

A guide to the Assessment of Professional Practice of Nursing

An overview of Assessment of Practice 3
Using the eAoPP to record your Assessment of Practice (AoP) 3

Section 1: Guidance for students 4

Nursing competencies – guiding principles 4

Practice Competence 5

Progression Points 5

Assessment of competence 7

Ways you are assessed in practice 9

Distinguishing between summative and formative assessment 9

Assessment in practice 10

Prescribed Competencies and Skills Assessments 10

Field Specific Competences **Error! Bookmark not defined.**

Essential Skills Clusters **Error! Bookmark not defined.**

Core Attributes **Error! Bookmark not defined.**

Record of Desirable Skills Achievement **Error! Bookmark not defined.**

Additional requirements for students studying under the Field of Adult Nursing (including dual field students seeking registration as adult nurses) Error! Bookmark not defined.

EU Directive 2005/36/EC **Error! Bookmark not defined.**

Acuity Skills **Error! Bookmark not defined.**

Medicines Management and Administration 13

Section 2: Guidance for Mentors 15

Introduction 15

Completion of practice documentation 15

Interim Review: Formative Assessment 16

Final Review: Summative Assessment 16

Questions that you may want to consider when making an assessment 16

Guidance to help in your decision making. 16

First NMC progression point criteria 18

Second NMC Progression Point Criteria 22

Grading Tool 23

Outcomes - Removing “Achieved Status” 23

Section 3: Additional Guidance for Students and Mentors 24

Incidents in Practice 24

Supernumerary Status 24

Social Networking 25

Academic Integrity 25

Time sheet recording 26

Trouble shooting 26

Difficulties – what action should be taken? 26

Experience not available 26

Failed: what happens next? 26

Managing student issues that arise whilst undertaking practice experience 27

Section 4: The Southampton Values Based Model 28

An overview of Assessment of Practice

This guidance has been developed to help students and mentors complete their Assessment of Practice (AoP). Please read and become familiar with its content. We recommend that the guidance is read in conjunction with the Faculty and University student handbooks as well as the University regulations. These latter two documents can be accessed through SUSSED www.sussed.soton.ac.uk

Assessment of practice represents 50% of the pre-registration nursing programme assessment. In keeping with NMC requirements, your Assessment of Practice documentation, housed in the eAoPP, acts as your record of on-going achievement and is an NMC requirement for registration.

Throughout this guidance there is information on the completion of all elements of the AoP 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

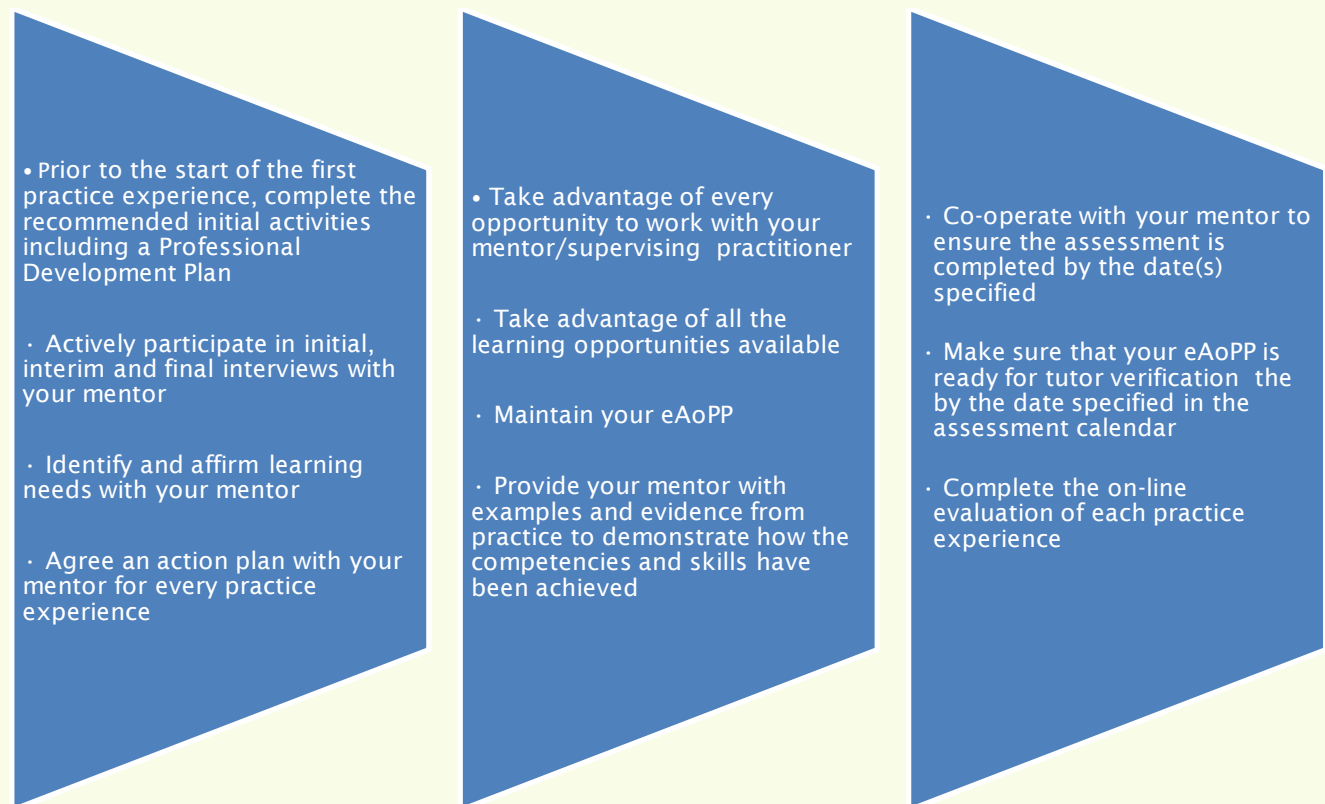
The mentor's assessment of your practice is fundamental to maintaining professional standards in nursing, so please remind your mentor to read these.

