

Student's name:

Student ID

Intake Year

University

# NORTHERN IRELAND PRACTICE ASSESSMENT DOCUMENT PRE-REGISTRATION NURSING

## LEARNING DISABILITIES NURSING - PART 1

**Students, supervisors and assessors, please note the  
NMC requirement R1.3:**

**Please ensure people have the opportunity to give and if  
required withdraw, their informed consent to students  
being involved in their care.**

Please keep your Practice Assessment Document (PAD) with you at all times in practice in order to review your progress with your practice supervisor/s, practice assessor and/or academic assessor.



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## Acknowledgements

The Northern Ireland Practice Assessment Document (NIPAD) has been developed in collaboration with:

- Department of Health (Northern Ireland)
- Northern Ireland Practice Education Council (NIPEC)
- Queen's University Belfast
- The Open University
- Ulster University
- Health and Social Care Trusts
- Representatives from the Independent and Voluntary Sector in Northern Ireland
- Service Users
- Students
- Registered healthcare professionals in practice
- Patient Client Council
- Public Health Agency

We would like to acknowledge the help, support and direction from the regional PAD groups in England, Scotland and Wales who helpfully shared their work with us, enabling us to align with their approach as much as possible. Some elements of this NIPAD are adapted from their work.

# WELCOME TO THE NORTHERN IRELAND PRACTICE ASSESSMENT DOCUMENT (NIPAD)

This NIPAD is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses and Standards for education* (NMC 2018). It is therefore a tool to support learning and assessment in practice and provides a record of your achievements through the evidence that you develop in practice.

You will work and learn alongside many professionals in practice and you will be supervised and assessed continuously by practice supervisors, practice assessors, and academic assessors. This form of continuous assessment is an integral aspect of your learning and development as you progress to achieve the knowledge, skills and attributes of a registered professional nurse or midwife. It is therefore important that you are able to show and document evidence of your progressive achievement in this NIPAD. You should engage positively in all learning opportunities and take responsibility for your own learning; ask for direction and guidance and know how to access support when, and as, you need it. Do not be afraid to ask for help or support, this is an important attribute of being a professional.

You will work with, and receive written feedback from, a range of people including service users (people in your care, including their families and carers), practice supervisors, practice assessors, academic assessors and other health care professionals. It is essential that you reflect on this feedback and your wider learning objectives and positively engage in reflective dialogue with those who are supervising and assessing you in practice.

It is important you read the Practice Learning Handbook (the Handbook) before starting to complete this NIPAD. This handbook is an essential resource, which outlines how this NIPAD works. In the Handbook you will find policies and procedures related to learning in practice, as well as definitions of your role as a pre-registration nursing or midwifery student. You will also find the roles of those supporting you in practice i.e. practice supervisors, practice assessors and academic assessors in the Handbook. You should also have the Handbook with you to make available to those staff supporting you in practice should they require it.

**Please keep your NIPAD with you at all times to show it to practice supervisor/s, practice assessors and/or academic assessor. This must be provided to your practice assessor at the beginning of every practice learning experience (within two days) and be at hand for review of your progress, including documenting your development and learning needs.**

# GUIDANCE FOR USING THE NIPAD TO FACILITATE LEARNING AND ASSESSMENT IN PRACTICE

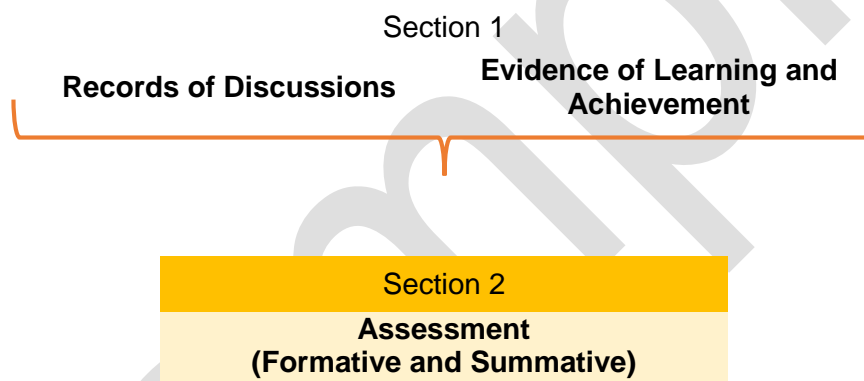
Assessment criteria in the NIPAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses and Standards for education and training* (NMC 2018). The proficiencies have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice* (NMC, 2018, p6).

The NIPAD, often referred to as your portfolio, is structured in two main sections:

1. The Ongoing Achievement Record which is composed of two sub parts
  - a. Records of Discussions
  - b. Evidence of Learning and Achievement
2. Assessment Documents for formative and summative assessment.

Section 1 provides the evidence of your learning journey and how you have met the standards of proficiency; this achievement is ratified in section 2 at time of assessment.

**Figure 1 – Structure of the NIPAD**



## Components of Assessment and Feedback

The NMC standards of proficiency are set out under 7 Platforms and two annexes (Annex A: Communication and relationship management skills and Annex B: Nursing Procedures) (NMC 2018). These are mapped against the evidence that you must develop in order to demonstrate that you have achieved these proficiencies and related skills. This mapping is set out at the back of this NIPAD. These can be assessed in a range of practice learning experiences but must be achieved to the required standard *by the end of each part of the programme (e.g. end of each year)*. These are the forms of evidence you will be demonstrating achievement in and are detailed in the Handbook:

- Professional Values in Practice
- Communication and Relationship Management Skills
- Promoting Health and Preventing Ill Health
- Leading and Coordinating Care
- Reflections
- Care Documentation
- Health Numeracy & Calculation of Medicines
- Quality Improvement in Practice
- Service User/Carer Feedback
- Child-Centred Care Worksheet

## Other Documents

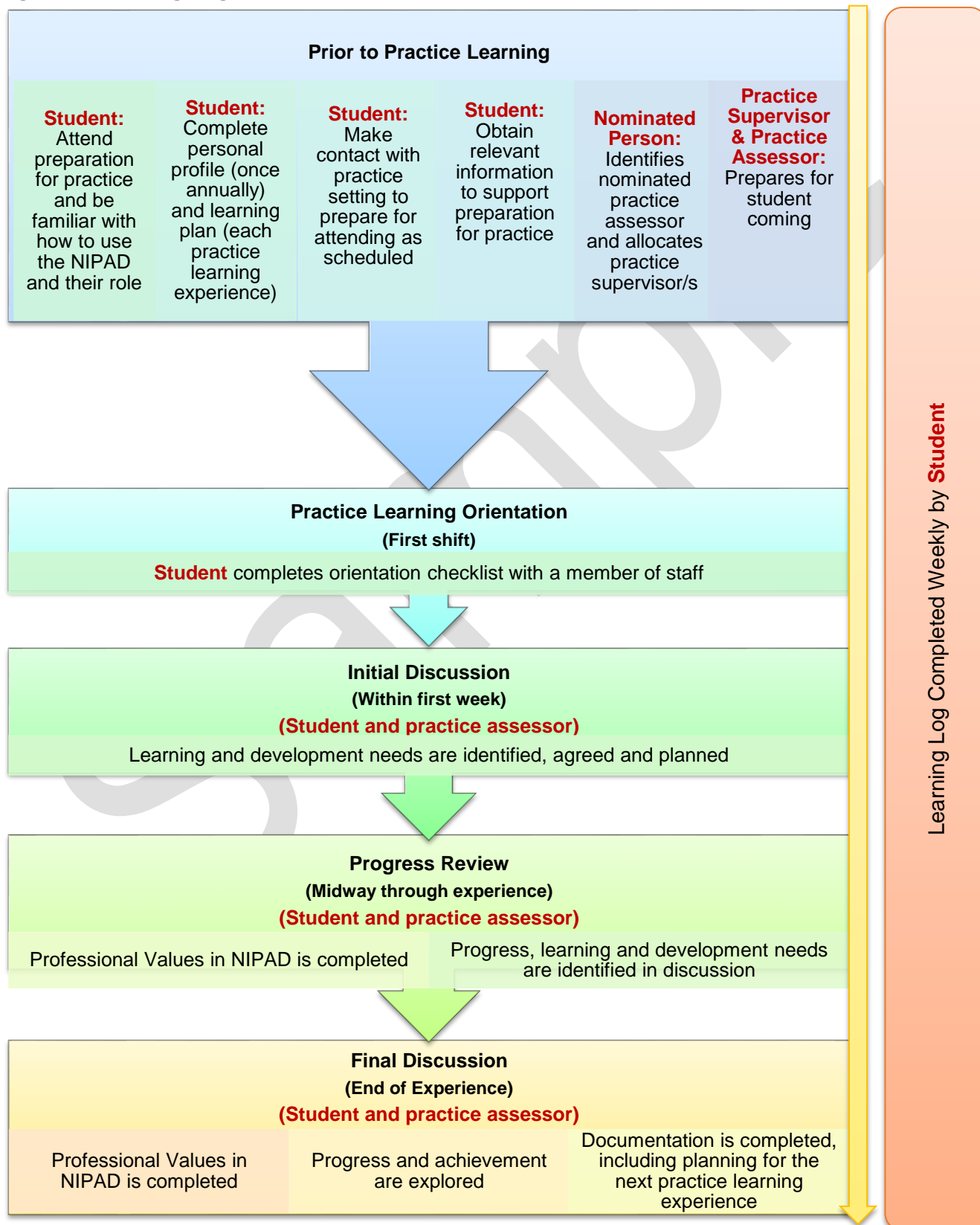
Other documents that you will need to complete in your NIPAD are:

- **Signature Log:** This should be completed by anyone who makes an entry into your NIPAD
- **Record of Underperformance:** This should be completed if your practice supervisor/s and nominated practice assessor have concerns about your performance, outside of set review times (Initial Discussion, Progress Review and Final Discussion)
- **Record of Attendance:** This should be completed daily and authenticated weekly by your practice supervisor/s
- **Practice Supervisor Notes:** These are completed by your practice supervisor/s as they feel necessary
- **Practice Assessor Notes:** These are completed by the practice assessor at each your initial, mid and final review
- **Academic Assessor Notes:** These are completed by the academic assessor at each visit to you in practice
- **Record of Learning with Other Health Care Professionals:** At times, you will have learning opportunities with other health care professionals (e.g. physiotherapist, social worker). This record is where you identify what you have learned and this is authenticated by that professional.

# THE ONGOING RECORD OF ACHIEVEMENT

The NMC require students to have an Ongoing Record of Achievement (ORA) that documents their learning achievements and developmental needs. It also helps to capture development of the evidence. Your ORA is made up of the NIPADs for Parts 1 to 3 of your programme and must always be presented together. Students and those supporting them should follow the process below for completing this element of the NIPAD:

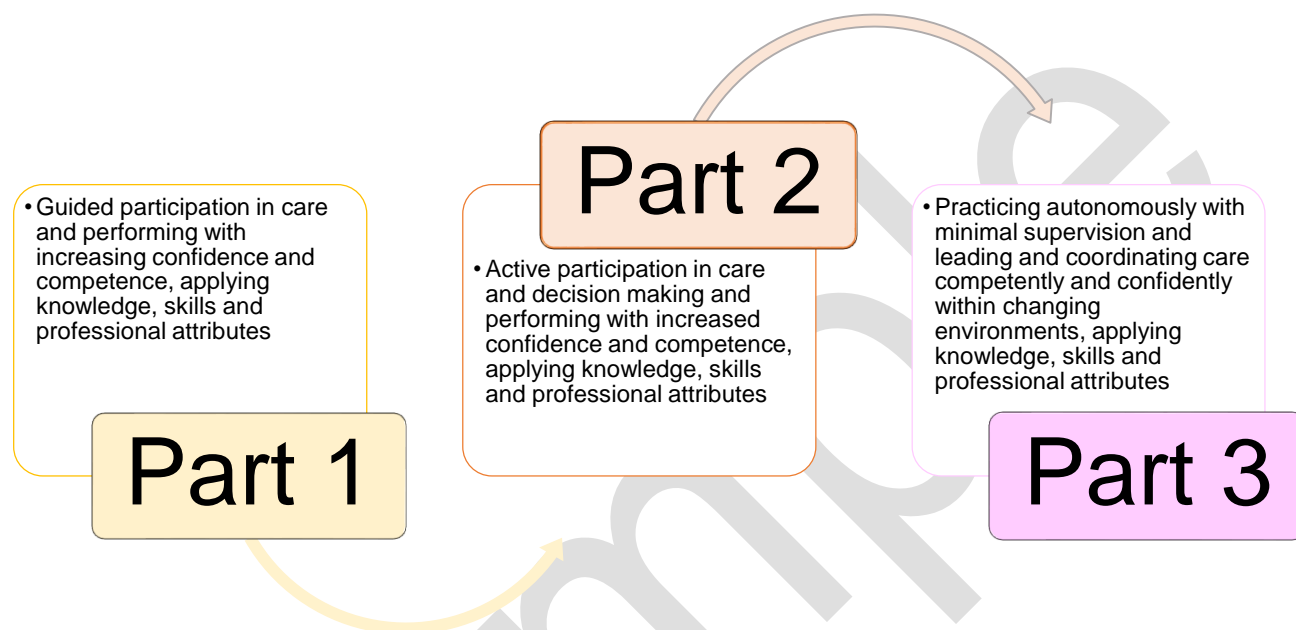
**Figure 2: The Ongoing Record of Achievement**



## ASSESSMENT IN PRACTICE

Each part of the programme addresses a number of the NMC 2018 Standards of Proficiencies. The evidence that students develop in each part is developmental and incremental in that in the subsequent part, students increase the level they are practicing with a view to them meeting the required standards in the final Part of the programme. This is broadly described in Figure 3. An overview of the programme structure is provided in Figure 4, illustrating where practice learning occurs.

**Figure 3 – Incremental Skills Development Over Each Part of the Programme**



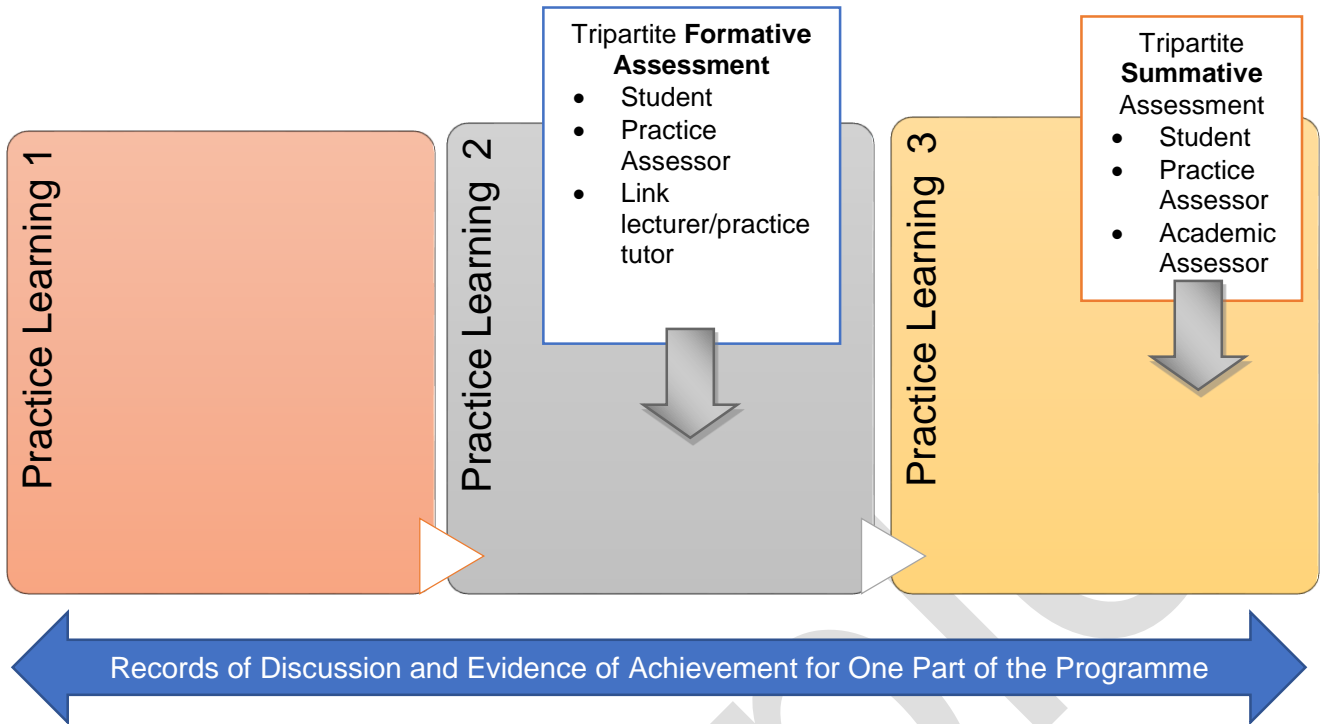
Students will develop their evidence across the whole part of the programme, at the end of which they will have a summative assessment. This is figuratively illustrated in Figure 4 (please note the number of practice learning experiences will vary). However, the learning journey has a variety of formative processes to support them in developing evidence for that summative assessment:

- The Records of Discussions for each practice learning experience provide formative feedback on the student's achievements and areas for development. These form a central component of the summative assessment as they are a form of communication between the practice supervisor/s and the practice and academic assessors.
- Tripartite formative assessment halfway through the total weeks of practice learning for that Part. The purpose of this tripartite formative assessment is to identify progress to date and to focus on the student's future learning and development of evidence that needs to occur before the summative assessment takes place. Additionally, evidence within the NIPAD to date is reviewed to ensure it is of sufficient standard to support the achievement of the identified proficiencies.

