



Health Education England

<p>Name</p> <p>PI</p> <p>K236 start date</p> <p>Course start date</p> <p>Academic Assessor/Practice tutor:</p>



England Nursing Associate

PRACTICE ASSESSMENT DOCUMENT

PAD 2 [May 2021]

NAPAD, Standards of proficiency for nursing associates, (NMC 2018)

Please keep your Practice Assessment Document with you at all times in practice in order to review your progress with your Practice Supervisor, Practice Assessor and/or Academic Assessor

Contents :	Page
Welcome to the Practice Assessment Document (PAD)	3
Guidance for Using the PAD	5
University Specific Guidelines	6
Criteria for Assessment in Practice	7
List of Practice Supervisors	8
List of Practice Assessors	9
List of Academic Assessors	9
Placement 1	10
Assessment of Proficiencies	27
Episode of Care 1	36
Episode of Care 2	39
Medicines Management	42
Action Plan	45
Record of practice hours	47

This work is in collaboration with HEE Regions across England involving a range of stakeholders including universities and practice partners. This Practice Assessment Document has been developed from the Pan London Practice Assessment Document for pre-registration nursing that was developed by the Pan London Practice Learning Group (PLPLG).

Protected learning time

Organisations must ensure that nursing associate students have protected learning time in line with one of these two options (NMC 2018)

Option A: nursing associate students are supernumerary when they are learning in practice

Option B: nursing associate students who are on work-placed learning routes:

- are released for at least 20 percent of the programme for academic study
- are released for at least 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and
- protected learning time must be assured for the remainder of the required programme hours

Welcome to the Practice Assessment Document (PAD)

Student responsibilities

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Standards of proficiency for nursing associates* and *Standards for education and training* (NMC 2018).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You will work with and receive written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

You are responsible for raising concerns with a nominated person in the practice setting in a timely manner. You should also alert staff to any reasonable adjustments that may be required to support your learning.

You should ensure you are familiar with your university assessment and submission processes for this document and contact the academic representative from your university, or refer to your university's intranet if you require support or advice on specific university procedures.

The Ongoing Achievement Record (OAR) is a separate document that contains two parts. Part A summarises your achievements in each placement and with the main document provides a comprehensive record of your professional development and performance in practice. Part B has been developed by your university to reflect local requirements.

You are responsible for the safekeeping and maintenance of the PAD. It should be available to your Practice Supervisor, Practice Assessor and Academic Assessor at all times when you are in placement together with the OAR. Alterations should be made in this document by crossing through with one line, with a signature and date.

You will have access to confidential information when in practice placements. The PAD should not contain any patient/service user/carer identifiable information. Contents must not be disclosed to any unauthorised person or removed, photocopied or used outside the placement or university.

People must be offered the opportunity to give and if required withdraw their informed consent to student participation in their care and staff in practice will provide guidance as required. Before approaching any patient/service user/carer for feedback you must discuss with your Practice Supervisor/Practice Assessor who will facilitate consent.

Practice Supervisor responsibilities (Registered nurse/nursing associate or other registered health/social care professional)

In many practice areas the student will be supported by a number of Practice Supervisors. Some areas may adopt a team based approach due to the nature of the experience.

As a Practice Supervisor you have an important role in supporting and guiding the student through their learning experience to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. It is your responsibility to contribute to the student's assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the Practice Assessor on the student's progress.

Supervision in other placement areas (i.e. those areas where there are no health/social care registrants)

A range of staff can support student learning and have a vital role in student learning and development though may not be contributing formally to assessment of proficiencies. However, these staff members are encouraged to support learning and can provide valuable student feedback within the PAD on the *Record of communication/additional feedback pages*.

Practice Assessor responsibilities (Registered nurse/nursing associate)

As a Practice Assessor you have a key role in assessing and confirming the student's proficiency providing assurance of student achievements and competence. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. You will observe the student, conduct and record student assessments informed by student reflections, feedback from Practice Supervisors and other relevant people to confirm achievement. You will liaise with the Academic Assessor scheduling communication at relevant points.

There are numerous elements requiring assessment in practice. One or more Practice Supervisors can contribute to the assessment of some of the proficiencies in discussion with you, but they must be working in their scope of practice.

When assessing the student, you should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional students who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

If the student is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action, an Action Plan should be instigated to address specific needs or concerns within a specified timeframe. In the event of this, seek guidance from the Academic Assessor and/or senior practice representative.

Academic Assessor responsibilities

Academic Assessors are Registered Nurses or Registered Nursing Associates and are nominated for each part of the educational programme. The same Academic Assessor cannot contribute to the student assessment in consecutive parts. The Academic Assessor will work in partnership with the Practice Assessor to evaluate and recommend the student for progression for each part of the educational programme. The Academic Assessor will enable scheduled communication and collaboration with the Practice Assessor and this communication can take a variety of forms.

Flexibility in assessment approach

In exceptional circumstances if a student does not have access to specific learning opportunities to enable assessment of all the proficiencies in year 1/ PAD 1 they may be permitted to meet these in PAD 2 as per their local university guidelines – see the university specific pages for details. Where required these proficiencies must be agreed by the practice assessor who must ensure she/he has liaised with the academic assessor. The student must then present PAD 1 at the beginning of year 2 to their practice assessor to ensure completion of the identified proficiencies in PAD 2.