Any questions arising should be discussed with your academic tutor.

Using the eAoPP to record your Assessment of Practice (AoP)

Section 1: Guidance for students

Remember, this is YOUR assessment portfolio and you must accept responsibility for accurate completion. In order to make the most of your time in placement we strongly recommend that:



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 NMC's 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.

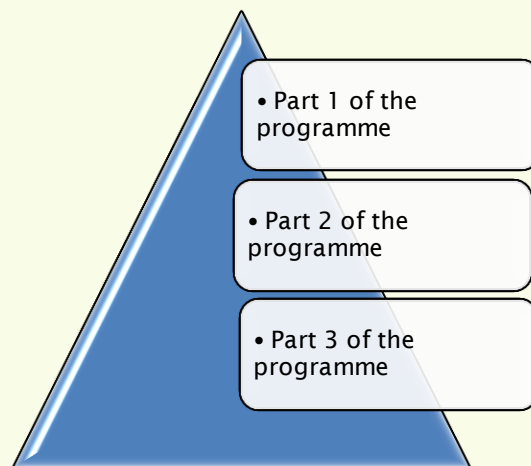
Practice Competence

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

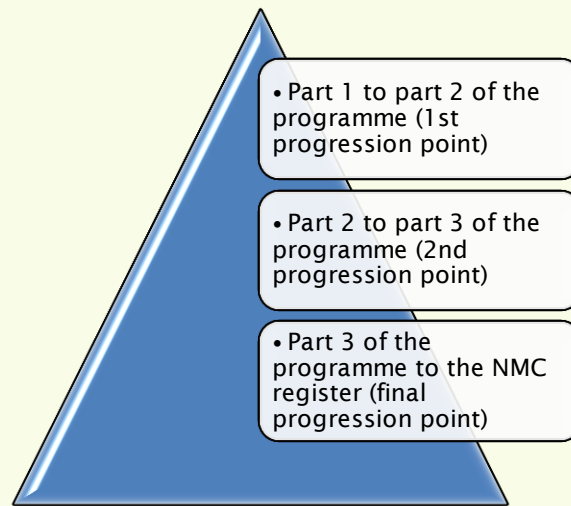
Employers are increasingly seeking evidence of skills development within graduate programmes. Mapping these skills in the eAoPP enables you to monitor and demonstrate the acquisition of transferable skills that are useful not only in improving your studies but which can also help you to make the transition to employment after university.

Progression Points

Assessment of practice has 3 key elements, which form the basis of the assessment in practice element of your programme and are taken from the [NMC \(2010\) Standards for Pre-registration nursing education](#) . Further details are can be found in section 2.



These sections are divided by “progression points” which must be achieved as required to allow you to progress.



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 4 overarching domains;

- Professional values
- Communication and interpersonal skills
- Nursing practice and decision-making
- 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 be 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 eAoPP during each practice experience.