The first attempt at the tripartite summative assessment is undertaken towards the end of the final practice learning experience of that part of the course. Students must be afforded a period of two further weeks in which they can address any deficits in evidence for that Part of the programme. The final two weeks is the period of time for the student to address any aspects of their learning and development that prevented them from passing the first attempt at summative assessment. They will then have a second and final attempt at summative assessment at the end of those final two weeks..



**Figure 4: Assessment Strategy Across Each Part of the Programme in Practice**



Guidance on Formative assessment and Summative Assessment processes are located in the Handbook and should be followed.

# PERSONAL PROFILE

Please complete this personal profile prior to commencing your first week of practice learning for the part of the course (year).

| Your Details   |  |
|--|--|
| Student's name   |  |
| University ID  |  |
| Field  |  |
| Home Town (Optional)   |  |
| <b>WHO I AM</b><br>Please provide an overview of yourself (e.g. what is important to me, what are my values and beliefs). The information you chose to share will give those supporting you in practice a sense of who you are and what you aspire to be as a professional nurse |  |
|  |  |
| <b>WHERE I HAVE COME FROM</b><br>Please provide an overview of your educational and work experiences to date (e.g. your experience with working with people, in healthcare settings, courses you have completed).  |  |
|  |  |
| <b>MY DESTINATION</b><br>Please provide an overview of your aspirations for the future.  |  |
|  |  |

Student's signature:..... Date:.....

## PROFESSIONAL ASSESSMENT DOCUMENT SIGNATURE LOG – PART 1

In order that all records in your NIPAD can be traced, please ensure that any individual who makes a record in/adds a signature to your NIPAD also adds their signature to this log along with the other details indicated.

| Initials | Signature | Print Full Name | Designation | Place of Work | Date |
|----------|-----------|-----------------|-------------|---------------|------|
|          |           |                 |             |               |      |
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| Initials | Signature | Print Full Name | Designation | Place of Work | Date |
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|          |           |                 |             |               |      |

# **SECTION 1**

Sample

# RECORD OF DISCUSSIONS AND FEEDBACK

Sample

## INITIAL DISCUSSION

### PRACTICE LEARNING ENVIRONMENT:

#### Practice Learning Plan

Learning plan to be completed by the student prior to commencement of practice learning experience in order to identify learning and development plans for the experience.

|                                      |
|--------------------------------------|
| <b><i>Learning Opportunities</i></b> |
|--------------------------------------|

#### Initial Discussion

Student and practice assessor to discuss and agree learning opportunities related to this practice learning experience within the first week.

|   |
|---|
| <b><i>Record of Practice Learning Plan Discussion</i></b> |
| <i>Practice assessor please tick (✓) as appropriate:</i>  |

|   |  |
|---|--|
| I verify that the student has the Handbook available and we will use it when necessary.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I verify that I have seen and reviewed the student's NIPAD, including any development/action plans, in the first two days of this practice learning experience.                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The student and I have reviewed and agreed the learning plan for this experience.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| From these reviews, the student and I have identified and prioritised learning needs.   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| The student and I have reviewed progress in developing evidence for this part of the programme and identified priorities for this experience.<br><b>Omit from first experience of the programme</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Practice assessor's signature.....

Date .....

Student's signature .....

Student ID:.....

Date .....

# ORIENTATION

(Complete on First Shift)

|   |   |
|---|---|
| <b>Name of Practice learning environment:</b>   |   |
| <b>Name of Staff Member:</b>  |   |
| This should be undertaken by an appropriate member of staff (identified by the nominated person) in the practice learning environment   |   |
| The following criteria need to be met on commencement of practice learning  |   |
| Introduction to staff including identification of practice supervisor(s) and practice assessors   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| A general orientation to the health and social care practice learning environment has been undertaken   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The local fire procedures have been explained Tel.....  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Resuscitation policy and procedures have been explained. Tel.....   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Resuscitation and first aid equipment has been shown and explained  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student knows how to summon help in the event of an emergency   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student is aware of where to find local policies/ways of working <ul style="list-style-type: none"> <li>• Health and safety</li> <li>• Incident reporting procedures</li> <li>• Infection control (Including PPE)</li> <li>• Handling of messages and enquiries</li> <li>• Handling complaints</li> <li>• Other policies</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student has been made aware of information governance requirements (e.g. GDPR, data protection, confidentiality)  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The shift times, meal times and reporting sick policies have been explained   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student is aware of their professional role in practice in line with NMC  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Policy regarding safeguarding has been explained  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student is aware of the policy and process of raising and escalating concerns   | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| Lone working policy has been explained  | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| Risk assessments/reasonable adjustments relating to disability/learning/pregnancy/breastfeeding needs have been discussed (where disclosed)   | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>The following criteria need to be met prior to use of equipment:</b>   |   |
| The student has been shown and given a demonstration of the equipment used in the practice learning environment, including moving and handling  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| The student has been shown and given a demonstration of the medical devices used in the placement area  | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |

Student's signature.....

Date .....

Staff member's signature .....

Date .....



# PROGRESS REVIEW

## Professional Values in Practice (Part 1) – To be completed by practice assessor

Students are required to demonstrate high standards of professional conduct at all times during their practice learning experiences. Students should work within ethical and legal frameworks and be able to articulate the underpinning values of The Code (NMC, 2018). The practice assessor has responsibility for assessing Professional Values at the Progress Review and Final Discussion for each practice learning experience.

| Criteria                          |  | Progress Review   | Final Discussion  |
|-----------------------------------|--|---|---|
|                                   |  | Achieving?  | Achieving?  |
| Prioritise People                 | 1. The student maintains confidentiality in accordance with the NMC code.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 2. The student is non-judgemental, respectful and courteous at all times when interacting with all people  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 3. The student maintains the person's privacy and dignity, seeks informed consent prior to care and advocates on their behalf.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 4. The student is caring, compassionate and sensitive to the needs of others.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 5. The student understands the professional responsibility to adopt a healthy lifestyle, to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care. | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
| Practise Effectively              | 6. The student maintains consistent, safe and person-centred practice.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 7. The student is able to work effectively within the inter-disciplinary team with the intent of building professional relationships.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 8. The student makes a consistent effort to engage in active learning, as evident through their attitude, motivation and enthusiasm  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
| Preserve safety                   | 9. The student demonstrates openness (candour), trustworthiness and integrity.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 10. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 11. The student demonstrates the ability to listen, seek clarification and carry out instructions safely.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 12. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.                      | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
| Promote Professionalism and Trust | 13. The student's personal presentation and dress code is in accordance with the local and University policy.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 14. The student maintains an appropriate professional attitude regarding punctuality in accordance with the local and University policy.   | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 15. The student demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations.  | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                                 |
|                                   | 16. The student acts as a role model of professional behaviour for fellow students and nursing associates to aspire to   | Yes <input type="checkbox"/><br>No <input type="checkbox"/><br>N/A <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/><br>N/A <input type="checkbox"/> |

|                        |   |       |
|------------------------|---|-------|
| <b>Progress Review</b> | <b>If "No" to any of the above, please provide specific detail:</b> |       |
|                        |   |       |
|                        | Practice assessor name:   | Date: |
|                        | Practice assessor signature:  |       |

If there are any "no" responses, then this must trigger a development plan (below). This must involve the practice assessor and the nominated person (as appropriate) in liaison with the link lecturer/practice tutor.

| <b>Future Developmental Plan – Professional Values</b> |             |
|--|-------------|
| <b>Goal</b>  | <b>Plan</b> |
|  |             |
|  |             |
|  |             |

Practice assessor's signature..... Date .....

Student's signature ..... Student ID:..... Date .....

**Progress Review Continued...**

**Student and practice assessor please tick (✓) as appropriate:**

|  |   |
|--|---|
| We verify that we have reviewed progress in achieving the learning plan as agreed in the initial discussion. | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| From this review, we have identified developmental goals for the remainder of this experience.               | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

| Future Developmental Plan (General) |      |
|-------------------------------------|------|
| Goal                                | Plan |
|                                     |      |
|                                     |      |
|                                     |      |

**Practice assessor, please acknowledge below the student's achievement and progress to date.**

**Practice assessor, please tick (✓) and comment as appropriate:**

|  |  |
|--|--|
| Have you completed a Professional Values Assessment  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have you identified any areas of concern?  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Have concerns been escalated to the nominated person and the link lecturer/practice tutor? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Date (if applicable): _____ |
| <b>Please give specific details regarding any concerns:</b>                                |  |
|  |  |

Practice assessor's signature.....

Date .....

**Progress Review Continued...**

**Student's self-assessment/reflection on progress**

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

|                       |
|-----------------------|
| Knowledge:            |
| Skills:               |
| Attitudes and values: |

Student's signature: ..... Student ID:..... Date.....

## FINAL DISCUSSION

To be completed by the practice assessor

Please acknowledge below the student's achievement and progress to date:

|  |
|--|
|  |
|--|

### Professional Values in Practice

If "No" to any of the statements in the Professional Values in Practice Template, please provide specific detail:

|  |
|--|
|  |
|--|

|                              |  |       |
|------------------------------|--|-------|
| Practice assessor name:      |  | Date: |
| Practice assessor signature: |  |       |

Please tick (✓) and comment as appropriate:

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| Have you completed a Professional Values Assessment  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| Have you identified any areas of concern?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| Have concerns been escalated to the nominated person and the link lecturer/practice tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Date (if applicable): _____  |                              |                             |                              |

Please identify specific areas to take forward to the next practice learning experience. Every student must have a learning and development plan.

|                                       |                                    |
|---------------------------------------|------------------------------------|
| <b>Learning and Development Needs</b> | <b>How Will These be Achieved?</b> |
|---------------------------------------|------------------------------------|

**Please give specific details regarding any concerns:**

|  |  |
|--|--|
|  |  |
|--|--|

**Practice assessor, please complete this checklist:**

| <b>Checklist for Assessed Documents</b>  |  |
|--|--|
| The professional value statements have been signed at both Progress Review and Final Discussion.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| The relevant proficiencies/nursing procedures that the student has achieved in this area (where applicable) have been signed.                      | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| The practice learning hours have been checked and signed.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| All records of discussion and developmental plans have been completed and signed as appropriate.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Those who have made entries in this NIPAD have completed the signature log.  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| The student has completed their weekly learning log.   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| I have communicated any ongoing learning and development/action plan or concerns to the practice assessor in the next practice learning experience | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/><br>Date (if applicable): _____ |

*Practice assessor's signature*.....

*Date* .....

**Student's self-assessment/reflection on progress**

Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.

*Student's signature:* ..... *Student ID:*.....

*Date* .....

Knowledge:

Skills:

Attitudes and values:

Sample

## RECORD OF ATTENDANCE

Name of Student : ..... Student ID No: ..... Practice assessor: .....

Location of Experience: ..... Dates of Experience: ..... No. of Weeks: .....

Key: **A** = Attended as Scheduled      **S** – Sickness/Absence      **T** = Time Made Up for Sickness/Absence

|   | Week No.: 1<br>Dates: |  | Week No.: 2<br>Dates: |  | Week No.: 3<br>Dates: |  | Week No.: 4<br>Dates: |  | Week No.: 5<br>Dates: |  | Week No.: 6<br>Dates: |  |  |
|---|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|--|
| <b>Monday</b>                                 | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Tuesday</b>                                | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Wednesday</b>                              | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Thursday</b>                               | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Friday</b>                                 | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Saturday</b>                               | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T |  |
| <b>Sunday</b>                                 | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | No. of Hrs: .....     | <input type="checkbox"/> A<br><input type="checkbox"/> S<br><input type="checkbox"/> T | <b>Totals<br/>(Completed at the end of experience)</b> |
| <b>Hours Worked</b>                           |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |
| <b>Hours Sick/Absent</b>                      |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |
| <b>Hours Made-Up</b>                          |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |
| <b>Hours Worked on Night Duty</b>             |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |
| <b>Practice assessor/supervisor signature</b> |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |
| <b>Date</b>                                   |                       |  |                       |  |                       |  |                       |  |                       |  |                       |  |  |



## WEEKLY LEARNING LOG

| Practice learning environment   |  | Week |  | Date Commencing |  |
|---------------------------------|--|------|--|-----------------|--|
| What did I learn this week?     |  |      |  |                 |  |
| What did I find a challenge?    |  |      |  |                 |  |
| What is my focus for next week? |  |      |  |                 |  |
| Practice supervisor/s comments: |  |      |  |                 |  |

*Student's signature* ..... *Date* .....

*Practice supervisor's signature* ..... *Date* .....

| Practice learning environment   |  | Week |  | Date Commencing |  |
|---------------------------------|--|------|--|-----------------|--|
| What did I learn this week?     |  |      |  |                 |  |
| What did I find a challenge?    |  |      |  |                 |  |
| What is my focus for next week? |  |      |  |                 |  |
| Practice supervisor/s Comments: |  |      |  |                 |  |

*Student's signature:* ..... *Date* .....

*Practice supervisor's signature:* ..... *Date* .....

