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| Sheffield Hallam University, College of Health, Wellbeing and Life Sciences logo**Return to Practice****Nursing - Child (Level 6)****Practice Assessment Document (PAD)**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Student Number** |  |
| **Placement Details / Address** |  |
| **Practice Assessor Signature** |  |
| **Name (print)** |  |
| **Date of last update** |  |
| **I confirm that I am a Practice Assessor and am on the live register****Sign** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** | **Training undertaken for transition to Practice Assessor Role:****Date:** |
| **Contact details of Practice Assessor** |  |
| **Learning Environment Manager Name** |  |
| **Contact details** |  |
| **Academic Advisor** |  |
| **Contact details** |  |
| **Placement Dates**  | From |  | To |  |
|  |  |

 |

**Practice Assessment Process**

This **Placement Assessment Document (PAD)** forms part of the assessment of the Return to Practice course. The PAD helps the student to plan and develop learning and is also a record of assessment. It is the student's responsibility to present it to the Practice Supervisor/Assessor. Keep it safe and submit as part of the final assessment of competency.

The overall aim of the practical assessment process is to ensure that students can demonstrate that they are fit to practice. In order to do this, students must achieve NMC proficiencies and outcomes and demonstrate:

* + Critical awareness
	+ Reflective practice
	+ Rational decision making
	+ Clinical judgement

The Practice Assessment Document consists of:

Interview Sheets

Assessment of Practice (Child)

Testimonies (Service User/Carer)

Record of Placement Outcome

Log of placement days and hours

#### Interview Sheets

Self-assessment is an important part of this process; students should complete the relevant self-assessment sections in this document and the portfolio before each interview with the Practice Supervisor/Assessor.

The student and Practice Assessor should meet formally to review the student’s progress at the following points:

Initial Assessment Identify learning needs; **(May be Practice Supervisor)**

(Start point) Identify learning opportunities that the placement offers Identify nursing skills available for practice and assessment

Intermediate Assessment: **Practice Assessor** Review the student’s progress

(Mid point) Identify areas where the student has achieved and where support is needed

Final Assessment: **Practice Assessor:** Discuss the student’s overall performance

 Award Pass/Fail

At any point when it is identified that the student not achieving, the course leader must be notified.

Michaela.brown@shu.ac.uk

**Assessment of Practice**

The student will meet with the Practice Assessor to document competencies.

1. The Practice Assessor completes the skills cluster statement sections of the booklet using the following abbreviations.

**P** = Progressing towards. The student is progressing towards but has not achieved the skill. (Intermediate assessment)

**NP** = Not Progressing. The student is not progressing towards the skill. (Intermediate assessment)

**A** = Achieved – Student is achieving or has achieved the skill. (Final assessment)

**N** = Not Achieved - Student is not achieving or has not achieved the skill (final assessment)

**Level of practice**

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Supervision/ Support | Level of Practice | For students to be graded as 'Achieving' they will | For students to be graded as 'Not Achieving' they will |
| Practice Supervisor provides minimal to indirect supervision | Student actively participates, planning all activities and leading most | Not require prompting Demonstrates performance that is organised and efficient Critique evidence-based practice and its implementation  | Require prompting Be unable to organise care Not consider evidence-based practice |

**Testimonies**

These can be completed by staff the student has worked with. The aim is to give a fuller assessment of the students learning and performance. Testimonies can also be completed by patients/ clients/ carers as long as the Practice Supervisor/Assessor agrees this is suitable, the patient / client/ carer agree, and their anonymity is ensured.

**Time sheets**

The student must complete and document the hours and days spent in placement. These must be presented to and verified by the Practice Assessor and presented as part of the final submission.

**Minimum hours in practice**

**Child Field**

**187.5**

**Professional Values**

The following values are essential components of practice. Although there are many ways in which values can be demonstrated the following examples would demonstrate good practice and provide evidence of achievement. Practice Assessors and students may wish to present other examples to demonstrate values, which can be recorded in the space provided.

