Inter-professional coordination of care

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Partnership working and advocacy				
Exceptional ability to work in partnership with people, their families, carers and other professionals. Competently and confidently acts as advocate when required.	Good ability to work in partnership with people, their families, carers and other professionals. Competently acts as advocate when required with minimal support.	Satisfactory ability to work in partnership with people, their families, carers and other professionals. Recognises need for advocacy but requires some support.	Some partnership working with people, their families, carers and other professionals. Recognises need for advocacy but lacks confidence and therefore unable to act as advocate even with support.	Inadequate partnership working with people, their families, carers or other professionals. Does not recognise when advocacy is required to meet people's needs.
S M	S M	S M	S M	S M
Inter-professional team roles				
Exceptional understanding of the roles involved in inter-professional care. Confidently able to select and prioritise professionals/services/ agencies to support people's care delivery.	Good understanding of the roles involved in inter-professional care. Recognises appropriate professionals/services/ agencies to support people's care delivery.	Satisfactory understanding of the roles involved in inter-professional care. With limited help recognises appropriate professionals/services/ agencies to support people's care delivery.	Limited understanding of the roles involved in inter-professional care. Inaccurately identifies appropriate professionals/ services/ agencies to support people's care delivery.	No understanding of the roles involved in inter-professional care and inability to recognise appropriate professionals/ services/ agencies to support people's care delivery.
S M	S M	S M	S M	S M
Communication skills and patient referral				
Expertly follows organisational procedures for patient referral. Demonstrates exemplary professional communication of people's care needs to other health professionals/ services/agencies.	Good understanding of organisational procedures for patient referral. Good communication of people's care needs to other health professionals/ services/agencies.	Satisfactory understanding of organisational procedures for patient referral. Satisfactory communication of people's care needs to other health professionals/ services/agencies.	Limited understanding of organisational procedures for patient referral. Inadequate communication of people's care needs to other health professionals/ services/agencies.	No understanding of organisational procedures for patient referral. Poor communication of people's care needs to other health professionals/ services/agencies.
S M	S M	S M	S M	S M
Evaluation and reflection of inter-professional service provision				
Exceptional ability to evaluate planned inter-professional service provision and acknowledges any limitations. Excellent reflective insight when evaluating people's care needs.	Confidently evaluates planned inter-professional service provision and acknowledges any limitations. Good reflective insight when evaluating people's care needs.	Satisfactory ability to evaluate planned inter-professional service provision and some awareness of any limitations. Some reflective insight when evaluating people's care needs.	Limited ability to evaluate planned inter-professional service provision and inadequate acknowledgement of any limitations. Minimal reflective insight when evaluating people's care needs.	Fails to evaluate planned inter-professional service provision and no acknowledgement of any limitations. No reflective insight when evaluating people's care needs.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Interim interview - formative

Student's review of progress After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student and formative grading, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance. Please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Following this review of grading, progress review and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor must be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for review	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise.
This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from your views about the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of, organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrates the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Uses a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in Inter-professional co-ordination of care

Experience 5: Formative exercise for Inter-professional co-ordination of care

Reflect on working in an inter-professional team and then ask yourself the following questions: what can hinder your contribution to the following;

- The nursing team
- The inter-professional team

Use the table below to complete the exercise

Nursing Team	Inter-professional team
Use an example from your current experience of how each health care professional's role complement other's roles within the team	
What might potentially happen if team members did not work together?	

Summative grading assessment

P5: Leadership, management and team working (Inter-professional coordination of care)

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Partnership working and advocacy				
Exceptional ability to work in partnership with people, their families, carers and other professionals. Competently and confidently acts as advocate when required.	Good ability to work in partnership with people, their families, carers and other professionals. Competently acts as advocate when required with minimal support.	Satisfactory ability to work in partnership with people, their families, carers and other professionals. Recognises need for advocacy but requires some support.	Some partnership working with people, their families, carers and other professionals. Recognises need for advocacy but lacks confidence and therefore unable to act as advocate even with support.	Inadequate partnership working with people, their families, carers or other professionals. Does not recognise when advocacy is required to meet people's needs.
S M	S M	S M	S M	S M
Inter-professional team roles				
Exceptional understanding of the roles involved in inter-professional care. Confidently able to select and prioritise professionals/services/ agencies to support people's care delivery.	Good understanding of the roles involved in inter-professional care. Recognises appropriate professionals/services/ agencies to support people's care delivery.	Satisfactory understanding of the roles involved in inter-professional care. With limited help recognises appropriate professionals/services/ agencies to support people's care delivery.	Limited understanding of the roles involved in inter-professional care. Inaccurately identifies appropriate professionals/ services/ agencies to support people's care delivery.	No understanding of the roles involved in inter-professional care and inability to recognise appropriate professionals/ services/ agencies to support people's care delivery.
S M	S M	S M	S M	S M
Communication skills and patient referral				
Expertly follows organisational procedures for patient referral. Demonstrates exemplary professional communication of people's care needs to other health professionals/ services/agencies.	Good understanding of organisational procedures for patient referral. Good communication of people's care needs to other health professionals/ services/agencies.	Satisfactory understanding of organisational procedures for patient referral. Satisfactory communication of people's care needs to other health professionals/ services/agencies.	Limited understanding of organisational procedures for patient referral. Inadequate communication of people's care needs to other health professionals/ services/agencies.	No understanding of organisational procedures for patient referral. Poor communication of people's care needs to other health professionals/ services/agencies.
S M	S M	S M	S M	S M
Evaluation and reflection of inter-professional service provision				
Exceptional ability to evaluate planned inter-professional service provision and acknowledges any limitations. Excellent reflective insight when evaluating people's care needs.	Confidently evaluates planned inter-professional service provision and acknowledges any limitations. Good reflective insight when evaluating people's care needs.	Satisfactory ability to evaluate planned inter-professional service provision and some awareness of any limitations. Some reflective insight when evaluating people's care needs.	Limited ability to evaluate planned inter-professional service provision and inadequate acknowledgement of any limitations. Minimal reflective insight when evaluating people's care needs.	Fails to evaluate planned inter-professional service provision and no acknowledgement of any limitations. No reflective insight when evaluating people's care needs.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P5: Leadership, management and team working (Inter-professional coordination of care)

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Partnership working and advocacy		
Inter-professional team roles		
Communication skills & patient referral		
Evaluation and reflection of inter-professional service provision		
If the student has achieved a D or E in any of the above a fail must be awarded (please circle)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P6

Competency: Please circle either pass or fail (if the student has not achieved all the field competencies than a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 5

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement)		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for this practice placement		
Mentor signature	PRINT name	Date
I can confirm that the student has not met the grading for this practice placement		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 5

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 5			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading or competency and ESCs not achieved	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	

Competency to be achieved	Number of essential skill cluster to be achieved

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of, organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrates the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Uses a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in Inter-professional co-ordination of care

Summative grading assessment

P5: Leadership, management and team working (Inter-professional coordination of care)