**ADDITIONAL RECORDS**

Sample

## PRACTICE SUPERVISOR/S' NOTES

To be completed by practice supervisor/s as considered necessary.

|                                      |  |                                  |  |
|--------------------------------------|--|----------------------------------|--|
|                                      |  |                                  |  |
| Practice supervisor's name: (print): |  | Practice supervisor's signature: |  |
| Date of record                       |  | Practice learning environment    |  |
|                                      |  |                                  |  |
| Practice supervisor's name: (print): |  | Practice supervisor's signature: |  |
| Date of record                       |  | Practice learning environment    |  |
|                                      |  |                                  |  |
| Practice supervisor's name: (print): |  | Practice supervisor's signature: |  |
| Date of record                       |  | Practice learning environment    |  |

## PRACTICE ASSESSOR'S NOTES

To be completed **if necessary** by the Practice assessor

|                                  |  |                               |  |
|----------------------------------|--|-------------------------------|--|
|                                  |  |                               |  |
| Practice assessor's name (Print) |  | Practice assessor's signature |  |
| Date of Record                   |  | Practice learning environment |  |
|                                  |  |                               |  |
| Practice assessor's name (Print) |  | Practice assessor's signature |  |
| Date of Record                   |  | Practice learning environment |  |
|                                  |  |                               |  |
| Practice assessor's name (Print) |  | Practice assessor's signature |  |
| Date of Record                   |  | Practice learning environment |  |

**ACADEMIC NOTES**  
**(LINK LECTURER/PRACTICE TUTOR/ACADEMIC ASSESSOR)**

To be completed on every visit by link lecturer/practice tutor/academic assessor

|                            |  |                                  |  |
|----------------------------|--|----------------------------------|--|
|                            |  |                                  |  |
| Academic's name<br>(Print) |  | Academic's signature             |  |
| Date of record             |  | Practice learning<br>environment |  |
|                            |  |                                  |  |
| Academic's name<br>(Print) |  | Academic's signature             |  |
| Date of record             |  | Practice learning<br>environment |  |
|                            |  |                                  |  |
| Academic's name<br>(Print) |  | Academic's signature             |  |
| Date of record             |  | Practice learning<br>environment |  |

## DEVELOPMENT PLAN

This development plan template can be used for any process whereby a development plan is identified as necessary (e.g. after service user/carer feedback).

| Learning and Development Needs  | How Will This be Achieved?                               |
|---|--|
| Sample  | Sample   |
| <b>We agree the above points and plan of action</b>                               |  |
| <i>Practice assessor's signature</i> .....  | <i>Date</i> .....  |
| <i>Student's signature</i> .....  | <i>Date</i> .....  |
| <i>Date for review</i> .....  |  |
| <b>Review Following the Development Plan</b>                                      |  |
| Has the development plan been achieved?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>If no, please develop a new development plan or record of underperformance</b> |  |
| <i>Practice assessor's signature</i> .....  | <i>Date</i> .....  |
| <i>Student's signature</i> .....  | <i>Date</i> .....  |

## RECORD OF UNDERPERFORMANCE

**Please complete if you have concerns about a student underperforming outside of set review times (Initial, Progress and Final).**

The Link lecturer/practice tutor/academic assessor should record their notes in the Link lecturer/practice tutor/academic assessor notes section. Practice assessor, please also cross-refer to this record in the Record of Discussions. This record is only to be used if required (duplicate as necessary). Underperformance is when a student is performing below the level expected for their stage of their education. This can be in relation to their knowledge, skills, attitudes or values.

| <b>Concerns Identified</b>   |  |
|--|--|
| <i>Please link to NMC Proficiencies (located at back of NIPAD) and provide specific detail</i> |  |
| Knowledge:   |  |
| Skills:  |  |
| Attitudes and values:  |  |
| Has this been escalated to the nominated person in practice?                                   | <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>Name:</span> <input style="width: 60%;" type="text"/> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>Date:</span> <input style="width: 60%;" type="text"/> </div> |
| Has this been escalated to the Link Lecturer/Practice Tutor?                                   | <div style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>Name:</span> <input style="width: 60%;" type="text"/> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> <span>Date:</span> <input style="width: 60%;" type="text"/> </div> |

| Agreed Action Plan   |                              | Date                        |
|--|------------------------------|-----------------------------|
| Learning and Development Needs   | How Will This be Achieved?   |                             |
| Sample   |                              |                             |
| <b><i>We agree the above points and plan of action</i></b>   |                              |                             |
| <i>Practice assessor's signature</i> .....   |                              | <i>Date</i> .....           |
| <i>Student's signature:</i> .....  |                              | <i>Date</i> .....           |
| <b>Date for Review:</b>  |                              |                             |
| Review Following the Action Plan   |                              | Date:                       |
| Have the learning and development needs been achieved?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b><i>If no, please provide detail on a new Record of Underperformance and ensure the practice assessor in the next practice learning experience has been informed of ongoing challenges</i></b> |                              |                             |
| <i>Practice assessor's signature</i> .....   |                              | <i>Date</i> .....           |
| <i>Student's signature</i> .....   |                              | <i>Date</i> .....           |



## **SUPPORTING EVIDENCE**

Sample

## SERVICE USER/CARER FEEDBACK

Students must obtain feedback from three service user/carers for each part of the programme; these must have no areas of concern. This feedback is a required element for summative assessment. This feedback is important in providing the student, and those assessing and supervising them, with valuable insight into the personal experience of care. It is important that such feedback is authentic and safeguards the person providing feedback, who may feel vulnerable. The following process must be followed to obtain this feedback:

1. Feedback should be sought from service users and carers/families by the practice supervisor(s)/assessor. It should not be sought by the student directly as the process should be anonymous.
2. Practice supervisor(s)/assessor should seek the consent of service users and carers/families who are involved in providing feedback. Service users and carers/families should be informed that:
  - a. Completion of feedback by service user is voluntary and will not impact on the care they receive.
  - b. If the service user consents, their identity will remain confidential. The practice supervisor(s)/assessor will provide a copy of the documentation and invite the service users/carers to complete this. They may provide assistance if required/requested. Practice supervisor(s)/assessor should confirm that what they have recorded accurately represents the views of the service users and carers/families.
  - c. No identifying details will be recorded on the documentation.
  - d. Feedback received will help to inform the student's development across their programme.
  - e. The student will not fail the practice learning component of their programme based on their feedback, but these are an essential component of the overall summative assessment process.
3. The practice supervisor(s)/assessor should sign and date the documentation.
4. The practice supervisor(s)/practice assessor should discuss the feedback with the student and record this within the NIPAD.
5. Should the feedback highlight any areas of concern, a learning plan must be developed by the student and practice assessor to address these. This must include obtaining an additional set of feedback from service users and carers/families to monitor development.

Service users' and carers'/families' feedback should be stored safely within the NIPAD and must be available for the summative assessment in order to confirm achievement of the linked practice learning outcomes.

## INFORMATION FOR SERVICE USER/CARER/ FAMILY

We would like to give you the opportunity to provide feedback about your experience with the student nurse whose name is on the next page.

There are some important things for us to highlight before you decide if you wish to take part:

- Feedback received will help to inform the student's learning
- Your comments will help the nursing student to think about themselves and how they provide care. You can withdraw your feedback at any time.
- Your name/details will not be recorded on this form. This means that the student and other staff will not know that it is you who provided the feedback.
- You may choose not to fill in the form and that is okay.
- If you do not want to take part your care will not be affected.
- Should you require any help in completing the form then please ask a member of your family, carer/ friend or the person who gave you the form (this person is called the practice supervisor or practice assessor).

If you would like to take part then all that you need to do is fill out the form provided to you by the nurse. This involves some tick box questions and a space for comments.

Feedback about Student Nurse: \_\_\_\_\_

- |   |                              |                             |                                   |
|---|------------------------------|-----------------------------|-----------------------------------|
| 1. Did the student nurse tell you their name?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 2. Did the student nurse ask could they participate in your care?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 3. Was the student nurse kind and caring to you?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 4. Did the student take into account your feelings/choices in all aspects of your care? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 5. Did the student nurse listen to you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 6. Did the student take account of how you were feeling?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 7. Did the student nurse check that you understood what was happening?                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |
| <hr/>   |                              |                             |                                   |
| 8. Did the student nurse talk with your family/carer (where appropriate)?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not sure <input type="checkbox"/> |

Please comment on what the student nurse did well

Please comment on what could the student nurse do differently

Thank you for taking the time to provide this feedback. You may withdraw this at any time if you wish. Please return it to the person who provided you with this form.

Practice supervisor/assessor, please confirm:

|   |  |  |  |
|---|--|--|--|
| Feedback has come from a service user/carer | Yes <input type="checkbox"/> No <input type="checkbox"/> | Feedback has been discussed with the student | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Practice supervisor/assessor name           |  | Signature                                    |  |
| Date  |  |  |  |

Record of Service User/Carer Feedback

**First Set of Feedback**

|  |  |  |   |
|--|--|--|---|
| <b>Date obtained</b>                                     |  | <b>Any Issues Identified?</b>                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| <b>Practice supervisor/ assessor Name</b>                |  | <b>If any issues, has there been a development plan devised?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>Signature</b>   |  | <b>Date</b>  |   |
| <b>Student Reflection on Service User/Carer Feedback</b> |  |  |   |
|  |  |  |   |
| <b>Student's name:</b>                                   |  | <b>Student's signature:</b>                                      |   |
| <b>Student ID</b>  |  | <b>Date</b>  |   |

**Second Set of Feedback**

|  |  |  |   |
|--|--|--|---|
| <b>Date obtained</b>                                     |  | <b>Any Issues Identified?</b>                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| <b>Practice supervisor/ assessor Name</b>                |  | <b>If any issues, has there been a development plan devised?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>Signature</b>   |  | <b>Date</b>  |   |
| <b>Student Reflection on Service User/Carer Feedback</b> |  |  |   |
|  |  |  |   |
| <b>Student's name:</b>                                   |  | <b>Student's signature:</b>                                      |   |
| <b>Student ID</b>  |  | <b>Date</b>  |   |

**Third Set of Feedback**

|  |  |  |   |
|--|--|--|---|
| <b>Date obtained</b>                                     |  | <b>Any Issues Identified?</b>                                    | Yes <input type="checkbox"/> No <input type="checkbox"/>                              |
| <b>Practice supervisor/ assessor Name</b>                |  | <b>If any issues, has there been a development plan devised?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>Signature</b>   |  | <b>Date</b>  |   |
| <b>Student Reflection on Service User/Carer Feedback</b> |  |  |   |
|  |  |  |   |
| <b>Student's name:</b>                                   |  | <b>Student's signature:</b>                                      |   |
| <b>Student ID</b>  |  | <b>Date</b>  |   |

# AUTHENTICATED REFLECTIVE ACCOUNTS – PART 1

***In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved***

## ***What is expected?***

In order to develop your skills as a reflective practitioner and also to evidence achievement of particular practice outcomes, you will be required to provide reflections that address the identified proficiencies below. Please note that you can address several of these in one reflection, as long as the reflective account addresses the proficiency sufficiently and the account is authentic. There is no set number of reflections but all proficiencies must be addressed by reflections by the end of this part of your course.

## ***How do I develop this evidence?***

Review the proficiencies listed and be aware of needing to reflect on these in practice. You can use situations you have observed or been part of in practice. In the situation where no opportunity to reflect on a specific proficiency has naturally occurred, you can have a focused discussion with a registrant about that proficiency and then reflect on that focused discussion.

This is not an academic piece of work and so does not require references. It is more important to have meaningful reflection. However, if you feel it is necessary to include some references, you can do so.

## ***What template do I use?***

There are many valid models of reflection that you can use. It is important you chose a model that works for you. Reflection is an essential element of professional practice and this can be seen in the revalidation process that the NMC have for registrants to meet the requirements to remain on the register. Using the NMC model may help you to be ready to use this process on registering as a nurse. Other models may appeal more to you. The choice is yours. The following are models that are recommended:

- NMC<sup>1</sup> revalidation model
- Rolfe<sup>2</sup> et al. (2001)
- Gibbs<sup>3</sup> (1988)
- Johns<sup>4</sup> (2009)

## ***What things do I need to consider?***

You must not use any identifying details in any reflections (e.g. names, practice learning environments, etc). You must protect the identity of people and remain professional, but honest, in your reflections.

Each reflection must be authenticated by a practice supervisor/s. Please give them adequate time to read your reflection so that they can provide verification and feedback.

Your reflection must not simply be a story. It must be critical and analytical and must lead to some future action.

Use the reflection Completion Summary Record to track your progress in completing these (next page)  
**NMC PROFICIENCIES TO BE ADDRESSED – PART 1**

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<sup>1</sup> Template for reflection available here: <http://revalidation.nmc.org.uk/download-resources/forms-and-templates.html>

<sup>2</sup> Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan.

<sup>3</sup> Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Oxford: Further Education Unit. Oxford Polytechnic.

<sup>4</sup> Johns, C. (2009) *Becoming a Reflective Practitioner* (3<sup>rd</sup> Edition). Oxford: Blackwell

- 1.3 understand and apply the principles of courage, transparency and the professional duty of candour, recognising and reporting any situations, behaviours or errors that could result in poor care outcomes
- 1.5 understand the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health
- 1.6 understand the professional responsibility to adopt a healthy lifestyle to maintain the level of personal fitness and wellbeing required to meet people's needs for mental and physical care
- 1.9 understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions
- 1.10 demonstrate resilience and emotional intelligence and be capable of explaining the rationale that influences their judgements and decisions in routine, complex and challenging situations
- 1.14 provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments
- 6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken
- 6.11 acknowledge the need to accept and manage uncertainty, and demonstrate an understanding of strategies that develop resilience in self and others

### Completion Summary Record

| Proficiency | Date of Reflection | Practice supervisor's name: | Practice supervisor's signature: | Student's signature: |
|-------------|--------------------|-----------------------------|----------------------------------|----------------------|
| 1.3         |                    |                             |                                  |                      |
| 1.5         |                    |                             |                                  |                      |
| 1.6         |                    |                             |                                  |                      |
| 1.9         |                    |                             |                                  |                      |
| 1.10        |                    |                             |                                  |                      |
| 1.14        |                    |                             |                                  |                      |
| 6.3         |                    |                             |                                  |                      |
| 6.11        |                    |                             |                                  |                      |



# REFLECTION TEMPLATE

*(Students must use a recognised reflective model)*

|   |  |
|---|--|
| Proficiencies being addressed (by number) |  |
|---|--|

Sample

**Practice Supervisor, please verify that this reflection addresses the specified proficiencies indicated at the beginning of this template, and that the reflection is authentic to the student's experience**

|                             |  |                                  |  |      |  |
|-----------------------------|--|----------------------------------|--|------|--|
| Practice supervisor's name: |  | Practice supervisor's signature: |  | Date |  |
| Student's name:             |  | Student's signature:             |  | Date |  |

## PROMOTING HEALTH AND PREVENTING ILL HEALTH – PART 1

***In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.***

Health education is an important aspect of the role of the professional nurse. Its goal is to support people to be as independent as possible in taking control of factors that can positively influence their health. In developing this form of evidence, you will address the following NMC proficiencies:

- 2.1 understand and apply the aims and principles of health promotion, protection and improvement and the prevention of ill health when engaging with people
- 2.6 understand the importance of early years and childhood experiences and the possible impact on life choices, mental, physical and behavioural health and wellbeing
- 2.7 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes
- 2.9 use appropriate communication skills and strength-based approaches to support and enable people to make informed choices about their care to manage health challenges in order to have satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability
- 2.10 provide information in accessible ways to help people understand and make decisions about their health, life choices, illness and care

In consultation with a registrant, identify a person in your care and undertake a health education episode to meet an identified need. You will need to use the teaching plan template on the next page to plan this session first. Following this, address the following and record your responses on the template provided:

1. Provide a brief overview of how your health education activity was planned, implemented and evaluated.
2. What factors did you consider in advance of the episode?
3. Reflecting on your experience, provide a brief critical analysis of the effectiveness of the episode.
4. What knowledge and skills did you use?
5. Reflecting on your development in undertaking your health education episode, evaluate how this will contribute to your future professional practice.

Your teaching plan and activity sheet must be authenticated by a practice supervisor/s .

## TEACHING PLAN TEMPLATE

|                                    |                                     |              |
|------------------------------------|-------------------------------------|--------------|
| <b>Topic</b>                       |                                     | <b>Date:</b> |
| <b>Person:</b>                     | <b>Special Considerations:</b>      |              |
| <b>Location/arrangements:</b>      |                                     |              |
| <b>Resources needed:</b>           | <b>Person's existing knowledge:</b> |              |
| <b>Aim:</b>                        |                                     |              |
| <b>Person's learning outcomes:</b> |                                     |              |
| <b>Time</b>                        | <b>Activity/Sequence</b>            | <b>Notes</b> |

|                                |  |  |
|--------------------------------|--|--|
|                                |  |  |
| <b>Evaluation of Teaching</b>  |  |  |
| <b>Summary/Recommendations</b> |  |  |

Please note: the spaces for responses are not indicative of the volume of content necessary. You must write sufficiently to evidence achievement of the NMC proficiencies.

|   |  |                                  |  |      |  |
|---|--|----------------------------------|--|------|--|
| 1. Provide a brief overview of how your health education episode was planned, implemented and evaluated.  |  |                                  |  |      |  |
|   |  |                                  |  |      |  |
| 2. Reflecting on your experience, provide a brief critical analysis of the effectiveness of the activity.   |  |                                  |  |      |  |
|   |  |                                  |  |      |  |
| 3. What knowledge and skills did you use?   |  |                                  |  |      |  |
|   |  |                                  |  |      |  |
| 4. Reflecting on your development in undertaking your health education episode, evaluate how this will contribute to your future professional practice. |  |                                  |  |      |  |
|   |  |                                  |  |      |  |
| <b>Practice Supervisor, please sign below to verify the authenticity of this worksheet</b>  |  |                                  |  |      |  |
| Student's name:   |  | Student's signature:             |  | Date |  |
| Practice supervisor's name:   |  | Practice supervisor's signature: |  | Date |  |

## CARE DOCUMENTATION – PART 1

***In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.***

To evidence that you have met the NMC proficiencies related to documenting care within a safe, person centred, evidence-based nursing context, you are required to engage in care documentation activities that will develop your application of knowledge and skills to this component of professional practice. This evidence must address the identified NMC proficiencies below and be completed by using the Learning Achievement Record. You should undertake this development with guided observation, participation in care and performing with increasing confidence and competence across Part 1 of your programme.