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| **Core Practice Values** | **Examples of Good Practice** | **Consistently demonstrated good practice (Please enter Yes/No for each statement)** | **Practice Assessor signature** |
| Respect for the patient, carers and other members of the team  | * Always consulting the patient/client and respecting their wishes
* Giving the patient/client the opportunity to discuss their care and achieve concordance
* Respecting an individual's culture, race, sexuality, age, religion, and disability and how it impacts on their health and social care needs.
 |  |  |
| Awareness that the individual has a right to exercise choice. | * Acknowledges and support the rights of individuals and groups.
* Giving information when appropriate, to facilitate informed choice.
* Can recognise when their own personal view could influence the patient's/client's choice.
 |  |  |
| Maintenance of dignity and privacy. | * Ensuring privacy when carrying out personal care.
* Facilitating privacy when discussing intimate or personal information.
* Not using labels, which stigmatise people e.g. not defining people by a condition/diagnosis.
 |  |  |
| Maintenance of confidentiality. | * Understands and practices in accordance with NMC guidelines for professional practice/local policies.
* Is able to discuss issues in relation to confidentiality.
* Understands and communicates to patients/clients the student's role in relation to confidentiality.
 |  |  |
| Recognising and respecting the uniqueness and dignity of individuals, e.g. differences of race, culture, religion, sexuality, gender, disability and age.  | * Is able to discuss their own beliefs and values.
* Is able to recognise their own prejudices and assumptions and is open to being challenged by others.
* Has an understanding of and works in accordance with the equal opportunities policies of the practice area.
* Is able to discuss ways in which discrimination can be countered.
 |  |  |
| Development of a professional approach to nursing. | * Recognise the limitations of own knowledge and skills and to seek advice appropriately.
* Developing a questioning approach.
* Demonstrates consistent punctuality and timekeeping.
* Maintains a professional attitude through personal appearance and presentation.
* Communicates clinical information to the appropriate team member(s).
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| **Please list other examples to demonstrate values** |  |  |  |

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| **RECORD OF INITIAL INTERVIEW**Please use and enclose additional pieces of paper if required. Please make sure that each additional piece of paper is dated and signed by the Practice Supervisor/Assessor and student.  |
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| **Student’s own learning objectives**  |

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| --- |
| **Learning objectives agreed with Practice Supervisor/Assessor** |

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| **Action Plan** (please detail how the student will be assessed e.g. direct observation, reflective questioning or discussion). |

**The student has identified the procedures to be adopted in the event of:*** **Cardiac Arrest**
* **Fire**
* **Violence and Aggression**
* **Health & Safety hazards**
 |
| **Subject: Handwashing /Basic Life Support/Moving and Handling. Date attended 25/09/2020** **Verified by Michaela Brown and Janet McAleavy. Sheffield Hallam University.****Student Signature …………………………………………………………. Date****Practice Supervisor/Assessor Signature ……………………………………………………..Date**  |

Where it is anticipated that opportunities to achieve specific skills may not be available; a note of this should be made here and the skills identified. The Course leader should be informed.

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| **RECORD OF INTERMEDIATE INTERVIEW**Please use and enclose an additional piece of paper if required. Please make sure that each additional piece of paper is dated, signed by the Practice Assessor and student.  |
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| **Student’s own learning objectives & self assessment of progress.** |

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| **Review of achievement of Learning objectives at intermediate interview agreed with the Practice Assessor.** Please sign and date progression towards competencies. |

|  |
| --- |
| **Action Plan for further learning objectives following intermediate review.** (please detail how the student will be assessed e.g. direct observation, reflective questioning or discussion) |

 |
| Student Signature …………………………………………………………. DatePractice Assessor Signature: ………………………………………………………………………………..Date  |
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**CONCERNS ABOUT STUDENT PROGRESS**

The Practice Assessor & student should formally meet to discuss any concerns expressed about the student’s progress as soon as these arise. The Practice Assessor should inform the Learning Environment Manager and Course Leader at Sheffield Hallam University as soon as possible so that additional support may be offered. Students should also contact their Personal Tutor or the Link Lecturer for additional support and guidance.

The Practice Assessor should write an action plan on this page which details:

a) The issue(s) of concern & evidence supporting this

b) The help, support and advice that the student will be given

c) The expected outcome(s)

d) The length of time needed for development and

e) Date(s) to review progress in resolving the issue(s) of concern.

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| Student Signature: ……………………………………  | Date: …………………………………………  |
| Practice Assessor Signature: ……………………………………  | Date: …………………………………………  |
| The following people have been informed by the Practice Assessor that concerns have arisen:  |
| The Learning Environment Manager  | Yes / No  | Sign & date |  |
| The Link Lecturer (Where appropriate)The Course Leader Yes / No  | Yes / No  | Sign & dateSign & Date |  |

**ACTION PLAN AS A RESULT OF CONCERNS ABOUT STUDENT PROGRESS**

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| **Areas of concern** |

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| --- |
| **Support and advice to be offered** |

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| **Expected outcomes** |

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| **Time required for each area of concern** |

**Review date…………………………………………………………………………………………….**

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| --- | --- |
| Student Signature: ……………………………………  | Date: …………………………………………  |
| Practice Assessor Signature: …………………………………… Action plan seen by Academic Advisor or course leaderSignature: ……………………………………  | Date: ………………………………………… Date: ………………………………………… |

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| **RECORD OF FINAL INTERVIEW**Please use and enclose an additional piece of paper if required. Please make sure that each additional piece of paper is dated and signed by the Practice Assessor and student.  |
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| **Student’s own learning objectives & self assessment of achievement** |

