

**Apprentice Name:**

**Cohort:**

**Personal Tutor:**

**Contact Number:**

## **FDSc Health & Social Care Practice**

### **England Nursing Associate**

# **PRACTICE ASSESSMENT DOCUMENT (PAD) 1 & 2**

## **ONGOING RECORD of ACHIEVEMENT (OAR)**

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

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

## Welcome to the Practice Assessment Document (PAD)

### Trainee Nursing Associate (TNA) Responsibilities

This PAD 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 (PS) and Practice Assessors (PA) 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 at the end of this document and contains two parts. Part A summarises your achievements in the Home Base and in each external placement experience and with the main document provides a comprehensive record of your professional development and performance in practice. Part B contains Apprentice Progress Reviews and practice declarations.

You are responsible for the safekeeping and maintenance of the PAD1, 2 & OAR. It should be available to your PS, PA and AA at all times when you are in placement. 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 **must** 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 TNA 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 PS / PA who will facilitate consent.

Practice Supervisor (PS) Responsibilities (Registered Nurse/Nursing Associate/ Midwife or other registered healthcare professional)

In many practice areas the TNA will be supported by a number of PS. Some areas may adopt a team-based approach due to the nature of the experience.

As a PS you have an important role in supporting and guiding the TNA through their learning experience to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the TNA may need to get maximum benefit from the placement. It is your responsibility to contribute to the TNA's assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the PA on the TNA'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 TNA learning and have a vital role in TNA 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 TNA feedback within the PAD on the *Record of communication/additional feedback pages*.

**Practice Assessor (PA) Responsibilities** (Registered Nurse/ Nursing Associate)

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

There are numerous elements requiring assessment in practice. One or more PS 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 TNA, 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 TNAs who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

If the TNA 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 AA and/or senior practice representative.

**Academic Assessor (AA) Responsibilities**

Academic Assessors (AA) are Registered Nurses and are nominated for each part of the educational programme. The same AA cannot contribute to the TNA assessment in consecutive parts. The AA will work in partnership with the PA to evaluate and recommend the TNA for progression for each part of the educational programme. The AA will enable scheduled communication and collaboration with the PA and this communication can take a variety of forms.

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

## University of Brighton – Guidelines for Practice Assessment & Progression

### Professional Values:

Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). TNA **MUST achieve all** professional values at the **end of each PAD (PAD 1 and PAD 2)**.

### Proficiencies:

These reflect aspects from the 6 Platforms, communication and relationship management skills and nursing procedures (NMC 2018). The proficiencies can be assessed in your Home Base or External Placement Experiences. All proficiencies **MUST be achieved ONCE** across the academic year.

Once a proficiency is achieved, the TNA is accountable for ensuring the level of proficiency achieved is maintained. If a PS/ PA deems that the TNA has not maintained a proficiency, the PLL and AA will be informed, an action plan will be developed, and the TNA will be reassessed in the proficiency.

### Episode(s) of Care and Medicine Management:

These are conducted by your PA. They only need to be completed **ONCE per year**. In agreement with the PA, the TNA can undertake these assessments at any point within the Home Base or external placement experience, but they **MUST** be completed before the end of Semester 2. The TNA can only be assessed **ONCE** per placement area so if **unsuccessful cannot be reassessed again in the same placement area**.

### Submission of the PAD & OAR

The TNA will meet with the AA for a **Formative** review, who will provide feedback for ongoing development and support in the TNA's practice learning and completion of the summative assessments. The TNA will submit the PAD and OAR at the end of Semester 2 for a **Summative review** by the AA who will provide feedback and confirm the pass/fail result

### Protected Learning Time

Protected Learning Time (PLT) is the time in a workplace or another healthcare setting during which a TNA is learning and are supported to learn. The NMC require a minimum of **1150 practice PLT hours over the 2 years**.

- A minimum of 460 practice PLT hours will be achieved during your external placements (based on 30 hours per placement week).
- Additional PLT hours are needed whilst in your normal place of work (Home Base), of no less than 12.2 hours /week when you are not on leave. This is in addition to the Off-The-Job-Training hours required (detailed in the course handbook).

**Please note Protected Learning Time is not the same as supernumerary time ie. you do not need to be supernumerary for the hours to count as protected learning time (this also applies to external placements where you may or may not be supernumerary).**

HEIs must ensure that TNAs have protected learning time in line with one of these two options (NMC 2018)

Option A: TNAs are supernumerary when they are learning in practice

Option B: TNAs 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.

You must be supervised during protected learning time. The level of supervision required is a matter of professional judgment by your PS / PA; for some activities, you will require direct supervision and for others indirect supervision is appropriate.

### How PLT can be Achieved:

- Opportunities to practise skills
- Opportunities to practice clinical skills
- PS / PA sharing knowledge and effectively demonstrating how to put that knowledge into practice safely
- Being observed in practice
- Being provided with constructive feedback on your performance
- Taking advantage of available resources, learning and CPD opportunities
- Being delegated to by other PS / PA and anyone else who may suitably enable learning
- Following a patient pathway across settings
- Reflecting on learning with your PS / PA
- Supernumerary time

### Suggested Ways of Managing PLT in Your Workplace:

There are many ways of achieving the above, TNAs should discuss this with their PS/PA how this can be managed, and here are some suggestions:

#### **Being proactive and planning times in advance by:**

- Identifying on the rota who is supervising you and for how much time.
- Identifying on the rota who is supervising you and for how much time.
- Structuring identified supervised shifts so that you agree priority learning needs, receive constructive feedback on performance and have an opportunity to reflect on progress
- Taking other learning opportunities, e.g. attending departmental teaching sessions.

#### **Being on the alert to unplanned learning opportunities such as:**

- Ad hoc teaching
- Observing practice or procedures/being observed
- Useful learning episodes with other professionals/staff.

#### **Record your PLT meticulously on attendance forms, write reflections and log experiences frequently.**

- A shift working with your PS / PA can count as a block of hours
- Capture your ad hoc learning experiences in addition
- Get into good professional habits of logging and reflecting on your learning.

## Support in Practice & Raising Concerns

The table below gives details about how to raise concerns in practice:

<p><b>TNA</b> with concerns in relation to placement experiences or practice learning opportunities should discuss these with someone at the earliest opportunity.</p> <p style="text-align: center;"></p> <p>Advice and/or support may be sought from:</p> <ul style="list-style-type: none"><li>• Their Practice Assessor</li><li>• Practice Educator</li><li>• University Practice Liaison Lecturer (PLL): Wendy McCarthy <a href="mailto:W.Mccarthy2@brighton.ac.uk">W.Mccarthy2@brighton.ac.uk</a></li></ul>	<p><b>PS/ PA</b> with concerns about a TNA are encouraged to discuss these with the Apprentice.</p> <p style="text-align: center;"></p> <p>Advice and/or support may be sought from:</p> <ul style="list-style-type: none"><li>• Academic Assessor</li><li>• The Practice Educator</li><li>• Practice Liaison Lecturer (PLL)</li><li>• The Personal Tutor</li><li>• Course Leader</li></ul>
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## Practice Liaison Lecturers (PLL)

Practice Liaison Lecturers work collaboratively with placement providers to support and facilitate TNA learning and achievement. The PLL role is to:

- Act as a point of contact for TNAs, PS, PA, AA and other practice staff supporting TNA learning.
- Participate in meetings with the TNA and their PS, PA and AA (as required).
- Visit placement to offer guidance and support to PS, PA and other practice staff supporting TNAs learning (as required).
- Respond to TNA placement evaluations.

## Overview of the Home Base Assessment Process & TNA Progression

An overview of the structure of the academic year, including meetings within the Home Base and assessments can be seen overleaf.

**Prior to commencing the PAD & OAR, the TNA undertakes practice learning preparation at University**

**Semester 1 - Home Base: Initial Interview**

TNA to meet with PS within the first week, to negotiate initial learning and development needs and develop a learning plan to include reasonable adjustments (as applicable). TNA and PS to agree a date for Midpoint review

**Semester 1 – Home Base: Mid- Point Interview**

TNA and PS review progress with learning plan/professional values/proficiencies and summative assessments. TNA is to identify their ongoing learning and development needs and action plan for achievement

**Semester 1- Home Base: Final Interview**

TNA and PA review overall progress, achievement of summative assessments and feedback from External Placement Experiences. PA completes all relevant sections in the PAD and OAR. The interview should be conducted with input from the PA.

Any concerns about TNA learning or progress MUST be referred primarily to the AA, who will liaise with PA, PLL and/or Practice Education Facilitator (PEF). The concerns MUST be documented with an action plan and review date(s)

**Semester 2 - Home Base: Initial Interview**

TNA to meet with PS to negotiate initial learning and development needs and develop a learning plan to include reasonable adjustments (as applicable). TNA and PS to agree a date for Midpoint review

**Semester 1 – Home Base: Mid- Point Interview**

TNA and PS review progress with learning plan/professional values/proficiencies and summative assessments. TNA is to identify their ongoing learning and development needs and action plan for achievement

**Semester 2 -Home Base: Final Interview**

TNA and PA review overall progress, achievement of summative assessments and feedback from external placement experiences. PA completes all relevant sections in the PAD and OAR, prior to review and confirmation by the AA

**End of Semester 2 Submission**

TNA to submit the PAD and OAR (submission dates listed in the SB401 & SB506 site on MyStudies ). AA reviews submitted documentation and provides feedback to Module lead to undertake Quality Assurance Event for the PAD and OAR following summative submission