The types of care documentation may include, but is not limited to:

- Person-Centred Nursing Assessment
- Comprehensive Risk Assessment tools
- Evidence based plans of care, treatment, support or maintenance plans
- Referrals
- Evaluations/progress notes
- Discharge plans
- Transfer documentation

In developing this form of evidence, you will address the following NMC proficiencies:

- 1.9 Understand the need to base all decisions regarding care and interventions on people's needs and preferences, recognising and addressing any personal and external factors that may unduly influence their decisions
- 1.14 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflecting on people's values, beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments
- 3.1 Demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans
- 3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology and social and behavioural sciences when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans.
- 3.3 Demonstrate and apply knowledge of all commonly encountered mental, physical, behavioural and cognitive health conditions, medication usage and treatments when undertaking full and accurate assessments of nursing care needs and when developing, prioritising and reviewing person-centred care plans
- 3.4 Understand and apply a person-centred approach to nursing care demonstrating shared assessment, planning, decision-making and goal setting when working with people, their families, communities and people of all ages
- 3.5 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for individualised nursing care and develop person centred evidence-based plans for nursing interventions with agreed goals
- 3.15 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans and care, sharing decision making and readjusting agreed goals, documenting progress and decisions made.
- 4.8 Demonstrate the knowledge and skills required to identify and initiate appropriate interventions to support people with commonly encountered symptoms including anxiety, confusion, discomfort and pain
- 6.3 Comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken
- 6.5 Demonstrate the ability to accurately undertake risk assessments in a range of care settings, using a range of contemporary assessment and improvement tools.

7.11 Demonstrate the ability to identify and manage risks and take proactive measures to improve the quality of care and services when needed.

**It is essential that students do not submit any actual documentation from practice to ensure that confidentiality of the people involved is maintained. You also must not use any identifying details in any evaluation/reflections to remain compliant with GDPR requirements.**

The following care documentation must be completed, addressing the identified NMC proficiencies:

| Care Documentation                       | Proficiencies to be Addressed | Guidance   |
|--|-------------------------------|--|
| <b>Person-centred Nursing assessment</b> | 1.9, 1.14                     | <ol style="list-style-type: none"> <li>1. Carry out an observation of a non-complex person-centred nursing assessment</li> <li>2. Using guided participation, complete one non-complex person-centred nursing assessment</li> <li>3. Complete a Learning Achievement Record</li> </ol>   |
| <b>Plan of Care</b>                      | 3.1, 3.2, 3.3, 3.4, 3.5, 4.8  | <ol style="list-style-type: none"> <li>1. Based on your completion of a nursing assessment, select <b>two care needs</b> – one of which must be from the list below, and using guided participation, complete an evidence-based plan of care for each of these care needs.</li> <li>2. Complete a Learning Achievement Record</li> </ol> <p><b>List of Foci</b><br/>           Anxiety<br/>           Confusion<br/>           Pain and discomfort<br/>           Change in behaviour(s)</p>   |
| <b>Care Evaluation</b>                   | 3.15                          | <ol style="list-style-type: none"> <li>1. With guided participation, complete a written evaluation of nursing care provided for one person in your care over a minimum period of one shift</li> <li>2. Complete a Learning Achievement Record</li> </ol>   |
| <b>Risk Assessment</b>                   | 6.3, 6.5, 7.11                | <p>There are a number of different risk assessment tools used in different care settings. Here are some suggested tools that you may wish to consider (this list is not exhaustive):</p> <ul style="list-style-type: none"> <li>• MUST</li> <li>• Moving and Handling</li> <li>• Pressure Sore Risk (e.g. Braden Scale)</li> <li>• Falls risk</li> <li>• NEWS2</li> <li>• Alcohol intake risk assessment</li> </ul> <ol style="list-style-type: none"> <li>1. With guided participation, for <b>one</b> identified risk arising from your participation in a nursing assessment, complete a risk assessment using a recognised risk assessment tool.</li> <li>2. Complete a Learning Achievement Record</li> </ol> |

**You will have four Learning Achievement Records for Part 1 to capture your learning and development for the above. Record below your progress for quick reference.**

**Summary Record of Care Documentation Completed – Part 1**

| Care Documentation   | Date Completed | Practice supervisor's name: | Practice supervisor's signature: | Student's signature: |
|----------------------|----------------|-----------------------------|----------------------------------|----------------------|
| Assessment           |                |                             |                                  |                      |
| Plan of Care         |                |                             |                                  |                      |
| Evaluation of Care   |                |                             |                                  |                      |
| Risk Assessment Tool |                |                             |                                  |                      |

Sample



# CARE DOCUMENTATION - LEARNING ACHIEVEMENT RECORD – PART 1

Please use this template to record the achievement of proficiencies addressed through completion of care documentation (e.g. care plans, observation sheets, assessment tools). For example, if you complete a care plan that addresses four proficiencies, identify these, summarise your learning from undertaking this activity and ask a practice supervisor/s to check the documentation, verify it meets the standard required and sign this record. **Do not attach any actual (original or copies) care documentation.** Please duplicate as required.

Students should use the following guiding questions to help complete this record:

- Identify ways in which your ideas, thinking, knowledge, understanding and practice have been challenged and/or changed
- Explain how you overcame any difficulties experienced and what you learned about yourself in the process
- Identify key factors that have enabled you to grow in confidence and competence when delivering person-centred care
- Describe what was learned from/through this learning experience
- Explain what you might do differently if completing this/similar learning experience/ task again

|   |   |   |
|---|---|---|
| <b>Care Documentation</b>   | <input type="checkbox"/> Assessment         | <input type="checkbox"/> Plan of Care         |
|   | <input type="checkbox"/> Evaluation of Care | <input type="checkbox"/> Risk Assessment Tool |
| <b>Please summarise your learning and development in completing this care documentation, making explicit reference to the proficiency(ies) being addressed.</b> |   |   |
| Sample  |   |   |
| <b>Practice Supervisor, please tick (✓) as appropriate below and then sign below:</b>   |   |   |
| <b>I have reviewed the identified evidence and confirm:</b>   |   |   |
| 1. It is person-centred   | Yes <input type="checkbox"/>                | No <input type="checkbox"/>                   |
| 2. It meets the identified proficiency(ies)   | Yes <input type="checkbox"/>                | No <input type="checkbox"/>                   |
| 3. That this record is authentic.   | Yes <input type="checkbox"/>                | No <input type="checkbox"/>                   |
| <b>Practice supervisor's name:</b>  |   | <b>Practice supervisor's signature:</b>       |
|   |   | <b>Date</b>                                   |
| <b>Student's name:</b>  |   | <b>Student's signature:</b>                   |
|   |   | <b>Date</b>                                   |



|  |
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|--|

2. Determine the processes within the organisation for quality improvement

|  |
|--|
| What mechanisms are in place within the organisation to undertake quality improvement? |
|  |

3. Understand the complaints process and how complaints are used to respond to concerns and improve practice

|  |
|--|
| Outline the complaints process of the organisation                     |
|  |
| How are complaints monitored and analysed?                             |
|  |
| What actions occur from complaints that influence the quality of care? |

|  |
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|  |
|--|

If a person approaches you wanting to make a complaint, what is the organisations policy on how you should respond?

|  |
|--|
|  |
|--|

4. Identify at least two risk assessment strategies that occur within a practice learning environment that are in place to monitor quality.

**Risk Assessment 1**

Please provide a brief description of the risk assessment strategy

|  |
|--|
|  |
|--|

Why was this strategy put in place and how does it contribute to improving the quality of care?

|  |
|--|
|  |
|--|

Reflect on the strategy. Does it create an effective culture for quality improvement?

|  |
|--|
|  |
|--|

**Risk Assessment 2**

|   |
|---|
| Please provide a brief description of the risk assessment strategy                              |
|   |
| Why was this strategy put in place and how does it contribute to improving the quality of care? |
|   |
| Reflect on the strategy. Does it create an effective culture for quality improvement?           |
|   |

**Authentication**

|   |  |                                  |                              |                             |
|---|--|----------------------------------|------------------------------|-----------------------------|
| I have read the responses to questions one to four and confirm that they are authentic and accurate |  |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Practice supervisor's name:   |  | Practice supervisor's signature: |                              | <b>Date:</b>                |
| Student's name:   |  | Student's signature:             |                              | <b>Date:</b>                |

## LEADING AND COORDINATING CARE – PART 1

***In completing this evidence, please cross check with the Nursing Procedures and Communication and Relationships Skills records as aspects of the proficiencies therein may also have been achieved at the same time and can therefore be documented as achieved.***

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues. Additionally, nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people. This includes people at any stage of their lives, across a range of organisations and settings.

In completing this set of evidence, you will demonstrate that you have developed the skills to lead and coordinate care on an incremental basis across all parts of your course. This begins with understanding how care is integrated across professional roles and settings. In developing your evidence for leading and coordinating care, you will be meeting the following NMC proficiencies:

- 5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make use of the contributions of others involved in providing care
- 5.8 support and supervise students in the delivery of nursing care, promoting reflection and providing constructive feedback, and evaluating and documenting their performance

In consultation with a practice supervisor/s, identify a person whose care you have been involved in whilst in practice. Explain the role of each member of the multidisciplinary team and how they contributed to the care of this person. Complete the log below:

Provide a brief overview of person in your care that you have chosen to focus on. Remember not to provide any names or details that would enable them or the practice area to be identified.

Identify the members of the multidisciplinary team involved in this person's care and explain their role and responsibilities. Do not provide a broad definition of their roles but instead apply your response to the specific needs of the person in your care.

Discuss how they contributed to the care of the person and how they worked together effectively

What factors contribute to them working effectively together and factors were inhibitors

Enablers

Inhibitors

Summarise the approaches you used to work in partnership with the person and carer in reaching shared decision about future care.

Reflect on the effectiveness by which you communicated with the individual and team.

Request constructive feedback from your supervisor about how you performed within the team caring for a person. Reflect/discuss how receiving constructive feedback can help you to provide safe and compassionate care.

**Registrant's Authentication**

|  |  |                                  |                              |                             |
|--|--|----------------------------------|------------------------------|-----------------------------|
| I have read this log and confirm that it is authentic and accurate |  |                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Practice supervisor's name:  |  | Practice supervisor's signature: | <b>Date:</b>                 |                             |
| Student's name:  |  | Student's signature:             | <b>Date:</b>                 |                             |



## CHILD-CENTRED CARE WORKSHEET

During your programme you will have the opportunity to interact and/or care for children who require input from health care professionals to either prevent or manage health care needs. The proficiencies required to care for children and their families is an integral part of your professional practice and learning to care for people across the lifespan. This worksheet will assist you to meet the following proficiencies:

- 1.2 understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom.
- 1.11 communicate effectively using a range of skills and strategies with colleagues and people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges
- 1.12 demonstrate the skills and abilities required to support people at all stages of life who are emotionally or physically vulnerable
- 1.14 provide and promote non-discriminatory, person-centred and sensitive care at all times, reflecting on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments.
- 2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances.
- 2.5 promote and improve mental, physical, behavioural and other health related outcomes by understanding and explaining the principles, practice and evidence-base for health screening programmes.
- 2.11 promote health and prevent ill health by understanding and explaining to people the principles of pathogenesis, immunology and the evidence-base for immunisation, vaccination and herd immunity, and
- 2.12 protect health through understanding and applying the principles of infection prevention and control, including communicable disease surveillance and antimicrobial stewardship and resistance.
- 3.1 demonstrate and apply knowledge of human development from conception to death when undertaking full and accurate person-centred nursing assessments and developing appropriate care plans
- 3.4 understand and apply a person-centred approach to nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages
- 3.16 demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support.
- 4.2 work in partnership with people to encourage shared decision making in order to support individuals, their families and carers to manage their own care when appropriate
- 4.5 demonstrate the knowledge and skills required to support people with commonly encountered physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs
- 5.4 demonstrate an understanding of the roles, responsibilities and scope of practice of all members of the nursing and interdisciplinary team and how to make best use of the contributions of others involved in providing care
- 6.3 comply with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken.
- 7.1 understand and apply the principles of partnership, collaboration and interagency working across all relevant sectors
- 7.2 understand health legislation and current health and social care policies, and the mechanisms involved in influencing policy development and change, differentiating where appropriate between the devolved legislatures of the United Kingdom
- 7.10 understand the principles and processes involved in planning and facilitating the safe discharge and transition of people between caseloads, settings and services

This activities in the worksheet can be completed at any point across the three parts of your programme, depending upon the practice learning environments where you will care for children. It is important for

your professional development that you begin completion of the worksheet when you first encounter children during practice learning. A text that may be helpful in focusing on child-centred care is:

Carter, B., Bray, L., Dickinson, A., Edwards, M., Ford, K., (2014) *Child centred Nursing – Promoting critical thinking*. Sage: London

|   |
|---|
| 1. With reference to 'Parental Responsibility' as defined in 'The Children (Northern Ireland) Order 1995, identify who has parental responsibility for a child. Write a brief account of how health professionals confirm who has parental responsibility for a child under 16 years, prior to interventions  |
|   |
| 2. Read the regional consent form and pay particular attention to consent for those under 16 years. Reflect on what you have read and record your understanding of the concept of consent for under 16 years. Discuss with you practice supervisor if needed.   |
|   |
| 3. Access The Safeguarding Board for Northern Ireland (SBNI) website and briefly explain why this board was established <a href="https://www.safeguardingni.org/">https://www.safeguardingni.org/</a>   |
|   |
| 4. Discuss with your practice supervisor how the 'Understanding the Needs of Children in Northern Ireland (UNOCINI) assessment framework supports professionals in meeting the needs of children and their families. <a href="https://www.safeguardingni.org/">https://www.safeguardingni.org/</a>  |
|   |
| 5. List and briefly describe the categories of child abuse as outlined in Co-operating to Safeguard Children and Young People in Northern Ireland (2017) section 2.6. <a href="https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland">https://www.health-ni.gov.uk/publications/co-operating-safeguard-children-and-young-people-northern-ireland</a> |
|   |
| 6. Read section 3.2.2 Co-operating to Safeguard Children (2017) and Young People in Northern Ireland (2017) and in discussion with your practice supervisor identify the Paediatrician and named nurse who have responsibility to ensure that safeguarding procedures are implemented throughout the Health and Social Care Trust (HSCT)  |
|   |

|   |
|---|
| <p>7. Observe a health professional adding an entry to the Personal Child Health Record (PCHR). Explain how this contributes to professionals working in partnership with families to monitor a child's health and development. Discuss health screening that has been documented in the PCHR, with your practice supervisor.</p>   |
|   |
| <p>8. Consult the current Northern Ireland immunisation schedule for children <a href="https://www.nidirect.gov.uk/articles/childhood-immunisation-programme">https://www.nidirect.gov.uk/articles/childhood-immunisation-programme</a> Identify one of the communicable disease and check the most up to date statistic <a href="https://www.publichealth.hscni.net/directorate-public-health/health-protection/vaccination-coverage">https://www.publichealth.hscni.net/directorate-public-health/health-protection/vaccination-coverage</a> and note if herd immunity threshold has been achieved in the HSCT where you are currently in practice learning</p> |
|   |
| <p>9. Reflect on and document a brief account of a situation where you provided, current health promoting, advice to a parent and or child.</p>   |
|   |
| <p>10. Identify one child/teenager who has been admitted to a healthcare setting or is being cared for in the community as a result of illness or injury. Write a brief discussion about how the assessment process was altered to take account of the child's developmental stage.</p>   |
|   |
| <p>11. Provide a critical discussion on the importance of taking a child or family centred approach when caring for a child or young adult within any health and social care setting. You may use examples from practice to inform your discussion.</p>   |
|   |
| <p>12. Reflect on and document a brief account of a situation where you communicated with the child and family in a way that demonstrates respect for culture diversity and individual needs, and the extent to which care provided was family or child centred.</p>  |
|   |
| <p>13. Identify one child/teenager who has been admitted into a healthcare setting or is being cared for in the community as a result of illness or injury. Write a reflection on how the principles of child or family centred care were applied to the nursing care of this child and discuss this with your practice supervisor.</p>   |
|   |