On occasions students may also have the opportunity to meet additional proficiencies in Year 1/ PAD 1 as per local university guidelines. These can be recorded on the 'Additional proficiencies' page in this PAD by the Practice Assessor. Achievement of these must then be explored as part of the initial interview in PAD 2, as further experience to consolidate these proficiencies may be required.

All communications/ additional feedback (not already recorded in the scheduled interviews) from the Practice Supervisors, Practice Assessor and Academic Assessor and other staff members needs to be recorded on the relevant pages in the PAD.

Guidance for using the PAD to facilitate learning and assessment in practice

Assessment criteria in the PAD are based on the NMC *Standards of proficiency for nursing associates* (NMC 2018).

Components of Assessment and Feedback (see individual university guidance/regulations)

Professional Values: Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). All must be achieved *by the end of each placement period*.

Proficiencies: These reflect aspects of the 6 Platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed in a range of placements, but must be achieved at least once *by the end of the year*. *There may be occasions when some need to be achieved in PAD 2 – depending on local university guidelines*.

Episode of Care: This holistic assessment(s) facilitates and demonstrates the student's progress and must be achieved *by the end of the year*.

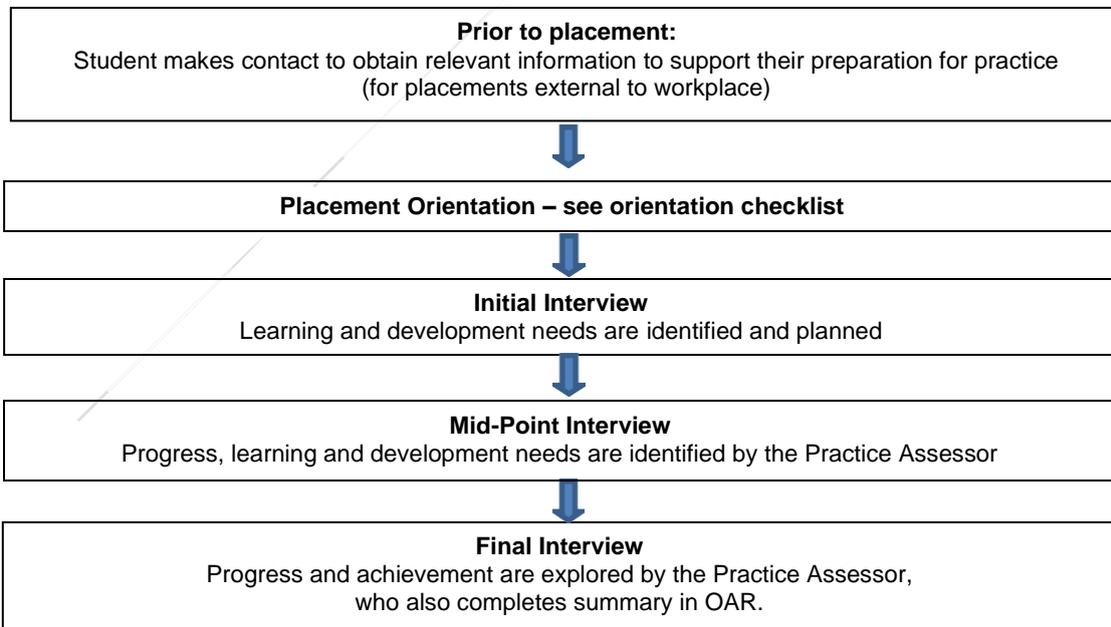
Medicines Management: There is one assessment included in each PAD and this must be achieved *by the end of the year*.

Patient/Service User/Carer Feedback Form: Feedback will be sought in relation to how the student cared for the person receiving care. This is not formally assessed, but will contribute to overall student feedback.

Recording Additional Experiences and Feedback: There are additional pages for the student to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

Ongoing Achievement Record: The OAR summarises overall achievements and provides a comprehensive record of student development and overall performance.

Process of practice assessment



Further information / guidance is included in the university specific pages (overleaf) and in the *Practice Assessment Document Guide*

Open University guidance for practice experience

Your programme is made up of 1,150 theory hours and 1,150 practice hours. Of the practice hours, you must achieve 600 hours at the completion of Stage 1 and 550 hours on completion of Stage 2.

You must gain practice experience in your usual place of work (your primary placement) and a minimum of 460 hours outside your usual place of work, in at least 2 different placements (external placements) across the programme. Examples of how the required hours may be achieved are shown in the table below:

<i>Example 1</i>	Primary placement	External placements	Total of hours per module
K(*)117	490 hours	110 hours	600 hours
K(*)236	200 hours	350 hours	550 hours
Total external placement hours across degree:		460 hours	

<i>Example 2</i>	Primary placement	External placements	Total of hours per module
K(*)117	320 hours	280 hours	600 hours
K(*)236	370 hours	180 hours	550 hours
Total external placement hours across degree:		460 hours	

Your practice experiences must demonstrate evidence of working with people across the lifespan and include adult, mental health, children and learning disability. You will need to **record this experience on your activity logs in your OAR and on the 'record of field of practice experience' in your OAR.**

Practice experience may be arranged as a block, several days per week or as a hub and spoke approach where you will make planned short visits to gain insight into an area. This arrangement will depend on your previous experiences, the availability of practice experiences and supervision. You should complete at least one activity log to evidence your achievements in those visits. (Activity logs can be downloaded from your module website).