**Area Exam Bard (AEB) following summative submission**

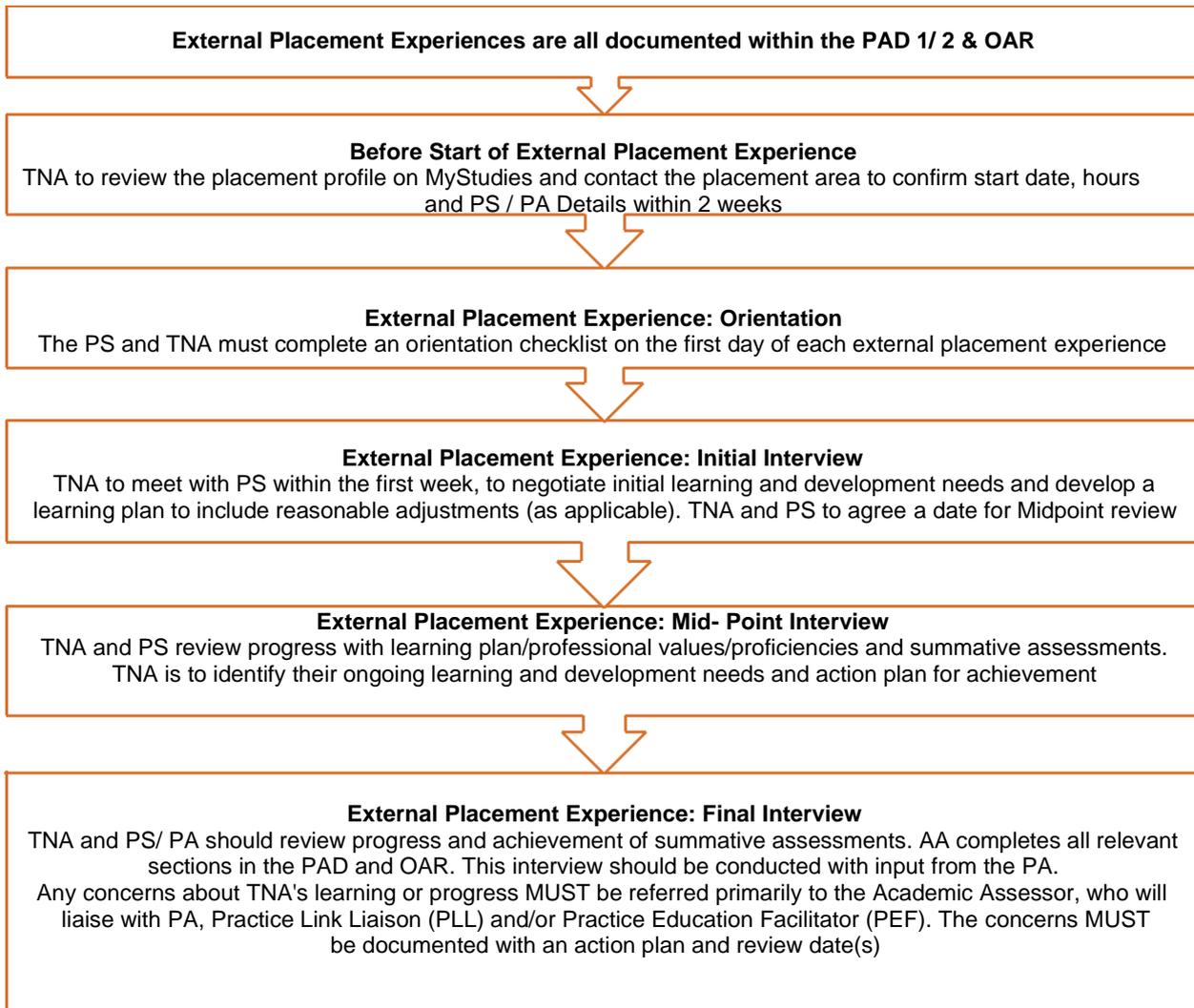
External Examiner reviews a % of PADs and OARs (including all referrals) Result ratified as pass or refer

**Course Exam Board (CEB) following summative submission**

TNA profile reviewed and decision on progression to next academic year or course completion taken  
Please refer to the Course Handbook and MyStudies for full details and information on assessment regulations, examination boards and mitigating circumstances.

## Overview of the External Placement Experience Process

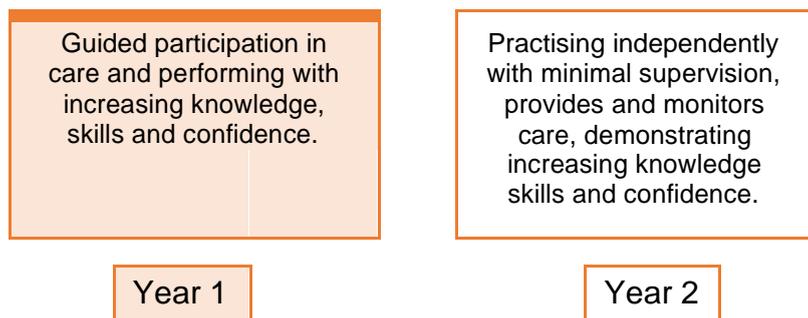
The NMC require that TNAs achieve a **total of 460 hours** of external placement experience across the 2-year course. External placement experiences are periods of practice learning scheduled in semester 1 & 2 of each academic year. The placement will enable completion of the following summative assessments by a PA: Proficiencies, Professional Values, Episode of Care and Medicine Management. Successful completion of these assessments will enable the TNA to meet the Nursing and Midwifery Council (NMC) Standards of Proficiency for Nursing Associates (NMC, 2018). Please refer to the Course Handbook and MyStudies – Placement Area for full details and information on placements.



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## Criteria for Assessment in Practice PAD1

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



### PAD 1: Guided participation in Care

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

Achieved	Knowledge	Skills	Attitude and values
<b>YES</b>	Is able to identify the appropriate knowledge base required to deliver safe, person centred care under some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person-centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.
<b>NO</b>	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor practice.	Under direct supervision is not able to demonstrate safe practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.





## Home Base Details - Semester 1

**Home Base Provider:**  
(e.g. Trust/Organisation)

**Name of Home Base:**

**Type of Setting:**  
(e.g. Community/Ward based)

**Telephone Number:**

**Home Base Contact work Email:**

**Practice Assessor Details (PA):**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (AA) (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns** (e.g. Area Manager, Practice Development Team or Student Coordinator)

**Name:**

**Designation:**

**Contact work email address:**

## PAD1 – Home Base Orientation

Name of Placement Area:

Name of Staff Member:

**(This should be undertaken by a member of staff in the Placement Area)**

The Following Criteria Needs to be Met Within the First Day in Placement:	Initial/Date (TNA)	Initial/Date (Staff)
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**Home Base: Initial Interview** - (This can be completed by a PS or PA. If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of the semester

**Covid-19 University Risk Assessment** - Your Covid-19 University Risk Assessment **MUST** be completed at the beginning of each year of your apprenticeship. If this is not completed, then the TNA will not be able to go on external placement and may be suspended from the apprenticeship.

**Covid-19 University Risk Assessment:**

**Date:**                      **Score:**

<p><b>TNA to Identify Learning and Development Needs</b> (with guidance from the PS)</p>
--

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan Semester 1	How will this be achieved?

Learning plan agreed by PA (where applicable) YES/NO

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

**Semester 1: Mid-Point Interview** This must take place half way through Semester 1

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**Semester 1: Mid-Point Review Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of Semester 2 and negotiate with their PA how these will be achieved.

Learning and Development Needs	How will these be Achieved?
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**Semester 1: Final Interview** This must take place towards the end of Semester 1

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**Please record any further comments on the next page**

**Learning and Development Needs** To be agreed between the PA and TNA  
**PA to Identify Specific Areas to Take Forward to the Next Semester**

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>Checklist for Assessed Documents</b>	<b>Tick</b>	<b>PA Initial</b>	<b>TNA Initial</b>
The professional value statements have been signed prior to the first external placement experience			
The relevant proficiencies/skills that the TNA has achieved in this area (where applicable) have been signed			
The timesheets have been signed and submitted to the University for this semester			
All the interview records and development plans have been completed and signed as appropriate			
The PS and PA have printed and signed their name on the appropriate list at the beginning of the document.			
The PA has completed the Ongoing Achievement Record (OAR)			

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>AA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

**Semester 2: Initial Interview** - (This can be completed by a PS or PA. If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of semester 2

**TNA to Identify Learning and Development Needs** (with guidance from the PS)

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan (Semester 2)	How will this be achieved?

Learning plan agreed by PA (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**Semester 2: Mid-Point Interview** This must take place half way through Semester 2

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**Semester 2: Mid-Point Review Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of Semester 2 and negotiate with their PA how these will be achieved.

Learning and Development Needs How	will these be Achieved?
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**Semester 2: Final Interview** This must take place towards the end of Semester 2

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

Please record any further comments on the next page

**Learning and Development Needs** To be agreed between the PA and TNA  
**PA to Identify Specific Areas to Take Forward to the Next Year**

--

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

Checklist for Assessed Documents	Tick	PA Initial	TNA Initial
The professional value statements have been signed prior to the first external placement experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relevant proficiencies/skills that the TNA has achieved in this area (where applicable) have been signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The timesheets have been signed and submitted to the University for this semester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the interview records and development plans have been completed and signed as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The PS and PA have printed and signed their name on the appropriate list at the beginning of the document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The PA has completed the Ongoing Achievement Record (OAR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>AA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

# PAD1

## Action Plans

**An action plan is required when a TNA's performance causes concern** The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

**Action Plan** An action plan is required when a TNA's performance causes concern. The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

Placement Name:		Date Action Plan Initiated:		
Nature of Concern Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the TNA need to demonstrate? <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support Available and Who is Responsible	Date for Review	Review/Feedback
				Date: Comments:
TNA's Name:	Signature:	Date:	PA Name:	
PA Name:	Signature:	Date:	Signature:	
AA Name:	Signature:	Date:		

**Action Plan** An action plan is required when a TNA's performance causes concern The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

<b>Placement Name:</b>		<b>Date Action Plan Initiated:</b>		
<b>Nature of Concern</b> Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	<b>What does the TNA need to demonstrate?</b> <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	<b>Support Available and Who is Responsible</b>	<b>Date for Review</b>	<b>Review/Feedback</b>
				<b>Date:</b> <b>Comments:</b>
<b>TNA's Name:</b>	<b>Signature:</b>	<b>Date:</b>	<b>PA Name:</b> <b>Signature:</b>	
<b>PA Name:</b>	<b>Signature:</b>	<b>Date:</b>		
<b>AA Name:</b>	<b>Signature:</b>	<b>Date:</b>		

# PAD1

## Patient / Service User Feedback

Obtaining Patient / Service user feedback about the care you provide is important for your ongoing development. PS / PA should obtain consent from any patients/service users/carers. This is completely voluntary for Patients/Service Users and they should feel able to decline to participate.

The TNA should aim to receive Patient/ Service User feedback regularly across the apprenticeship, and within each placement setting (including Home Base).

We recommend Patient/ Service User feedback is obtained twice in your Home Base per academic year (I.E. once per semester), and a minimum of Patient/ Service User feedback once in each external placement, using the feedback forms provided on the following pages.

### Patient/Service User/Carer Feedback Form

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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 TNA do well?**

**What could the TNA have done differently?**

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

# PAD 1

## External Placement Experiences 1&2

The NMC require that TNAs achieve a **total of 460 hours** of external placement experience across the 2-year course. External placement experiences are periods of practice learning scheduled in semester 1 & 2 of each academic year.