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A,B and C. Please insert grade on next page.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail	Fail
Partnership working and advocacy				
Exceptional ability to work in partnership with people, their families, carers and other professionals. Competently and confidently acts as advocate when required.	Good ability to work in partnership with people, their families, carers and other professionals. Competently acts as advocate when required with minimal support.	Satisfactory ability to work in partnership with people, their families, carers and other professionals. Recognises need for advocacy but requires some support.	Some partnership working with people, their families, carers and other professionals. Recognises need for advocacy but lacks confidence and therefore unable to act as advocate even with support.	Inadequate partnership working with people, their families, carers or other professionals. Does not recognise when advocacy is required to meet people's needs.
S M	S M	S M	S M	S M
Inter-professional team roles				
Exceptional understanding of the roles involved in inter-professional care. Confidently able to select and prioritise professionals/services/ agencies to support people's care delivery.	Good understanding of the roles involved in inter-professional care. Recognises appropriate professionals/services/ agencies to support people's care delivery.	Satisfactory understanding of the roles involved in inter-professional care. With limited help recognises appropriate professionals/services/ agencies to support people's care delivery.	Limited understanding of the roles involved in inter-professional care. Inaccurately identifies appropriate professionals/ services/ agencies to support people's care delivery.	No understanding of the roles involved in inter-professional care and inability to recognise appropriate professionals/ services/ agencies to support people's care delivery.
S M	S M	S M	S M	S M
Communication skills and patient referral				
Expertly follows organisational procedures for patient referral. Demonstrates exemplary professional communication of people's care needs to other health professionals/ services/agencies.	Good understanding of organisational procedures for patient referral. Good communication of people's care needs to other health professionals/ services/agencies.	Satisfactory understanding of organisational procedures for patient referral. Satisfactory communication of people's care needs to other health professionals/ services/agencies.	Limited understanding of organisational procedures for patient referral. Inadequate communication of people's care needs to other health professionals/ services/agencies.	No understanding of organisational procedures for patient referral. Poor communication of people's care needs to other health professionals/ services/agencies.
S M	S M	S M	S M	S M
Evaluation and reflection of inter-professional service provision				
Exceptional ability to evaluate planned inter-professional service provision and acknowledges any limitations. Excellent reflective insight when evaluating people's care needs.	Confidently evaluates planned inter-professional service provision and acknowledges any limitations. Good reflective insight when evaluating people's care needs.	Satisfactory ability to evaluate planned inter-professional service provision and some awareness of any limitations. Some reflective insight when evaluating people's care needs.	Limited ability to evaluate planned inter-professional service provision and inadequate acknowledgement of any limitations. Minimal reflective insight when evaluating people's care needs.	Fails to evaluate planned inter-professional service provision and no acknowledgement of any limitations. No reflective insight when evaluating people's care needs.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Retrieval summative assessment

P5: Leadership, management and team working (Inter-professional coordination of care)

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Partnership working and advocacy		
Inter-professional team roles		
Communication skills & patient referral		
Evaluation and reflection of inter-professional service provision		
Please circle if a pass or fail (if the student has achieved a D or E in any of the above a fail must be awarded)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	List all to be achieved in P6

Competency: Please circle either pass or fail (if the student has not achieved all the field competencies then a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 5

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance.	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance – please remember that this information will help the next mentor develop appropriate learning experiences for the student.	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in the student handbook)		
Student signature	PRINT name	Date
I can confirm that the student has met the grading for this practice placement		
Mentor signature	PRINT name	Date
I can confirm that the student has not met the grading for this practice placement		
Mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 5

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Section 8: Part 2 of the programme

Nursing professional regulations

In order to enter the register, the NMC requires students to demonstrate achievement of specific outcomes by set "progression points" at the end of part 1, part 2, part 3 (entry to register).

Framework for assessment

In order to enter the register you must:

- Achieve all of the progression criteria prior to the sign-off for entry to the register (if you achieved these in practice experience 5, they must be maintained in practice experience 6).
- Achieve all of the essential skills required at sign-off for entry to the register.
- Pass the core attributes and the graded practice assessment.

Practice experience 6

Name of placement	
Name of Trust/Practice experience provider	
Name of mentor	
Name of buddy/ associate mentor	
Phone number of placement	

Learning outcomes

Learning outcomes	Practice Placement (6): Leading a team in service delivery On completion of this placement the student will consistently:
1.	work within the requirements of – *The Code* (NMC, 2008) demonstrating leadership skills in co-ordinating, delegating and supervising care
2.	prioritise and manage time and resources effectively to ensure quality of care is maintained or enhanced
3.	demonstrate awareness of managing risk and promotion of patient safety
4.	accurately report concerns through appropriate organisational channels
5.	facilitate development of nursing students and others to develop their competence, using a range of professional and personal development skills
6.	reflect and evaluate own organisational skills, acknowledging any limitations

Competencies		Essential Skills Cluster (ESC)
Domain 4 Competency 6 Domain 1 Competency 8	All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given. All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.	• Demonstrate clinical confidence through sound knowledge, skills and understanding relevant to field [ESC1.8] • Act as a role model in developing trusting relationships, within professional boundaries [ESC1.11] • Take an effective role within the team adopting the leadership role when appropriate [ESC14.8] • Work within the requirements of *The Code* (NMC, 2008) in delegating care and when care is delegated to them [ESC15.2] • Take responsibility and be accountable for delegating care to others [ESC15.3] • Inspire confidence and provide clear direction to others [ESC16.1] • Take decisions and is able to answer for these decisions when required [ESC16.2] • Base decisions on evidence and use experience to guide decision-making[ESC16.3] • Act as a positive role model for others [ESC16.4] • Manage time effectively [ESC16.5, ESC17.7] • Negotiate with others in relation to balancing competing and conflicting priorities [ESC16.6] • Prioritise own workload and manage competing and conflicting priorities [ESC17.8]
Domain 4 Competency 3	All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.	• Actively consult and explore solutions and ideas with others to enhance care [ESC14.6] • Appropriately report concerns regarding staffing and skill-mix and act to resolve issues that may impact on the safety of service users within local policy frameworks [ESC17.9]
Domain 2 Competency 7	All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.	• Inspire confidence and provide clear direction to others [ESC 16.1]
Domain 4 Competency 5	All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.	• Act as an effective role model in decision making, taking action and supporting others [ESC14.9] • Prepare, support and supervise those to whom care has been delegated [ESC15.4] • Recognise and address deficits in knowledge and skill in self and others and take appropriate action [ESC15.5]
Domain 4 Competency 2	All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.	• Through reflection and evaluation demonstrate commitment to personal and professional development and life-long learning [ESC5.13] • As an individual team member and team leader, actively seek and learn from feedback to enhance care and own and others professional development [ESC12.8]

Registrant signature sheet

Practice experience 6

All health care professionals signing student documentation should insert their details below, as indicated.

Name of mentor (please print)	Contact phone number	Name of practice area	Qualification i.e. RN (part 1) or Social worker	Date of last mentor update attended	Signature	Initials

Completing this grid is a requirement for any ***professional*** who is signing your portfolio or making an entry.

Record of practice experience and visits undertaken during practice experience 6

Dates		Number of hours completed	Type of experience/ service user group visited	Name of facilitator/ practice contact (PLEASE PRINT)	Signature of facilitator/ practice contact	Initials of facilitator/ practice contact	Contact phone number
From	To						

Absence record

Dates		Number of hours missed	Type of absence (e.g. sickness, compassionate leave, medical/dental appointment, absence without authorisation)	Mentor's signature
From	To			

Record of absences made up

Dates		Number of made up hours	Mentor's signature
From	To		

I verify that this is an accurate record of this student's absence and I have checked accuracy with the portal printout provided by the student
Mentor signature

I verify that this is an accurate account which matches the portal record	
Outstanding hours carried forward	Academic tutor signature

Professional Development

Self-assessment by student at commencement of practice experience

Self-assessment based on previous practice experience	
Strengths	Weaknesses
Concerns	Expectations

Please discuss the key points from this assessment with your mentor prior to completing an action plan for this practice experience

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon the self-assessment, previous practice experiences and feedback from other mentors.

Learning need	Action Plan

Student signature	Date
Mentor signature	Date
Proposed date for interim review	Date

NMC Field specific competencies

Domain 1: Professional values					
Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.					
Competencies		Formative assessment point (competent in application)		Summative assessment point (competent in application)	
		Mentor initials	Date	Mentor initials	Date
1. All nurses must practise with confidence according to *The Code: Standards of conduct, performance and ethics for nurses and midwives* (NMC, 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers and find acceptable solutions.					
Competency	1.1 Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.				
2. All nurses must practice in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion, recognises and respects individual choice and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.					
Competency	2.1 Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.				
3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.					
Competency	3.1 Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.				
4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.					
Competency	4.1 Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.				
8. All nurses must practice independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.					
Competency	8.1 Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health, how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.				