You are also required to complete a practice evaluation form for each practice experience and send to your practice tutor within 5 days of the experience. (Practice evaluation forms can be downloaded from your module website).

Protected learning time:

It is important that you have protected learning time in theory and in practice:

Academic learning

20% off the job academic learning (460 hours equates to 5 hours / week)

20% applying theory during practice – using the theory to practice activity record (460 hours – equates to 5 hours / week)

Practice learning

20% supernumerary practice in external placements (460 hours)

20% learning in primary placement – using learning opportunities identified at the beginning of the shift and discussed during or at the end of the shift (460 hours – equates to 5 hours /week)

Further protected learning time is split between theory learning (230 hours) and practice learning (230 hours), which includes learning from module materials, mandatory training, other employer led learning opportunities and practice learning opportunities.

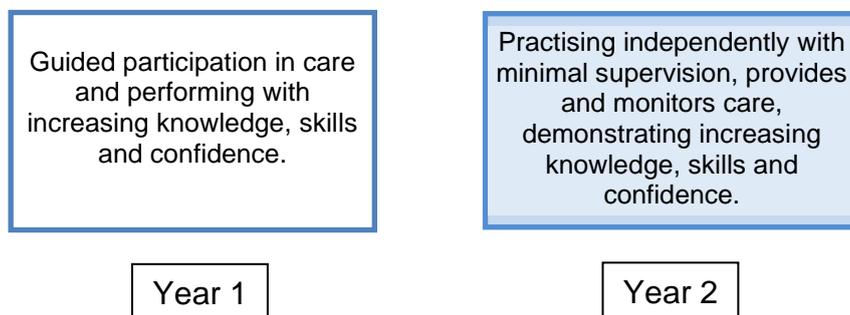
Submitting your PAD on completion of Stage 2

Your module website page will identify the submission date for completed PADs and the format required.

You must submit your PAD, even if incomplete, to be given an opportunity to re-submit, if required.

Criteria for Assessment in Practice

Overall Framework; these criteria should be achieved by the end of each year.



PAD 2: Provides and monitors care with minimal guidance and increasing confidence

‘Achieved’ must be obtained in all three criteria by the student

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a sound knowledge base to support safe and effective practice and provide the rationale to support decision making.	Utilises a range of skills to provide and monitor safe, person centred and evidence-based care with increased confidence and in a range of contexts.	Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge.
NO	Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice	Is not able to provide safe care under supervision and is unable to perform the activity and/or follow instructions despite repeated guidance	Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning.

List of Practice Assessors

A sample signature must be obtained for all entries within this document

Name (please print)	Job Title	Signature	Initials	Placement

List of Academic Assessors

A sample signature must be obtained for all entries within this document

Name (please print)	Job Title	Signature	Initials	Placement

Placement 1

Placement Provider: (e.g. Trust/Organisation)
Name of Placement Area:
Type of Experience: (e.g. Community/Ward based)
Placement Telephone Number:
Placement Contact Email:
Start Date..... End Date..... No. of Hours.....

Nominated person to support student and address concerns (e.g. Area Manager, Practice Educator or Student Coordinator)	
Name:	Designation:
Contact email address:	

Practice Assessor Details:	
Name:	Designation:
Contact email address:	

Academic Assessor Details (for part):	
Name:	Designation:
Contact email address:	

Placement 1: Orientation

	Placement Area 1		Placement Area 2 (if app.)	
Name of Placement Area:				
Name of Staff Member:				
This should be undertaken by a member of staff in the Placement Area	Initial/Date (Student)	Initial/Date (Staff signature)	Initial/Date (Student)	Initial/Date (Staff signature)
The following criteria need to be met within the first day in placement				
A general orientation to the health and social care placement setting has been undertaken				
The local fire procedures have been explained Tel.....				
The student has been shown the: <ul style="list-style-type: none"> • fire alarms • fire exits • fire extinguishers 				
Resuscitation policy and procedures have been explained Tel:				
Resuscitation equipment has been shown and explained				
The student knows how to summon help in the event of an emergency				
The student is aware of where to find local policies <ul style="list-style-type: none"> • health and safety • incident reporting procedures • infection control • handling of messages and enquiries • other policies 				
The student has been made aware of information governance requirements				
The shift times, meal times and reporting sick policies have been explained				
The student is aware of his/her professional role in practice.				
Policy regarding safeguarding has been explained				
The student is aware of the policy and process of raising concerns				
Lone working policy has been explained (if applicable)				
Risk assessments/reasonable adjustments relating to disability/learning/pregnancy needs have been discussed (where disclosed)				
The following criteria need to be met prior to use				
The student has been shown and given a demonstration of the moving and handling equipment used in the placement area				
The student has been shown and given a demonstration of the medical devices used in the placement area				

Placement 1: Initial Interview

(This can be completed by a Practice Supervisor or Practice Assessor. If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of the placement. If any proficiencies have not been met in PAD 1 (as per local university policy) then these must be explored as part of this initial interview.