The placement will enable completion of the following summative assessments by a practice assessor: Proficiencies, Professional Values, Episode of Care and Medicine Management. Successful completion of these assessments will enable the TNA to meet the Nursing and Midwifery Council (NMC) Standards of proficiency for Nursing Associates (NMC, 2018). Please refer to the Course Handbook and MyStudies for full information on placements.

In this section of the PAD you will document the learning agreements and meetings undertaken whilst on each external placement experience.

## PAD 1 - External Placement Experience 1

**External Placement Experience Provider:**

(e.g. Trust/Organisation)

**Name of External Placement Experience:**

**Type of Setting:**

(e.g. Community/Ward based)

**Telephone Number:**

**Contact work Email:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns (e.g. Area Manager, Practice Development Team or Student Coordinator)**

**Name:**

**Designation:**

**Contact work email address:**

## PAD 1 - External Placement Experience 1

### Orientation to Placement

Name of Placement Area:		
Name of Staff Member:		
(This should be undertaken by a member of staff in the Placement Area)		
	Initial/Date (TNA)	Initial/Date (Staff)
<b>The Following Criteria Needs to be Met Within the First Day in Placement:</b>		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**PAD1: External Placement Experience 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

**PA/PS: For Covid-19 University Risk Assessment please see P.17**

**TNA to Identify Learning and Development Needs** (with guidance from the Practice Supervisor)

--

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan External Placement Experience 1	How will this be achieved?

Learning plan agreed by Practice Assessor (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**PAD1: External Placement Experience 1: Mid-Point Interview** This must take place half way through your placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

### **PAD1: External Placement Experience 1: Mid-Point Review**

**Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of the placement and negotiate with their PA how these will be achieved.

<b>Learning and Development Needs</b>	<b>How will these be Achieved?</b>
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**PAD1: External Placement Experience 1: Final Interview** This must take place towards the end of the placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD1: External Placement Experience 1 Learning and Development Needs** To be agreed between the PA and TNA

**PA to Identify Specific Areas to Take Forward to the Next Semester**

--

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

## PAD 1 - External Placement Experience 2

**External Placement Experience Provider:**

(e.g. Trust/Organisation)

**Name of External Placement Experience:**

**Type of Setting:**

(e.g. Community/Ward based)

**Telephone Number:**

**Contact work Email:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns (e.g. Area Manager, Practice Development Team or Student Coordinator)**

**Name:**

**Designation:**

**Contact work email address:**

## PAD 1 - External Placement Experience 2

### Orientation to Placement

Name of Placement Area:		
Name of Staff Member:		
<b>(This should be undertaken by a member of staff in the Placement Area)</b>		
	<b>Initial/Date (TNA)</b>	<b>Initial/Date (Staff)</b>
<b>The Following Criteria Needs to be Met Within the First Day in Placement:</b>		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**PAD1: External Placement Experience 2: 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

**PA/PS: For Covid-19 University Risk Assessment please see P.17**

**TNA to Identify Learning and Development Needs** (with guidance from the Practice Supervisor)

--

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan External Placement Experience 1	How will this be achieved?

Learning plan agreed by Practice Assessor (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**PAD1: External Placement Experience 2: Mid-Point Interview** This must take place half way through your placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

## PAD1: External Placement Experience 2: Mid-Point Review

**Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA 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.

<b>Learning and Development Needs</b>	<b>How will these be Achieved?</b>
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**PAD1: External Placement Experience 2: Final Interview** This must take place towards the end of the placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD1: Learning and Development Needs** To be agreed between the PA and TNA

**PA to Identify Specific Areas to Take Forward**

--

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

# PAD1

## Hub & Spoke Experience Record

The “Hub and Spoke” model will be used to support your learning whilst you undertake external placement experiences. Within each clinical placement setting (Hub) you will find that there are additional learning opportunities through time spent with specialist practitioners and teams, in clinics and engagement with the Multi-Discipline Team (Spokes). This will include:

- Exploring new and different emphases in working holistically with individuals in settings different from the TNA’s Home Base
- Gaining a greater appreciation of unfamiliar roles and services
- Gaining an improved understanding of more strategic and wider considerations in health and care
- Gaining insight across pre-life to end-of-life care
- Understanding of nursing across different settings and the perspectives and care pathways of individuals, their families and/or carers in these settings
- Gaining knowledge and experience across the four fields of nursing

Please reflect on each spoke experience you undertake and identify how this experience has contributed to your continuing development. You must complete spoke activities within each field of nursing and record these on the following pages:

Page 51 Adult field

Page 52 Child field

Page 53 Mental Health field

Page 54 Learning Disability field

**If additional pages are required, please print these from the document available on MyStudies and staple onto your PAD**

**Hub & Spoke Experience Record – Adult Field**

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## Hub & Spoke Experience Record – Child Field

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Child field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Child field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Child field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## Hub & Spoke Experience Record – Mental Health

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## Hub & Spoke Experience Record – Learning Disabilities

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

# PAD1

## Record of Working with and Learning from Others/ Inter-Professional Working

This is an opportunity for you to reflect on your learning from/ working with members of the multi-disciplinary team who are supervising and supporting your learning.

Examples would be working with other professionals such as:

- Physiotherapist to mobilise a patient
- Occupational Therapist to assess a patient for discharge
- Specialist Nurses to provide care such as Tissue Viability Nurses
- A member of the Medical Team reviewing a patient's condition
- Speech and Language Therapist to complete a swallow assessment
- Pharmacist to review a patient's medication

The TNA should reflect on their learning from/working with members of the multi-disciplinary team, and their PS (the professional they have worked with) to add comments/feedback.

**There must be a minimum of 1 entry per semester.**

**Record of Working with and Learning from Others / Inter-Professional Working**

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>PS Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Record of Working with and Learning from Others / Inter-Professional Working**

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>PS:</b>	<b>Signature:</b>	<b>Date:</b>

## Record of Working with and Learning from Others / Inter-Professional Working

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>PS Name:</b>	<b>Signature:</b>	<b>Date:</b>

## Record of Working with and Learning from Others / Inter-Professional Working

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Practice Supervisor's Comments:**

<b>PS:</b>	<b>Signature:</b>	<b>Date:</b>

# PAD1

## Record of Communication/ Additional Feedback

In this section your PS, PA, AA or any other members of the team can document additional feedback they may have for you.

For example:

- If you meet your AA they could document some feedback on your PAD progress so far in this section.
- Your PA/PS could give you some additional feedback outside of your planned Interviews.
- Other members of your immediate team could offer feedback on Home Base or External Placement, such as HCA's, Nurses, Ward Clerks.

**This is an optional area for additional feedback, if none is entered it will not affect the module outcome but is recommended if the opportunity arises to demonstrate your development.**

## Record of Communication/Additional Feedback

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

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<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

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<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

## Record of Communication/Additional Feedback

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

**Communication/Additional Feedback:**

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<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

**Communication/Additional Feedback:**

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<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

## **PAD 1- Assessment of 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 PAD 1**

TNAs are required to demonstrate high standards of professional conduct at all times. TNAs 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)

All Professional Values must be assessed in the TNAs homebase prior to them starting their first external placement.

They must then be re-assessed in each external placement.

If a Professional Value is not achieved by the end of external placement 1 then an action plan must be created by the PA, in discussion with the PLL and AA, and documented in the OAR summary, to support the TNA to achieve this by the summative submission date.

**All Professional Values must be achieved by the end of PAD 1**

The PA has responsibility for assessing Professional Values or this can be completed by a PS in liaison with the PA.

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

<b>Professional Values</b>	<b>Home Base</b>		<b>External Placement Experience 1</b>		<b>External Placement Experience 2</b>				
	<b>Achieved (Please ✓)</b>		<b>Initial/ Date</b>	<b>Achieved (Please ✓)</b>		<b>Initial/ Date</b>	<b>Achieved (Please ✓)</b>		<b>Initial/ Date</b>
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
<b>Prioritise People</b>									
1. The TNA maintains confidentiality in accordance with the NMC code. (1 BAP 1.1)									
2. The TNA is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues. (1 BAP 1.10, BAP 1.11 A 1.8)									
3. The TNA maintains the person's privacy and dignity, seeks consent prior to care, and challenges discriminatory behaviour and advocates on their behalf. (1 BAP 1.4, 1 BAP 1.11, 3PMC 3.8, 3PMC 3.21)									
4. The TNA is caring, compassionate and sensitive to the needs of others. (1 BAP 1.14 BAP 1.11)									
5. The TNA understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others. (1 BAP 1.5, 1.6)									
<b>Practice Effectively</b>									
6. The TNA maintains consistent, safe and person- centred practice. (1BAP 1.11, 3PMC 3.1)									
7. The TNA is able to work effectively within the inter-disciplinary team demonstrating an awareness of the roles, responsibilities and scope of practice of the team members with the intent of building professional relationships. (1BAP 1.10, 4 WIT 4.1)									
8. The TNA makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence. (1 BAP 1.7, 1.15, 1.17)									
<b>Preserve Safety</b>									
9. The TNA demonstrates openness (candour), trustworthiness and integrity.									
10. The TNA 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)									
11. The TNA demonstrates the ability to listen, seek clarification and carry out instructions safely. (A1.1, A1.7)									
12. The TNA 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. (1BAP 1.1, 1BAP 1.15)									
<b>Promote Professionalism and Trust</b>									
13. The TNA's personal presentation and dress code is in accordance with the local policy. BAP 1.16									
14. The TNA maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend practice/ placement. (1BAP 1.1, 1BAP 1.16)									
15. The TNA demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations. (1BAP 1.8, 1BAP 1.10, 1BAP 1.15)									

**If there are any issues/areas for concern, these must be recorded. 'Not Achieved' must trigger an Action Plan. This must involve the PS and the PA (as appropriate) in liaison with the PLL and AA.**

**TNA Reflection on Meeting Professional Values** Choose one example from your practice in each placement area to demonstrate how you practice within the NMC Code (*ensure confidentiality is maintained*). For each practice placement area, please select a different section of The Code to reflect on such as 'prioritising people'.

**Home Base:**  
Section of The NMC Code chosen to reflect on:

TNA's Name: Signature:	Date:
PS / PA Name: Signature:	Date:

**External Placement Experience 1:**  
Section of The NMC Code chosen to reflect on:

TNA's Name: Signature:	Date:
PS / PA Name: Signature:	Date:

**External Placement Experience 2:**  
Section of The NMC Code chosen to reflect on:

TNA's Name: Signature:	Date:
PS / PA Name: Signature:	Date:

# PAD 1 -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 TNA 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 TNA maintains that level of competence but they do not require further formal assessment.