14. Young people may transition from child to adult health services for a range of reasons. Outline some difficulties that this transition might present for a child and their family and discuss how the nurse can facilitate a smooth transition.

|  |
|--|
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**Practice supervisor, please sign below to verify the authenticity of this worksheet**

|                          |  |                               |  |      |  |
|--------------------------|--|-------------------------------|--|------|--|
| Student Name             |  | Student Signature             |  | Date |  |
| Practice Supervisor Name |  | Practice Supervisor Signature |  | Date |  |

Sample

## RECORD OF LEARNING WITH OTHER HEALTH CARE PROFESSIONALS

Students may use this record sheet to record learning activities that have occurred with other healthcare professionals

| Date of Activity                                  | Location of Activity | Attendance Times   | No. of Hours | Verifier's Name | Verifier's Signature | Designation |                      |
|---|----------------------|--------------------|--------------|-----------------|----------------------|-------------|----------------------|
|   |                      | From:          To: |              |                 |                      |             |                      |
| Briefly describe the experience and your learning |                      |                    |              |                 |                      |             |                      |
|   |                      |                    |              |                 |                      |             | Student's signature: |
| Health care professional comments                 |                      |                    |              |                 |                      |             |                      |
| Date of Activity                                  | Location of Activity | Attendance Times   | No. of Hours | Verifier's Name | Verifier's Signature | Designation |                      |
|   |                      | From:          To: |              |                 |                      |             |                      |
| Briefly describe the experience and your learning |                      |                    |              |                 |                      |             |                      |
|   |                      |                    |              |                 |                      |             | Student's signature: |
| Health care professional comments                 |                      |                    |              |                 |                      |             |                      |

Name of Student: .....

Student ID: .....

# HEALTH NUMERACY & CALCULATION OF MEDICINES – PART 1

## Introduction

As a nurse you will need to be competent in basic and more complex numeracy skills and drug administration. This learning log is designed to give you some focus and guidance of skills that will be required during practice placements. Primarily, by completing this learning log you will address a variety of NMC proficiencies (NMC, 2018).

| <b>Is competent in basic proficiencies relating to Providing and Evaluating Care (*):</b>     |  |
|---|--|
| 4.5   | Demonstrate the knowledge and skills required to support people with commonly encountered mental and physical health conditions, their medication usage and treatments, and act as a role model for others in providing high quality nursing interventions when meeting people's needs     |
| 4.14  | Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies and demonstrate proficiency and accuracy when calculating dosages of prescribed medicines  |
| 4.15  | Demonstrate knowledge of pharmacology and the ability to recognise the effects of medicines, allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage |
| 4.16  | Demonstrate knowledge of how prescriptions can be generated, the role of generic, unlicensed, and off-label prescribing and an understanding of the potential risks associated with these approaches to prescribing  |
| 4.17  | Apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration, and  |
| <b>Is competent to perform NMC Standards for Registered Nurse Annex B: Nursing Procedures</b> |  |
| 11.2  | recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them   |
| 11.4  | undertake accurate drug calculations for a range of medications  |
| 11.6  | exercise professional accountability in ensuring the safe administration of medicines to those receiving care  |
| 11.7  | administer injections using intramuscular, subcutaneous and intradermal routes and manage injection equipment  |
| 11.8  | administer medications using a variety of routes   |
| 11.11   | undertake safe storage, transportation and disposal of medicinal products  |

# Using Numbers in Everyday Nursing Practice

## Early Warning Scores

You will be using numbers every day in practice from observing and recording temperature, blood pressure, heart rate, respiration rate to calculating body mass index and balancing a person's fluid intake and output. The following activities will help improve your knowledge on the significance of accurate recording and the importance of record keeping and reporting.

In your practice learning environment, complete the NEWS2 chart for two people in your care, completing each case study below.

### Case Study One

1. Complete the following:

| Vital Sign                  | Measurement | Item Score for NEWS2 |
|-----------------------------|-------------|----------------------|
| Respiration Rate            |             |                      |
| Oxygen Saturations          |             |                      |
| Air or Oxygen               |             |                      |
| Blood Pressure              |             |                      |
| Heart Rate                  |             |                      |
| Consciousness/New Confusion |             |                      |
| Temperature                 |             |                      |
| <b>Total NEWS2 Score</b>    |             |                      |

2. Discuss the relevance of these scores, the clinical risk and necessary response.

|   |  |                                 |  |      |                          |    |                          |
|---|--|---------------------------------|--|------|--------------------------|----|--------------------------|
| Practice supervisor, please verify that:                                      |  |                                 |  |      |                          |    |                          |
| The student has undertaken this work independently                            |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date |                          |    |                          |

## Case Study Two

1. Complete the following:

| Vital Sign                  | Measurement | Item Score for NEWS2 |
|-----------------------------|-------------|----------------------|
| Respiration Rate            |             |                      |
| Oxygen Saturations          |             |                      |
| Air or Oxygen               |             |                      |
| Blood Pressure              |             |                      |
| Heart Rate                  |             |                      |
| Consciousness/New Confusion |             |                      |
| Temperature                 |             |                      |
| <b>Total NEWS2 Score</b>    |             |                      |

2. Discuss the relevance of these scores, the clinical risk and the necessary response.

Sample

|   |  |                                 |  |      |                          |    |                          |
|---|--|---------------------------------|--|------|--------------------------|----|--------------------------|
| Practice Supervisor, please verify that                                       |  |                                 |  |      |                          |    |                          |
| The student has undertaken this work independently                            |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date |                          |    |                          |



## Fluid Intake and Output Balance

Fluid intake and output charts are an assessment tool to identify and monitor a person's fluid input and output. Such records and calculations need to be completed and calculated accurately.

### ACTIVITY FOUR

To demonstrate your ability in clinical practice you must complete a fluid intake and output chart for two people in your care. You will need to confirm the amount in ml used to record as a cup, or glass etc. within your practice learning environment (the sizes of cups and glasses can vary in volume from setting to setting). Check this with your practice supervisor/s.

#### Case Study One

1. Complete the fluid intake and output chart based on the person's input and output.
2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

| Total Intake | Total Output | Any Factors You Considered in Relation to Insensible Losses |
|--------------|--------------|---|
|              |              |   |

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

| Provide your analysis below |           |
|-----------------------------|-----------|
|                             |           |
| Action(s) You Would Take    | Rationale |
|                             |           |

|   |  |                                 |  |      |                          |    |                          |
|---|--|---------------------------------|--|------|--------------------------|----|--------------------------|
| Practice supervisor, please verify that                                       |  |                                 |  |      |                          |    |                          |
| The student has undertaken this work independently                            |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date |                          |    |                          |

## Case Study Two

1. Complete the fluid intake and output chart based on person's input and output.
2. Add up the total input and output and calculate the difference between the input and output. Remember to take into consideration insensible losses.

| Total Intake | Total Output | Any Factors You Considered in Relation to Insensible Losses |
|--------------|--------------|---|
|              |              |   |

3. Analyse the difference between the intake and output and describe the actions you would take. Provide a rationale for each action.

| Provide your analysis below |           |
|-----------------------------|-----------|
|                             |           |
| Action(s) You Would Take    | Rationale |
|                             |           |

| Practice supervisor, please verify that                                       |  |                                 |  |      |                          |    |                          |
|---|--|---------------------------------|--|------|--------------------------|----|--------------------------|
| The student has undertaken these calculations independently                   |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date |                          |    |                          |

## Body Mass Index (BMI)

BMI is one of the assessment tools to assist in assessing if your patient is over or underweight.

### ACTIVITY FIVE

In your practice placement choose three people in your care and calculate their BMI and place them in the appropriate nutritional status category.

Please note you will need to **convert the units of measurement** into the correct form first:

#### Case Study One

| Weight | Height | BMI | Category | Date Completed |
|--------|--------|-----|----------|----------------|
|        |        |     |          |                |

#### Case Study Two

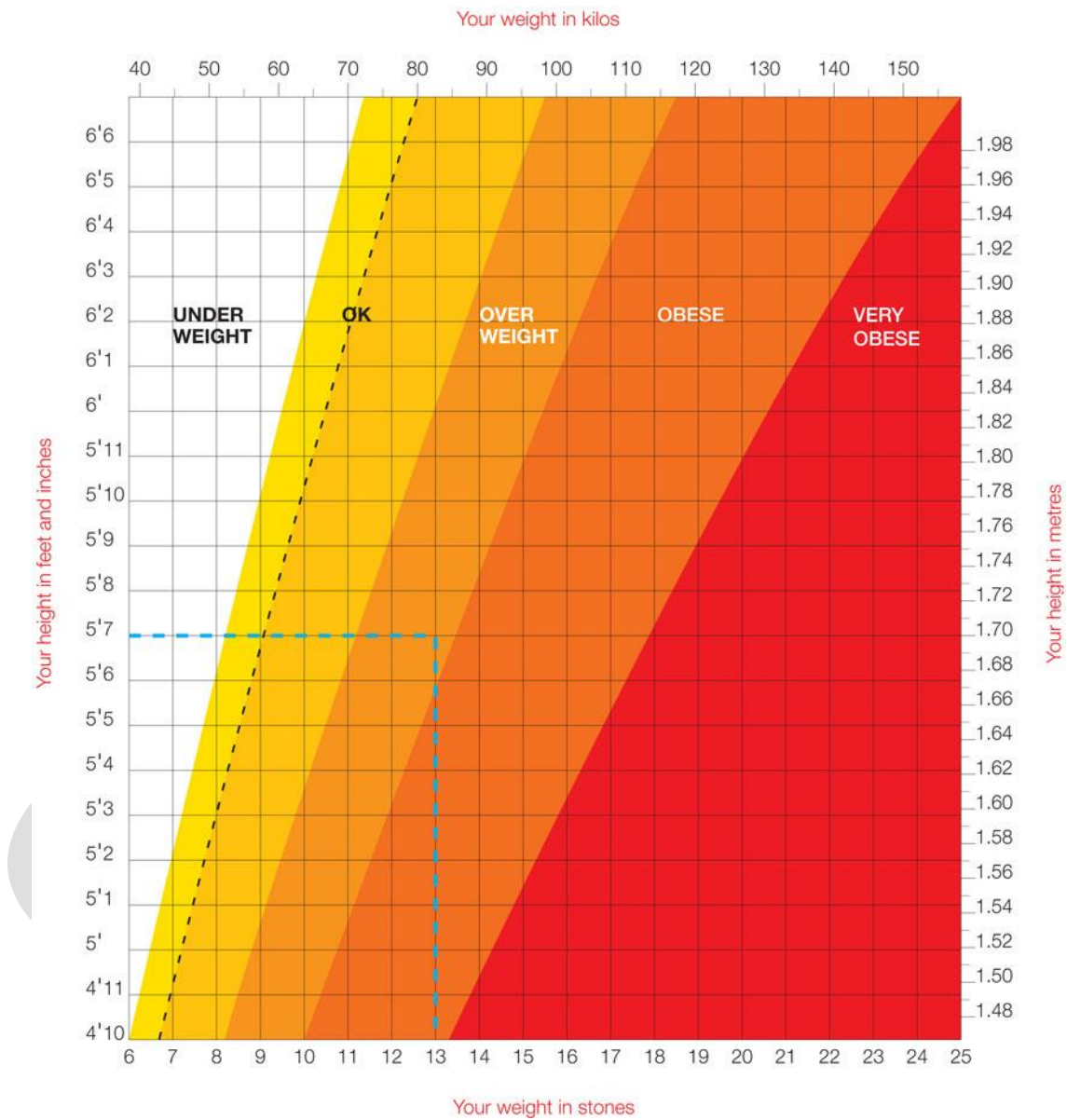
| Weight | Height | BMI | Category | Date Completed |
|--------|--------|-----|----------|----------------|
|        |        |     |          |                |

#### Case Study Three

| Weight | Height | BMI | Category | Date Completed |
|--------|--------|-----|----------|----------------|
|        |        |     |          |                |

|   |  |                                 |     |                          |    |                          |
|---|--|---------------------------------|-----|--------------------------|----|--------------------------|
| Practice supervisor, please verify that                                       |  |                                 |     |                          |    |                          |
| The student has undertaken these calculations independently                   |  |                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |     | Date                     |    |                          |

**Figure 5 – Body Mass Index Chart**



# Prescription Validity

Explain the relevance of the seven identified areas on the medicine prescription and administration record below and indicate why you would check these before commencing administration of medication

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |

Figure 6 – Medicine Prescription and Administration Record

**HSC Medicine Prescription and Administration Record**

Rewritten on (date): **4**  
 Record number of Kardexes **4**  
 in use: \_\_\_\_\_ of \_\_\_\_\_

**Allergies / Medicine sensitivities**  
 This section must be completed before prescribing and administration except in exceptional circumstances

| Date of Reaction | Medicine/allergen | Type of reaction (eg. rash) | Signature/ designation/date |
|------------------|-------------------|-----------------------------|-----------------------------|
|                  |                   | <b>3</b>                    |                             |

OR  
 No known allergies (Please tick)  
 Signature / Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Write in CAPITAL LETTERS or use addressograph  
 Surname: \_\_\_\_\_  
 First names: **1**  
 Health and Care no: \_\_\_\_\_  
 DOB: \_\_\_\_\_

Hospital: **2** Ward: \_\_\_\_\_  
 Consultant: \_\_\_\_\_ Date of admission: \_\_\_\_\_

| Date | Weight   | Height | BSA |
|------|----------|--------|-----|
|      | <b>5</b> |        |     |

**Risk factors** that may require consideration for dose adjustment and medicine choice  
 Renal impairment  Hepatic impairment  Pregnancy  Breast feeding  Other (please specify) **5**

Signature: \_\_\_\_\_ Date: **6**

**Additional charts in use (tick each chart)**  
 Other prescription charts in use must be referenced on the main prescription record. Attach all additional A4 charts to the Medicines Prescription and Administration Record. If a chart is no longer in use, draw a line through the selected box below and date and sign it.

SC Insulin  TDM (Therapeutic Drug Monitoring) eg. gentamicin, vancomycin  Fluid balance **1** of 12  PCA (Patient Controlled Analgesia)  TPN  Dietetic  IV Insulin **7**  Chemotherapy  Other (please specify)

**Common abbreviations for routes of administration**  
 Buccal = BUCC  
 Inhalations = INH  
 Intramuscular = IM  
 Intravenous = IV  
 Nasogastric = NG  
 Nebulised = NEB  
 Oral = PO  
 Per gastrostomy = PEG  
 Per rectum = PR  
 Subcutaneous = SC  
 Sublingual = SL

|   |  |                                 |  |                              |                             |
|---|--|---------------------------------|--|------------------------------|-----------------------------|
| Practice supervisor, please verify that   |  |                                 |  |                              |                             |
| The student has undertaken this validity check independently                                |  |                                 |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I (practice supervisor) have discussed and checked the answers and confirm they are correct |  |                                 |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date                         |                             |

**Figure 7 – Non-Medical Prescriber Prescription**

000028  
Northern Ireland Health Service  
HS 21  
Rev 04/07

Age  
DOB  
Name (including forename) and address

Pharmacy stamp

No. of days treatment  
GH / HxC No.  
Code numbers

**NURSE INDEPENDENT/SUPPLEMENTARY PRESCRIBER**

Signature of Doctor  
Date

**Nurse Prescriber Name  
Contact Details**

PATIENTS - please read the notes overlaid  
Form Number  
01569127731

**List the four patient details which should be completed on the prescription:**

- 1.
- 2.
- 3.
- 4.