Domain 2: Communication and interpersonal skills					
Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.					
	1.1 Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.				
	1.2 Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.				
Competency 4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.					
	4.1 Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.				
Competency 5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.					
	5.1 Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.				
Competency 6 All nurses must take every opportunity to encourage health-promoting behavior through education, role modelling and effective communication.					
	6.1 Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 1 All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.					
	1.1 Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.				
Competency 3 All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.					
	3.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments,develop case formulations and negotiate goals.				
Competency 4 All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.					
	4.1 Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.				
Competency 5 All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.					
	5.1 Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.				
Competency 6 All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.					
	6.1 Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.				

Domain 3: Nursing practice and decision-making					
Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.					
Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 7 All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.					
	7.1 Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.				
	7.2 Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.				
Competency 8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote selfcare and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.					
	8.1 Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.				
Competency 9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.					
	9.1 Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.				
Domain 4: Leadership, management and team working					
Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.					
Competency 4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.					
	4.1 Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management in practice.				
Competency 5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.					
	5.1 Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.				

Competencies		Formative assessment point Competent in application		Summative assessment point Competent in application	
		Mentor initials	Date	Mentor initials	Date
Competency 6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.					
	6.1 Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.				

Essential skills clusters

Learning outcome **Essential skills (NMC, 2010): Care, Communication and Compassion**		
Mentor to initial and date outcome of skills achievement at end of P6 skills	**Practiced under indirect supervision**	**Not achieved**
1.0 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.		
8. Demonstrates clinical confidence through sound knowledge, skills and understanding relevant to field.	This ESC is achieved in the grading grid	
9. Is self-aware and self-confident, knows own limitations and is able to take appropriate action.		
10. Acts as a role model in promoting a professional image.		
11. Acts as a role model in developing trusting relationships, within professional boundaries.	This ESC is achieved in the grading grid	
12. Recognises and acts to overcome barriers in developing effective relationships with service users and carers.		
13. Initiates, maintains and closes professional relationships with service users and carers.		
14. Uses professional support structures to develop self-awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise.		
2.0 People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.		
8. Is sensitive and empowers people to meet their own needs and make choices and considers with the person and their carer(s) their capability to care.		
9. Ensures access to independent advocacy.		
10. Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others.		
11. Uses strategies to manage situations where a person's wishes conflicts with nursing interventions necessary for the person's safety.		
12. Acts with dignity and respect to ensure that people who are unable to meet their activities of living have choices about how these are met and feel empowered to do as much as possible for themselves.	These ESCs are achieved in the grading grid	
13. Works autonomously, confidently and in partnership with people, their families and carers to ensure that needs are met through care planning and delivery, including strategies for self-care and peer support.		
14. Actively helps people to identify and use their strengths to achieve their goals and aspirations.		
4.0 People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times		
4. Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care.		
5. Is proactive in promoting and maintaining dignity.		
6. Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation.		
7. Manages and diffuses challenging situations effectively.		

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
4.0 People can trust in a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an accepting and anti-discriminatory manner, free from harassment and exploitation.		
4. Upholds people's legal rights and speaks out when these are at risk of being compromised. 5. Is acceptant of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers. 6. Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation.	These ESCs are achieved in the grading grid	
7. Manages and diffuses challenging situations effectively.		
5.0 People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.		
6. Anticipates how people might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort. 7. Makes appropriate use of touch. 8. Listens to, watches for, and responds to verbal and non-verbal cues. 9. Engages with people in the planning and provision of care that recognises personalised needs and provides practical and emotional support. 10. Has insight into own values and how these may impact on interactions with others. 11. Recognises circumstances that trigger personal negative responses and takes action to prevent this compromising care. 12. Recognises and acts autonomously to respond to own emotional discomfort or distress in self and others.		
13. Through reflection and evaluation demonstrates commitment to personal and professional development and lifelong learning.	This ESC is achieved in the grading grid	
6.0 People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.		
7. Consistently shows ability to communicate safely and effectively with people providing guidance for others.	This ESC is achieved in the grading grid	
8. Communicates effectively and sensitively in different settings, using a range of methods and skills. 9. Provides accurate and comprehensive written and verbal reports based on best available evidence. 10. Acts autonomously to reduce and challenge barriers to effective communication and understanding. 11. Is proactive and creative in enhancing communication and understanding. 12. Uses the skills of active listening, questioning, paraphrasing and reflection to support a therapeutic intervention. 13. Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances, for example, responding to emergencies, unexpected occurrences, saying "no", dealing with complaints, resolving disputes, deescalating aggression, conveying 'unwelcome news'.		
7.0 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.		
5. Acts professionally and autonomously in situations where there may be limits to confidentiality, for example, public interest and protection from harm. 6. Recognises the significance of information and acts in relation to who does or does not need to know. 7. Acts appropriately in sharing information to enable and enhance care (carers, MDT and across agency boundaries). 8. Works within the legal frameworks for data protection including access to and storage of records. 9. Acts within the law when confidential information has to be shared with others.		

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
8.0 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.		
4. Uses helpful and therapeutic strategies to enable people to understand treatments and other interventions in order to give informed consent. 5. Works within legal frameworks when seeking consent. 6. Assesses and responds to the need and wishes of carers and relatives in relation to information and consent. 7. Demonstrates respect for the autonomy and rights of people to withhold consent in relation to treatment within legal frameworks and in relation to people's safety.		
Essential skills Cluster (NMC, 2010): Organisational aspects of care		
9.0 People can trust the newly registered graduate nurse to treat them as partners and work with them to make an holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.		
12. In partnership with the person, their carers and their families, makes a holistic, person centred and systematic assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk, and together with them, develops a comprehensive personalised plan of nursing care. 13. Acts autonomously and takes responsibility for collaborative assessment and planning of care delivery with the person, their carers and their family. 14. Applies research based evidence to practice. 15. Works within the context of a multi-professional team and works collaboratively with other agencies when needed to enhance the care of people, communities and populations. 16. Promotes health and well-being, self-care and independence by teaching and empowering people and carers to make choices in coping with the effects of treatment and the on-going nature and likely consequences of a condition including death and dying. 17. Uses a range of techniques to discuss treatment options with people. 18. Discusses sensitive issues in relation to public health and provides appropriate advice and guidance to individuals, communities and populations for example, contraception, substance misuse, smoking, obesity. 19. Refers to specialists when required. 20. Acts autonomously and appropriately when faced with sudden deterioration in people's physical or psychological condition or emergency situations, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide. 21. Measures, documents and interprets vital signs and acts autonomously and appropriately on findings. 22. Works within a public health framework to assess needs and plan care for individuals, communities and populations.		
10.0 People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.		
6. Provides safe and effective care in partnership with people and their carers within the context of people's ages, conditions and developmental stages. 7. Prioritises the needs of groups of people and individuals in order to provide care effectively and efficiently. 8. Detects, records and reports if necessary, deterioration or improvement and takes appropriate action autonomously. 9. Evaluates the effect of interventions, taking account of people's and carers' interpretation of physical, emotional, and behavioural changes. 10. Involves the person in review and adjustments to their care, communicating changes to colleagues.		