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 PS can contribute to the assessment of some of these proficiencies by providing specific feedback regarding the TNA level of performance and achievement to the PA in line with the Standards for TNA Supervision and Assessment.

If a Proficiency is not achieved by the end of external placement 1 then an action plan must be created by the PA, in discussion with the PLL and AA and documented in the OAR summary, to support the TNA to achieve this by the submission date.

**All Proficiencies must be achieved by the end of PAD 1**

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

**PAD 1 Assessment of Performance:** The individual completing the assessment should draw on a range of observed experiences in which the TNA 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.

<b>Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Home Base</b>		<b>External Placement 1</b>		<b>External Placement 2</b>		<b>*Retrieval Placement</b>	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
1. Demonstrates an understanding of human development from conception to death to enable delivery of safe and effective care (3 PMC 3.1)								
2. Applies knowledge of commonly encountered mental, physical, behavioural and cognitive health conditions and maintains clear, accurate and timely records. (3 PMC 3.3, 1BAP 1.14, A1.9)								
3. Understands and applies relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice. (1 BAP 1.2)								
4. Works in partnership with people, families and carers to encourage shared decision-making to manage their own care when appropriate. (1BAP 1.10, 3 PMC 3.5)								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
5. Uses appropriate approaches to develop therapeutic relationships in providing an appropriate level of care to support people with a range of mental, physical, cognitive and behavioural health challenges. (1 BAP 1.9 A 3.1, 3.PMC 3.3)								
6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning. (A1.3, A1.4, A1.5, A2.8, B2.1, B2.5, 3)								
7. Takes appropriate action in responding promptly when a person's condition has deviated from their normal state and they may be showing signs of deterioration or distress, considering mental, physical, cognitive and behavioural health. (3PMC 3.11, B1.2)								
8. Observe and maintain comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.(3 PMC 3.8, B 2.1)								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate. (3.PMC 3.8, B 2.4, B 2.6)								
10. Observe and reassess skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible. (3PMC 3.10, B3.1)								
11. Provides appropriate assistance with washing, bathing, shaving and dressing and uses appropriate bed making techniques. (B 2.2 B 3.2, B3.3)								
12. Advises people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed. (3 PMC3.9, B4.2)								
13. Can record fluid intake and output to identify signs and symptoms of dehydration or fluid retention, accurately record and escalate as necessary. (3PMC 3.9, B 4.3, B4.4)								
14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. (3PMC 3.9, B5.2)								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

YES = Achieved, NO = Not Achieved

	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate. (B5.2)								
16. Uses appropriate risk assessment tools to determine the ongoing support and intervention needed regarding an individual's mobility and safety and the level of independence and self-care they can manage. (3 PMC 3.10, B6.1, B 6.2)								
17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility ensuring appropriate use of pressure relieving techniques. (B 2.3, B6.3, B6.4)								
18. Consistently utilises evidence based hand washing techniques. (B8.6)								
19. Observes and responds rapidly to potential infection risks using appropriate guidelines and utilises personal protection equipment appropriately. (B8.1 – B 8.5)								
20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps. (B8.7, B8.8)								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs to identify signs of improvement, deterioration or concern and escalate as appropriate. (B1.2)								
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings. (B1.1)								
23. Collect and observe sputum, urine (routine analysis) and stool specimens, interpreting findings and reporting as appropriate. (B1.5)								
24. Accurately undertakes person centred risk assessments proactively using established assessment and improvement tools and escalating hazards as appropriate. (5ISQC 5.3 5ISQC 5.4, B 6.2)								
25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards. (5ISQC 5.1, 5ISQC 5.4),								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		Assessment 4	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
26. Acts in line with appropriate local and national evidence-based frameworks to seek advice, report or escalate risks, and implement actions as appropriate to maintain the quality of care (5ISQC 5.6, 5ISQC 5.8)								
27. Understand the principles of safe and effective administration and optimisation of medicines in accordance with local and national policies (3 PMC 3.15, B 10.1 – 10.10)								
28. Recognises the different ways by which medicines can be prescribed and demonstrates the ability to recognise the effects of medicines, allergies, drug sensitivity, side effects, contradictions and adverse reaction (3 PMC 3.16, 3.17, B 10.4 – 10.10)								
29. Demonstrates the ability to undertake accurate drug calculations ( B.10.2)								

**Contributes to the Provision and Monitoring of Safe and Compassionate Evidence Based Care**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date	Yes/No	Sign/Date
30. Demonstrates an understanding of the roles of the different providers of healthcare and is able to work collaboratively in interdisciplinary teams across all sectors of health and social care. (6.CIC 6.1)								
31. Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities and complex care needs including physical, psychological and socio-cultural needs. (6CIC 6.2, 6CIC 6.3)								
32. Understand the principles and processes involved in supporting people and families so that they can maintain their independence and avoid unnecessary interventions and disruptions to their lives (6 CIC 6.4)								
33. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. (A1.9, A1.10, A1.11)								
34. Recognise and accommodates sensory impairments during all communications providing support for those using personal communication aids. (A 2.5, 2.6)								

**Additional Proficiencies Achieved** You may have the opportunity to achieve additional proficiencies during Year 1. Please record the details of the proficiency and have these assessed below.

For instance your employer in your homebase may ask you to achieve additional skills, such as cannulation or catheterisation, which is not a requirement for you to achieve to meet the apprenticeship, but it is useful to keep a record of all proficiencies achieved in one place for reference.

Proficiency	YES = Achieved NO = Not Achieved	Sign/Date

## **PAD 1- Episodes of Care (Formative & Summative)**

The PS/PA and TNA will identify an appropriate episode of direct care to enable the TNA to demonstrate effective communication and relationship management skills (Annex A) in promoting health and preventing ill health (2 PHPIH).

Professionalism underpins all aspects of the TNA's performance. (BAP 1)

These can be completed and assessed in either the Home Base or External Placement areas.

TNAs 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: Through completion of these episodes of care the TNA should demonstrate that they are able to...**

1. Work in partnership with the person receiving care, their families and carers (where appropriate), to provide evidence based, compassionate and safe nursing care.
2. Demonstrate the underpinning communication skills for providing and monitoring care (3 PMC 3.4, A1)
3. Communicate effectively to support people to prevent ill health and manage any health challenges
4. Identify the impact of lifestyle choices on the individual's mental and physical health and wellbeing and demonstrates the principles of health promotion and preventing ill health. (2 PHPIH 2.1)
5. Demonstrate effective skills for working in professional teams (A4)
6. Demonstrate that they have maintained professional values and demonstrates knowledge of safety and safeguarding for the person receiving care and the carers and/or family. (1 BAP 1.1)



**Practice Assessor (PA) Feedback** Based on the TNA's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

<b>Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)</b>			
<b>Standard of proficiency</b>	<b>Yes/No</b>	<b>Comments</b>	
Applies the principles of health promotion and improvement as appropriate when caring for the individual and their families and demonstrate understanding of the importance of health screening. (2 PPHIH 2.1, 2.4, 2.7)			
Demonstrates understanding of the contribution of the individual's social circumstances, behaviours and lifestyle choices to their mental, physical and behavioural health outcomes. (2 PPHIH 2.6)			
Uses appropriate verbal and non-verbal communication skills to explain to the individual and family how their lifestyle choices may influence their health and checks understanding using clarification techniques. (A1.1, A1.3, A 1.4, A1.7, A2.2)			
Utilises a range of communication skills when working with others in the team, and recognises when to refer to others in order to provide an accurate response. (1.BAP 1.9, A2.7, A4.1)			
Recognises how a person's capacity affects their ability to make decisions about their own care and to give or withhold consent. (3 PMC 3.21)			

<b>TNA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			
<b>PA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			



**Practice Assessor (PA) Feedback** Based on the TNA's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

<b>Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)</b>			
<b>Standard of proficiency</b>	<b>Yes/No</b>	<b>Comments</b>	
Applies the principles of health promotion and improvement as appropriate when caring for the individual and their families and demonstrate understanding of the importance of health screening. (2 PPHIH 2.1, 2.4, 2.7)			
Demonstrates understanding of the contribution of the individual's social circumstances, behaviours and lifestyle choices to their mental, physical and behavioural health outcomes. (2 PPHIH 2.6)			
Uses appropriate verbal and non-verbal communication skills to explain to the individual and family how their lifestyle choices may influence their health and checks understanding using clarification techniques. (A1.1, A1.3, A 1.4, A1.7, A2.2)			
Utilises a range of communication skills when working with others in the team, and recognises when to refer to others in order to provide an accurate response. (1.BAP 1.9, A2.7, A4.1)			
Recognises how a person's capacity affects their ability to make decisions about their own care and to give or withhold consent. (3 PMC 3.21)			

<b>TNA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			
<b>PA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			

## PAD 1- Medicines Management

This assessment must be completed by the end of PAD 1 where the TNA safely administers medicines to a group of patients/service users or a caseload of patients/service users in the Community Setting.

During PAD 1 the TNA 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 TNA must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

**The TNA 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 2015), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016).

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

**Learning outcomes** (Annexe B 10.1 – 10.10)

**The TNA 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, A10.3)
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. (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. (5ISQC 5.1)

**PAD 1 Medicines Management** This assessment must be completed by the end of PAD 1 where the TNA safely administers medicines to a group of patients/service users or a caseload of patients/service users in community settings.

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"> <li>• Demonstrates to assessor the component parts of the calculation.</li> <li>• Minimum of 3 calculations undertaken.</li> </ul>	
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"> <li>• Right patient/service user</li> <li>• Right medication</li> <li>• Right time/Date/Valid period</li> <li>• Right dose/last dose</li> <li>• Right route/method</li> <li>• Special instructions</li> </ul>		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"> <li>• Records, signs and dates when safely administered</li> </ul>	
		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"> <li>• Asks patient/service user.</li> <li>• Checks prescription chart or identification band</li> </ul>		15. Uses appropriate sources of information e.g. <ul style="list-style-type: none"> <li>• British National Formulary</li> </ul>	
		16. Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	

**PA Feedback**

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**TNA Reflection on Learning and Development**

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<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PA's Name:</b> <b>Signature:</b>	<b>Date:</b>

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**University of Brighton**

School of Health Sciences



# **FdSc Health & Social Care Practice**

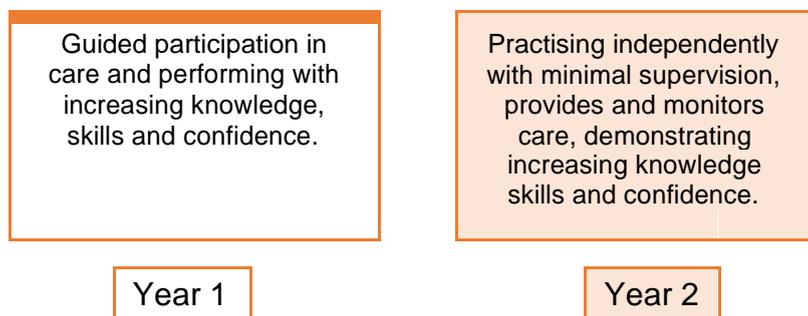
**(SB506)**

**England Nursing Associate**

**PRACTICE ASSESSMENT DOCUMENT  
PAD 2**

## Criteria for Assessment in Practice PAD2

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



### PAD 1: Guided participation in Care

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

Achieved	Knowledge	Skills	Attitude and values
<b>YES</b>	Is able to identify the appropriate knowledge base required to deliver safe, person centred care under some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person-centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.
<b>NO</b>	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor practice.	Under direct supervision is not able to demonstrate safe practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.