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| **Review of achievement of Learning objectives at final interview agreed with Practice Assessor. Please ensure the competencies are signed and dated along with the Record of Placement Outcome and practice hours log.** |

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| **General comments on student's achievements and future developments identified.** |

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| Student Signature …………………………………………………………. DatePractice Assessor Signature: …………………………………………………………………… Date  |
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**Child Nursing Competencies**

|  |  |  |
| --- | --- | --- |
| **P= progressing towards. NP = not progressing. A = achieved. N = Not achieved** | **Intermediate** | **Final** |
| **Competencies**1. All nurses must practise with confidence according to *The code: Standards of conduct, performance and ethics for nurses and midwives* (NMC 2020), and within other recognised ethical and legal frameworks.They must be able to recognise and address ethical challenges relating to people’s choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions. |  |  |
| **1.Child nurses must:** 1.1 Understand the laws relating to child and parental consent, including giving and refusing consent, withdrawal of treatment and legal capacity. 1.2 Recognise that all children and young people have the right to be safe, enjoy life and reach their potential. They must practise in a way that recognises, respects and responds to the individuality of every child and young person. 1.3 Act as advocates for the right of all children and young people to lead full and independent lives 1.4 Work in partnership with children, young people and their families to negotiate, plan and deliver child and family-centred care, education and support. They must recognise the parent’s or carer’s primary role in achieving and maintaining the child’s or young person’s health and wellbeing, offer advice and support on parenting in health and illness  |  |  |
| 2**.** All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care. |  |  |
| 3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health. |  |  |
| 4. All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety. |  |  |
| 5. All nurses must fully understand the nurse’s various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations. |  |  |
| 6. All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care. |  |  |
| 7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance andenhance the safety and quality of care through evaluation, supervision and appraisal |  |  |
| 8. All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary. |  |  |
| 9. All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for furtherinvestigation. |  |  |
| **P= progressing towards. NP = not progressing. A = achieved. N = Not achieved** | **Intermediate** | **Final** |
| **Competencies**1. All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs. |  |  |
| 2. All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it. |  |  |
| 3. All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people’s needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.  |  |  |
|  4 **Children's nurses must:** 4.1 Work with the child, young person and others to ensure that they are actively involved in decision-making, in order to maintain their independence and take account of their ongoing intellectual, physical and emotional needs. 4.2 Understand all aspects of development from infancy to young adulthood, and identify each child or young person’s developmental stage, in order to communicate effectively with them. They must use play, distraction and communication tools appropriate to the child's or young person's stage of development, including for those with difficulties with sensory or cognitive development 4.3 Ensure that, where possible, children and young people understand their healthcare needs and can make or contribute to informed choices about all aspects of their care.  |  |  |
| 5. All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration. |  |  |
| 6. All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries. |  |  |
| 7. All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effectivecommunication |  |  |
| 8. All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language. |  |  |
| 9. All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality. |  |  |
| **P= progressing towards. NP = not progressing. A = achieved. N = Not achieved** | **Intermediate** | **Final** |
| **Competencies**1. All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge. 2 **Children's nurses must**: 2.1 Be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment. 2.2 Use recognised, evidence-based, child-centred frameworks to assess, plan, implement, evaluate and record care, and to underpin clinical judgments and decision-making. Care planning and delivery must be informed by knowledge of pharmacology, anatomy and physiology, pathology, psychology and sociology, from infancy to young adulthood  |  |  |
| 2.3 Carry out comprehensive nursing assessments of children and young people, recognising the particular vulnerability of infants and young children to rapid physiological deterioration  |  |  |
| 2.4 Include health promotion, and illness and injury prevention, in their nursing practice. They must promote early intervention to address the links between early life adversity and adult ill health, and the risks to the current and future physical, mental, emotional and sexual health of children and young people 2.5 Have numeracy skills for medicines management, assessment, measuring, monitoring and recording which recognise the particular vulnerability of infants and young children in relation accurate medicines calculation 2.6 use negotiation skills to ensure the best interests of children and young people in all decisions, including the continuation or withdrawal of care. Negotiation must include the child or young person, their family and members of the multidisciplinary and interagency team where appropriate. 2.7 Understand their central role in preventing maltreatment, and safeguarding children and young people. They must work closely with relevant agencies and professionals, and know when and how to identify and refer those at risk or experiencing harm.  |  |  |
| 3. All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability. |  |  |
| 4. All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.5. All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement. |  |  |
| 6. All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion. |  |  |
| 7.All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, the calculation and administration of medicines, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes. |  |  |
| 8. All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe. |  |  |
| 9. All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves. |  |  |
| 10. All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to safeguard them against abuse. |  |  |
| 11. All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others. |  |  |
| **P= progressing towards. NP = not progressing. A = achieved. N = Not achieved** | **Intermediate** | **Final** |
| **Competencies**1. All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people’s wellbeing and experiences of healthcare. |  |  |
| 2. All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people’s experience and care outcomes and to shape future services. |  |  |
| 3. All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced. |  |  |
| 4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation. |  |  |
|  5. All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills. |  |  |
| 6. All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given. |  |  |
| 7. All nurses must work effectively across professional and agency boundaries, actively involving and respecting others’ contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.**Children's nurses must**:8.1 Understand health and social care policies relating to the health and wellbeing of children and young people. They must, where possible, empower and enable children, young people, parents and carers to influence the quality of care and develop future policies and strategies 8.2 Ensure that, wherever possible, care is delivered in the child or young person’s home, or in another environment that suits their age, needs and preferences. 8.3 Use effective clinical decision-making skills when managing complex and unpredictable situations, especially where the views of children or young people and their parents and carers differ. They must recognise when to seek extra help or advice to manage the situation safely. 8.4 Work effectively with young people who have continuing health needs, their families, the multidisciplinary team and other agencies to manage smooth and effective transition from children’s services to adult services, taking account of individual needs and preferences.  |  |  |