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
11.0 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.		
5. Recognises and responds when people are in vulnerable situations and at risk, or in need, of support and protection. 6. Shares information safely with colleagues and across agency boundaries for the protection of individuals and the public. 7. Makes effective referrals to safeguard and protect children and adults requiring support and protection. 8. Works collaboratively with other agencies to develop, implement and monitor strategies to safeguard and protect individuals and groups who are in vulnerable situations. 9. Supports people in asserting their human rights. 10. Challenges practices which do not safeguard those in need of support and protection.		
12.0 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.		
5. Shares complaints, compliments and comments with the team in order to improve care. 6. Actively responds to feedback. 7. Supports people who wish to complain. 8. As an individual team member and team leader, actively seeks and learn from feedback to enhance care and own and others professional development.		
9. Works within ethical and legal frameworks and local policies to deal with complaints, compliments and concerns.	This ESC is achieved in the grading grid	
14.0 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
6. Actively consults and explores solutions and ideas with others to enhance care.	This ESC is achieved in the grading grid	
7. Challenges the practice of self and others across the multi-professional team.		
8. Takes an effective role within the team adopting the leadership role when appropriate. 9. Act as an effective role model in decision making, taking action and supporting others.	These ESCs are achieved in the grading grid	
10. Works inter-professionally and autonomously as a means of achieving optimum outcomes for people. 11. Safeguards the safety of self and others, and adheres to lone working policies when working in the community setting and in people's homes.		
15.0 People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.		
2. Works within the requirements of *The Code* (NMC, 2008) in delegating care and when care is delegated to them. 3. Takes responsibility and accountability for delegating care to others. 4. Prepares, supports and supervises those to whom care has been delegated. 5. Recognises and addresses deficits in knowledge and skill in self and others and takes appropriate action.	These ESCs are achieved in the grading grid	
16.0 People can trust the newly registered graduate nurse to safely lead, co-ordinate and manage care.		
1. Inspires confidence and provides clear direction to others. 2. Takes decisions and is able to answer for these decisions when required. 3. Bases decisions on evidence and uses experience to guide decision-making. 4. Acts as a positive role model for others. 5. Manages time effectively. 6. Negotiates with others in relation to balancing competing and conflicting priorities.	These ESCs are achieved in the grading grid	

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
17.0 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.		
7. Demonstrates effective time management. 8. Prioritises own workload and manages competing and conflicting priorities. 9. Appropriately reports concerns regarding staffing and skill-mix and acts to resolve issues that may impact on the safety of service users within local policy frameworks.	These ESCs are achieved in the grading grid	
10. Recognises stress in others and provides appropriate support or guidance ensuring safety to people at all times. 11. Enables others to identify and manage their stress. 12. Works within local policies when working in the community setting including in people's homes and ensures the safety of others.		
18.0 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.		
9. Reflects on and learns from safety incidents as an autonomous individual and as a team member and contributes to team learning. 10. Participates in clinical audit to improve the safety of service users. 11. Assesses and implements measures to manage, reduce or remove risk that could be detrimental to people, self and others. 12. Assesses, evaluates and interprets risk indicators and balances risks against benefits, taking account of the level of risk people are prepared to take. 13. Works within legal and ethical frameworks to promote safety and positive risk taking. 14. Works within policies to protect self and others in all care settings including in the home care setting. 15. Takes steps not to cross professional boundaries and put self or colleagues at risk.		
19.0 People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.		
3. Selects and applies appropriate strategies and techniques for conflict resolution, de-escalation and physical intervention in the management of potential violence and aggression.		
20.0 People can trust the newly registered graduate nurse to select and manage medical devices safely.		
2. Works within legal frameworks and applies evidence based practice in the safe selection and use of medical devices. 3. Safely uses and maintains a range of medical devices appropriate to the area of work, including ensuring regular servicing, maintenance and calibration including reporting adverse incidents relating to medical devices. 4. Keeps appropriate records in relation to the use and maintenance of medical devices and the decontamination processes required as per local and national guidelines. 5. Explains the devices to people and carers and checks understanding.		
Essential skills cluster: infection prevention and control		
21.0 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.		
7. Works within *The Code* (NMC, 2008) and in keeping with the Guidance on professional conduct for nursing and midwifery students (NMC, 2010) and in collaboration with people and their carers to meet responsibilities for prevention and control of infection. 8. In partnership with people and their carers, plans, delivers and documents care that demonstrates effective risk assessment, infection prevention and control. 9. Identifies, recognises and refers to the appropriate clinical expert. 10. Explains risks to people, relatives, carers and colleagues and educates them in prevention and control of infection. 11. Recognises infection risk and reports and acts in situations where there is need for health promotion, protection and public health strategies.		

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
22. People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to the needs and limitations in all environments.		
7. Initiates and maintains appropriate measures to prevent and control infection according to route of transmission of micro-organisms, in order to protect service users, members of the public and other staff. 8. Applies legislation that relates to the management of specific infection risk at a local and national level. 9. Adheres to infection prevention and control policies and procedures at all times and ensures that colleagues work according to good practice guidelines. 10. Challenges the practice of other care workers who put themselves and others at risk of infection. 11. Manages overall environment to minimise risk.		
23.0 People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.		
5. Recognises and acts upon the need to refer to specialist advisers as appropriate. 6. Assesses the needs of the infectious person, or people and applies appropriate isolation techniques. 7. Ensures that people including colleagues are aware of and adhere to local policies in relation to isolation and infection control procedures. 8. Identifies suitable alternatives when isolation facilities are unavailable and principles have to be applied in unplanned circumstances.		
24.0 People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.		
4. Acts as a role model to others and ensures colleagues work within local policy.		
25.0 People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.		
3. Applies a range of appropriate measures to prevent infection including application of safe and effective aseptic technique. 4. Safely performs wound care, applying non-touch or aseptic techniques in a variety of settings. 5. Able to communicate potential risks to others and advise people on the management of their device, site or wound to prevent and control infection and to promote healing.		
26.0 People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.		
4. Manages hazardous waste and spillages in accordance with local health and safety policies. 5. Instructs others to do the same.		
Essential skills cluster: Nutrition and fluid management		
27.0 People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.		
6. Uses knowledge of dietary, physical, social and psychological factors to inform practice. Is aware of those factors which can contribute to poor diet, cause or be caused by ill health. 7. Supports people to make appropriate choices and changes to eating patterns, taking account of dietary preferences, religious and cultural requirements, treatment requirements and special diets needed for health reasons. 8. Refers to specialist members of the multi-disciplinary team for additional or specialist advice. 9. Discusses in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately. 10. In liaison with a registered midwife provides essential advice and support to mothers who are breast feeding. 11. Provides support and advice to carers when the person they are caring for has specific dietary needs.		

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under indirect supervision	Not achieved
28.0 People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.		
5. Makes a comprehensive assessment of people's needs in relation to nutrition identifying, documenting and communicating level of risk. 6. Seeks specialist advice as required in order to formulate an appropriate care plan. 7. Provides information to people and their carers. 8. Monitors and records progress against the plan. 9. Discusses progress and changes in condition with the person, carers and the multi-disciplinary team. 10. Acts autonomously to initiate appropriate action when malnutrition is identified or where a person's nutritional status worsens, and reports this as an adverse event.		
29.0 People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.		
5. Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids. 6. Identifies signs of dehydration and acts to correct these. 7. Works collaboratively with the person their carers and the multi-disciplinary team to ensure an adequate fluid intake and output.		
30.0 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.		
5. Challenges others who do not follow procedures. 6. Ensures appropriate assistance and support is available to enable people to eat. 7. Ensures provision is made for replacement meals for anyone who is unable to eat at the usual time, or unable to prepare their own meals. 8. Ensures that appropriate food and fluids are available as required.		
31.0 People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs.		
3. Takes action to ensure that, where there are problems with eating and swallowing, nutritional status is not compromised. 4. Administers enteral feeds safely and maintains equipment in accordance with local policy. 5. Safely, maintains and uses nasogastric, PEG and other feeding devices. 6. Works within legal and ethical frameworks taking account of personal choice.		
32.0 People can trust the newly registered graduate nurse to safely administer fluids when fluids cannot be taken independently.		
1. Understands and applies knowledge of intravenous fluids and how they are prescribed and administered within local administration of medicines policy. 2. Monitors and assesses people receiving intravenous fluids. 3. Documents progress against prescription and markers of hydration. 4. Monitors infusion site for signs of abnormality, and takes the required action reporting and documenting signs and actions taken.		