Assessment of competence

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

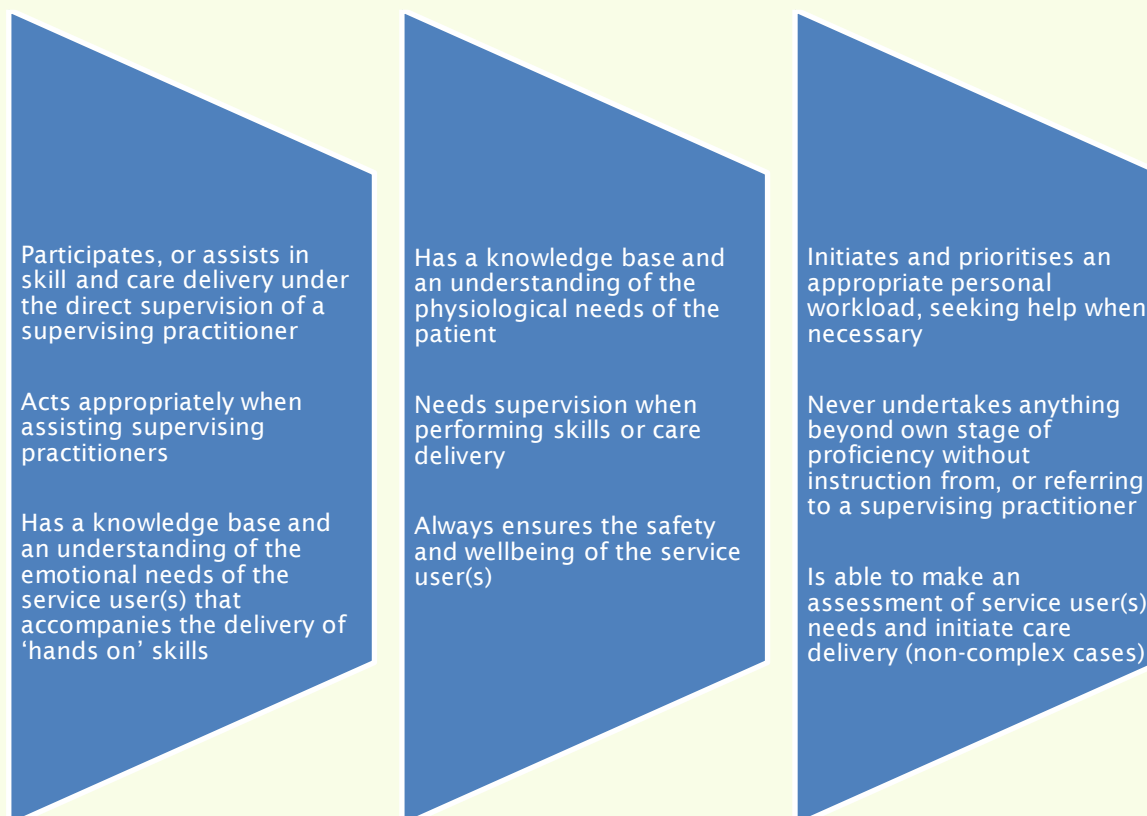
Stage 1 supports completion of part 1 of the programme: Participate and initiate

Stage 2 supports completion of part 2 of the programme: Initiate and manage

Stage 3 supports completion of part 3 of the programme: Lead, manage and delegate

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:

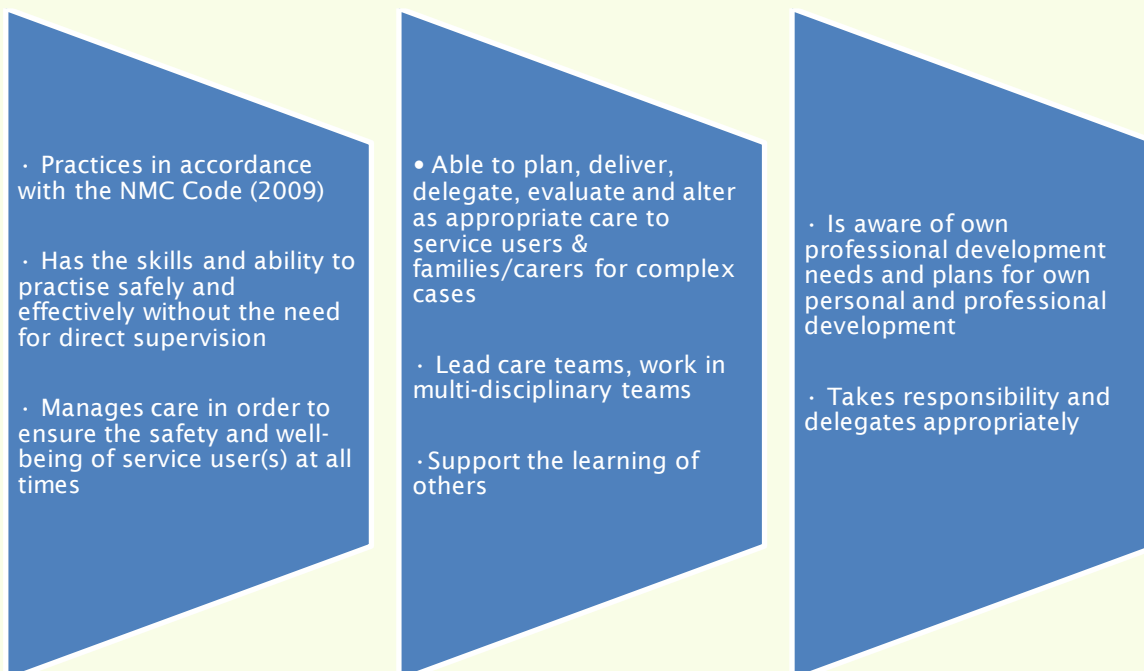
Level 1: Participate and initiate (begin to understand the role of the nurse, participate in service user care and begin to initiate care under the supervision of your mentor).



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



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)



Ways you are 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 formulate an 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. For placements 2 and 4 your mentor will decide 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 usually involve one assessor (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. If at this stage there are areas that you may not achieve please contact your 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. 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.

Prescribed Competencies and Skills Assessments

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.

Field Specific Competences

All Field Specific Competences (FSCs) must be achieved by the end of each practice experience. Failure to do so will result in a referral. They may be achieved in practice or in principle through discussion with your practice based supervisor/mentor.

Essential Skills Clusters

Essential skills clusters (ESCs) must be achieved at least once before each progression point. Failure to do so will result in a referral. ESCs may be achieved in practice or in principle through discussion with your practice based supervisor/mentor.

Once completed, these skills must be maintained in subsequent placements. If they are not maintained the practice based supervisor/mentor is entitled to refer the student.

Core Attributes

Core attributes are the attributes that need to be developed during each practice experience. They must then be continuously demonstrated throughout the remainder of the programme. Failure in demonstrating and maintaining core attributes will result in failure of the placement. If you fail to achieve the core attributes you will not be graded for that practice experience and will receive a referral (1st attempt) and fail (2nd attempt).

Record of Desirable Skills Achievement

In addition to the 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

You must ensure that you are working within local policy and guidance at all times, this includes checking whether skills that you have learnt are transferable between organisations. For some skills additional training is required and therefore your mentor must ensure that you have undertaken this and that they are also authorised and competent to supervise this skill.

Examples are:

- Catheterisation
- Passing a naso-gastric tube
- Venepuncture (Mental Health students only)
- Theatre induction
- Blood glucose monitoring

Desirable skills do **not include** any involvement with the drawing up, delivery and administration of intravenous medications, or patient group directives.

EU Directive 2005/36/EC for Non Adult Nurses

It is not compulsory for Child and Mental Health students to achieve the EU directive. However, Mental Health and Child students may wish to achieve some parts of the directive as appropriate to their field, in order to enhance their professional and employability profiles.

Section b)

Additional requirements for students studying under the Field of Adult Nursing
(including dual field students seeking registration as adult nurses)

EU Directive 2005/36/EC

As a student studying to become a registered nurse in the field of Adult Nursing you must achieve EU directive 2005/36/EC that relates to the following areas:

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

The faculty also considered that care of people with a Learning Disability is equally important and has added the requirement that you experience this area of care during the programme

Achievement of the EU directive should enable you to gain insights from differing fields of practice and specialities so that you can demonstrate holistic care. You must achieve these in both theory and practice settings. Therefore you must gain experience in all of these, within a practice setting.

The requirements are outcome based. All of the EU directive **MUST** be completed by the end of your programme: some areas will be met ordinarily as part of your planned placement journey; others will need to be sought out with the support of your practice based supervisors/mentors (eg people with a learning disability, people with mental health needs). They must all be signed as undertaken and achieved by your practice based supervisors/mentors in order for you to achieve them. If they are not, you will not be able to include that experience in your submission.