## PAD2 - Home Base Details - Semester 1

**Primary Site Provider:**

(e.g. Trust/Organisation)

**Name of Primary Site:**

**Type of Setting:**

(e.g. Community/Ward based)

**Telephone Number:**

**Contact work Email:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns (e.g. Area Manager, Practice Development Team or Student Coordinator)**

**Name:**

**Designation:**

**Contact work email address:**

## PAD2 – Home Base Orientation

<b>Name of Placement Area:</b>		
<b>Name of Staff Member:</b>		
<b>(This should be undertaken by a member of staff in the Placement Area)</b>		
	<b>Initial/Date (TNA)</b>	<b>Initial/Date (Staff)</b>
<b>The Following Criteria Needs to be Met Within the First Day in Placement:</b>		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**Home Base: Initial Interview** - (This can be completed by a PS or PA. If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of the semester

**Covid-19 University Risk Assessment** - Your Covid-19 University Risk Assessment **MUST** be completed at the beginning of each year of your apprenticeship. If this is not completed, then the TNA will **not** be able to go on external placement and may be suspended from the apprenticeship.

**Covid-19 University Risk Assessment:**

**Date:**                      **Score:**

**TNA to Identify Learning and Development Needs** (with guidance from the PS)

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan Semester 1	How will this be achieved?

Learning plan agreed by PA (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS/ PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**Semester 1: Mid-Point Interview** This must take place half way through Semester 1

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**Semester 1: Mid-Point Review Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of Semester 2 and negotiate with their PA how these will be achieved.

Learning and Development Needs	How will these be Achieved?
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**Semester 1: Final Interview** This must take place towards the end of Semester 1

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

Please record any further comments on the next page

**Learning and Development Needs** To be agreed between the PA and TNA

**PA to Identify Specific Areas to Take Forward to the Next Semester**

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>Checklist for Assessed Documents</b>	<b>Tick</b>	<b>PA Initial</b>	<b>TNA Initial</b>
The professional value statements have been signed prior to the first external placement experience			
The relevant proficiencies/skills that the TNA has achieved in this area (where applicable) have been signed			
The timesheets have been signed and submitted to the University for this semester			
All the interview records and development plans have been completed and signed as appropriate			
The PS and PA have printed and signed their name on the appropriate list at the beginning of the document.			
The PA has completed the Ongoing Achievement Record (OAR)			

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>AA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

**Semester 2: Initial Interview** - (This can be completed by a PS or PA. If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of semester 2

**TNA to Identify Learning and Development Needs for Semester 2** (with guidance from the PS)

--

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan (Semester 2)	How will this be achieved?

Learning plan agreed by PA (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**Semester 2: Mid-Point Interview** This must take place half way through Semester 2

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**Semester 2: Mid-Point Review**

**Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of Semester 2 and negotiate with their PA how these will be achieved.

Learning and Development Needs	How will these be Achieved?
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**Semester 2: Final Interview** This must take place towards the end of Semester 2

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA's Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

Please record any further comments on the next page

**Learning and Development Needs** To be agreed between the PA and TNA

**PA to Identify Specific Areas to Take Forward to the Next Year**

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>Checklist for Assessed Documents</b>	<b>Tick</b>	<b>PA Initial</b>	<b>TNA Initial</b>
The professional value statements have been signed prior to the first external placement experience			
The relevant proficiencies/skills that the TNA has achieved in this area (where applicable) have been signed			
The timesheets have been signed and submitted to the University for this semester			
All the interview records and development plans have been completed and signed as appropriate			
The PS and PA have printed and signed their name on the appropriate list at the beginning of the document.			
The PA has completed the Ongoing Achievement Record (OAR)			

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>AA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

# PAD2

## Action Plans

**An action plan is required when a TNA's performance causes concern** The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

**Action Plan** An action plan is required when a TNA's performance causes concern. The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

Placement Name		Date Action Plan Initiated:		
Nature of Concern	What does the TNA need to demonstrate?	Support Available and Who is Responsible	Date for Review	Review/Feedback
Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	<i>objectives and measure of success</i> (Measurable, Achievable and Realistic)			
				<b>Date:</b>  <b>Comments:</b>
<b>TNA's Name:</b>	<b>Signature:</b>	<b>Date:</b>	<b>PA Name:</b>  <b>Signature:</b>	
<b>PA Name:</b>	<b>Signature:</b>	<b>Date:</b>		
<b>AA Name:</b>	<b>Signature:</b>	<b>Date:</b>		

**Action Plan** An action plan is required when a TNA's performance causes concern The PA must liaise with the PLL, AA and senior practice representative. The **SMART** principles should be used to construct the Action Plan.

Placement Name		Date Action Plan Initiated:		
Nature of Concern Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the TNA need to demonstrate? <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support Available and Who is Responsible	Date for Review	Review/Feedback
				<b>Date:</b>  <b>Comments:</b>
<b>TNA's Name:</b>	<b>Signature:</b>	<b>Date:</b>	<b>PA Name:</b>	
<b>PA Name:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Signature:</b>	
<b>AA Name:</b>	<b>Signature:</b>	<b>Date:</b>		

## **PAD2**

# **Patient / Service User Feedback**

Obtaining Patient / Service user feedback about the care you provide is important for your ongoing development. PS / PA should obtain consent from any patients/service users/carers. This is completely voluntary for Patients/Service Users and they should feel able to decline to participate.

Aim to receive Patient/ Service User feedback regularly across the course and within each of your placement settings (including Home Base). We recommend Patient/ Service User feedback is obtained twice in your Home Base per academic year (I.E. once per semester) and a minimum of Patient/ Service User feedback once in each external placement using the feedback forms provided on the following pages.

**Patient/Service User/Carer Feedback Form**

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

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

<b>What did the TNA do well?</b>
<b>What could the TNA have done differently?</b>

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

**Patient/Service User/Carer Feedback Form**

We would like to hear your views about the way the TNA has supported your care. Your feedback will not change the way you are cared for and will help the TNA'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 TNA ...	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"/>

<p><b>What did the TNA do well?</b></p>   
<p><b>What could the TNA have done differently?</b></p>   

## PAD 2

# External Placement Experiences 1&2

The NMC require that TNAs achieve a **total of 460 hours** of external placement experience across the 2-year course. External placement experiences are periods of practice learning scheduled in semester 1 & 2 of each academic year.

The placement will enable completion of the following summative assessments by a practice assessor: Proficiencies, Professional Values, Episode of Care and Medicine Management. Successful completion of these assessments will enable the TNA to meet the Nursing and Midwifery Council (NMC) Standards of proficiency for Nursing Associates (NMC, 2018). Please refer to the Course Handbook and MyStudies for full information on placements.

In this section of the PAD you will document the learning agreements and meetings undertaken whilst on each external placement experience.

## PAD 2 - External Placement Experience 1

**External Placement Experience Provider:**

(e.g. Trust/Organisation)

**Name of External Placement Experience:**

**Type of Setting:**

(e.g. Community/Ward based)

**Telephone Number:**

**Contact work Email:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns (e.g. Area Manager, Practice Development Team or Student Coordinator)**

**Name:**

**Designation:**

**Contact work email address:**

## PAD 2 - External Placement Experience 1

### Orientation to Placement

<b>Name of Placement Area:</b>		
<b>Name of Staff Member:</b>		
<b>(This should be undertaken by a member of staff in the Placement Area)</b>		
	<b>Initial/Date (TNA)</b>	<b>Initial/Date (Staff)</b>
<b>The Following Criteria Needs to be Met Within the First Day in Placement:</b>		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**PAD2: External Placement Experience 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

**PA/PS: For Covid-19 University Risk Assessment please see P.92**

**TNA to Identify Learning and Development Needs** (with guidance from the Practice Supervisor)

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan External Placement Experience 1	How will this be achieved?

Learning plan agreed by PA (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**PAD2: External Placement Experience 1: Mid-Point Interview** This must take place half way through your placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD2: External Placement Experience 1: Mid-Point Review**

**Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA is to identify their learning and development needs for the remainder of the placement and negotiate with their PA how these will be achieved.

Learning and Development Needs	How will these be Achieved?
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**PAD2: External Placement Experience 1: Final Interview** This must take place towards the end of the placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD2: External Placement Experience 1 Learning and Development Needs** To be agreed between the PA and TNA

**PA to Identify Specific Areas to Take Forward to the Next Semester**

--

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b> <b>Signature:</b>	<b>Date:</b>

## PAD2 - External Placement Experience 2

**External Placement Experience Provider:**

(e.g. Trust/Organisation)

**Name of External Placement Experience:**

**Type of Setting:**

(e.g. Community/Ward based)

**Telephone Number:**

**Contact work Email:**

**Practice Assessor Details:**

**Name:**

**Designation:**

**Contact work email address:**

**Academic Assessor Details (for part):**

**Name:**

**Designation:**

**Contact work email address:**

**Nominated person to support apprentice and address concerns (e.g. Area Manager, Practice Development Team or Student Coordinator)**

**Name:**

**Designation:**

**Contact work email address:**

## PAD2 - External Placement Experience 2

### Orientation to Placement

<b>Name of Placement Area:</b>		
<b>Name of Staff Member:</b>		
<b>(This should be undertaken by a member of staff in the Placement Area)</b>		
	<b>Initial/Date (TNA)</b>	<b>Initial/Date (Staff)</b>
<b>The Following Criteria Needs to be Met Within the First Day in Placement:</b>		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TNA has been shown the: <ul style="list-style-type: none"> <li>• fire alarms</li> <li>• fire exits</li> <li>• fire extinguishers</li> </ul>		
Resuscitation policy and procedures have been explained Tel: .....		
Resuscitation equipment has been shown and explained		
The TNA knows how to summon help in the event of an emergency		
The TNA is aware of where to find local policies <ul style="list-style-type: none"> <li>• health and safety</li> <li>• incident reporting procedures</li> <li>• infection control</li> <li>• handling of messages and enquiries</li> <li>• other policies</li> </ul>		
The TNA has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TNA is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TNA 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)		
<b>The Following Criteria Need to be Met Prior to Use</b>		
The TNA has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TNA has been shown and given a demonstration of the medical devices used in the placement area		

**PAD2: External Placement Experience 2: 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

**PA/PS: For Covid-19 University Risk Assessment please see P.92**

**TNA to Identify Learning and Development Needs** (with guidance from the Practice Supervisor)

--

**Taking Available Learning Opportunities into Consideration, the TNA and PS / PA to Negotiate and Agree a Learning Plan.**

Learning Plan External Placement Experience 1	How will this be achieved?