**List the five legal requirements a prescriber must ensure is completed on a prescription:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Are electronic signatures acceptable on a community prescription?**

**List the five medication details which should be completed on the prescription:**

- 1.
- 2.
- 3.
- 4.
- 5.

**What should be written on the script to indicate no further items?**

|   |  |                                 |  |      |                          |    |                          |
|---|--|---------------------------------|--|------|--------------------------|----|--------------------------|
| Practice supervisor, please verify that                                       |  |                                 |  |      |                          |    |                          |
| The student has undertaken this validity check independently                  |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) have checked the answers and confirm they are correct |  |                                 |  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (print)  |  | Practice supervisor's signature |  | Date |                          |    |                          |

**Medicine and Administration Record**





## Safe Administration of Medicines - Administration Procedure

Complete an observed medication administration with your practice supervisor where you undertake the administration and demonstrate your proficiency against the criteria in the template below. Afterwards, complete the template with your practice supervisor to record your achievement. You must do this on two occasions in part 1.

| Assessment 1  |  |                                 |                          | Achieved/Not Achieved |                          |
|---|--|---------------------------------|--------------------------|-----------------------|--------------------------|
| Checked for:  |  |                                 |                          | Yes                   | No                       |
| • Person's details completed  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Allergies or previous drug reactions  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Drug name   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Start date/finish date  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Route of administration   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Dose (strength if applicable)   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Frequency   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Time for administration   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • If already given or omitted   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • If any contraindications  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Potential interactions  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Any storage directions  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| Verbalises action of medication, including checking (e.g. BNF) if necessary   |  |                                 |                          | Yes                   | No                       |
| Considers matters around consent and ethical administration   |  |                                 |                          | Yes                   | No                       |
| Correctly identifies medication to be given   |  |                                 |                          | Yes                   | No                       |
| Checks  |  |                                 |                          | Yes                   | No                       |
| • Drug name against prescription  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Dose against prescription   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Expiry date   |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| Calculates dose   |  |                                 |                          | Yes                   | No                       |
| Under the direct supervision of a RN Prepares for administration, including any required checks with additional staff |  |                                 |                          | Yes                   | No                       |
| Checks person's identity against:   |  |                                 |                          | Yes                   | No                       |
| • Wrist band  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Verbally  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| • Prescription chart  |  |                                 | <input type="checkbox"/> | No                    | <input type="checkbox"/> |
| Checks allergies with person  |  |                                 |                          | Yes                   | No                       |
| Under the direct supervision of a RN administers medication to person   |  |                                 |                          | Yes                   | No                       |
| Observes the person taking the medication   |  |                                 |                          | Yes                   | No                       |
| Documents administration correctly  |  |                                 |                          | Yes                   | No                       |
| Confirms how adverse reactions are notified   |  |                                 |                          | Yes                   | No                       |
| Practice supervisor, please verify that   |  |                                 |                          |                       |                          |
| The student has undertaken this medication administration under your supervision                                      |  |                                 |                          | Yes                   | No                       |
| I (practice supervisor) confirm the accuracy of the assessment record completed                                       |  |                                 |                          | Yes                   | No                       |
| Practice supervisor's name (Print)  |  | Practice supervisor's signature |                          | Date                  |                          |



| Assessment 2  |  |                                 |  | Achieved/Not Achieved |                          |    |                          |
|---|--|---------------------------------|--|-----------------------|--------------------------|----|--------------------------|
| Checked for:  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Person's details completed  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Allergies or previous drug reactions  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Drug name   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Start date/Finish date  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Route of administration   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Dose (strength if applicable)   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Frequency   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Time for administration   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • If already given or omitted   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • If any contraindications  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Potential interactions  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Any storage directions  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Verbalises action of medication, including checking (e.g. BNF) if necessary   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Considers matters around consent and ethical administration   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Correctly identifies medication to be given   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Checks  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Drug name against prescription  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Dose against prescription   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Expiry date   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Calculates dose   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Under the direct supervision of a RN prepares for administration, including any required checks with additional staff |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Checks person's identity against:   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Wrist band  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Verbally  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Prescription chart  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Checks allergies with person  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Under the direct supervision of a RN administers medication to person   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Observes the person taking the medication   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Documents administration correctly  |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Confirms how adverse reactions are notified   |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice Supervisor, please verify that   |  |                                 |  |                       |                          |    |                          |
| The student has undertaken this medication administration under your supervision                                      |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| I (practice supervisor) confirm the accuracy of the assessment record completed                                       |  |                                 |  | Yes                   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Practice supervisor's name (Print)  |  | Practice supervisor's signature |  | Date                  |                          |    |                          |

## Calculations in Nursing

One of the most important ways in which you will have to use your calculation skills in your practice is when you are preparing and administering medicines for different routes of administration. While you have been introduced to the basic theory behind drug calculations in Part 1 of your programme, it is important that you are competent in calculating the correct volumes and dosages in practice.

The important information that you need for getting to grips with dose calculations are:

- The type of formulations containing the drug – e.g. tablets, capsules or suspensions (volumes of fluid)
- The amount of the drug contained in each tablet, capsule or volume of fluid etc.
- The prescribed dose required to be given at each administration

**Based on medications prescribed for people in your care, complete the tables below. Do not use the same drug twice and all entries must be completed. An example is provided for each section.**

| Enteral Drug (Tablet/Capsule) |             | Dose Prescribed | Dose each unit is supplied in | Number needed for prescribed dose | Show Calculation | Practice Supervisor Initials | Date |
|-------------------------------|-------------|-----------------|-------------------------------|-----------------------------------|------------------|------------------------------|------|
| e.g.                          | Paracetamol | 1g              | 500mg                         | 2 tablets                         | 500mg x 2 = 1g   |                              |      |
| 1.                            |             |                 |                               |                                   |                  |                              |      |
| 2.                            |             |                 |                               |                                   |                  |                              |      |
| 3.                            |             |                 |                               |                                   |                  |                              |      |
| 4.                            |             |                 |                               |                                   |                  |                              |      |
| 5.                            |             |                 |                               |                                   |                  |                              |      |
| 6.                            |             |                 |                               |                                   |                  |                              |      |
| 7.                            |             |                 |                               |                                   |                  |                              |      |
| 8.                            |             |                 |                               |                                   |                  |                              |      |
| 9.                            |             |                 |                               |                                   |                  |                              |      |
| 10.                           |             |                 |                               |                                   |                  |                              |      |

| Enteral Drug (Liquid/Suspension) |             | Dose Prescribed | Dose each unit is supplied in | Amount needed for prescribed dose | Show Calculation                                  | Practice Supervisor Initials | Date |
|----------------------------------|-------------|-----------------|-------------------------------|-----------------------------------|---|------------------------------|------|
| e.g.                             | Amoxicillin | 500mg           | 250mg in 5 ml                 | 10ml                              | 250mg x 2 = 500mg<br>250mg in 5ml, 5ml x 2 = 10ml |                              |      |
| 1.                               |             |                 |                               |                                   |   |                              |      |
| 2.                               |             |                 |                               |                                   |   |                              |      |
| 3.                               |             |                 |                               |                                   |   |                              |      |
| 4.                               |             |                 |                               |                                   |   |                              |      |
| 5.                               |             |                 |                               |                                   |   |                              |      |

| Parenteral Drugs (Injections) |             | Dose Prescribed | Dose each unit is supplied in | Amount needed for prescribed dose | Show Calculation  | Practice Supervisor Initials | Date |
|-------------------------------|-------------|-----------------|-------------------------------|-----------------------------------|---|------------------------------|------|
| e.g.                          | Haloperidol | 2 mg            | 5 mg in 1 ml                  | 0.4 ml                            | If 5mg in 1ml, 1mg in 0.2ml.<br>2mg = 0.2ml x 2 = 0.4ml |                              |      |
| 1.                            |             |                 |                               |                                   |   |                              |      |
| 2.                            |             |                 |                               |                                   |   |                              |      |
| 3.                            |             |                 |                               |                                   |   |                              |      |

## COMMUNICATION AND RELATIONSHIP MANAGEMENT SKILLS – ACROSS ALL PARTS

**THIS COMMUNICATION AND RELATIONSHIP MANAGEMENT LOG MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME AND MUST BE ACHIEVED IN PRACTICE LEARNING PRIOR TO ENTRY TO THE NMC REGISTER. THEY SHOULD BE ACHIEVED AT THE LEVEL COMMENSURATE TO THE STUDENT'S STAGE OF THE PROGRAMME.**

**STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE SKILLS THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES.**

| 1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care |   |                               |   |                              |                               |   |                              |                               |   |                              |
|---|---|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| Proficiency   |   | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
| 1.1   | Actively listens, recognises and responds to verbal and non-verbal cues                   |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.2   | Uses prompts and positive verbal and non-verbal reinforcement                             |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.3   | Uses appropriate non-verbal communication including touch, eye contact and personal space |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.4   | Makes appropriate use of open and closed questioning                                      |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care**

| Proficiency | Practice learning environment   | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|---|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 1.5         | Uses caring conversation techniques: <ul style="list-style-type: none"> <li>• connects emotionally, shows compassion and empathy</li> <li>• is curious</li> <li>• listens attentively and is non-judgemental</li> <li>• is collaborative</li> </ul> celebrates achievements | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.6         | Checks understanding and use clarification techniques (e.g. paraphrasing, summarising and reflecting)   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.7         | Is aware of own unconscious bias in communication encounters (e.g. equality and diversity)  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.8         | Writes accurate, clear, legible records and documentation   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care**

| Proficiency |  | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|--|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 1.9         | Confidently and clearly presents and shares verbal and written reports with individuals and groups                                       |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.10        | Analyses and clearly records and shares digital information and data in line with GDPR   |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.11        | Provides clear verbal, digital or written information and instructions when delegating or handing over responsibility for care           |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 1.12        | Recognises the need for, and facilitates access to, translator services and material, e.g. provides information in alternative languages |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care**

| Proficiency |  | Practice learning environment   | Achieved? | Practice supervisor initials | Practice learning environment | Achieved? | Practice supervisor initials | Practice learning environment | Achieved? | Practice supervisor initials |
|-------------|--|---|-----------|------------------------------|-------------------------------|-----------|------------------------------|-------------------------------|-----------|------------------------------|
| 2.1         | Shares information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis | Achieved within Promoting Health and Preventing Ill Health activities |           |                              |                               |           |                              |                               |           |                              |

**2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care**

| Proficiency | Practice learning environment   | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|---|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 2.2         | Uses clear language and appropriate written materials, making reasonable adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and treatment | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.3         | Recognises and accommodate sensory impairments during all communications  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.4         | Supports and manage the use of personal communication aids  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.5         | Identifies the need for and manages a range of alternative communication techniques   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.6         | Uses repetition and positive reinforcement strategies   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |



**2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care**

| Proficiency | Practice learning environment  | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|--|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 2.7         | Assesses motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.8         | Provides information and explanation to people, families and carers and respond to questions about their treatment   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 2.9         | Engages in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity                             | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

Sample

### 3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions

| Proficiency   | Practice learning environment                 | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|---|---|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 3.1. Uses motivational interviewing techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention) |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.2. Uses solution focused therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)  |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.3. Uses reminiscence therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)      |   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.4. Talking therapies  | Addressed at 3.1, 3.2, 3.3, 3.6, 3.7 and 3.9) |   |                              |                               |   |                              |                               |   |                              |

**3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions**

| Proficiency |  | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|--|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 3.5.        | Uses de-escalation strategies and techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.6.        | Uses cognitive behavioural therapy techniques effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)             |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.7.        | Uses play therapy effectively and appropriately (see the Handbook for exemplar actions in this technique/intervention)   |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 3.8.        | Uses distraction and diversion strategies effectively and appropriately including (e.g. talking, exercise, art, music, deep breathing/mindfulness, relaxation) |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions**

| Proficiency  | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|--|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| 3.9. <b>Uses positive behaviour support approaches effectively and appropriately, including:</b> <ul style="list-style-type: none"> <li>Identifying strategies to help person stay happy and calm</li> <li>Recognising early warning signs of behaviour that is challenging and identifying strategies to manage same</li> <li>Identifying the reason behind behaviour</li> <li>Reinforcing positive behaviours</li> </ul> Facilitating the development of skills in self-management |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**4. Evidence-based, best practice communication skills and approaches for working with people in professional teams**

| Proficiency | Practice learning environment  | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?  | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|--|---|------------------------------|-------------------------------|--|------------------------------|-------------------------------|---|------------------------------|
| 4.1         | <b>Demonstrates effective supervision, teaching and performance appraisal through the use of:</b><br>clear instructions and explanations when supervising, teaching or appraising others | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input checked="" type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
|             | • clear instructions and check understanding when delegating care responsibilities to others   | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
|             | • unambiguous, constructive feedback about strengths and weaknesses and potential for improvement  | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/>            |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**4. Evidence-based, best practice communication skills and approaches for working with people in professional teams**

| Proficiency |   | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|-------------|---|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
|             | <ul style="list-style-type: none"> <li>encouragement to colleagues that helps them to reflect on their practice</li> </ul>                        |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
|             | <ul style="list-style-type: none"> <li>unambiguous records of performance</li> </ul>  |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| 4.2         | <b>Demonstrate effective person and team management through the use of:</b><br>strengths-based approaches to developing teams and managing change |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
|             | <ul style="list-style-type: none"> <li>active listening when dealing with team members' concerns and anxieties</li> </ul>                         |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
|             | <ul style="list-style-type: none"> <li>a calm presence when dealing with conflict</li> </ul>  |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**4. Evidence-based, best practice communication skills and approaches for working with people in professional teams**

| Proficiency   | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|---|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| <ul style="list-style-type: none"> <li>• appropriate and effective confrontation strategies including:                             <ul style="list-style-type: none"> <li>○ listening attentively</li> <li>○ exploring the root cause of the confrontation</li> <li>○ depersonalising the situation</li> <li>○ staying calm and in control of emotions</li> <li>○ trying to see the other persons perspective</li> <li>○ recognition of own role</li> <li>○ gives the other person options</li> <li>○ being open to compromise</li> </ul> </li> </ul> |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |



**4. Evidence-based, best practice communication skills and approaches for working with people in professional teams**

| Proficiency   | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|---|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| <ul style="list-style-type: none"> <li>• de-escalation strategies and techniques when dealing with conflict including:               <ul style="list-style-type: none"> <li>○ use of neutral non confrontation body language</li> <li>○ speaking in a calm voice</li> <li>○ being respectful – direct but courteous</li> <li>○ hearing the person out</li> <li>○ recognising role and limitations</li> <li>○ setting goals (for example SMART)</li> <li>○ remains professional - disengage if required</li> </ul> </li> </ul> |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

**4. Evidence-based, best practice communication skills and approaches for working with people in professional teams**

| Proficiency   | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials | Practice learning environment | Achieved?   | Practice supervisor initials |
|---|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|-------------------------------|---|------------------------------|
| <ul style="list-style-type: none"> <li>• effective co-ordination and navigation skills through:                             <ul style="list-style-type: none"> <li>○ appropriate negotiation strategies (e.g. listening, rapport building and problem solving, being assertive and be willing to compromise)</li> </ul> </li> </ul> |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| <ul style="list-style-type: none"> <li>○ appropriate escalation procedures</li> </ul>   |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |
| <ul style="list-style-type: none"> <li>○ appropriate approaches to advocacy</li> </ul>  |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |                               | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                              |

## NURSING PROCEDURES – LEARNING DISABILITIES NURSING - PART 1

**STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE SKILLS THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES**

*In this part of the programme, students should be practicing at the following level:  
Guided participation in care and performing with increasing confidence and competence, applying knowledge, skills and professional attributes*