Placement Area Name:

<p>Student to identify learning and development needs (with guidance from the Practice Supervisor)</p>	
<p>Taking available learning opportunities into consideration, the student and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.</p>	
<p>Outline of learning plan</p>	<p>How will this be achieved?</p>
<p>Learning plan for placement agreed by Practice Assessor (where applicable): YES/NO</p>	
<p>Student's Name:</p>	<p>Signature:</p>
<p>Practice Supervisor/Assessor's Name:</p>	<p>Date:</p>
<p>Signature:</p>	<p>Date:</p>

Professional Values in Practice

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks, and be able to articulate the underpinning values of The Code (NMC, 2018). Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code. (1BAP 1.2)

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
Prioritise people				
1. The student maintains confidentiality in accordance with the NMC code. (1BAP 1.1)				
2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues. (1BAP 1.10, BAP 1.11 A 1.8)				
3. The student maintains the person's privacy and dignity, seeks consent prior to care and advocates on their behalf. (1BAP 1.4, BAP 1.11, 3PMC 3.8, 3PMC 3.21)				
4. The student is caring, compassionate and sensitive to the needs of others. (BAP 1.11)				
5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others. (1BAP 1.5, 1.6)				
Practise effectively				
6. The student maintains consistent, safe and person-centred practice. (1 BAP 1.11, 3 PMC 3.1)				
7. The student manages appropriate and constructive relationships whilst working collaboratively and in partnership with professionals from different agencies in interdisciplinary teams. (4 WIT 4.3, 6 CIC 6.1, A 4.1)				
8. The student makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence. (1BAP 1.7, 1.15, 1.17)				
9. The student is able to prioritise and manage their own workload and can recognise where care can safely be delegated to other colleagues and carers. (4 WIT 4.5)				
Preserve safety				
10. The student demonstrates openness (candour), trustworthiness and integrity. (1BAP1.3)				
11. The student reports any concerns to the appropriate professional member of staff when appropriate e.g. safeguarding. (1BAP 1.3, 1BAP.1.12, 3PMC 3.7, 3PMC 24)				
12. The student demonstrates the ability to listen, seek clarification and carry out instructions safely. (A1.1, A1.7)				
13. 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 and is assertive when required. (1BAP 1.1, 1BAP 1.15, A 4.4)				

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
Promote professionalism and trust				
14. The student's personal presentation and dress code is in accordance with the local policy. BAP 1.16				
15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement. (1BAP 1.1, 1BAP 1.16)				
16. The student demonstrates that they use self-reflection and feedback to gain insight into their own values, taking into consideration the possible impact on the caring relationship. (1BAP 1.8, 1BAP 1.15)				
17. The students acts as a role model in promoting a professional image and acts as an ambassador for their profession. (1BAP 1.16)				
Mid-point assessment				
Practice Supervisor Name:		Signature:	Date:	
Reviewed and agreed by Practice Assessor				
Practice Assessor Name:		Signature:	Date:	
End point: Student reflection on meeting Professional Values				
Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code (<i>ensure confidentiality is maintained</i>). For each placement, please select a different section of The Code to reflect on.				
Student Name:		Signature:	Date:	
Final assessment - please add comments on Final Interview Page				
Practice Assessor Name:		Signature:	Date:	

If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor.

Placement 1: Mid-Point Interview

This discussion must take place half way through the placement

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:
Practice Assessor's comments Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and values:

Placement 1: Mid-Point Review
Ongoing learning and development needs

To be agreed between Practice Assessor and Student – sign and date all entries below

Following the Mid-Point Interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.

Learning and development needs	How will these be achieved?

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Any outstanding learning and development needs are to be discussed and documented at the final interview.

Placement 1: Final Interview

This should take place towards the end of the placement

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:
Practice Assessor's comments Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and values:

Please record any further comments on the next page

Patient/Service User/Carer Feedback Form

Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate.

We would like to hear your views about the way the student has supported your care. Your feedback will not change the way you are cared for and will help the student's learning.

Tick if you are:	The Patient/Service User <input type="checkbox"/>		Carer/Relative <input type="checkbox"/>		
How happy were you with the way the student ...	Very Happy 	Happy 	I'm not sure 	Unhappy 	Very unhappy 
...cared for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...listened to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...understood the way you felt?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...talked to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...showed you respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did the student do well?

What could the student have done differently?

Practice Supervisor/Practice Assessor:

Name: _____ Signature: _____ Date: _____

Student Name: _____ Signature: _____ Date: _____

This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013. More pages can be downloaded as per University guidelines

Record of working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Student Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

More pages can be downloaded as per University guideline

Record of working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Student Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

More pages can be downloaded as per University guidelines

Record of working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Student Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

More pages can be downloaded as per University guidelines

Record of working with and learning from others/inter-professional working

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

Student Reflection: Reflect on your learning from additional learning opportunities with members of the multi-disciplinary team who are supervising your learning and summarise below:

Student Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

More pages can be downloaded as per University guidelines

Record of communication/additional feedback

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

Communication/additional feedback	
Name:	Designation:
Signature:	Date:
Communication/additional feedback	
Name:	Designation:
Signature:	Date:
Communication/additional feedback	
Name:	Designation:
Signature:	Date:

More pages can be downloaded as per University guidelines

Record of communication/additional feedback

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

Communication/additional feedback	
Name:	Designation:
Signature:	Date:
Communication/additional feedback	
Name:	Designation:
Signature:	Date:
Communication/additional feedback	
Name:	Designation:
Signature:	Date:

More pages can be downloaded as per University guidelines

Record of peer feedback

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspectives as well as enabling students to develop skills in peer review and feedback. (NMC, 2018 5LMNCWIT 5.8, 5.9)

These records can be completed by peers i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

Peer feedback	
Name:	Programme/year:
Signature:	Date:
Peer feedback	
Name:	Programme/year:
Signature:	Date:

More pages can be downloaded as per University guidelines

Assessment of Proficiencies

Incorporating Platforms 1 – 6

Annexe A: Communication and relationship management skills

Annexe B: Procedures to be undertaken by the nursing associate

Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

These proficiencies reflect the Standards of Proficiency for Nursing Associates (NMC 2018).

Assessment of Proficiencies are undertaken across the year. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the year. If a proficiency is assessed as Achieved (YES) early in the year it is expected that the student maintains that level of competence.

The Grade Descriptors are 'Yes' (this proficiency has been achieved), 'No' (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice on page 7 for further details.

The Practice Supervisor can contribute to the assessment of some of these proficiencies by providing specific feedback regarding the student level of performance and achievement to the Practice Assessor in line with the Standards for Student Supervision and Assessment.

PAD 2 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills.

Provides and monitors care with increased confidence

	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
1. Support people across the life span to make informed choices to promote their wellbeing and recovery, using appropriate therapeutic interventions e.g. positive behaviour support approaches. (2PHPIH 2. 1, 2.2, 2.5, 2.8, A2.2, A 3.1, 3.2.4)								
2. Recognise when a person's capacity has changed and how this affects their ability to make decisions and understand where and how to seek guidance from others to ensure the best interests of the person receiving care are met. (3 PMC 3.21, 3 PMC 3.22)								
3. Recognise people at risk of abuse, self-harm and/or suicidal ideation using contemporary risk assessment tools and demonstrates an understanding of when to escalate to the appropriate professional for expert help and advice. (3 PMC 3.7, 3 PMC 3.23, 5 ISQC 5.3, 5 ISQC 5.4, B1.6, B1.7)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
4. Demonstrates an understanding of the needs of people and families for care at the end of life; giving information and support, acting in line with any end of life decisions and orders, respecting cultural requirements and preferences. (3 PMC 3.13, 3.14, B 9.1, B 9.2, B9.3)								
5. Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required. (3PMC 3.4, A 1.2, A 2.4, A 1.12)								
6. Works in partnership with people, families and carers to encourage shared decision making in order to support those involved to manage their own care where appropriate using positive reinforcement. (3 PMC 3.5, A 1.2)								
7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required. (4 WIT 4.4, A 1.9, A 1.10)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
8. Demonstrate the knowledge and skills required to communicate effectively and support people with commonly encountered symptoms e.g. anxiety, confusion, discomfort and pain. (3 PMC 3.3, 3 PMC 3.4, 3 PMC 3.12)								
9. Provides care and reassesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown and skin irritations. (3 PMC 3.10, B 3.1, B 3.4, B 3.5)								
10. Utilises aseptic techniques when monitoring and undertaking wound care using appropriate evidence-based techniques. (3 PMC 3.10, B3.1, B3.4, B 3.5, B3.6, B8.3, B8.6)								
11. Effectively uses evidence-based nutritional assessment tools to provide appropriate support for nutrition and hydration. (3 PMC 3.9, B 4.1)								
12 Demonstrates understanding and supports the delivery of artificial nutrition and hydration using oral and enteral routes. (B 4.4)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
13. Demonstrates and monitors the level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. (B5.1, 5.4)								
14. Provides appropriate care and manages urinary catheters for all genders (B5.3)								
15. Undertakes and interprets neurological observations. (B 1.8)								
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. (3 PMC 3.10, B 6.1)								
17. Uses appropriate assessment tools to determine, manage and escalate the ongoing risk of falls. (B6.2)								
18. Uses a range of appropriate moving and handling equipment mobility aids and techniques to support people with impaired mobility. (B 6.3, B 6.4)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
19. Is able to identify normal peak flow and oximetry measurements and can effectively manage the administration of oxygen using a range of routes and approaches. (B7.1, B 7.2, 7.4)								
20. Uses best practice approaches to undertake nasal and oral suctioning techniques. (B7.3)								
21. Applies the principles of infection prevention and control and effectively uses standard precaution protocols and isolation procedures as required. (2 PHPIH 2.9, B 8.2. B8.4, B8.5)								
22. Effectively shares information with people, families and carers and checks understanding about a range of common mental, physical, behavioural and cognitive health conditions in accordance with care plans. (3 PMC 3.3, A 2.1.2)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
23. Effectively measures and interprets blood glucose levels and reports findings to the appropriate person. (B 1.4)								
24. Undertakes routine ECG recordings and reports findings to the appropriate person. (B1.3)								
25. Demonstrates knowledge and skills related to safe and effective venepuncture. (B 1.3)								
26. Through effective monitoring, can recognise when a person's condition has improved or deteriorated, responds promptly and escalates as required. (3 PMC 3.11)								
27. Demonstrates an understanding of what constitutes a near miss, a critical incident, a major incident or a serious adverse event and has an appreciation of their role and the role of others as appropriate. (5 ISQC 5.7, 5.10)								
28. Recognises when inadequate staffing levels impact on the ability to provide safe care and escalate concerns appropriately to avoid compromising quality of care. (5 ISQC 5.5, 5 ISQC 5.8)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
YES = Achieved, NO = Not Achieved								
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
29. Demonstrates awareness of strategies that develop resilience in themselves and seeks support to help deal with uncertain situations demonstrating assertiveness when required. (5 ISQC 5.9)								
30. Demonstrates an understanding of their role and contribution when involved in the care of a person who is undergoing discharge or transition of care across a range of settings/services. (6 CIC 6.6)								
31. Demonstrates an understanding of the challenges of providing safe care for a range of complex co-morbidities and complex care needs across a range of integrated care settings. (6 CIC 6.2, 6 CIC 6.3)								
32. Demonstrates an understanding of co-morbidities and the demands of meeting people's holistic needs when prioritising care, making reasonable adjustments as required. (3 PMC 3.19, 3.20 4 WIT 4.5, A 2.3)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