Learning plan agreed by Practice Assessor (where applicable) YES/NO

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

**PAD2: External Placement Experience 2: Mid-Point Interview** This must take place half way through your placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD2: External Placement Experience 2: Mid-Point Review**

**Ongoing Learning and Development Needs** To be agreed between PA and TNA – sign and date all entries below

Following the Mid-Point interview the TNA 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.

<b>Learning and Development Needs</b>	<b>How will these be Achieved?</b>
1.	
2.	
3.	
4.	

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

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

**PAD2: External Placement Experience 2: Final Interview** This must take place towards the end of the placement

**TNA'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.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PA Comments**

Discuss with the TNA their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.

<b>Knowledge:</b>
<b>Skills:</b>
<b>Attitudes and values:</b>

**PAD2: Learning and Development Needs** To be agreed between the PA and TNA  
**PA to Identify Specific Areas to Take Forward**

--

<b>Was an Action Plan Required to Support the TNA?</b>	<b>YES / NO</b>
<b>If Yes, was the AA informed?</b>	<b>YES / NO</b>

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

# PAD2

## Hub & Spoke Experience Record

The “Hub and Spoke” model will be used to support your learning whilst you undertake external placement experiences. Within each clinical placement setting (Hub) you will find that there are additional learning opportunities through time spent with specialist practitioners and teams, in clinics and engagement with the Multi-Discipline Team (Spokes). This will include:

- Exploring new and different emphases in working holistically with individuals in settings different from the TNA’s Home Base
- Gaining a greater appreciation of unfamiliar roles and services
- Gaining an improved understanding of more strategic and wider considerations in health and care
- Gaining insight across pre-life to end-of-life care
- Understanding of nursing across different settings and the perspectives and care pathways of individuals, their families and/or carers in these settings
- Gaining knowledge and experience across the four fields of nursing

Please reflect on each spoke experience you undertake and identify how this experience has contributed to your continuing development. You must complete spoke activities within each field of nursing and record these on the following pages:

Page 126 Adult field

Page 127 Child field

Page 128 Mental Health field

Page 129 Learning Disability field

**Please print additional pages from the document on MyStudies if required and staple into your PAD**

**PAD2- Hub & Spoke Experience Record Adult field**

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Adult field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

**Hub & Spoke Experience Record Child field**

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Child</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality –Child field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality – Child field</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## Hub & Spoke Experience Record Mental health

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Mental Health</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## Hub & Spoke Experience Record Learning Disability

<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	
<b>Date:</b>	<b>Duration:</b>
<b>Name of Spoke &amp; Speciality - Learning Disability</b>	
<b>How has this Spoke Contributed to your Development?</b>	
Knowledge:	
Skills:	
Attitudes/ Values:	

## PAD2

# Record of Working with and Learning from Others Inter-Professional Working

This is an opportunity for you to reflect on your learning from/ working with members of the multi-disciplinary team who are supervising and supporting your learning.

Examples would be working with other professionals such as:

- Physiotherapist to mobilise a patient
- Occupational Therapist to assess a patient for discharge
- Specialist Nurses to provide care such as Tissue Viability Nurses
- A member of the Medical Team reviewing a patient's condition
- Speech and Language Therapist to complete a swallow assessment
- Pharmacist to review a patient's medication

The TNA should reflect on their learning from/working with members of the multi-disciplinary team, and their Practice Supervisor (the professional they have worked with) to add comments/feedback.

**There must be a minimum of 1 entry per semester.**

**PAD2 Record of Working with and Learning from Others / Inter-Professional Working**

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>PS Name:</b>	<b>Signature:</b>	<b>Date:</b>

## Record of Working with and Learning from Others / Inter-Professional Working

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>Practice Supervisor Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Record of Working with and Learning from Others / Inter-Professional Working**

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**PS Comments:**

<b>PS Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Record of Working with and Learning from Others / Inter-Professional Working**

**TNA Reflection:** Reflect on your learning from/ working with members of the multi-disciplinary team who are supervising your learning and summarise below:

<b>TNA Name:</b>	<b>Signature:</b>	<b>Date:</b>

**Practice Supervisor's Comments:**

<b>Practice Supervisor Name:</b>	<b>Signature:</b>	<b>Date:</b>

## PAD2

# Record of Communication/ Additional Feedback

In this section your PS, PA, AA or any other members of the team can document additional feedback they may have for you

For example:

- If you meet your AA they could document some feedback on your PAD progress so far in this section.
- Your PA/PS could give you some additional feedback outside of your planned Interviews.
- Other members of your immediate team on Home Base or External Placement, such as HCA's, Nurses, Ward Clerks.

**This is an optional area for additional feedback, if none entered it will not affect the module outcome but is recommended if the opportunity arises to demonstrate your development.**

**PAD2 Record of Communication/Additional Feedback**

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

### Record of Communication/Additional Feedback

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

**Record of Communication/Additional Feedback**

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

## Record of Communication/Additional Feedback

These records can be completed by PS, PA, AA or any other members of the team involved in the supervision and/or assessment of the TNA.

<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Communication/Additional Feedback:</b>	
<b>Name:</b>	<b>Designation:</b>
<b>Signature:</b>	<b>Date:</b>

## PAD 2 - Assessment of 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.

**TNAs** are required to demonstrate high standards of professional conduct at all times. TNAs 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)

All Professional Values must be assessed in the TNAs homebase prior to them starting their first external placement.

They must then be re-assessed in each external placement.

If a Professional Value is not achieved by the end of external placement 1 then an action plan must be created by the PA, in discussion with the PLL and AA and documented in the OAR summary, to support the TNA to achieve this by the submission date.

**All Professional Values must be achieved by the end of PAD 1**

The PA has responsibility for assessing Professional Values or this can be completed by a PS in liaison with the PA.

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

<b>Professional Values – PAD2</b>	<b>Home Base</b>		<b>External Placement Experience 1</b>		<b>External Placement Experience 2</b>	
	<b>Achieved (Please ✓)</b>		<b>Initial/ Date</b>	<b>Achieved (Please ✓)</b>		<b>Initial/ Date</b>
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
<b>Prioritise People</b>						
1. The TNA maintains confidentiality in accordance with the NMC code. (1 BAP 1.1)						
2. The TNA is non-judgemental, respectful and courteous at all times when interacting with patients/service users/carers and all colleagues. (1 BAP 1.10, BAP 1.11 A 1.8)						
3. The TNA maintains the person's privacy and dignity, seeks consent prior to care, and challenges discriminatory behaviour and advocates on their behalf. (1 BAP 1.4, 1 BAP 1.11, 3PMC 3.8, 3PMC 3.21)						
4. The TNA is caring, compassionate and sensitive to the needs of others. (1 BAP 1.14 BAP 1.11)						
5. The TNA understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others. (1 BAP 1.5, 1.6)						
<b>Practice Effectively</b>						
6. The TNA maintains consistent, safe and person-centred practice. (1BAP 1.11, 3PMC 3.1)						
7. The TNA is able to work effectively within the inter-disciplinary team demonstrating an awareness of the roles, responsibilities and scope of practice of the team members with the intent of building professional relationships. (1BAP 1.10, 4 WIT 4.1)						
8. The TNA makes a consistent effort to engage in the requisite standards of care and learning based on best available evidence. (1 BAP 1.7, 1.15, 1.17)						
<b>Preserve Safety</b>						
9. The TNA demonstrates openness (candour), trustworthiness and integrity.						
10. The TNA 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)						
11. The TNA demonstrates the ability to listen, seek clarification and carry out instructions safely. (A1.1, A1.7)						
12. The TNA 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. (1BAP 1.1, 1BAP 1.15)									
<b>Promote Professionalism and Trust</b>									
13. The TNA's personal presentation and dress code is in accordance with the local policy. BAP 1.16									
14. The TNA maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend practice/ placement. (1BAP 1.1, 1BAP 1.16)									
15. The TNA demonstrates that they are self-aware and can recognise their own emotions and those of others in different situations. (1BAP 1.8, 1BAP 1.10, 1BAP 1.15)									
16. The TNA 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 TNAs acts as a role model in promoting a professional image and acts as an ambassador for their profession. (1 BAP 1.16)									

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

**TNA Reflection on Meeting Professional Values** Choose one example from your practice in each placement area to demonstrate how you practice within the NMC Code (*ensure confidentiality is maintained*). For each practice placement area, please select a different section of The Code to reflect on such as prioritising people.

**Home Base:**  
**Section of The NMC Code chosen:**

<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b> <b>Signature:</b>	<b>Date:</b>

**External Placement Experience 1:**  
**Section of The NMC Code chosen:**

<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b> <b>Signature:</b>	<b>Date:</b>

**External Placement Experience 2:**  
**Section of The NMC Code chosen:**

<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PS / PA Name:</b> <b>Signature:</b>	<b>Date:</b>

## **PAD 2- 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 TNA 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 TNA maintains that level of competence but they do not require further formal assessment.

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 PS can contribute to the assessment of some of these proficiencies by providing specific feedback regarding the TNA level of performance and achievement to the PA in line with the Standards for TNA Supervision and Assessment.

If a Proficiency is not achieved by the end of external placement 1 then an action plan must be created by the PA, in discussion with the PLL and AA and documented in the OAR summary, to support the TNA to achieve this by the submission date.

**All Proficiencies must be achieved by the end of PAD 2**

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

**PAD 2 Assessment of Performance:** The individual completing the assessment should draw on a range of observed experiences in which the TNAs demonstrate 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.