**Key:** Yes: Student demonstrates achievement to the expected standard  
 No: Student does not yet demonstrate achievement to the expected standard  
 NOA: No opportunity available

|                                 |  |
|---------------------------------|--|
| Practice Learning 1<br>Location |  |
| Practice Learning 2<br>Location |  |
| Practice Learning 3<br>Location |  |

**Please see the Handbook for further detail on these Keys.**

| NMC Annex B Ref | Nursing Procedure   | Practice Learning Experience No.  |                       |      |   |                       |      |   |                       |      |
|-----------------|---|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |   | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |   | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
| 1.1             | <b>Assesses mental health and wellbeing status using appropriate tools/framework(s)</b> <ul style="list-style-type: none"> <li>(e.g. PASSAD, Depression Scales, Folstein Mini-Mental State Examination, Recovery and Wellness tools.</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref | Nursing Procedure   | Practice Learning Experience No.  |                       |      |   |                       |      |   |                       |      |
|-----------------|---|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |   | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |   | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
| 1.11            | <p>Identifies and responds appropriately to signs of mental and emotional stress or vulnerability (e.g. sensory impairment, dementia, autistic spectrum disorder, distress, delirium, behaviours that challenge)</p> <ul style="list-style-type: none"> <li>• Contributes to a culture of mental health recovery and wellness that fosters self-determination and resilience</li> <li>• Acts as an advocate for the person, their family or their carers</li> <li>• Engages actively with individuals, families and carers to enable their full involvement in the care/treatment process, on the basis of informed choice</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref | Nursing Procedure  | Practice Learning Experience No.  |                       |      |   |                       |      |   |                       |      |
|-----------------|--|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |  | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
| 1.2.2           | <b>Identifies and responds appropriately to signs and symptoms of physical distress (e.g. pain, thirst, hunger, nausea, constipation)</b> <ul style="list-style-type: none"> <li>• Demonstrates application of the nursing process</li> <li>• Demonstrates an ability to see the person as the expert in his or her experience</li> <li>• Demonstrates an ability to see the person and not just his or her symptoms</li> <li>• Demonstrates respect for the contribution of families, friends and carers</li> <li>• Recognises when additional actions are needed to address additional care needs</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 2.1<br>+2.10    | <b>Accurately takes, records and interprets:</b> <ul style="list-style-type: none"> <li>• Temperature</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>• Radial Pulse (manual)</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>• Brachial Pulse (manual)</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref | Nursing Procedure   | Practice Learning Experience No.  |                       |      |   |                       |      |   |                       |      |
|-----------------|---|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |   | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |   | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | <ul style="list-style-type: none"> <li>Carotid Pulse (manual)</li> </ul>                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Respirations</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Oxygen Saturations (SaO<sub>2</sub>)</li> </ul>                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Capillary Refill/Perfusion (Central and Peripheral)</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>National Early Warning Score</li> </ul>                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Blood Pressure (sphygmomanometer)</li> </ul>                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Blood Pressure (electronic)</li> </ul>                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Recognises changes in Level of Consciousness (AVPU)</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref  | Nursing Procedure  | Practice Learning Experience No.  |                       |   |   |                       |   |   |                       |      |
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|  |  | Assessment  | Registrant's Initials | Date  | Assessment  | Registrant's Initials | Date  | Assessment  | Registrant's Initials | Date |
| 2.6 + 5.2  | <b>Accurately measures/calculates and records</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|  | • Weight   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|  | • Height   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|  | • Length   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|  | • Body Mass Index (BMI), including correctly categorising result   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| • Nutritional Status using contemporary assessment tool(s) (e.g. MUST) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA  |   |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |   |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |   |                       |      |
| 2.11   | Can identify/recognises signs of all forms of abuse  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|  | Responds to signs of all forms of abuse, documenting and reporting same and making appropriate onwards referrals <ul style="list-style-type: none"> <li>Is aware of the referral process to other professions and statutory or voluntary agencies</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref                           | Nursing Procedure  | Practice Learning Experience No.  |                       |   |   |                       |   |   |                       |      |
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|   |  | Assessment  | Registrant's Initials | Date  | Assessment  | Registrant's Initials | Date  | Assessment  | Registrant's Initials | Date |
| 2.14                                      | Administers basic mental health first aid (e.g. non-judgmental listening, providing reassurance, providing support/referral information) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 2.15                                      | Administers basic physical first aid   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 2.16                                      | Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support:  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|   | • Protects person from injury  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|   | • Manages a person safely while in a seizure   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|   | • Can demonstrate knowledge of emergency medication  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|   | • Can place person in recovery position (at appropriate time)  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|   | • Management of mild airway obstruction  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| • Management of severe airway obstruction | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA  |   |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |   |                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |   |                       |      |



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|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | <ul style="list-style-type: none"> <li>Opening, clearing and maintaining airway</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Check for breathing and pulse simultaneously</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Correctly identifies how to gain expert help in cardiac arrest</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Performs CPR correctly – Adult               <ul style="list-style-type: none"> <li>Compressions (hand position, rate, depth, recoil)</li> </ul> </li> </ul>            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Ventilations (chest rises and falls, correct use of bag-valve-mask)</li> </ul> </li> </ul>                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Performs CPR correctly – Infant and Child               <ul style="list-style-type: none"> <li>Compressions (hand position, rate, depth, recoil)</li> </ul> </li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Ventilations (chest rises and falls, correct use of bag-valve-mask)</li> </ul> </li> </ul>                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 3.1 + 3.5       | Reviews behavioural intervention/s and documents decisions of care   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | Recognises own position in supporting people presenting with behaviours that challenge   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Can identify and plan for sleep and rest needs, articulating optimal hours for sleep     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 3.3             | Uses correct moving and handling techniques  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Correctly identifies necessary pressure relieving aids/appliances based on assessment    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 3.4             | Takes appropriate action (including advocacy) to ensure privacy and dignity at all times | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 3.5             | Can recognise fatigue and tiredness and articulate the difference between them           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Can articulate, plan and promote the need for activity in fatigue                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Can articulate and educate people on sleep hygiene measures                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | Can articulate and educate people on energy management related to their health status                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 4.3             | Assesses needs for, and provides appropriate assistance with, washing, bathing, shaving and dressing                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 4.4             | Identifies and manages skin irritations, rashes and pressure areas   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 4.5             | Undertakes oral assessment (using recognised tool when appropriate) and determines appropriate plan for oral hygiene | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Can correctly undertake oral hygiene   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Assesses need for eye care and ear care, setting out plan when appropriate   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Can correctly undertake eye care and ear care to minimise infection and optimise status                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Assesses need for nail care and articulates associated risks (e.g. diabetes, peripheral vascular disease)            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|                                |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                                | Identifies correctly when referral for chiropody/podiatry is required, completing same   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 4.8                            | Assesses, responds to and effectively manages pyrexia and hypothermia.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 5.1 +<br>5.3 +<br>5.4 +<br>5.5 | Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                                | Supports people who need to adhere to specific diet and fluid regimens and educates them of the reason   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                                | Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                                | Ensures that time is given at mealtimes to promote a sociable and pleasant experience for the person which includes choice   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                                | Ensures correct positioning of the person and self during mealtimes (e.g. person and student are comfortably seated at eye level)  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | Assesses the risk associated with eating and drinking and correctly identifies when referral to other professionals is appropriate (e.g. dietician, speech and language therapist) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Follows food hygiene procedures  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 7.1             | Assesses abilities and needs in relation to mobility using appropriate tool/framework  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Uses a validated risk tool to identifying and categorise risk of falls   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Works with interdisciplinary team to identify correct aids/appliances and support needs to maximise safe movement/mobilisation   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 7.2 + 7.3       | Engages with and advocates safe moving and handling equipment and techniques   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 7.4 + 9.7       | Uses appropriate safety techniques and devices.<br>• Ensures equipment is safe to use prior to its use   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | • Checks equipment has been serviced as required, documenting same   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|-----------------|--|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |  | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | <ul style="list-style-type: none"> <li>Identifies when equipment is faulty or in need of service, responding appropriately to maximise safety</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Safe use and disposal of medical devices (COSHH regulations)</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 8.1             | Observes, assesses the need for intervention and appropriately responds to:  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Restlessness</li> <li>Agitation</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>Breathlessness</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 9.1 - 9.8       | <b>Follows local and national guidelines and adheres to standard infection prevention &amp; control precautions</b>                                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <b>Demonstrates effective hand-washing technique (seven stages)</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Demonstrates appropriate use of personal protective equipment  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

| NMC Annex B Ref | Nursing Procedure   | Practice Learning Experience No.  |                       |      |   |                       |      |   |                       |      |
|-----------------|---|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |   | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |   | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | Disposes of waste and sharps appropriately  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Uses aseptic non-touch technique (ANTT) and aseptic technique appropriately   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Recognises potential signs of infection and records and reports to appropriate senior members of staff  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Identifies when people require to be nursed in isolation or in protective isolation settings  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Prepares and decontaminates nursing equipment appropriately   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 11.2 + 11.6     | Under the direct supervision of an RN and before administering any prescribed drug, reviews the person's prescription chart and checks the following: | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | • Correct:  |   |                       |      |   |                       |      |   |                       |      |
|                 | ○ Person  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | ○ Drug  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | ○ Dose  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

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|-----------------|--|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |  | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | <ul style="list-style-type: none"> <li>○ Date and time of administration</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>○ Route and method of administration</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>○ Diluent (as appropriate)</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>• Ensures:             <ul style="list-style-type: none"> <li>○ Validity of prescription</li> </ul> </li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>○ Prescription is legible</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | <ul style="list-style-type: none"> <li>○ No allergies/sensitivities to prescribed medication</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | If any omissions, lack of clarity or illegibility of prescription exists, the student under the direct supervision of an RN does not proceed with administration and should consult the prescriber | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Accurately records administration of medication  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |



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|-----------------|--|---|-----------------------|------|---|-----------------------|------|---|-----------------------|------|
|                 |  | 1   |                       |      | 2   |                       |      | 3   |                       |      |
|                 |  | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date | Assessment  | Registrant's Initials | Date |
|                 | Observes for effect of medication, responding and recording as appropriate           | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | Identifies, records and communicates known allergies and/or sensitivities            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 11.11           | Demonstrates ability to safely store medicines as per regional/local policy.         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 11.7 + 11.8     | Is competent in medicines calculations and administration relating to:               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | • Tablets and capsules   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
|                 | • Enteral liquid medicines   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |
| 11.10           | Recognises and response promptly to side effects and adverse reactions of medication | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NOA |                       |      |

NURSING PROCEDURES – ACROSS PARTS 1, 2 AND 3 – LEARNING DISABILITIES NURSING

***THIS NURSING PROCEDURES RECORD MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME. THEY SHOULD BE ACHIEVED AT THE LEVEL COMMENSURATE TO THE STUDENT'S STAGE OF THE PROGRAMME.***

***THESE NURSING PROCEDURES MUST BE ACHIEVED IN PRACTICE LEARNING PRIOR TO ENTRY TO THE NMC REGISTER***

**STUDENTS SHOULD ACTIVELY SEEK THE OPPORTUNITY TO PRACTICE AND DEVELOP THESE NURSING PROCEDURES THROUGHOUT ALL PRACTICE LEARNING EXPERIENCES**

**Key:** Yes: Student demonstrates achievement to the expected standard  
 No: Student does not yet demonstrate achievement to the expected standard

**Please see the Handbook for further detail on these Keys.**

| NMC Annex B Ref | Nursing Procedure  | Assessment  | Registrant's Initials | Date | Practice learning environment | Assessment  | Practice Supervisor's Initials | Date | Practice learning environment |
|-----------------|--|---|-----------------------|------|-------------------------------|---|--------------------------------|------|-------------------------------|
| 1.12            | Undertakes cognitive screening assessment using a recognised tool (e.g. MOCA), classifying score correctly   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 1.13            | Can identify presenting factors of cognitive distress and impairment and respond appropriately               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 1.2.1           | Can identify symptoms and signs of physical ill health   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.5             | Can undertake blood glucose monitoring correctly following regional/local policy: Correctly calibrate device | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Correctly interpret and record blood glucose result, responding appropriately                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.2 + 2.9       | Undertake venous cannulation safely  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Correctly obtain specimens for analysis:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | • Sputum   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | • Faeces   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|-----------------|--|---|-----------------------|------|-------------------------------|---|--------------------------------|------|-------------------------------|
|                 | <ul style="list-style-type: none"> <li>MSSU</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Catheter specimen of urine</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Specimen Swab (e.g. screening, wounds)</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Venous blood</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Vomit</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Accurately interpret and explain blood results based on recognised parameters: <ul style="list-style-type: none"> <li>Serum biochemistry (urea and electrolytes, liver function, thyroid function, CRP and nutritional markers)</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Full blood count/picture</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Coagulation screen</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Venous blood gases</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Accurately interprets arterial blood gases and identifies respiratory/metabolic status   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.16            | Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support: <ul style="list-style-type: none"> <li>Is aware of the person's epilepsy management plan during a seizure</li> </ul>                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|-----------------|---|---|-----------------------|------|-------------------------------|---|--------------------------------|------|-------------------------------|
|                 | <ul style="list-style-type: none"> <li>Can demonstrate knowledge of emergency medication</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Under direct supervision of a RN, can safely administer emergency antiepileptic medication (AED) (e.g. buccal/ intravenously/ rectal)</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Correctly identifies treatment of anaphylaxis               <ul style="list-style-type: none"> <li>Drug(s) used</li> <li>Drug dosage</li> <li>Route of administration</li> <li>When to administer</li> <li>When to repeat</li> </ul> </li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.17            | Recognises and responds to behaviours which challenge, providing appropriate, least restrictive option and/or safe holding  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can articulate the legal and ethical application of restraint practices (chemical mechanical & physical)  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Identifies the need for debriefing for service user and staff following an incident of physical or chemical restrictive intervention  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Completes post-incident documentation after an incident of physical intervention  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Demonstrates direct methods of observation Including 1:1 observation  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Identifies antecedents and/or consequences of behaviour   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Demonstrates awareness of Differential Reinforcements (e.g. DRO, DRI, DRA, DRL)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|                       | Demonstrates awareness of de-escalation techniques   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Demonstrates awareness of risk assessment processes such as Promoting Quality Care (PQC)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 3.1                   | Uses recognised pain tool to assess person's experience of pain  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Can correctly categorise pain type (e.g. visceral, neuropathic)  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Correctly identifies necessary type of analgesia for type of pain experience   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Correctly identifies appropriate timings for administration of analgesia   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 3.2 + 9.8             | Demonstrates ability to use appropriate bed making techniques, including ability to change bed sheets with a person confined to bed                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Minimises potential for spread of infection through appropriate disposal of laundry  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 4.1 + 4.2 + 4.6 + 9.3 | Demonstrates the ability to assess skin, including: <ul style="list-style-type: none"> <li>Grading of pressure damage using an appropriate tool</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | <ul style="list-style-type: none"> <li>Condition of skin (e.g. hydration, hygiene, signs of malnutrition)</li> </ul>                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Can articulate necessary nutrition and hydration for optimal skin condition  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Uses aseptic techniques when applying: <ul style="list-style-type: none"> <li>Vacuum closures</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|                       | <ul style="list-style-type: none"> <li>Suture and clip removal and safe disposal</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | <ul style="list-style-type: none"> <li>Pressure bandaging (no compression)</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Can assess a wound, including: <ul style="list-style-type: none"> <li>Use of correct wound assessment tool</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | <ul style="list-style-type: none"> <li>Staging of wound</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | <ul style="list-style-type: none"> <li>Identify appropriate dressing/intervention for wound type</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | <ul style="list-style-type: none"> <li>articulate and set out appropriate plan of care</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 4.7                   | Uses aseptic techniques when managing wound and drainage processes.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 5.1 + 5.3 - 5.5 + 5.7 | Identifies, responds to and manages nausea and vomiting  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Identifies people who are unable to or have difficulty in eating or drinking and effectively assists them using appropriate feeding and drinking aids and appliances where necessary | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Administers enteral feeds safely and maintains equipment in accordance with local policy   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Safely, maintains and uses nasogastric, PEG and other feeding devices  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                       | Monitors and assesses people receiving intravenous fluids  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|   | Assess infusion sites and manage complications appropriately   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | Accurately measures and records fluid and nutritional intake, identifying and responding appropriately to dehydration and fluid overload | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.3 + 2.5                                 | Applies ECG electrodes in correct anatomical position and acquires a clear:<br>3 lead ECG tracing  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | • 12 lead  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | Interprets ECG tracing correctly using PQRST system  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.4<br>(Undertaken in Parts 2 and 3 only) | Can analyse person's blood group/rhesus factor and compatibility with donor blood products   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | Correctly sets up transfusion as per local/regional policy   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | Can articulate rationale for observations and describe features of haemolytic reaction   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | Can articulate how to respond to haemolytic reaction   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 2.8                                       | Undertake chest auscultation and:  |   |                       |      |                               |   |                                |      |                               |
|   | • Identifies optimal patient position and correct anatomical location for auscultation   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | • Identifies clear/healthy sounds  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|   | • Identifies when air entry is absent or has additional sounds present   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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| 2.12 + 2.7      | Can assess neurological status using the Glasgow coma scale:<br><ul style="list-style-type: none"> <li>Scoring the three components of the scale correctly</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Can demonstrate how to document assessment as a graph</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Can record findings using cumulative and breakdown score (e.g. 15/15, E4 V5 M6)</li> </ul>                                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can assess pupillary response:<br><ul style="list-style-type: none"> <li>Equality</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Speed of reaction</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Expectation on exposure to light (constriction then dilation), including consensual response</li> </ul>                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can assess limb strength using muscle strength grading system (0-5 scale)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can undertake sensory assessment using dermatomes chart   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 5.6             | Can safely insert, manage and remove oral/nasal/gastric tubes   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 5.7 + 5.8 + 5.9 | Can safely set up enteral/parenteral feeding system   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can assess administration site and determine its suitability for use  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can interpret an intravenous fluid prescription correctly and set-up infusion accordingly including type of fluid for infusion and correct rate                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |



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|                 | Demonstrates ability to manage intravenous infusion device   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Safely determines appropriateness of intravenous infusion solution taking into consideration person's biochemical and hydration status.      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.1 + 6.2       | Correctly identifies appropriate aids and appliances necessary to maximise independence, dignity, privacy and respect in managing continence | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Supports the person to maintain current levels of toileting skills   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Assesses and identifies the presence of and categorises correctly urinary incontinence   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Identifies the presence of and categorises correctly bowel/faecal incontinence   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Assesses and identifies the presence of urinary and/or faecal urgency  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Assesses and identifies the presence of and contributing factors to constipation and how to correct address them                             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.2             | Can correctly and safely insert urinary catheter for all genders   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can correctly manage urinary catheter including:<br>Undertaking safer catheter care  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | • Identifying when catheter should be changed  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|                 | <ul style="list-style-type: none"> <li>Correctly chooses and positions bladder drainage devices to minimise risk of infection</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Assists with self-catheterisation when required</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Can correctly remove urinary catheter</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.3             | Observes urinary output and identifies any concerns:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Low/high output</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Urinalysis results outside of homeostatic parameters</li> </ul>                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.4             | Articulates the correct frequency to assess bowel and bladder patterns   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Accurately assesses bowel and bladder patterns, recording correctly and clearly  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Correctly identifies and categories any altered bowel/bladder pattern (e.g. retention, constipation, frequency)                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.5             | Can undertake rectal examination and manual evacuation when appropriate  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Under the direct supervision of an RN safely administers enemas  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Under the direct supervision of an RN safely administers suppositories   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 6.6             | Can identify stoma care sites and use correct care products specific to needs of the person, providing rationale                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|                 | Can articulate potential complications associated with stomas and stoma care products  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can provide education for self-management of stoma products and facilitates increasing independence in same  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 8.2 + 2.7 + 8.5 | Can manage the administration of oxygen using a range of routes and best practice approaches, including: <ul style="list-style-type: none"> <li>Articulating need for oxygen prescription</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Articulating understanding of flow rate and percentage for safe administration</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Setting up oxygen administration circuits: <ul style="list-style-type: none"> <li>Unhumidified circuits (face mask, nasal cannula)</li> </ul> </li> </ul>     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Humidified circuits</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Nebulisation circuit</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Non-invasive ventilation</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Educating people in correct use of inhaler (inhaler technique), including spacer devices</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 8.3 + 2.7       | Correctly take and interpret peak flow and oximetry measurements   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 8.4             | Under the direct supervision of an RN uses appropriate nasal and oral suctioning techniques  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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| 9.9             | Safely assesses and manages invasive medical devices and lines including: <ul style="list-style-type: none"> <li>Monitoring site for signs of inflammation/infection</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Care of the site including cleansing and dressing</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Correct labelling (where appropriate) and recording of related care</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Referring appropriately and timely for line replacement</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 10 + 2.7 + 5.9  | Observes, and assesses the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including: <ul style="list-style-type: none"> <li>Pain</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Nausea</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Thirst</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Constipation</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Restlessness</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Agitation</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>Anxiety</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

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|                 | <ul style="list-style-type: none"> <li>○ Depression</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Manages and monitors effectiveness of: <ul style="list-style-type: none"> <li>● Symptom relief medication</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>● Infusion pumps and other devices</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Assesses and reviews preferences and care priorities of the dying person and their family and carers  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Understands and applies organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Understands and applies: <ul style="list-style-type: none"> <li>● DNACPR (do not attempt cardiopulmonary resuscitation) decisions</li> </ul>                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>● Verification of expected death</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Provides care for the deceased person and the bereaved respecting cultural requirements and protocols.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 11.1            | Assesses the person's ability to safely self-administer their own medicines   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 11.7 + 11.8     | Is competent in medicines calculations and administration relating to <ul style="list-style-type: none"> <li>● Intraocular medicines</li> </ul>             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>● Intraaural medicines</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

| NMC Annex B Ref | Nursing Procedure  | Assessment  | Registrant's Initials | Date | Practice learning environment | Assessment  | Practice Supervisor's Initials | Date | Practice learning environment |
|-----------------|--|---|-----------------------|------|-------------------------------|---|--------------------------------|------|-------------------------------|
|                 | <ul style="list-style-type: none"> <li>• Transdermal/Topical medicines</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>• Injections including:             <ul style="list-style-type: none"> <li>○ SI unit conversion (e.g. insulin, syringe driver)</li> </ul> </li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>○ Intramuscular injections</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>○ Subcutaneous injections</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>○ Intradermal injections</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>○ Intravenous injections (bolus)</li> </ul>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | <ul style="list-style-type: none"> <li>○ Intravenous injections (infusion)</li> </ul>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
| 11.9            | Under the direct supervision of an RN administers and monitors medications using enteral equipment   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Observes medical license in preparing medications for enteral administration   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |
|                 | Can articulate potential complications with enteral administration of medications and how to respond (e.g. tube occlusion, impact on enteral feeding regimens)                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                |      |                               |

## ADDITIONAL NURSING PROCEDURES ACHIEVED ACROSS PARTS 1, 2 AND 3

**THIS NURSING PROCEDURES RECORD MUST BE CARRIED FORWARD IN YOUR NIPAD FOR EACH OF THE THREE PARTS OF YOUR PROGRAMME.**

**THESE NURSING PROCEDURES ARE NOT MANDATORY TO BE ACHIEVED. THIS IS AN ADDITIONAL RECORD OF ACHIEVEMENT AND ADDITIONAL SKILLS ADDED. THEY MUST BE TAUGHT IN FULL, INCLUDING THE THEORY, BY THE REGISTRANT. SEE THE HANDBOOK FOR FURTHER DETAILS.**

**Key:** Yes: *Student demonstrates achievement to the expected standard*  
 No: *Student does not yet demonstrate achievement to the expected standard*

**Please see the Handbook for further detail on these Keys.**

| Nursing Procedure (Please write in additional procedures as/if required in the space provided)   | Assessment  | Registrant's Initials | Date | Practice learning environment |
|--|---|-----------------------|------|-------------------------------|
| Can safely and appropriately undertake defibrillation of cardiac arrest rhythms using the Automated External Defibrillation (AED) mode | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
| Can undertake safe tracheostomy stoma site care (including change of tapes/securement devices and wound care)                          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
| Safely and appropriately uses endotracheal suction   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |

| Nursing Procedure (Please write in additional procedures as/if required in the space provided) | Assessment  | Registrant's Initials | Date | Practice learning environment |
|--|---|-----------------------|------|-------------------------------|
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                       |      |                               |



## **SECTION 2**

### **ASSESSMENT (FORMATIVE AND SUMMATIVE)**



# SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

This assessment is provisional until all practice hours are completed. It may be reviewed should an issue (professional or otherwise) arise in the time between the assessment and all hours being completed.

This assessment (both attempts) is undertaken by the practice assessor, academic assessor and student towards the end of the final practice learning experience of Part 1, permitting a minimum period of two weeks for a second attempt. Please refer to the Handbook for further guidance. The purpose of this assessment is to determine whether the requirements for progression to Part 2 of the programme have been achieved with sufficient supporting evidence provided.

### Student details

|                               |  |            |  |
|-------------------------------|--|------------|--|
| Student's name:               |  | Student ID |  |
| Practice learning environment |  | Date       |  |

### Practice assessor, please complete:

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| <b>Professional Values in Practice</b>  |                                   | Achieved <input type="checkbox"/>         | Not yet achieved <input type="checkbox"/> |
| Have all Professional Values and Attributes assessments been achieved to date?  |                                   |   |   |
| If not yet achieved, please outline the details of any specific concerns below. If achieved, please tick the not applicable box here and put a line across the space below to prevent an entry. N/A <input type="checkbox"/>  |                                   |   |   |
|   |                                   |   |   |
| In considering the types of evidence below, for the related proficiencies to be achieved, all elements of that evidence set must be completed in full and authenticated. If this is the case, please tick <b>Achieved</b> to indicate that the proficiencies related to that evidence set are achieved. If incomplete or not authenticated, please tick <b>Not yet achieved</b> . |                                   |   |   |
| Professional Values in Practice   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Service User/Carer Feedback (3)   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Authenticated Reflections   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Promoting Health and Preventing Ill Health  | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Care Documentation  | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Quality Improvement in Practice   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Leading and Coordinating Care Episode   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Nursing Procedures (Part 1)   | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Health Numeracy & Calculation of Medicines  | Achieved <input type="checkbox"/> | Not yet achieved <input type="checkbox"/> |   |
| Are all Records of Discussions to date complete and authenticated?  | Yes <input type="checkbox"/>      | No <input type="checkbox"/>               |   |
| Has the student completed their practice learning evaluation?   | Yes <input type="checkbox"/>      | No <input type="checkbox"/>               |   |
| If any of the above are not achieved or are incomplete, please complete <b>Action Plan to Achieve Proficiencies Not Yet Achieved</b> .  |                                   |   |   |
| If all are achieved, please tick the not applicable box here. N/A <input type="checkbox"/> .  |                                   |   |   |
| I <b>recommend</b> that the above-named student progresses to Part 2 of the programme   | Yes <input type="checkbox"/>      | No <input type="checkbox"/>               |   |
| I <b>do not recommend</b> that the above named student progresses to Part 2 of the programme at this assessment point.  | Yes <input type="checkbox"/>      | N/A <input type="checkbox"/>              |   |
| I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) <input type="checkbox"/>  |                                   |   |   |
| Practice assessor's Signature.....  |                                   |   | Date .....                                |

# SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

## Student Details

|                               |  |            |  |
|-------------------------------|--|------------|--|
| Student's name:               |  | Student ID |  |
| Practice learning environment |  | Date       |  |

## Academic assessor, please tick as appropriate:

|  |  |
|--|--|
| At the time of this assessment, the above-named student <b>may progress</b> to the next part of the programme, subject to ratification at the Board of Examiners and in line with the course regulations | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) <input type="checkbox"/>   |  |
| Academic assessor's Signature.....   | Date .....   |

## Practice Assessor Comments (please do not leave blank)

Practice assessor's Signature..... Date .....

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## Academic assessor's comments (please do not leave blank)

Academic Assessor's Signature..... Date .....

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## Student comments (please do not leave blank)

Student's signature: ..... Student ID:..... Date .....

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# SUMMATIVE ASSESSMENT (TRIPARTITE) – FIRST ATTEMPT – PART 1

**Action Plan to Achieve Proficiencies Not Yet Achieved**  
 (Please leave blank if student has achieved as required on the first attempt)

| Agreed Action Plan   |                            | Date              |
|--|----------------------------|-------------------|
| Learning and Development Needs                             | How Will This be Achieved? |                   |
| Sample   |                            |                   |
| <b>Date for Review:</b>                                    |                            |                   |
| <b><i>We agree the above points and plan of action</i></b> |                            |                   |
| <i>Practice assessor's signature</i>                       | .....                      | <i>Date</i> ..... |
| <i>Academic assessor's signature</i>                       | .....                      | <i>Date</i> ..... |
| <i>Student's signature:</i>                                | .....                      | <i>Date</i> ..... |

# SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 1

## Student Details

|                               |  |            |  |
|-------------------------------|--|------------|--|
| Student's name:               |  | Student ID |  |
| Practice learning environment |  | Date       |  |

|   |     |                          |                              |
|---|-----|--------------------------|------------------------------|
| In which evidence type was there a deficit of evidence to support achievement of proficiencies?   |     |                          |                              |
| Professional Values in Practice   |     |                          | <input type="checkbox"/>     |
| Service User/Carer Feedback   |     |                          | <input type="checkbox"/>     |
| Authenticated Reflections   |     |                          | <input type="checkbox"/>     |
| Promoting Health and Preventing Ill Health  |     |                          | <input type="checkbox"/>     |
| Care Documentation  |     |                          | <input type="checkbox"/>     |
| Quality Improvement in Practice   |     |                          | <input type="checkbox"/>     |
| Leading and Coordinating Care Episode   |     |                          | <input type="checkbox"/>     |
| Nursing Procedures (Part 1)   |     |                          | <input type="checkbox"/>     |
| Health Numeracy & Calculation of Medicines  |     |                          | <input type="checkbox"/>     |
| Are all Records of Discussions to date complete and authenticated?  | Yes | <input type="checkbox"/> | No <input type="checkbox"/>  |
| Has the student completed their practice learning evaluation?   | Yes | <input type="checkbox"/> | No <input type="checkbox"/>  |
| Is the required evidence now present, authenticated and to standard   | Yes | <input type="checkbox"/> | No <input type="checkbox"/>  |
| I <b>recommend</b> that the above-named student progresses to Part 2 of the programme   | Yes | <input type="checkbox"/> | No <input type="checkbox"/>  |
| I <b>do not recommend</b> that the above-named student progresses to Part 2 of the programme  | Yes | <input type="checkbox"/> | N/A <input type="checkbox"/> |
| If <b>No</b> , please provide details:  |     |                          |                              |
|   |     |                          |                              |
| <i>I, the practice assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) <input type="checkbox"/></i><br><i>Practice assessor's signature..... Date .....</i> |     |                          |                              |

## Academic assessor, please tick as appropriate:

|   |   |
|---|---|
| At the time of this assessment, the above-named student <b>may progress</b> to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations           | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| At the time of this assessment, the above-named student <b>may not progress</b> to the next part of the programme, subject to ratification at the Board of Examiner's and in line with the course regulations       | Yes <input type="checkbox"/> N/A <input type="checkbox"/> |
| <i>I, the academic assessor, am an NMC registrant, with appropriate equivalent experience for the student's field of practice) <input type="checkbox"/></i><br><i>Academic assessor's signature..... Date .....</i> |   |

# SUMMATIVE ASSESSMENT (TRIPARTITE) – FINAL ATTEMPT – PART 1

Practice assessor comments (please do not leave blank)

Practice assessor's signature..... Date .....

Academic assessor's comments (please do not leave blank)

Academic assessor's signature..... Date .....

Student comments (please do not leave blank)

Student's signature: ..... Student ID:..... Date .....