Medicines Management

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under direct supervision	Not achieved	Indicative content
33.0 People can trust the newly registered graduate nurse to correctly and safely undertake medicines calculations.			
2. Is competent in the process of medication-related calculation in nursing field involving: • tablets and capsules • liquid medicines • injections • IV infusions including: i. unit dose ii. sub and multiple unit dose iii. complex calculations iv. SI unit conversion			Numeracy skills, drug calculations required to administer medicines safely via appropriate routes including specific requirements for children and other groups.
34.0 People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.			
4. Applies legislation to practice to safe and effective ordering, receiving, storing administering and disposal of medicines and drugs, including controlled drugs in both primary and secondary care settings and ensures others do the same. 5. Fully understands all methods of supplying medicines, for example, Medicines Act exemptions, patient group directions (PGDs), clinical management plans and other forms of prescribing. 6. Fully understands the different types of prescribing including supplementary prescribing, community practitioner nurse prescribing and independent nurse prescribing.			Law, consent, confidentiality, ethics, accountability. Responsibilities under law, application of medicines legislation to practice, include: use of controlled drugs, exemption orders in relation to patient group direction (PGD)* Regulatory requirements: Standards for medicines management (NMC, 2007), *The Code* (NMC, 2008), Standards of proficiency for nurse and midwife prescribers (NMC, 2006). Statutory requirements in relation to mental health, mental capacity, children and young people and medicines, national service frameworks and other country specific guidance.
35.0 People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part.			
3. Works confidently as part of the team and, where relevant, as leader of the team to develop treatment options and choices with the person receiving care and their carers. 4. Questions, critically appraises, takes into account ethical considerations and the preferences of the person receiving care and uses evidence to support an argument in determining when medicines may or may not be an appropriate choice of treatment.			The principles of holistic care, health promotion, lifestyle advice, over-the-counter medicines, self-administration of medicines and other therapies. Observation and assessment. Effect of medicines and other treatment options, including distraction, positioning, alternative and complementary therapies. Ethical and legal frameworks.

*Nursing students cannot supply or administer under a PGD (Standards for medicines management (NMC, 2007).

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under direct supervision	Not achieved	Indicative content
36.0 People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.			
2. Applies knowledge of basic pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 3. Understands common routes and techniques of medicine administration including absorption, metabolism, adverse reactions and interactions. 4. Safely manages drug administration and monitors effects. 5. Reports adverse incidents and near misses. 6. Safely manages anaphylaxis.			Related anatomy and physiology. Drug pathways and how medicines act. Impacts of physiological state of patients on drug responses and safety, for example, the older adult, children, pregnant or breast feeding women and significant pathologies such as renal or hepatic impairments. Pharmaco-dynamics - the effects of drugs and their mechanisms of action in the body. Pharmaco-therapeutics – the therapeutic actions of certain medicines. Risks versus benefits of medication. Pharmaco-kinetics and how doses are determined by dynamics and systems in the body. Role and function of bodies that regulate and ensure the safety and effectiveness of medicines. Knowledge on management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for safety.
37.0 People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.			
2. Orders, receives, stores and disposes of medicines safely (including controlled drugs).			Managing medicines in hospital or primary care settings, for example, schools and the home care setting. Legislation that underpins practice related to a wide range of medicines such as controlled drugs, infusions and oxygen. Suitable conditions for storage, managing out-of-date stock, safe handling of medication, managing discrepancies in stock, omissions.
38.0 People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.			
4. Under direct supervision safely and effectively administers and, where necessary, prepares medicines via routes and methods commonly used and maintains accurate records. 5. Supervises and teaches others to do the same. 6. Understands the legal requirements.			Involvement of people receiving treatment, management of fear and anxiety, importance of nonverbal and verbal communication. Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. Use of personal drug record cards for controlled drugs. Preparing and administering medication in differing environments , including the home care setting, hygiene, infection control, compliance aids, safe transport and disposal of medicines and equipment. Safety, checking person's identity, last dose, allergies, anaphylaxis, polypharmacy, monitoring of effect and record keeping. Where and how to report contra-indications, side effects, adverse reactions. Skills needed to administer safely via various means, for example, oral, topical, by infusion, injection, syringe driver and pumps. Aware of own limitations and when to refer on. Legal requirements, mechanisms for supply, sale and administration of medication, self-administration including controlled drugs.

Mentor to initial and date outcome of skills achievement at end of P6 skills	Practiced under direct supervision	Not achieved	Indicative content
39.0 People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care settings including at home.			
2. Effectively keep records of medication administered and omitted, in a variety of care settings, including controlled drugs and ensures others do the same.			Links to legislation, use of controlled drugs, the code in relation to confidentiality, consent and record keeping. Use of electronic records.
40.0 People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.			
2. Works with people and carers to provide clear and accurate information. 3. Gives clear instruction and explanation and checks that the person understands the use of medicines and treatment options. 4. Assesses the person's ability to safely self-administer their medicines. 5. Assists people to make safe and informed choices about their medicines.			Cultural, religious, linguistic and ethical beliefs, issues and sensitivities around medication. Ethical issues relating to compliance and administration of medicine without consent. Self-administration, assessment, explanation and monitoring. Concordance. Meeting needs of specific groups including self-administration, for example, people with mental health needs, learning disabilities, children and young people, adolescents and older adults.
41.0 People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.			
2. Works within national and local policies and ensures others do the same.			Evidence based practice, identification of resources, the 'expert' patient and client. Using sources of information, national and local policies, clinical governance, formularies, for example: British National Formulary and the British National Formulary for Children.
42.0 People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.			
2. ***Through simulation and course work*** demonstrates knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability. 3. ***Through simulation and course work*** demonstrates how to supply and administer via a patient group direction.			National prescribing centre competency framework www.npc.co.uk

Formative grading assessment

Leadership, management and team working (leading a team in service delivery)

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Working within requirements of NMC Code demonstrate leadership skills in co-ordinating, delegating, prioritising and supervising care				
Exhibits exceptional leadership skills in coordinating, delegating and supervising care. Fully able to prioritise and manage time and resources effectively.	Good leadership skills in coordinating, delegating and supervising care. Generally able to manage time and resources effectively.	Satisfactory leadership skills in coordinating, delegating and supervising care. Able to manage time and resources effectively with limited support.	Lacks confidence in coordinating, delegating and supervising care. Requires support to manage time and resources effectively.	Poor leadership skills and lacks ability to coordinate, delegate and supervise care safely. Ineffective management of time. Inability to use resources effectively.
S M	S M	S M	S M	S M
Management of risk and promotion of patient safety. Accurately reports concrens through appropriate organisational channels				
Management decisions demonstrate exceptional awareness of managing risk and promoting patient safety. Quickly and confidently reports any concerns through appropriate channels.	Management decisions demonstrate good awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels	Management decisions demonstrate satisfactory awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels with limited support.	Management decisions demonstrate limited awareness of managing risk and promoting patient safety. Needs prompting to report concerns through appropriate channels.	Management decisions demonstrate no understanding of managing risk and promoting patient safety. Intervention required to ensure patient safety maintained.
S M	S M	S M	S M	S M
Faciliates development of nursing students and others to develop competence, using a range of professional and personal development skills				
Demonstrates exemplary professional practice when facilitating others to develop their competence. Confidently provides appropriate support and encouragement.	Demonstrates good professional practice when facilitating others to develop their competence. Provides appropriate support and encouragement.	Demonstrates satisfactory professional practice when facilitating others to develop their competence. Provides adequate support and encouragement.	Some ability demonstrated when facilitating others to develop their competence but lacks confidence or inadequate support given.	Unable to facilitate others to develop their competence. Inappropriate support or no support given.
S M	S M	S M	S M	S M
Reflective skills: reflects and evaluates own organisational skills, acknowledging any limitations				
Excellent reflective insight when evaluating own organisational skills and acknowledging limitations.	Very good reflective insight when evaluating own organisational skills and acknowledges any limitations.	Some reflective insight when evaluating own organisational skills and some awareness of any limitations.	Minimal reflective insight when evaluating own organisational skills and inadequate acknowledgement of any limitations.	No reflective insight when evaluating own organisational skills. No acknowledgement of any limitations.
S M	S M	S M	S M	S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Interim interview - formative

Student's review of progress After discussion with your mentor and formative grading, please summarise your views about your progress, including strengths, areas for development and identification of any issues affecting your performance	
Student signature	Date

Mentor's review of progress After discussion with the student and formative grading, please summarise your views about the student's progress, including strengths, areas for development and identification of any issues affecting their performance. Please remember that this information will help the next mentor develop appropriate learning experiences for the student	
Mentor signature	Date

Following this review of grading, progress review and learning needs:

	YES	NO
Learning needs have been re-explored		
Action plan has been re-negotiated/developed		
Academic tutor **must** be contacted if any formative fail grades have been awarded or any concerns are raised at this point		

Learning need	Action plan

Student's signature	Date
Mentor's signature	Date
Proposed date for review	

Service user/carer involvement in practice

Consent must be gained from the service user/carer with the mentor present to participate in this exercise. This exercise can be undertaken as a discussion and the mentor should then record the points raised below.