Provides and monitors care with increased confidence								
	YES = Achieved, NO = Not Achieved							
	Assessment 1		Assessment 2		Assessment 3		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
33. Demonstrates an understanding of the influence of policy and political drivers that impact health and care provision and contributes to team reflection to promote improvements in practice and services. (4 WIT 4.8, 4.9)								
34. Participates in data collection to support audit activity and contribute to the implementation of quality improvement strategies. (5 ISQC 5.2)								
35. Engages in difficult conversations with support from others, using age appropriate communication skills conveying compassion and sensitivity. (A 1.13, A 2.9)								
36. Demonstrates the use of a variety of effective communication strategies e.g. reassurance, de-escalation, distraction and diversion strategies and remains calm when exposed to situations involving conflict. (A 3.2, 3.2.1 – 3.2.3, A 4.3, A 4.5)								

If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.

PAD 2 Episode of Care 1

This assessment must be completed prior to submission of the completed PAD 2
This episode of care must be undertaken by the Practice Assessor.

Guidelines

The student will be given the opportunity to supervise and teach a junior learner/colleague in practice and provide a written reflection on this experience. Junior learner colleague refers to a nursing associate student, health care support worker or a person new to the care role.

This needs to be based on the delivery of direct person-centred care. Professionalism underpins all aspects of the student's performance. (BAP 1)

The aim of this assessment is to demonstrate the student's progression in the following four platforms within the *Standards of proficiency for nursing associates (including skills from annexe A and B)* (NMC 2018):

- Provide and monitor care
- Working in teams
- Improving safety and quality of care
- Contributing to integrated care

Effective communication and relationship management skills underpin all aspects of care. (Annexe A)

Students are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

Learning outcomes

The student is able to:

1. Support, supervise and act as a role model to nursing associate students, health care support workers and those new to care roles, reviewing the quality of care they provide, promoting reflection and providing constructive feedback. (4 WIT 4.7)
2. Demonstrate an ability to support and motivate junior learner colleagues, other members of the care team and interact confidently with them. (4 WIT 4.2)
3. Demonstrate the ability to monitor and review the quality of care delivered by the junior learner colleague providing clear constructive feedback. (3 PMC 3.18, 4 WIT 4.6, 4.7, A 5.3)
4. Demonstrate effective verbal, non-verbal communication and interpersonal skills in engaging with the junior learner and others involved in the care giving clear instructions and explanations during supervision. (A1.1 – A1.3, A4.1, A 5.1, A 5.2)
5. Reflect on their own role and the role of the junior learner colleague in the supervision encouraging the learner to reflect on their practice. (A 5.4)

Practice Assessor feedback		
Based on the student's reflection, your observation and discussion of the episode of care, please assess and comment on the following: YES = Achieved No = Not Achieved (Refer to Criteria for Assessment in Practice)		
Proficiencies	Yes/No	Comments
Provides and monitors care Chooses an appropriate care activity for the junior learner to engage in and considers the learner's needs and their current level of knowledge and skills. (3 PMC 3.18, 4 WIT 4.7)		
Working in teams Effectively prepares the junior learner and provides them with clear instructions and explanations about the care activity they are to engage in and checks understanding. (4 WIT 4.2, 4.7, A1.1 – 1.3, A4.1, A5.1, 5.2)		
Improving safety and quality of care The student undertakes a risk assessment to ensure that the person(s) receiving care is not at risk from the learner/care activity. Continuous supervision and support is provided to the junior learner throughout the care activity. (5ISQC 5.3, 5.4)		
Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner / peer with constructive verbal and written feedback. (4 WIT 4.6, 4.7, A 5.3, 5.4)		
If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed		
Student's Name:	Signature:	Date:
Practice Assessor's Name:	Signature:	Date:

PAD 2 Episode of Care 2

This assessment must be completed by the end of PAD 2
This episode of care must be undertaken by the Practice Assessor.

