

FACULTY OF HEALTH & WELLBEING

PRE-REGISTRATION NURSING PROGRAMMES

DIPLOMA IN NURSING/ RN

BSc (HONS) NURSING/ RN

ONGOING ACHIEVEMENT RECORD
(O A R)

Name :

Intake :

Branch:

Site :

Personal Tutor (PT):

September 2011 (CB)

If found please return to Pre-Registration Nursing, University of Cumbria.

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Introduction

The Nursing & Midwifery Council (NMC 2006) requires pre registration nursing students to maintain an Ongoing Achievement Record (OAR) of clinical practice assessment. **The OAR must be produced for Mentors on each Placement** to enable assessment and decisions to be made about the student's progress. This OAR should be used alongside the Mentor Practice Assessment Document (MoPAD). This contains the NMC Standards of Proficiency and Essential Skills Clusters which inform the assessment of practice.

For each placement **this record** consists of:

- a) Qualificatory Practice Unit Record – QPU (summary of achievement of Outcomes or Proficiencies in practice)
- b) End of Placement Summary
- c) Final Interview Record

For the final placement of the programme:

- A final Sign Off sheet for eligibility to enter the professional register

The OAR should be made available to the named Mentors at the beginning of all new experiences to enable discussion on strengths and areas for improvement.

After each placement (on a designated date) a photocopy of the relevant Qualificatory Practice Record, Final Interview Record and End of Placement Summary MUST be handed in to the Year Co-ordinator, with originals staying in your OAR.

After each placement your sickness/ absence record (from the MoPAD) must be given to the Year Co-ordinator on a designated date

In CFP (year 1) - You must attend a compulsory meeting with your Personal Tutor (PT) after every placement in CFP to discuss your academic progress, clinical practice development. The Year Co-ordinator will formulate any action plans needed in relation to clinical practice.

In Branch (years 2 & 3) - You must attend a compulsory meeting with your Personal Tutor (PT) every 6 months (sooner if you fail a practice placement) to discuss your academic progress and clinical practice development. The Year Co-ordinator will formulate any action plans needed in relation to clinical practice.

Failure to attend these meetings will result in a progress review meeting and/or adjudication (disciplinary) meeting.

Mentors on Final Summative CFP Placement (NMC 2008)

The mentor for end of Common Foundation Programme summative assessment (Placement 3/3a) must be on the same part of the Register as the student and be a qualified mentor.

Sign-Off Mentors on Final Summative Branch Placement (NMC 2006)

The mentor for the final end of Branch (Course) summative assessment (preparation for registration) must be:

1. on the same part of the Register as the student
2. annotated as a Sign-Off Mentor on their employer's and University Registers of Mentors

CONFIDENTIAL

STUDENT PLACEMENT EXPERIENCES

| Placement Number | Mentor(s) Name Please Print | Mentor(s) Signature | Type of Placement/ Speciality | Start Date | Finish Date |
|-------------------------------|-----------------------------|---------------------|-------------------------------|------------|-------------|
| Placement 1 | | | | | |
| Placement 2 | | | | | |
| Placement 3/ 3a | | | | | |
| Placement 3b If applicable | | | | | |
| Placement 4 | | | | | |
| Placement 5 | | | | | |
| Placement 6 | | | | | |
| Placement 7 | | | | | |
| Placement 8 | | | | | |
| Placement 9 | | | | | |
| Placement 10 | | | | | |

QUALIFICATION PRACTICE UNIT (QPU) RECORD - PLACEMENT 1
A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|----------|-------------------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|--|----------------|--------------------|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | | Sign: Achieved | Sign: Not Achieved |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|---|------------------------------|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 1

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 1

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 2

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|--|-----------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | | Beginner | | Advanced Beginner | |
| Competent | | | | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|---|--|----------------|--------------------|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | | Sign: Achieved | Sign: Not Achieved |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If Not Achieved - Please list the numbers of the outcomes/proficiencies below: | | | |
| | | | |
| Link Tutor Notified of Non-Achievement: Yes | | No | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | | | |
|--|--|------------------------------|--|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | | | |
| Action Plan Required: (please tick) | | Developmental (Formative) | | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | | | |
| PT | | Programme Leader | | PEF (Name Please) | |
| Link Tutor Name: | | Student | | Student File | |
| Signature of PT/Link Tutor/ : Branch Co-ordinator | | | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 2

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 2

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD -PLACEMENT 3/ 3a

(A photocopy of this form must be submitted with the OAR after this placement)

| | | | | | |
|---|----------|-------------------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|--|----------------|--------------------|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | | Sign: Achieved | Sign: Not Achieved |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|--|------------------------------|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 3/ 3a

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 3/ 3a

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

FINAL INTERVIEW RECORD - PLACEMENT 3b (if applicable)

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 3b (if applicable)

Student:_____ **Site:**_____
Cohort:_____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....**PRINT** Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....**PRINT** Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....**PRINT** Date:.....