<b>Provides and Monitors Care with Increased Confidence</b>								
	<b>YES = Achieved, NO = Not Achieved</b>							
	<b>Home Base</b>		<b>External Placement 1</b>		<b>External Placement 2</b>		<b>*Retrieval Placement</b>	
	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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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 9.2, 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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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, B3.6, 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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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, B4.4 )								
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)								

**Provides and Monitors Care with Increased Confidence**

	YES = Achieved, NO = Not Achieved							
	Home Base		External Placement 1		External Placement 2		*Retrieval Placement	
	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)								
34. 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)								

**Additional Proficiencies Achieved** You may have the opportunity to achieve additional proficiencies during Year 2. Please record the details of the proficiency and have these assessed below.

For instance your employer in your homebase may ask you to achieve additional skills, such as cannulation or catheterisation, which is not a requirement for your to achieve to meet the apprenticeship, but it is useful to keep a record of all proficiencies achieved in one place for reference.

Proficiency	YES = Achieved NO = Not Achieved	Sign/Date

## PAD 2 - Episodes of Care 1

The TNA 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)

This assessment must be undertaken and assessed by a PA by the end of Semester 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. (Annex A). TNAs 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- Through completion of this episodes of care the TNA should demonstrate that they are 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. (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. (A 4, 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)



**PA Feedback** Based on the TNA's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

<b>Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)</b>		
<b>Standard of proficiency</b>	<b>Yes/No</b>	<b>Comments</b>
<b>Provides and monitors care</b> 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 4.5)		
<b>Working in teams</b> 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 4.7, A 5.1. 5.2)		
<b>Improving safety and quality of care</b> 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 4.7, A 5.3, 5.4)		

**If any of the Standards are 'Not Achieved' this will require a re-assessment and the AA must be informed**

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	

## PAD 2 - Episodes of Care 2

The practice assessor and TNA 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)

This assessment must be undertaken and assessed by a Practice Assessor by the end of Semester 2

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). TNAs 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: Through completion of this episodes of care the TNA should demonstrate that they are able to...**

1. Demonstrate and applies the knowledge, skills and ability to provide safe, effective person-centred care. (3 PMC 3.6)
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 2.6)
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 A 2, A 4)
5. Accurately undertake risk assessments demonstrating understanding escalating concerns appropriately. (5 ISQC 5.3, 5.5, 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, 6.3)

**PAD 2 Episode of Care 2**

Please review the learning outcomes on the page above to ensure these elements are included in your reflection.

**TNA Reflection on an Episode of Care**

<p><b>Within your reflection describe the episode of care and how you provided and monitored patient care.</b></p>          <p><b>What did you do well?</b></p>          <p><b>What would you have done differently?</b></p>	<p><b>Describe how you have begun to work more independently in the provision of care and the decision-making process.</b></p>          <p><b>What learning from this episode of care could be transferred to other areas of practice?</b></p>
--	--

**PA Feedback** Based on the TNA'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)**

<b>Standard of proficiency</b>	<b>Yes/No</b>	<b>Comments</b>	
<b>Promoting health</b> 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 . 2.4, 2.6)			
<b>Provide and monitor care</b> 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)			
<b>Working in teams</b> 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 PMC 4.5, A 1.6, 1.9)			
<b>Improving safety and quality of care</b> Undertakes relevant risk assessments, is able to respond to and escalate risks and can implement actions as instructed. (5 ISQC 5.4, 5 ISQC 5.5, 5 ISQC 5.6)			
<b>Contributing to integrated care</b> 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)			

**If any of the Standards are 'Not Achieved' this will require a re-assessment and the AA must be informed**

<b>TNA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			
<b>PA's Name:</b>			<b>Date:</b>
<b>Signature:</b>			

## 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 2015), *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 TNA 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, A10.3)
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. (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. (5ISQC 5.1)

**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.

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"> <li>• Demonstrates to assess the component parts of the calculation.</li> <li>• Minimum of 3 calculations undertaken.</li> </ul>	
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"> <li>• Right patient/service user</li> <li>• Right medication</li> <li>• Right time/Date/Valid period</li> <li>• Right dose/last dose</li> <li>• Right route/method</li> <li>• Special instructions</li> </ul>		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"> <li>• Records, signs and dates when safely administered</li> </ul>	
			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"> <li>• Asks patient/service user.</li> <li>• Checks prescription chart or identification band</li> </ul>		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	

**PA Feedback**

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**TNA Reflection on Learning and Development**

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<b>TNA's Name:</b> <b>Signature:</b>	<b>Date:</b>
<b>PA's Name:</b> <b>Signature:</b>	<b>Date:</b>

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**University of Brighton**

School of Health Sciences



Apprenticeships



*Health Education England*

## **FdSc Health & Social Care Practice**

**England Nursing Associate**

**ONGOING ACHIEVEMENT RECORD (OAR)**

## Ongoing Achievement Record (OAR)

The OAR document is split into **Part A & Part B**. The completion of both parts will provide a record of your ongoing achievement and will be used alongside the PAD document to assess your progression in practice.

The OAR contains the following:

### **PART A:**

- A summary of Home Base Progress & Achievement
- Declaration of Achievement

### **PART B:**

- Apprentice Progress Reviews
- Mandatory Training Declaration
- DBS Declaration
- eLearning Log

## Guidelines for OAR

### **TNA**

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from Practice Assessor to Practice Assessor regarding your progress, highlighting any areas for development throughout the programme. Your Practice Assessor and Academic Assessor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

### **Practice Supervisor (PS)**

As a Practice Supervisor you can use the OAR to review achievements and progress to date and identify additional learning opportunities to support TNA development and learning.

### **Practice Assessor (PA)**

As a Practice Assessor this document provides you with information regarding the TNA's progress. This allows areas for development to be identified from previous placements. It is your responsibility to ensure that each Placement record is completed and the Progression Statement at the end of the PAD is signed.

### **Academic Assessor (AA)**

As the AA you work in partnership with the Practice Assessor in relation to TNA achievement in practice. The AA confirms TNA completion and recommends the TNA for progression for each part of the programme.



# ONGOING ASSESSMENT RECORD (OAR)

## PART A

Part A of the OAR will record the following:

- A Summary of Home Base Progress & Achievement (PAD 1 semester 1 & 2 / PAD 2 semester 1 & 2)
- Declaration of Achievement

## PAD1 -Home Base: Semester 1: Summary

To be completed by the PA

Organisation/Placement provider: Name of Practice Area: Type of Experience: Telephone/email contacts:
--

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of days of sickness:	Absence:	Authorised/Unauthorised
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AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

**PAD 1 – External Placement Experience 1: Summary**

To be completed by the PA

Organisation/Placement provider:		
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of hours completed:	Outstanding hours:
Number of days of sickness:	Absence: Authorised/Unauthorised

AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## PAD 1 – External Placement Experience 2: Summary

To be completed by the PA

Organisation/Placement provider:		
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of hours completed:	Outstanding hours:
Number of days of sickness:	Absence: Authorised/Unauthorised

AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## PAD 1 – Home Base: Semester 2: Summary

To be completed by the PA

Organisation/Placement provider:  Name of Practice Area:  Type of Experience:  Telephone/email contacts:
--

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of days of sickness:	Absence:	Authorised/Unauthorised
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AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## End of PAD 1 - Declaration

To be completed by the PA and AA

### **Practice Assessor:**

In addition to the achievement of professional values and proficiencies

Has the TNA achieved the Summative Episode of Care? **Yes/No**

Has the TNA achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the TNA's performance and achievement (this could be via review of the comments in the PAD/OAR if no further contact has been required).

I confirm that the TNA has participated in care (with guidance), achieved all the requirements of PAD 1 and is performing with increasing confidence and competence.

**PA:** *(print name below)*

**PA signature:**

**Date:**

I recommend that the TNA can progress to PAD 2.

**AA:** *(print name below)*

**AA signature:**

**Date:**

## PAD 2 –Home Base: Semester 1: Summary

To be completed by the PA

Organisation/Placement provider: Name of Practice Area: Type of Experience: Telephone/email contacts:
--

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print Practice Assessor name:	
Practice Assessor's signature:	Date:

Number of days of sickness:	Absence:	Authorised/Unauthorised
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AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## PAD 2 – External Placement Experience 1: Summary

To be completed by the PA

Organisation/Placement provider:		
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of hours completed:	Outstanding hours:
Number of days of sickness:	Absence: Authorised/Unauthorised

AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## PAD 2 – External Placement Experience 2: Summary

To be completed by the PA

Organisation/Placement provider:		
Name of Practice Area:		
Type of Experience:		
Telephone/email contacts:		
Start date:	End date:	No. of hours allocated:

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of hours completed:	Outstanding hours:
Number of days of sickness:	Absence: Authorised/Unauthorised

AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

## PAD 2 – Home Base: Semester 2: Summary

To be completed by the PA

Organisation/Placement provider:  Name of Practice Area:  Type of Experience:  Telephone/email contacts:
--

Summary of TNA's strengths and areas for further development
--

Has the TNA achieved the professional values?	<b>Yes/No</b>
Has the TNA achieved the agreed proficiencies?	<b>Yes/No</b>
Has the TNA achieved their agreed learning and development needs?	<b>Yes/No</b>
Has the TNA completed the required hours?	<b>Yes/No</b>
Has an Action Plan been put in place? (if yes, see PAD document)	<b>Yes/No</b>

TNA name: (print name):	
TNA signature:	Date:
Print PA name:	
PA signature:	Date:

Number of days of sickness:	Absence:	Authorised/Unauthorised
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AA Comments/Review of the PAD document (This can be completed following the final review)	
Name:	
Signature:	Date:

**End of PAD 2- Declaration** To be completed by the PA and AA

**PA:**

In addition to the achievement of professional values and proficiencies

Has the TNA achieved the Episode of Care 1? **Yes/No**

Has the TNA achieved the Episode of Care 2? **Yes/No**

Has the TNA achieved Medicines Management? **Yes/No**

I confirm that I have been in communication with the AA regarding the TNA's performance and achievement (this could be via review of the comments in the PAD/OAR if no further contact has been required).

I confirm that the TNA is practising independently with minimal supervision, achieved all the requirements of PAD2 and provides and monitors care with increasing knowledge, skills and confidence.

**PA:** *(print name below)*

**PA (Signature):**

**Date:**

I have reviewed the assessment documentation and TNA reflections and can confirm the TNA has been assessed by the Practice Assessor as fit to practice safely and effectively with minimal supervision and I recommend the TNA for progression to the Nursing and Midwifery Council Nursing Associate part of the register for the United Kingdom.