Guidelines

The practice assessor and student will identify an appropriate episode of direct care involving caring for people with increasingly complex health and social care needs (may be a single or a group of individuals depending on the care environment). Professionalism underpins all aspects of the student's performance. (BAP 1)

The aim of this assessment is to demonstrate the student's progression in the following six platforms within the *Standards of proficiency for nursing associates (including skills from annexe A and B)* (NMC 2018):

- Promoting health and preventing ill health
- Provide and monitor care
- Working in teams
- Improving safety and quality of care
- Contributing to integrated care

Effective communication and relationship management skills underpin all aspects of care (Annexe A)

Students are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

Learning outcomes

The student is able to:

1. Demonstrate and applies the knowledge, skills and ability to provide safe, effective person-centred care. (3 PMC 3.6, A 1.9)
2. Demonstrate understanding of the contribution of social influences, health literacy, behaviours and lifestyle choices to the mental health and physical health outcomes in people, families and communities. (2PHPIH 2.1, 2.4, 2.6)
3. Demonstrate relevant knowledge in the prioritisation of care, managing their own workload and is able to identify changes in a person's condition and responds appropriately. (3 PMC 3.11, 4 WIT 4.5)
4. Interact and engage confidently with families/carers and members of the interdisciplinary team in providing and monitoring care for a small group of people (or in caring for an individual with complex care needs). (4 WIT 4.1)
5. Accurately undertake risk assessments demonstrating understanding escalating concerns appropriately. (5 ISQC 5.3 - 5.6)
6. Demonstrates an understanding of the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings and is able to work collaboratively in interdisciplinary teams. (6 CIC 6.1 – 6.4)

Student reflection on an episode of care

Within your reflection describe the episode of care and how you provided and monitored patient care.

What did you do well?

What would you have done differently?

Describe how you have begun to work more independently in the provision of care and the decision making process.

What learning from this episode of care could be transferred to other areas of practice?

Practice Assessor feedback		
Based on the student's reflection, your observation and discussion of the episode of care, please assess and comment on the following: YES = Achieved No = Not Achieved (Refer to Criteria for Assessment in Practice)		
Proficiencies	Yes/No	Comments
Promoting health Discusses the possible influences on the person's/group of people's mental health and physical health and can highlight a range of factors impacting on them and the wider community. (2PHPIH 2.1, 2.4, 2.6)		
Provide and monitor care Applies relevant knowledge and skills in the provision of more complex person-centred care continually monitoring a person's condition, interpreting signs of deterioration or distress and escalate appropriately. (3 PMC 3.6, 3.11, 6 CIC 6.2, 6.3, B 1.9)		
Working in teams Is able to prioritise and manage their own workload recognising when elements of care can be safely delegated to other colleagues, carers and family members demonstrating effective communication skills and the ability to document effectively. (4 WIT 4.1, 4.5, A 1.6, 1.9)		
Improving safety and quality of care Undertakes relevant risk assessments, is able to respond to and escalate risks and can implement actions as instructed. (5 ISQC 5.3 – 5.6)		
Contributing to integrated care Supports the person/persons receiving care and their families in maintaining independence and minimising disruption to their lifestyle, demonstrating understanding of the need for multi-agency working. (6 CIC 6.1, 6.4 – 6.6, B1.9)		
If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed		
Student's Name:	Signature:	Date:
Practice Assessor's Name:	Signature:	Date:

PAD 2 Medicines Management

This assessment must be completed by the end of PAD 2 where the student safely administers medicines to a group of patients/service users or a caseload of patients/service users in community settings.

During PAD 2 the student should be developing their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group of patients/service users or caseload.

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

The student must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies

Regulatory requirements: *Standards of proficiency for nursing associates* (NMC 2018), *The Code* (NMC 2018), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016)

The aim of this assessment is to demonstrate the student's knowledge and competence in administering medications safely.

Learning outcomes (Annexe B 10.1 – 10.10)

The student is able to:

1. Demonstrate and apply knowledge to recognise how medicines act and interact in the systems of the body, their therapeutic actions, contraindications and side effects. (3 PMC 3.15, 3.16, B10.3)
2. Carry out an initial and continued assessment of people receiving care and their ability to self-administer their own medications. (B10.1)
3. Prepare medications where necessary, safely and effectively administer these via common routes, maintains accurate records and is aware of the laws, policies, regulations and guidance which underpin medicines management. (3 PMC 3.17, B10.4)
4. Safely and accurately perform medicines calculations for a range of medications. (1BAP 1.13, B10.2)
5. Coordinate the process and procedures involved in managing the safe discharge, move or transition between care settings of the person. (6 CIC 6.6)
6. Maintain safety and safeguard the patient from harm, including non-compliance, demonstrating understanding of the Mental Capacity Act (DH 2005) the Mental Health Act (DH 1983, amended 2007), where appropriate. (1 BAP 1.3, 5ISQC 5.1)