We would like to hear from you about your views of the way nursing students have contributed to the care that you have received. You do not need to disclose your name and the feedback that you give will not affect the care you receive. There is no requirement for you to participate in this exercise (if a carer this relates to the care given to the service user).

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Additional practitioner feedback

Comments on the student's performance during additional practice experiences/spoke experiences

Please comment on student's strengths and weaknesses		
Please state what you feel they have done well		
Please state what they could do to enhance their nursing care		
Please add any other information you think would be helpful		
Practitioner signature	Date	Professional qualifications
Practice area	Student signature	Date

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrate the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Uses a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in leadership, management and team working

P6: Formative exercise for Leadership, management and team working (leading a team in service delivery)

Delegation is a key leadership role that requires you to delegate tasks and responsibilities, use skills of time management and make clinical decisions. The NMC (2008) sets out key principles to guide practitioners when delegating stating:

- You must establish that anyone you delegate to is able to carry out your instructions
- You must confirm the outcome of any delegated task meets required standards
- You must make sure that everyone you are responsible for is supervised and supported

Under the direct and indirect supervision of your mentor undertake the management of a small team over a part or all of a shift

(***You will need to liaise with your mentor during this period as he/she has ultimate professional responsibility/accountability***)

Reflect on the experience and discuss the experience with your mentor then list here key areas for future professional development

Summative grading assessment

Leadership, management and team working (leading a team in service delivery)

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C.

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E	Grade
Working within requirements of NMC *Code* demonstrate leadership skills in co-ordinating, delegating, prioritising and supervising care					
Exhibits exceptional leadership skills in coordinating, delegating and supervising care. Fully able to prioritise and manage time and resources effectively. **S** **M**	Good leadership skills in coordinating, delegating and supervising care. Generally able to manage time and resources effectively. **S** **M**	Satisfactory leadership skills in coordinating, delegating and supervising care. Able to manage time and resources effectively with limited support. **S** **M**	Lacks confidence in coordinating, delegating and supervising care. Requires support to manage time and resources effectively. **S** **M**	Poor leadership skills and lacks ability to coordinate, delegate and supervise care safely. Ineffective management of time. Inability to use resources effectively. **S** **M**	
Management of risk and promotion of patient safety. Accurately reports concrens through appropriate organisational channels					
Management decisions demonstrate exceptional awareness of managing risk and promoting patient safety. Quickly and confidently reports any concerns through appropriate channels. **S** **M**	Management decisions demonstrate good awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels **S** **M**	Management decisions demonstrate satisfactory awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels with limited support. **S** **M**	Management decisions demonstrate limited awareness of managing risk and promoting patient safety. Needs prompting to report concerns through appropriate channels. **S** **M**	Management decisions demonstrate no understanding of managing risk and promoting patient safety. Intervention required to ensure patient safety maintained. **S** **M**	
Faciliates development of nursing students and othrs to develop competence, using a range of professional and personal development skills					
Demonstrates exemplary professional practice when facilitating others to develop their competence. Confidently provides appropriate support and encouragement. **S** **M**	Demonstrates good professional practice when facilitating others to develop their competence. Provides appropriate support and encouragement. **S** **M**	Demonstrates satisfactory professional practice when facilitating others to develop their competence. Provides adequate support and encouragement. **S** **M**	Some ability demonstrated when facilitating others to develop their competence but lacks confidence or inadequate support given. **S** **M**	Unable to facilitate others to develop their competence. Inappropriate support or no support given. **S** **M**	
Reflective skills: reflects and evaluates own organisational skills, acknowledging any limitations					
Excellent reflective insight when evaluating own organisational skills and acknowledging limitations. **S** **M**	Very good reflective insight when evaluating own organisational skills and acknowledges any limitations. **S** **M**	Some reflective insight when evaluating own organisational skills and some awareness of any limitations. **S** **M**	Minimal reflective insight when evaluating own organisational skills and inadequate acknowledgement of any limitations. **S** **M**	No reflective insight when evaluating own organisational skills. No acknowledgement of any limitations. **S** **M**	

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Summative assessment record

P6: Leadership, management and team working (leading a team in service delivery)

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Working within requirements of NMC *Code* demonstrate leadership skills in co-ordinating, delegating, prioritising and supervising care		
Management of risk and promotion of patient safety. Accurately reports concerns through appropriate organisational channels		
Facilitates development of nursing students and others to develop competence, using a range of professional and personal development skills		
Reflective skills: reflects and evaluates own organisational skills, acknowledging any limitations		
Please circle either a pass or fail. **(If the student has achieved a D or E in any of the above a fail must be awarded)**	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: Please circle either pass or fail (if the student has not achieved all the field competencies and all of essential skills than a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 6

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation	
Nerve: Self-belief and self-efficacy	
Brain: Critical and analytical skills	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths, factors affecting your performance and areas for development in your first appointment	
Student signature	Date

Mentor's review of progress After discussion with the student, please summarise your views about the student's progress, including strengths, areas for development in their first appointment and identification of any issues affecting their performance. – please remember that this information will help the next mentor (if relevant) to develop appropriate learning experiences for the student	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook)		
Student signature	PRINT name	Date
I can confirm that this student practices at the required level of skill and competency to enter the register		
Sign-off mentor signature	PRINT name	Date
I can confirm that this student DOES NOT practice at the required level of skill and/or competency to enter the register		
Sign-off mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 6

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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These pages are only for the use of those students retrieving a practice experience

Retrieval documentation to be completed at the end of week 4 of the retrieval practice experience

Mentor signature sheet

Retrieval practice experience 6			
Name of placement			
Name of Trust/Practice experience provider			
Name of mentor		Mentor signature	
Name of buddy/associate mentor		Buddy/associate mentor signature	
Phone number of placement			

Initial interview

To be completed within 2 days of the start of the practice experience

This is done by the student in conjunction with the mentor, and is based upon self-assessment, previous failed practice experience and feedback from last mentor.

Learning needs: link to aspects of grading or competency and ESCs not achieved	Action Plan

Practitioner signature	Date
Student signature	Date
Proposed date for interim review	Date

Competency to be achieved	Number of essential skill cluster to be achieved

Grading in Practice - Core attribute achievement

Professionalism	PASS	FAIL
Demonstrates under supervision safe, basic person centred care which meets people's essential care needs.		
Promotes a professional image in behaviour and appearance at all times.		
Demonstrates adherence to organisational requirements for hygiene, uniform and dress code in order to limit, prevent and control infection.		
Demonstrates regular, punctual attendance and has knowledge of, or shows application of, organisational procedures for reporting absence from practice experience.		
Recognises and works within limitations of knowledge, skills and professional boundaries.		
Demonstrates reflective skills when evaluating own practice.		

Care, Communication and Compassion	PASS	FAIL
Demonstrates the ability to engage with people and build caring professional relationships using effective communication and interpersonal skills, always respecting professional boundaries.		
Demonstrates active listening skills through use of appropriate non-verbal communication skills.		
Demonstrates effective listening by responding in an appropriate way to a range of communication cues.		
Use a variety of formats to produce clear, concise and complete records, using appropriate professional language to document care whilst applying the principles of data protection.		
Describes and demonstrates application of the principles of confidentiality in professional practice.		