**TNA Name:** (print name)

**AA:** *(print name below)*

**AA signature:**

**Date:**

# **OAR PART B**

## **Apprentice Progress Reviews**

The Apprentice Progress Review needs to be completed twice a year. This is completed by the TNA, PA and Personal Tutor or AA and will document the apprentice's academic progression in addition to achievement in practice.

## Year 1 - Apprentice Progress Review 1

### **Apprentice to complete:**

**Comment on Achievements, Successes, Learning Gained and Highlights:**

**Comment on Issues, Concerns, Challenges and Barriers:**

**Comment on overall Experience During this Period:**

### **Practice Assessor (PA) to complete:**

**Comment on overall Development in Practice:**

**Personal Tutor or Academic Assessor (AA) to complete**

<p><b>Learning Undertaken in Semester</b> (can include course specific modules, learning through work, field trips, workshops attended.)</p>
<p><b>Attendance Percentage:</b></p> <p><b>Days Missed:</b></p> <p><b>Attendance has/not provided a cause for concern (delete as appropriate)</b></p> <p><b>Comments and actions taken if appropriate:</b></p>
<p><b>Progress and Review</b> <i>Discuss and outline successes, achievements and learning outcomes that need to be completed: Assignments, any results awarded/subject to confirmation, does feedback indicate the apprentice is progressing at the correct pace and level</i></p>
<p><b>Causes for Concern</b> <i>These might include actions from the previous review, academic pastoral or workplace issues. Learner might be struggling with assignments, with work-life balance, might not be getting enough support at work, not getting agreed release time or range of work experiences that were agreed.</i></p>
<p><b>Actions Agreed</b> To be reviewed at next progress review</p>

<p><b>TNA's Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PS / PA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PT/AA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>

## Year 1- Apprentice Progress Review 2

### **Apprentice to complete:**

**Comment on Achievements, Successes, Learning Gained and Highlights:**

**Comment on Issues, Concerns, Challenges and Barriers:**

**Comment on overall Experience During this Period:**

### **Practice Assessor (PA) to complete:**

**Comment on overall Development in Practice:**

**Personal Tutor or Academic Assessor (AA) to complete**

<p><b>Learning Undertaken in Semester</b> (can include course specific modules, learning through work, field trips, workshops attended.)</p>
<p><b>Attendance Percentage:</b></p> <p><b>Days Missed:</b></p> <p><b>Attendance has/not provided a cause for concern (delete as appropriate)</b></p> <p><b>Comments and actions taken if appropriate:</b></p>
<p><b>Progress and Review</b> <i>Discuss and outline successes, achievements and learning outcomes that need to be completed: Assignments, any results awarded/subject to confirmation, does feedback indicate the apprentice is progressing at the correct pace and level</i></p>
<p><b>Causes for Concern</b> <i>These might include actions from the previous review, academic pastoral or workplace issues. Learner might be struggling with assignments, with work-life balance, might not be getting enough support at work, not getting agreed release time or range of work experiences that were agreed.</i></p>
<p><b>Actions Agreed</b> To be reviewed at next progress review</p>

<p><b>TNA's Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PS / PA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PT/AA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>

## Year 2 - Apprentice Progress Review 1

### **Apprentice to complete:**

**Comment on Achievements, Successes, Learning Gained and Highlights:**

**Comment on Issues, Concerns, Challenges and Barriers:**

**Comment on overall Experience During this Period:**

### **Practice Assessor (PA) to complete:**

**Comment on overall Development in Practice:**

**Personal Tutor or Academic Assessor (AA) to complete**

<p><b>Learning Undertaken in Semester</b> (can include course specific modules, learning through work, field trips, workshops attended.)</p>
<p><b>Attendance Percentage:</b></p> <p><b>Days Missed:</b></p> <p><b>Attendance has/not provided a cause for concern (delete as appropriate)</b></p> <p><b>Comments and actions taken if appropriate:</b></p>
<p><b>Progress and Review</b> <i>Discuss and outline successes, achievements and learning outcomes that need to be completed: Assignments, any results awarded/subject to confirmation, does feedback indicate the apprentice is progressing at the correct pace and level</i></p>
<p><b>Causes for Concern</b> <i>These might include actions from the previous review, academic pastoral or workplace issues. Learner might be struggling with assignments, with work-life balance, might not be getting enough support at work, not getting agreed release time or range of work experiences that were agreed.</i></p>
<p><b>Actions Agreed</b> To be reviewed at next progress review</p>

<p><b>TNA's Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PS / PA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>
<p><b>PT/AA Name:</b></p> <p><b>Signature:</b></p>	<p><b>Date:</b></p>

## Year 2- Apprentice Progress Review 2

### **Apprentice to complete:**

**Comment on Achievements, Successes, Learning Gained and Highlights:**

**Comment on Issues, Concerns, Challenges and Barriers:**

**Comment on overall Experience During this Period:**

### **Practice Assessor (PA) to complete:**

**Comment on overall Development in Practice:**

**Personal Tutor or Academic Assessor (AA) to complete**

<b>Learning Undertaken in Semester</b> (can include course specific modules, learning through work, field trips, workshops attended.)
<b>Attendance Percentage:</b>  <b>Days Missed:</b>  <b>Attendance has/not provided a cause for concern (delete as appropriate)</b>  <b>Comments and actions taken if appropriate:</b>
<b>Progress and Review</b> <i>Discuss and outline successes, achievements and learning outcomes that need to be completed: Assignments, any results awarded/subject to confirmation, does feedback indicate the apprentice is progressing at the correct pace and level</i>
<b>Causes for Concern</b> <i>These might include actions from the previous review, academic pastoral or workplace issues. Learner might be struggling with assignments, with work-life balance, might not be getting enough support at work, not getting agreed release time or range of work experiences that were agreed.</i>
<b>Actions Agreed</b> To be reviewed at next progress review

<b>TNA's Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PS / PA Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<b>PT/AA Name:</b>	<b>Date:</b>
<b>Signature:</b>	

## **OAR PART B**

# **Mandatory Training & DBS Declaration**

Apprentices must ensure that their mandatory training is completed regularly to comply with requirements of all clinical practice partners. Apprentices must ensure that they complete a DBS declaration in each academic year and ensure they follow the guidance in the course handbook relating to good health character.

## Mandatory Training Declaration Year 1

I confirm that I am up-to-date with all mandatory training requirements including:

- Patient Moving and Handling
- Safeguarding Adults Level 2
- Safeguarding Children Level 2
- Resuscitation Level 1
- Resuscitation Level 2 – Adults BLS
- Resuscitation Level 2 – Paediatrics BLS

\*These can be achieved via your employer or university eLearning portals.

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

## DBS Declaration Year 1

I confirm that I am of good health and character and there have been no changes to my DBS status

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

## Mandatory Training Declaration Year 2

I confirm that I am up-to-date with all mandatory training requirements including:

- Patient Moving and Handling
- Safeguarding Adults Level 2
- Safeguarding Children Level 2
- Resuscitation Level 1
- Resuscitation Level 2 – Adults BLS
- Resuscitation Level 2 – Paediatrics BLS

\*These can be achieved via your employer or university eLearning portals.

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

## DBS Declaration Year 2

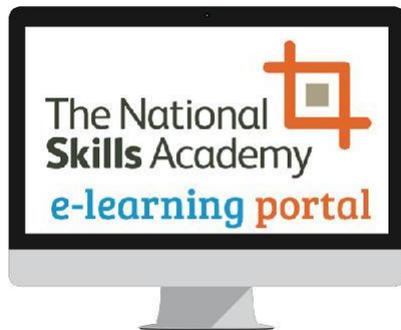
I confirm that I am of good health and character and there have been no changes to my DBS status

<b>TNA's Name:</b>  <b>Signature:</b>	<b>Date:</b>
<b>PA Name:</b>  <b>Signature:</b>	<b>Date:</b>

# OAR PART B

## eLearning Log

### National Skills Academy (NSA) Health eLearning record



National Skills Academy (NSA) Health provides eLearning on many national core learning topics.

NSA Health login details:

Website: <https://elearning.nsahealth.org.uk/local/sfadmin/login/index.php>

Enter your username and password in the “Returning to this site?” box (see picture). *Even though it is your first time accessing the site, an account has already been set up for you.*

**Username:** [university email address]

**Password:** [monday] (lowercase ‘m’)

You will then be prompted to change the password at first login

(Any queries regarding login /course availability please contact Adam Edgar - Programme Administrator email: [A.Edgar2@brighton.ac.uk](mailto:A.Edgar2@brighton.ac.uk) telephone: 01273 644085)

The image shows a screenshot of the login page for the National Skills Academy e-learning portal. The page has an orange background. At the top, it says 'Returning to this web site?'. Below that, it says 'Log in here using your username and password'. There is a warning: 'This site sets cookies on your computer. These cookies are essential for the site to work.' followed by a small icon. Below the warning are two input fields: 'Username' and 'Password'. Below the 'Password' field is a 'Login' button. At the bottom of the form is a link that says 'Forgotten your username or password?'.

## eLearning Record

If you have completed one of the packages below via your employer you do not need to repeat this. eLearning provided by The University of Brighton can be accessed by going to The Foundation Degree in Health and Social Care homepage and selecting the OTJT & eLearning tab.

National Skills Academy (NSA) learning can be accessed using your student login.

For the Care of the Sick Child you will need to set up an account for free.

The Learning Disabilities, Falls and Maternity packages are accessible directly via MyStudies and are organised by the course team.

<b>eLearning Modules to be Completed</b>	<b>TNA Signature &amp; Date Completed</b>
Maternity Insight Package (MyStudies )	
Learning Disabilities Insight Package (MyStudies )	
Care of the sick child (MyStudies)	
Stand by Me – Dementia (NSA)	
Resuscitation Level 1 (NSA if not completed in Mandatory Training)	
Resuscitation Level 2 - Adults BLS (NSA if not completed in Mandatory Training)	
Resuscitation Level 2 - Paediatrics BLS (NSA if not completed in Mandatory Training)	
Privacy and Dignity (NSA)	
Work in a Person-Centred Way (NSA)	
Fluids and Nutrition (NSA)	
Oral Health (NSA)	
NEW Moving and Handling (NSA if not completed in Mandatory Training)	
NEW Patient Moving and Handling (NSA if not completed in Mandatory Training)	
Falls eLearning package (MyStudies)	
Safeguarding Adults level 2 (NSA if not completed in Mandatory Training)	
Safeguarding Children level 2 (NSA if not completed in Mandatory Training)	
Prevent (NSA if not completed in Mandatory Training)	