Tutor's Signature.....

FINAL INTERVIEW RECORD - PLACEMENT 3b (if applicable)

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 3b (if applicable)

Student: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFICATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 4

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|-----------------|--------------------------|----------------------------|--|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | | Competent | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|-----------------------|---------------------------|--|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | | |
|--|----------------------------------|--|---|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE) | | | | |
| ACTION PLAN) | | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | | |
| PT | Programme Leader | | PEF (Name Please) | |
| Link Tutor Name: | Student | | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 4

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 4

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 5

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|----------|-------------------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|---|----------------|--------------------|--|
| Name of Mentor (please print): | | Date: | |
| <i>and/ or</i> (delete as appropriate) | | | |
| Associate Mentor (please print): | | Date: | |
| NB: End of course needs to be a recognised Sign Off Mentor | | | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | | | |
|--|------------------------------|---------------------|---|-------------------|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | | Failed Assessment of Practice Plan (Summative) | | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | | | |
| PT | | Programme Leader | | PEF (Name Please) | |
| Link Tutor Name: | | Student | | Student File | |
| Signature of PT/Link Tutor/ : Branch Co-ordinator | | | Date: | | |

FINAL INTERVIEW RECORD - PLACEMENT 5

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 5

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 6

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|--|-----------------|--------------------------|----------------------------|--|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|-----------------------|---------------------------|--|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | | | |
|--|--|-------------------------------------|--------------|---|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | | | |
| Action Plan Required: (please tick) | | Developmental (Formative) | | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | | | |
| PT | | Programme Leader | | PEF (Name Please) | |
| Link Tutor Name: | | Student | | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | | Date: | | |

FINAL INTERVIEW RECORD - PLACEMENT 6

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 6

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 7

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|----------|-------------------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|---|----------------|--------------------|--|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|--|------------------------------|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/ : Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 7

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 7

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 8

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|----------|-------------------|---------------------|---|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|---|--|----------------|--------------------|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | | Sign: Achieved | Sign: Not Achieved |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|--|------------------------------|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 8

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 8

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 9

A photocopy of this form must be submitted with the OAR after this placement

| | | | | | |
|---|-----------------|--------------------------|----------------------------|--|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|-----------------------|---------------------------|--|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No | | | |
| Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|--|---------------------------|--|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/ : Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 9

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 9

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

QUALIFI CATORY PRACTICE UNIT (QPU) RECORD - PLACEMENT 10*A photocopy of this form must be submitted with the OAR after this placement*

| | | | | | |
|---|-----------------|--------------------------|----------------------------|--|--|
| Student Name: | | Cohort: | | Dip HE / BSc (delete as appropriate) | |
| Level of Achievement Required: (please tick) | | Formative | | Summative | |
| Novice | Beginner | Advanced Beginner | Competent | | |
| Full Name & Site of Placement: | | | | | |
| Placement Start Date: | | | Placement End Date: | | |

| | | | |
|--|-----------------------|---------------------------|--|
| Name of Mentor (please print): <i>and/ or</i> (delete as appropriate) | | Date: | |
| Associate Mentor (please print): <i>NB: End of course needs to be a recognised Sign Off Mentor</i> | | Date: | |
| Mentor to complete and sign the following on completion of the student's placement. (Full signature required please.) | | | |
| | Sign: Achieved | Sign: Not Achieved | |
| Have ALL practice outcomes/proficiencies been achieved? | | | |
| If <i>Not Achieved</i> - Please list the numbers of the outcomes/proficiencies below: | | | |
| Link Tutor Notified of Non-Achievement: Yes No Date link tutor notified: | | | |
| Total Sickness/Absence (state whether days or hours). Details in MoPAD please. | | | |
| NB: Night Duty/ 24 hour care to be documented and signed on the night duty record form | | | |
| Signature of Student: | | Date: | |

| | | | |
|--|----------------------------------|---|--|
| For University/ Office Use only (YEAR/ BRANCH CO-ORDINATOR TO COMPLETE ACTION PLAN) | | | |
| Action Plan Required: (please tick) | Developmental (Formative) | Failed Assessment of Practice Plan (Summative) | |
| Please indicate circulation of action plans below (copy of this sheet to the student & file) | | | |
| PT | Programme Leader | PEF (Name Please) | |
| Link Tutor Name: | Student | Student File | |
| Signature of PT/Link Tutor/: Branch Co-ordinator | | Date: | |

FINAL INTERVIEW RECORD - PLACEMENT 10

Name: _____ **Site:** _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Mentor's comments related to the Domain of Professional and Ethical Practice:

Mentor's comments related to the Domain of Care Delivery:

Mentor's comments related to the Domain of Care Management:

Mentor's comments related to the Domain of Personal and Professional Development:

Mentor's Signature.....**Date**.....