Identifying and planning how you will meet this directive will be undertaken in conjunction with your academic tutor but please ensure that you discuss each of these with your mentor in practice to determine whether the opportunity will arise in that practice experience. For more information and guidance on meeting this EU directive, please visit the ALPS website www.southampton.ac.uk/alps

Acuity Skills

In order to prepare you for the workforce of the future, adult field nurses are also required to demonstrate the specific skills required to safely care for patients who are acutely ill and who may require higher levels of care. For adult field students (or dual field students seeking registration as adult nurses) it is a course requirement that you achieve these competencies by the end of your programme.

These competencies are based upon the Department of Health (2009) “Competencies for Recognising and Responding to Acutely Ill Patients in Hospital”, and have been developed in partnership with the acute NHS trusts who are partners with the University in delivering your programme. They are based upon an ABCDE approach, and also include skills relating to patient observation and to team communication.

These competencies may be achieved in any practice experience, and it is **YOUR** responsibility to ensure that all are achieved before the end of your programme. This will

mean working with mentors to set specific learning objectives so as to make the most of learning opportunities that are available to you.

Medicines Management and Administration

The specific medicines management competencies expected of a newly registered nurse in any care environment and are based upon the NMC Standards for Medicine Management (2004).¹ 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 the eAoPP 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 in a formal drug round which is 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.

¹ Is this first sentence necessary – replication of the second (which is worded in a more explanatory fashion)

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 in the medicine management area of the portfolio. The student is 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

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

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 academic tutor at an early stage will ensure appropriate support is available for the student. They can also help you to guide 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.

Completion of practice documentation

Each student has their own eAoPP, 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 practice experience requires a clinical assessment. The assessment must be carried out by a qualified mentor who has relevant expertise in assessment. The assessment should usually involve one assessor (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 eAoPP. 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 eAoPP. 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 you as the 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?

Guidance to help in your decision making.

Students must achieve and maintain each stage of proficiency 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
- Enter the register

| 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 any the specified criteria and/or demonstrates unsafe practice. |
|-------------|---|

First NMC progression point criteria

Listed below are the criteria that must be met as a minimum requirement by progression point one. This can be achieved 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 |

| Areas associated with safety and safeguarding people of all ages, their carers and their families | | Related competency domains |
|---|--|--|
| 6 | Is able to recognise, and work within, the limitations of their own knowledge and skills 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 Communication and interpersonal skills 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 |

| Areas associated with safety and safeguarding people of all ages, their carers and their families | | Related competency domains |
|---|---|--|
| 12 | Demonstrates safe and effective communication skills, both orally and in writing. | Communication and interpersonal skills Nursing practice and decision making |

| Areas associated with professional values and expected attitudes and behaviours towards people, their carers and their families | | Related competency domains |
|---|--|---|
| 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 |
| 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, that values diversity and acts within professional boundaries. | Professional values Communication and interpersonal skills Nursing practice and decision making |
| 16 | Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people. | Professional values Communication and interpersonal skills Nursing practice and decision making |

| | Areas associated with professional values and expected attitudes and behaviours towards people, their carers and their families | Related competency domains |
|----|---|--|
| 17 | Practises honestly and with integrity, applying the principles of <i>The code: Standards of conduct, performance and ethics for nurses and midwives</i> (2008) and the <i>Guidance on professional conduct for nursing and midwifery students</i> (2009). | Professional values Communication and interpersonal skills Nursing practice and decision making |
| 18 | Acts in a way that values the roles and responsibilities of others in the team and interacts appropriately. | Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working |

Second NMC Progression Point Criteria

| 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 |

Grading Tool

Criterion assessment grids are 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
- Students can be awarded a '+' grade if it is felt the student is achieving to the higher end of the grade A, B, 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 grade awarded depending on the level of supervision provided and comments recorded in the comments section of the eAoPP.

Fail grades

If the student is awarded a borderline fail (D) or a fail (E), they will be required to make contact with their academic tutor for further support and advice.

For all aspects of grading 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 the student's 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 deemed to have failed

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, an [S24 form](#) (available on the ALPS website) should be completed by the student with help from their academic tutor. The form should promptly be returned to their academic tutor at the Faculty of Health Sciences.

Whenever students are involved in an accident or incident or a near miss and a practice “incident form” is completed, the student or mentor must contact the relevant academic tutor and report this. This applies even if the student has only witnessed but was 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 redacted 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.