Students must achieve a pass in all core attributes before they can be graded in leadership, management and team working

Summative grading assessment

Leadership, management and team working (leading a team in service delivery)

Students can awarded a "+" grade if it is felt that they are achieving to the higher end of the grade A, B and C. Please insert grade on next page

Exceptional A+ or A	Good B+ or B	Pass C+ or C	Borderline fail D	Fail E
Working within requirements of NMC *Code* demonstrate leadership skills in co-ordinating, delegating, prioritising and supervising care				
Exhibits exceptional leadership skills in coordinating, delegating and supervising care. Fully able to prioritise and manage time and resources effectively. S M	Good leadership skills in coordinating, delegating and supervising care. Generally able to manage time and resources effectively. S M	Satisfactory leadership skills in coordinating, delegating and supervising care. Able to manage time and resources effectively with limited support. S M	Lacks confidence in coordinating, delegating and supervising care. Requires support to manage time and resources effectively. S M	Poor leadership skills and lacks ability to coordinate, delegate and supervise care safely. Ineffective management of time. Inability to use resources effectively. S M
Management of risk and promotion of patient safety. Accurately reports concerns through appropriate organisational channels				
Management decisions demonstrate exceptional awareness of managing risk and promoting patient safety. Quickly and confidently reports any concerns through appropriate channels. S M	Management decisions demonstrate good awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels S M	Management decisions demonstrate satisfactory awareness of managing risk and promoting patient safety. Reports any concerns through appropriate channels with limited support. S M	Management decisions demonstrate limited awareness of managing risk and promoting patient safety. Needs prompting to report concerns through appropriate channels. S M	Management decisions demonstrate no understanding of managing risk and promoting patient safety. Intervention required to ensure patient safety maintained. S M
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Demonstrates exemplary professional practice when facilitating others to develop their competence. Confidently provides appropriate support and encouragement. S M	Demonstrates good professional practice when facilitating others to develop their competence. Provides appropriate support and encouragement. S M	Demonstrates satisfactory professional practice when facilitating others to develop their competence. Provides adequate support and encouragement. S M	Some ability demonstrated when facilitating others to develop their competence but lacks confidence or inadequate support given. S M	Unable to facilitate others to develop their competence. Inappropriate support or no support given. S M
Reflective skills: reflects and evaluates own organisational skills, acknowledging any limitations				
Excellent reflective insight when evaluating own organisational skills and acknowledging limitations. S M	Very good reflective insight when evaluating own organisational skills and acknowledges any limitations. S M	Some reflective insight when evaluating own organisational skills and some awareness of any limitations. S M	Minimal reflective insight when evaluating own organisational skills and inadequate acknowledgement of any limitations. S M	No reflective insight when evaluating own organisational skills. No acknowledgement of any limitations. S M

Students are expected to photocopy this page and grade themselves before meeting with their mentor

Retrieval summative assessment

P6: Leadership, management and team working (leading a team in service delivery)

Grading category	Grade awarded - each category you must award the grade or grade + (for example B or B+)	
Working within requirements of NMC *Code* demonstrates leadership skills in co-ordinating, delegating, prioritising and supervising care		
Management of risk and promotion of patient safety. Accurately reports concerns through appropriate organisational channels		
Facilitates development of nursing students and others to develop competence, using a range of professional and personal development skills		
Reflective skills: reflects and evaluates own organisational skills, acknowledging any limitations		
If the student has achieved a D or E in any of the above a fail must be awarded (please circle)	PASS	FAIL

Field competencies	PASS	FAIL: list all not achieved

Essential skills cluster	PASS	FAIL: list all not achieved

Competency and skills achievement: Please circle either pass or fail (if the student has not achieved all the field competencies and all of essential skills than a fail must be awarded)	PASS	FAIL
Practitioner signature	Date	
Student signature	Date	
Moderator signature (if used)	Date	

Future professional development

Summative feedback – practice experience 6

Please use the values model on page 18 to give the student feedback on their practice

Identified areas for further development	Suggested activities and experiences that will assist in future development
Heart: intrinsic motivation (*Developing compassionate care*)	
Nerve: Self-belief and self-efficacy (*Developing themselves and advocating for the service user or carer*)	
Brain: Critical and analytical skills (*Application of appropriate theory/research to practice*)	

Student signature	Date
Mentor signature	Date
Academic tutor signature	Date

Summative feedback review

Student's review of progress After discussion with your mentor, please summarise your views about your progress, including strengths and areas for development in your first appointment	
Student signature	Date

Mentor's review of progress After discussion with your student, please summarise your views about the student's progress, including strengths and areas for development in their first appointment.	
Mentor signature	Date

Progression signatures

I confirm that there has been no falsification of evidence within this document (before signing please read the academic integrity statement in your student handbook)		
Student signature	PRINT name	Date
I can confirm that this student practices at the required level of skill and competency to enter the register		
Sign-off mentor signature	PRINT name	Date
I can confirm that the student DOES NOT practice at the required of skill and/or competency to enter the register		
Sign-off mentor signature	PRINT name	Date
I confirm that the documentation and signatures have been checked and verified.		
Academic tutor signature	PRINT name	Date

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Verification of practice experience 6

Prompt	Yes	No (please state those outstanding)
Progression points met?		
Grading in practice assessment completed and passed?		
Action plan completed?		
Absence record completed and matches portal print out?		
Additional visits completed?		
Additional practitioner feedback completed?		
Service user feedback completed?		
Mentor signature sheet completed?		
All interviews completed and signed?		

Academic tutor signature	PRINT name	Date

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Managing student issues that arise whilst undertaking practice experience

Mentor has a general enquiry relating to an aspect of student learning/personal development

Contact either the academic tutor, learning environment lead (LEL) or the University Link using the number below

There is an urgent concern relating to an aspect of student performance or conduct that has been brought to the attention of the mentor

Mentor informs senior practitioner, who calls the University Link to discuss*

University Link will:

- assess situation, liaising with senior practitioner regarding student support
- inform academic tutor
- discuss with programme lead or senior member of education management team re: management of student

Student reports a concern to a member of staff (clinical/academic) regarding aspect of observed care/ conduct whilst in placement or student is involved in or a witness to an incident

Member of staff informs mentor or senior practitioner

1. Senior practitioner activates Trust procedures
2. Staff member calls the academic tutor or practice academic coordinator to discuss

Student does not attend placement

Nursing & Midwifery		**AHPs**
Mentor	=	Practice Supervisor/Clinical Educator
Academic Tutor	=	Personal Tutor
Clinical Lecturer	=	Locality Visitor
Practice Academic Coordinator	=	Practice Academic Lead (under review for AHPs)

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Southampton
School of Health Sciences

Has enquiry been addressed

- **No** → Call the 'on call' University Link number to discuss
- **Yes** → No further action

Does the student need to be removed from practice?

- **No** → Student remains in practice, matter dealt with via Assessment of Practice procedures

  Mentor will be supported by academic teacher/PAC in guiding student

- **Yes** → Student is removed from practice whilst the situation is investigated by the programme lead, liaising with practitioner colleagues, practice academic coordinator (PAC)/LEL. Statements collated within agreed time-frame. Student must not make statement without University involvement.

  Student interviewed by programme lead and senior practitioners

Can the student return to practice?

- **Yes** → Student returns to practice with agreed learning contract to assist in achieving successful Assessment of Practice

  PAC/LEL informed of outcomes that require development of the learning environment

- **No** → Student remains excluded from practice

  Invoke "Fitness to Practise" procedures

The academic tutor or practice academic coordinator will:

- discuss with student and assess situation
- inform academic tutor or PAC
- inform programme lead/LEL
- work with practitioner colleagues to ensure initial support for student
- Invoke "Incident in Practice" procedure
- Complete S24 and incident form.

PAC/LEL will:

- work closely with practitioner colleagues to ensure ongoing management of student support, particularly in the event of an investigation
- liaise with programme lead/academic tutor re developments

Call 023 8059 7840

Incidents in Practice: **www.soton.ac.uk/alps**

This protocol has been developed jointly by practitioners and academic staff. There should be a copy displayed in every practise area with the relevant contact numbers included.