**RECORD OF OUTCOMES ACHIEVED THROUGH SIMULATION**

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| **Outcome number** | **Outcome** | **Practice Assessor signature** |
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**RECORD OF COMPETENCIES NOT ACHIEVED (FAIL)**

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| **Outcome Number**  | **Please state why the student has been Referred**  |
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**Please print extra sheets as necessary.**

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| **Testimony (From any member of staff the student has worked with)**  |

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| **Date** | **Signature/Designation** |

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| **Testimony (From any member of staff the student has worked with)** |

 |
| **Date** | **Signature/Designation** |

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| **Testimony (From any member of staff the student has worked with) This should include assessment of the student's abilities and progress towards their learning contract.** |

 |
| **Date** | **Signature/Designation** |

#### SERVICE USER TESTIMONIES

This space provides an opportunity for service users and carers with whom the student has worked to comment on their progress. Permission MUST be sought from the Practice Supervisor before seeking testimony from any service user or carer. Service users and carers should NOT sign their entries (for reasons of confidentiality). The Practice Supervisor should countersign these entries. Entries may be dictated if appropriate.

|  |
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| ***Please use the following questions to help guide the testimony:*** |
| 1. Was the student courteous and helpful? |  |
| 2. Did the student respect your privacy and dignity? |  |
| 3. Was the student responsive to your requests? |  |
| 4. Was the student caring and compassionate? |  |
| 5. Was the student good at delivering care? |  |
| *Please use this space for any further comments:* |
|  |
| **Date** | **Practice Supervisor** |

*Please ensure the Practice Supervisor signs off these testimonies and that confidentiality is maintained.*

#### SERVICE USER TESTIMONIES

This space provides an opportunity for service users and carers with whom the student has worked to comment on their progress. Permission MUST be sought from the Practice Supervisor before seeking testimony from any service user or carer. Service users and carers should NOT sign their entries (for reasons of confidentiality). The Practice Supervisor should countersign these entries. Entries may be dictated if appropriate.

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| ***Please use the following questions to help guide the testimony:*** |
| 1. Was the student courteous and helpful? |  |
| 2. Did the student respect your privacy and dignity? |  |
| 3. Was the student responsive to your requests? |  |
| 4. Was the student caring and compassionate? |  |
| 5. Was the student good at delivering care? |  |
| *Please use this space for any further comments:* |
|  |
| **Date** | **Practice Supervisor** |

**Log of placement days and hours**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Start and finish time of shift | Number of hours worked | Signature of Practice Supervisor. |
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**Additional Days**

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| Date | Start and finish time of shift | Number of hours worked | Signature of Practice Supervisor |
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**RECORD OF PLACEMENT OUTCOME**

**The student has passed the competencies as stated on the learning agreement AND has met the professional requirements for entry to the NMC register for Child Nursing**

**Signed ……………………………………………………………………………………..**

**Date………………………………………………………………………………………..**

**Please print name………………………………………………..……………………..**

**Status: Practice Assessor……………….……………………..**

**The student has not passed the competencies as stated on the learning agreement AND does not meet the professional requirements for entry to the NMC register for Child Nursing**

**Signed ……………………………………………………………………………………..**

**Date………………………………………………………………………………………..**

**Please print name………………………………………………..……………………..**

**Status: Practice Assessor……………….……………………..**

**Checked and signed by Academic Advisor/Course Lead**

**Date………………………………………………………………………………………..**

**Please print name & sign………………………………………………..……………..**

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This page is for students to note any areas they would like to continue to develop. The points will form the basis of an action plan for the next stage of career development.