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. 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 NMC Code states that nurses and midwives must “uphold the reputation of your profession at all times” (NMC 2008). Similarly, 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.

Time sheet recording

Time sheet recording is currently carried out using the online system located in the student portal. This can be accessed via SUSSED. Students are responsible for exception reporting for each placement. This means that any time you are absent from practice, for whatever reason, you record this on the electronic time-sheet portal. Equally, any time that is made up in that placement is also recorded. This information is also recorded in the AOP document for each placement and the information on the time-sheet and in your AOP document should match. At the end of the placement you should print out a copy of your time sheet (even if you have not entered any information and it reads 0 hours) and ask your mentor to sign it. This is then submitted to your academic tutor for verification at the end of your placement.



Trouble shooting

Difficulties – what action should be taken?

If you are experiencing difficulties in fulfilling the requirements of the eAoPP, 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 your concerns contact the academic tutor (first point of call), Programme Lead or Practice Academic Coordinator.

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 eAoPP requirements through a further practice experience. The competencies and/or skills not achieved at the required level at each 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 eAoPP 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.

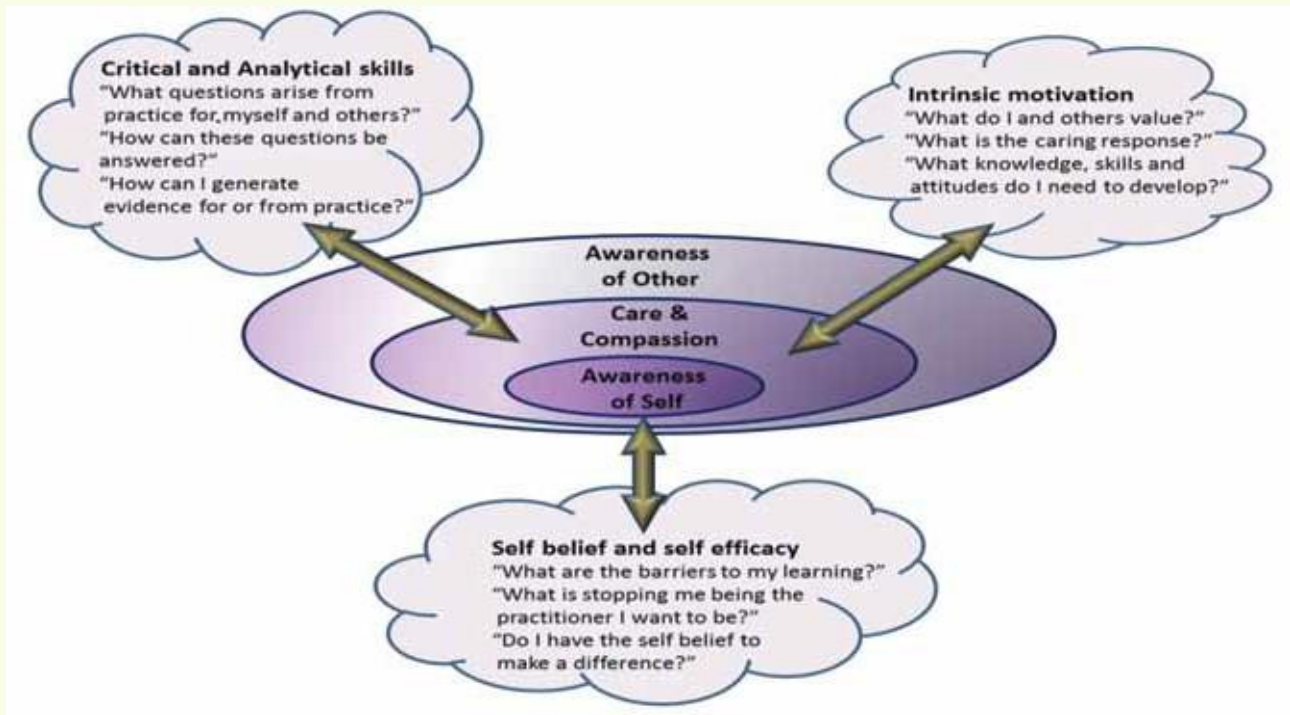
Managing student issues that arise whilst undertaking practice experience

A protocol has been developed jointly by practitioners and academic staff. There should be a copy displayed in every practice area with the relevant contact numbers included. The protocol can be viewed at the [Managing Student Issues](#) on the ALPS website.

Section 4: 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.