University Link numbers

Basingstoke	07768 427 413	Portsmouth	07768 671 563
Hampshire PFT	07798 651 695	Southampton	07771 838 223
Isle of Wight	07767 675 658	Winchester	07879 486 279

* No longer than 24 hours should elapse between mentor becoming aware of concern and 'on call' number activated

Section 9: Record of desirable skills achievement

Desirable skills are those agreed between the University and an individual organisation as being attainable in that organisation/ experience under normal circumstances. These may vary from organisation to organisation according to their needs, wants and governance arrangements.

In addition to their achievement of required skills, students can engage with any skill providing that they:

- have been appropriately prepared and supervised by their mentor or suitably prepared designee
- are undertaking a skill that is not a function limited for students by legislation, university guidance or the placement provider's organisation
- judge that they are sufficiently prepared for, and ready to undertake the skill
- are taught and assessed according to the standards expected of the placement provider's organisation by a person authorised and competent to do so

Skill	
Trust/Organisation	
Supervisory practitioner signature	Date

Skill	
Trust/Organisation	
Supervisory practitioner signature	Date

Skill	
Trust/Organisation	
Supervisory practitioner signature	Date

Skill	
Trust/Organisation	
Supervisory practitioner signature	Date

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Supervisory practitioner signature	Date

Skill	
Trust/Organisation	
Supervisory practitioner signature	Date

Section 10:
Meeting the EU directive 2005/36/EC

In order to meet the EU directive you will need to have experience of nursing in the other fields. To help you achieve this, your mentor in practice and your academic tutor will support you in identifying suitable opportunities. You can then reflect on these in the logs which follow.

The requirements are outcome based. These outcomes and the way in which they are met should enable you to integrate the insights from differing fields of practice and specialities into the care of people. This should reduce the 'labelling' of people's needs according to specialisation or via a particular field of practice/health provider focus. It is intended to promote a more flexible and integrative approach to the achievement of this aspect of the programme and to enable you to develop skills in nursing people.

For students undertaking the adult programme there is a requirement to demonstrate that you have had experience related to specific aspects of care. Some of these link to the need to develop an awareness of other fields of practice. However, there are also other specific aspects that you need to address and will be met through a range of practice experiences. Evidence to support the achievement of these can be collected throughout the entire programme;

- General and Specialist Medicine
- General and Specialist Surgery
- Child Care and Paediatrics
- Maternity Care
- Mental Health
- Care of Older People
- Home Nursing

Evidence of achievement of all EC Directives need to be recorded by the end of the branch programme.

For more information please see the ALPS website www.southampton.ac.uk/alps

Evidence to meet the EU directive 2005/36/EC – nursing in relation to: Child Care & Paediatrics

You should provide evidence of practice experiences in which, as part of a team you have achieved the following in direct contact with an individual and/or community: • Participated in meeting the essential needs of children or young people • Taken account of the development of children and young people within the family context and how this affects their individual needs • Worked with children, young people, their families and others to provide family centred care		
Please use examples to support your achievement		
Name and contact details of experience where this was completed		
Student signature	Mentor signature	Date

Evidence to meet the EU directive 2005/36/EC – nursing in relation to: Maternity Care

You should provide evidence of practice experiences in which, as part of a team you have achieved the following in direct contact with an individual and/or community: • Participated in meeting the essential needs of pregnant or postnatal women • Taken account of the normal physical and psychological effects of pregnancy and childbirth in the pre or post-natal period • Worked in partnership with other professionals in meeting maternal health needs		
Please use examples to support your achievement		
Name and contact details of experience where this was completed		
Student signature	Mentor signature	Date

Developing your knowledge and understanding of the care needs of a person with a learning disability:

People with learning disabilities have poorer health than their non-disabled peers, often experiencing differences in health status that are, to an extent, avoidable. The health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. (**Health Inequalities & People with Learning Disabilities in the UK: 2010**).

You should provide evidence of practice experiences in which, as part of a team you have achieved the following in direct contact with an individual and/or community: • Participated in meeting the essential care needs of a person with a learning disability • Demonstrated effective communication in order to actively involve people with learning disabilities in decision making and promote autonomy • Worked with families, carers, support networks, and where necessary, specialist advocates to address the needs of people with learning disability		
Please use examples to support your achievement		
Name and contact details of experience where this was completed		
Student signature	Mentor signature	Date

Section 11: Medicines management and administration

Supplementary record of knowledge and practice

This section identifies the specific medicines management competencies expected of a newly registered nurse in any care environment and is based upon the NMC Standards for Medicine management (2004).

Guidance for mentors

The completion of this document is the responsibility of the student.

It is the responsibility of the mentor to offer the student opportunity to practice the administration of medicines before making an assessment.

It is the responsibility of the mentor to give students feedback to improve their skill and proficiency.

Mentors must be confident that the student is safe to calculate drug doses without error. Please use this document to record drug calculations that the student has done which have convinced you of their ability to do this skill.

It is acceptable to develop practice scenarios to test this skill and /or request that the student undertakes a case presentation rather than formal drug round which are inappropriate in many settings.

Please identify students who are not achieving this competency early and involve their Academic Tutor as soon as possible.

The activity:

- Students are required to demonstrate knowledge and understanding about the 6 'rights' of medicine administration (right patient, right drug, right dose, right time, right route and right documentation) and the action, side effects and contraindications of medication.
- Documentation for 4 patients is provided and expected to be completed in the assessment of 3rd year student nurses. It is at the mentor's discretion to omit a medication from the assessment of competence.
- This includes the ability to calculate the correct dose for administration and show the workings of that calculation to verify ability.
- If no calculation is required to deliver the prescribed dose, then confirmation by calculation that the patient dose prescribed is correct according to the dose/ weight guidance could be requested by the mentor.
- The mentor should advise the student about patient selection for the activity.
- The student should prepare for the activity, but should not complete the record without the mentor present.
- The student is expected to complete the record during (or shortly after) a time where their competence has been assessed (for example, a drug round or discharge conversation with patient/family). If necessary the assessment could be supplemented by case presentation/ exploration of scenarios.
- It is suggested that the student is assessed on the medication of one patient per assessment and that it is recorded on one of the summary sheets in the following pages.

Guidance for students

You are expected to record the knowledge about a patient's drugs during or after the assessment of your competence.

You may not complete it in advance of the assessment.

Resources

University Guidance Document: Guidelines for student nurses and midwives on the management of medicines found on the Assessment of Learning in Practice website at www.soton.ac.uk/alps in the Policies Tab

NMC Standards for Medicines Management found at www.nmc-uk.org

Medicines and Healthcare products Regulatory Agency found at www.mhra.gov.uk

Authentic World Medication Dosage Calculation Skills and Authentic Diagnostic Assessment found at www.authenticworld.co.uk/portal

National Prescribing Centre found at www.npc.co.uk

Patient assessment 1: Patient Condition & Right Patient Patient is correctly identified following local policy Disease, symptoms, condition, related problems					
Right: Drug, dose, route, times, documentation (e.g. omissions)	**Mechanism of action**	**Contraindications**	**Side effects**	**Care related to drug Administration** e.g. INR, BM, dietary advice	**Show working of calculation of dose**
Drug Dose Route Time Documentation					
Drug Dose Route Time Documentation					
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		Mentor signature:			Date:

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Record of drug administration under direct supervision		
Date	Number of patients	Mentor signature

Section 12: Record of academic visits to practice

Record of student and academic meetings in practice (e.g. link tutor/academic tutor) -
Please give brief details of all discussion sessions attended whilst the student has been on practice experience

Date of practice visit	Name of Practice area
Name and role of visiting academic (e.g. academic tutor/link tutor)	
Purpose of visit	
In discussion using the Southampton Values Based Model explore how the student has enhanced the quality of care, the service user perception of care or service user safety during this practice experience	
Heart: intrinsic motivation (*Evidence that the student cares*)	
Nerve: Self-belief and self-efficacy (*Evidence that the student can represent themselves and advocate for the service user or carer*)	
Brain: Critical and analytical skills (*evidence of the application of appropriate theory/research to practice*)	

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Mentor signature	Date
Academic tutor signature	Date

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