END OF PLACEMENT SUMMARY – PLACEMENT 10

Student: _____ Site: _____
Cohort: _____

A photocopy of this form must be submitted with the OAR after this placement

Section 1: Mentor's Comments (to include strengths & key areas for development on next placement)

Mentor's Name.....PRINT Date:.....

Mentor's Signature.....

Section 2: Student's comments

Student's Name.....PRINT Date:.....

Student's Signature.....

Section 3: Comments e.g. MDT, Patient/ Client, etc

Section 4: PT/ Link Tutor Comments (if required)

Tutor's Name.....PRINT Date:.....

Tutor's Signature.....

RECORD OF COMPULSORY UPDATES Each year a photocopy of this form **MUST** be given to your PT on completion for placing in your record

NAME:

COHORT:

SITE:

| Update via Blackboard/ Practical | Year 1 | Year 2 | Year 3 |
|--|--------------------------------|--------------------------------|--------------------------------|
| COSHH | Date: Student: | Date: Student: | Date: Student: |
| Food Hygiene | Date: Student: | Date: Student: : | Date: Student: : |
| Infection Control | Date: Student:: | Date: Student: | Date: Student: |
| Update via Compulsory Practical | Year 1 | Year 2 | Year 3 |
| First Aid | Date: Student: Verifier: | Date: Student: Verifier: | Date: Student: Verifier: |
| Basic Life Support | Date: Student: Verifier: | Date: Student: Verifier: | Date: Student: Verifier: |
| Personal Safety | Date: Student: Verifier: | Date: Student: Verifier: | Date: Student: Verifier: |
| Moving & Handling | Date: Student: Verifier: | Date: Student: Verifier: | Date: Student: Verifier: |
| Fire Lecture: Blackboard or Practical | Date: Student: Verifier: | Date: Student: Verifier: | Date: Student: Verifier: |
| ESC 25 (ii) Safely performs basic wound care using clean and aseptic techniques through simulation in University | Date: Student: Verifier: | | |
| ESC 42 (ii) Through simulation demonstrates knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability | | | Date: Student: Verifier: |
| ESC 42 (iii) Through simulation demonstrates how to supply and administer via a patient group direction | | | Date: Student: |

CONFIDENTIAL

24 HOUR CARE/ NIGHT DUTY EXPERIENCE

As part of your Course you are required to experience care throughout the whole 24-hour period. It is therefore mandatory that you have some experience of night duty during your three year Course. Sometimes night shifts will be difficult to do for either personal reasons or the nature of the Branch/Placement. If so, you will need to discuss this with your PT and you will need to document evidence of 24-hour care (dates/times). For night duty – you should do no more than 30 nights (maximum).

Ideally you should organise to follow your Mentor on to night duty. If this is not possible then discuss this with your Mentor, Nurse in charge and Link Tutor if appropriate, and make sure there is a Level 1 Registered Nurse on night duty who can act as your Mentor.

On some placements, e.g. Community, or where Enrolled Nurses are in charge, night duty is not appropriate. So think ahead and plan this experience carefully.

Please complete the summary of hours form on the following page and ensure your Mentor signs and verifies these.

NIGHT DUTY RECORD

Name: _____ Branch: _____
 Cohort: _____

| Venue | Date | Number of Hours Worked | Signature of Student | Signature of Mentor |
|-------|------|------------------------|----------------------|---------------------|
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At the end of the last summative placement in branch a copy of this form MUST be handed in to your site admin office.

Sign Off Mentor Statement of Proficiency at the Point of Registration

The original, signed copy of this form must be submitted with the OAR after this placement

| | |
|---------------------------------------|---------|
| Student Full Name: | |
| University ID Number: | |
| Cohort: | Branch: |
| Sign Off Mentor Full Name: | |
| PIN (Optional): | |
| Sign Off Mentor Place of Work: | |
| Sign Off Mentor Telephone Contact No: | |

Sign Off Mentor: Please sign and date either section 1 or section 2 below
SECTION 1

PASS Confirmation Statement:
 I have reviewed the student's Ongoing Achievement Record and I confirm that from the evidence I have seen and reviewed:

_____ (insert student name in BLOCK CAPITALS)

has met all the NMC Standards of Proficiency and Essential Skills Clusters in Practice for completion of the pre-registration nursing programme, and has demonstrated safe and effective practice sufficient to recommend eligibility for entry to the professional register

Signature of Sign Off Mentor: _____ **Date:** _____

SECTION 2

FAIL Confirmation Statement: At this time I cannot sign off this student as eligible for entry to the professional register for the reason(s) detailed below:

Signature of Sign Off Mentor: _____ **Date:** _____

Continuation sheet overleaf to be used if required

Continuation Sheet for Sign Off Mentor

The original signed copy of this form must be submitted with the OAR after this placement

Use this area to make any additional comments, if you do not use it please strike through.

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Signature of Sign Off Mentor: _____ Date: _____

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