YES = Achieved No = Not Achieved			
Competency	Yes/No	Competency	Yes/No
1. Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area.		7. Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications.	
2. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.		8. Calculates doses accurately and safely. <ul style="list-style-type: none"> • Demonstrates to assessor the component parts of the calculation. • Minimum of 3 calculations undertaken. 	
3. Understands safe storage of medications in the care environment.		9. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home)	
4. Maintains effective hygiene/infection control throughout.		10. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed.	
5. Checks prescription thoroughly. <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions 		11. Describes/demonstrates the procedure in the event of reduced capacity and non-adherence	
		12. Safely utilises and disposes of equipment.	
		13. Maintains accurate records. <ul style="list-style-type: none"> • Records, signs and dates when safely administered 	
		14. Monitors effects and is aware of common side effects and how these are managed.	
6. Checks for allergies demonstrating an understanding of the risks and managing these as appropriate <ul style="list-style-type: none"> • Asks patient/service user. • Checks prescription chart or identification band 		15. Uses appropriate sources of information e.g. British National Formulary	
		16. Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	

[This assessment reflects Annexe B10.1 – 10.10]

Practice Assessor Feedback

Student reflection on learning and development

Student's Name:

Signature:

Date:

Practice Assessor's Name:

Signature:

Date:

Action Plan

An action plan is required when a student's performance causes concern
 The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

Placement Name initiated:		Date action plan		
Nature of concern Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the student need to demonstrate; objectives and measure of success (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review (Timed)	Review/feedback
				Date: Comments:
Student's Name: _____ Signature: _____ Date: _____			Practice Assessor Name: Signature:	
Practice Assessor's Name: _____ Signature: _____ Date: _____				
Academic Assessor's Name: _____ Signature: _____ Date: _____				

Record of student hours – example

Student name:

PI number:

Year:

Practice setting (primary):										
Month (circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec										
Day	Practice setting/ workplace/day off (name)	Actual workplace hours completed (shift times & hours)		A Primary placement (protected learning time)	B External placement (supernumerary hours)	C Off the job learning – other (hours)	Annual leave/ sicknes s absenc e (hours)	Student signature (in full)	Supervisor/assessor signature (in full)	
	Ward name/speciality/D ay off or study or academic learning	How much time was spent on any activity?		How many hours from column a. were in primary placement?	How many hours from column a. were in external placements	How many hours from column a. were academic study or theory to practice?	Record any annual leave, sickness , or other absence here	Sign here at the end of each shift	Sign here at the end of each shift Make sure these people have signed the verification forms at the start of this PAD	
1	Wolfson ward	0700-1530 (7.5)		7.5				A. Student	Elena Dubrofkos	
2	Wolfson ward/St Steven's hospice	1500-2130 (7.5)	3.5	4.0					A. Student	Elena Dubrofkos Selena Cooke
3	Wolfson ward/St Steven's hospice	1500-2130 (7.5)	3.5	4.0				A. Student	Elena Dubrofkos Selena Cooke	
4	Day off	-	-	-	-	-	-	-	-	
5	Day off	-	-	-	-	-	-	-	-	
6	Library/study	0800-1630 (7.5)				7.5		A. Student	Elena Dubrofkos	
7	Sickness						7.5	A. Student	Elena Dubrofkos	
8	Wolfson ward	1930-0800 (11.5)	11.5					A. Student	Elena Dubrofkos	

Record of student hours

Student name:

PI number:

Practice setting (primary):								
Month (circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec								
Day	Practice setting/ workplace/day off/study day/speciality/spoke experience (type) (name)	Actual workplace hours completed (shift times & hours)	A Primary placement (protected learning time)	B External placement (supernumerary hours)	C Off the job learning – other (hours)	Annual leave/ sickness absence (hours)	Student signature (in full)	Supervisor/assess or signature (in full)
1 st								
2 nd								
3 rd								
4 th								
5 th								
6 th								
7 th								
8 th								
9 th								
10 th								
11 th								
12 th								
13 th								

Record of student hours for Month (circle): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Student name:

PI number:

Day	Practice setting/ workplace/day off/study day/speciality/spoke experience (type) (name)	Actual workplace hours completed (shift times & hours)	A Primary placement (protected learning time)	B External placement (supernumerary hours)	C Off the job learning – other (hours)	Annual leave/ sickness absence (hours)	Student signature (in full)	Supervisor/assess or signature (in full)
14th								
15th								
16th								
17th								
18th								
19th								
20th								
21st								
22nd								
23rd								
24th								
25th								
26th								

Record of student hours

Student name:

Workplace:

PI number:

Day	Practice setting/ workplace/day off/study day/speciality/spoke experience (type) (name)	Actual workplace hours completed (shift times & hours)	A Primary placement (protected learning time)	B External placement (supernumerary hours)	C Off the job learning – other (hours)	Annual leave/ sickness absence (hours)	Student signature (in full)	Supervisor/assess or signature (in full)				
27 th												
28 th												
29 th												
30 th												
31 st												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly totals	Workplace hours (time spent in any workplace)					c) Off the job learning – other (hours)						
	Total primary placement hours to date (all months)					Total off the job learning to date (all months)						
	a) Primary Placement (hours)					Annual leave (days and total hours)						
	b) Off the job learning – External placement (supernumerary hours)					Sickness/other absence (days and total hours)		Days				
	Total off the job learning – external (all months)							hrs				
Total placement hours (a + b)					Total placement hours to date (all months)							

This is an accurate record of practice hours and leave/absence.

Student signature:

Date:

Supervisor/assessor signature:

Date: