

Name.....
Number.....
Cohort.....
Field.....

Add University Logo here

England Practice Assessment Document for Return to Practice Nursing Programmes

Standards of proficiency for registered nurses (NMC 2023)
Standards for return to practice programmes (NMC 2023)

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.

Acknowledgements

The development of this document builds on the work undertaken by the National Return to Practice Group of associated regional universities. It has been reviewed through consultation by the National Return to Practice Expert Advisory Group by representatives from NHS England Regional Leads and the Regional Universities who provide Return to Practice Courses.

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Welcome to the Practice Assessment Document (PAD)

Returner responsibilities

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Standards of proficiency for registered nurses (2023)*, and the *Standards framework for Nursing and midwifery education (NMC 2023)* and (*Part 3) Standards for return to practice programmes (NMC 2023)*.

The PAD forms a mandatory component of your course and will be assessed as a pass or fail and 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 across the duration of your placement. 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 verbal and written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

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

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

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

You will have access to confidential information when in practice placements. The PAD should not contain any patient/service user/carers 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 returner participation in their care and staff in practice will provide guidance as required. Before approaching any patient/service user/carers for feedback you must discuss with your Practice Supervisor/Practice Assessor who will facilitate consent.

Add University Specific Information on the next page (adjust contents page no's as appropriate)

Practice Placements

Returners may or may not have experience in the area they undertake their placement. They also have returned after a period away the expectations are they are supported in a Safe Learning Environment (NHSE, 2023) and are provided:

- Practice learning opportunities that confirm students can deliver safe and effective care in their intended area of practice to a diverse range of people.
- Practice learning opportunities that confirm students meet the communication and relationship management skills and procedures in their intended area of practice, as set out in the relevant standards of proficiency.
 - Experience a range of settings for their intended area of practice, demonstrating an ability to meet the holistic needs of people
 - Support for their individual needs, personal circumstances and intended area of practice learning including making reasonable adjustments for students with disabilities.
 - Supernumerary status – protected learning time (NMC, 2023)

Achievement of Proficiency (NMC, 2023)

It is expected returners achieve all 7 platforms and Annex A Communication and relationship management skills.

Annexe B Procedures for assessing needs for person-centred care, sections 1 and 2, also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice.

Some may be returning to a practice area that is a very specialised area of nursing, and the key focus of proficiency development may meet only specific Annex B nursing procedures (NMC, 2003b). However, the NMC expects Registered nurses to be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice (NMC, 2023).

Where possible they should be demonstrated in the practice setting. However, where this is not possible these can be completed using simulation or a professional reflective discussion at the discretion of the Practice Assessor.

Many proficiencies can be demonstrated through achievement of an Episode of Care (see P 6) and part of the assessment process is to confirm attainment.

Practice Supervisor responsibilities (NMC, 2023)

(Registered nurse/midwife/nursing associate or other registered health/social care professional)

A Practice Supervisor has an important role to work with the returner and discuss at the initial interview to clearly identify and plan learning and development to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the returner may need to get maximum benefit from the placement. It is your responsibility to contribute to the returner's assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies. Specific feedback must be provided to the Practice Assessor on the returner's progress

Practice Assessor responsibilities (NMC, 2023)

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

When assessing the returner, 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 returners who are exceeding expectations, have particularly commendable attitudes, behaviours, knowledge, or skills.

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

Academic Assessor responsibilities (NMC, 2023)

Academic Assessors are Registered Nurses. The Academic Assessor will work in partnership with the Practice Assessor to evaluate and confirm student achievement of proficiencies. The Academic Assessor will enable scheduled communication and collaboration with the Practice Assessor and this communication can take a variety of forms.

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

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

Assessment criteria in the PAD are based on the NMC *Standards of proficiency for registered nurses (NMC 2023)* and *Standards framework for nursing and midwifery education (NMC2023)*, *Standards for student supervision and assessment (NMC 2023)* and *Standards for return to practice programmes (NMC 2023)*.

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

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

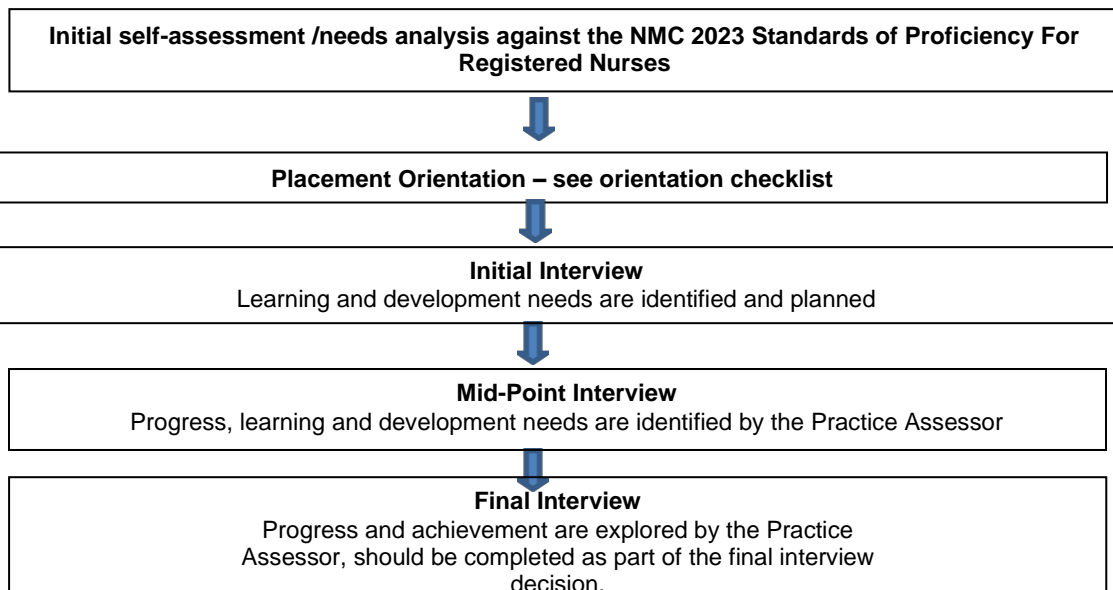
Episodes of Care: These holistic assessment(s) facilitate and demonstrates the returner’s progress and must be achieved *by the end of the placement*.

Medicines Management: There is one assessment, and this must be achieved *by the end of the placement*.

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

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

Process of practice assessment



Placement Referral: Students have 2 attempts at practice	
Any referred placement	Re-assessment can be undertaken after an additional 150 hours. Re-assessment will be classed as a second and final attempt unless supported with valid extenuating circumstances

Criteria for Assessment in Practice: To be achieved by the end of the placement

Practising independently with minimal supervision and leading and coordinating care with confidence

All returners are supernumerary (NMC 2023). The decision on the level of supervision provided for returners should be based on the needs of the individual returner. The level of supervision can decrease with the returner's increasing proficiency and confidence. (NMC, 2023)

'Achieved' must be obtained in all three criteria by the returner

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a comprehensive knowledge base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence base.	Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence-based skills.	Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.
NO	Is only able to identify the essential knowledge base with poor understanding of rationale for care. Is unable to justify decisions made leading to unsafe practice.	With minimal supervision is not able to demonstrate safe practice despite guidance.	Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning and the learning of others.

Placement Details

Placement Provider:

(E.g. Trust/Organisation)

Name of Placement Area:

Type of Experience:

(E.g. Community/Ward based)

Placement Telephone Number:

Placement Contact Email:

Start Date..... End Date..... No. of Hours.....

Practice Assessor Details:

Name:

Designation:

Contact email address:

Academic Assessor Details:

Name:

Designation:

Contact email address:

List of Practice Supervisors

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

Name (please print)	Job Title	Signature	Initials	Placement

List of Practice Assessors

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

Name (please print)	Job Title	Signature	Initials	Placement

List of Academic Assessors

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

Name (please print)	Job Title	Signature	Initials	Placement

Placement: Orientation

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

Returner self-assessment against Standards of Proficiency for Registered Nurses (NMC 2023)

The returnee must complete this self-assessment tool in preparation for your practice learning experience, taking into account prior learning and experience in relation to the standards of proficiency, programme outcomes, and their intended scope of practice upon readmission to the register. ****Please identify which are priority for the area you are undertaking placement**

Initial Review of needs

NMC Standards of Proficiency for Registered Nurses (2023) Platforms:
<p>1. Being an accountable professional: Registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centered, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care.</p>
<p>Areas for Development</p>
<p>2. Promoting health and preventing ill health: Registered nurses play a key role in improving and maintaining the mental, physical and behavioral health and well-being of people, families, communities and populations. They support and enable people at all stages of life and in all care settings to make informed choices about how to manage health challenges in order to maximise their quality of life and improve health outcomes. They are actively involved in the prevention of and protection against disease and ill health and engage in public health, community development and global health agendas, and in the reduction of health inequalities</p>
<p>Areas for Development</p>
<p>3. Assessing needs and planning care: Registered nurses prioritise the needs of people when assessing and reviewing their mental, physical, cognitive, behavioral, social and spiritual needs. They use information obtained during assessments to identify the priorities and requirements for person-centered and evidence-based nursing interventions and support. They work in partnership with people to develop person-centered care plans that take into consideration their circumstances, characteristics and preferences</p>
<p>Areas for Development</p>

4. Providing and evaluating care:

Registered nurses take the lead in providing evidence-based, compassionate and safe nursing interventions. They ensure that care they provide, and delegate is person-centered and of a consistently high standard. They support people of all ages in a range of care settings. They work in partnership with people, families and carers to evaluate whether care is effective, and the goals of care have been met in line with their wishes, preferences and desired outcomes.

Areas for Development

5. Leading and managing nursing care and working in teams:

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.

Areas for Development

6. Improving safety and quality of care:

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcomes and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

Areas for Development

7. Co-ordinating care:

Registered nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings. They contribute to processes of organisational change through an awareness of local and national policies

Areas for Development

Annexe A: Communication and Relationship Management Skills
1. Underpinning communication skills for assessing, planning, providing and managing best practice, evidence-based nursing care
1.1 actively listen, recognise and respond to verbal and non-verbal cues
1.2 use prompts and positive verbal and non-verbal reinforcement
1.3 use appropriate non-verbal communication including touch, eye contact and personal space
1.4 make appropriate use of open and closed questioning
1.5 use caring conversation techniques
1.6 check understanding and use clarification techniques
1.7 be aware of own unconscious bias in communication encounters
1.8 write accurate, clear, legible records and documentation reports with individuals and groups
1.9 confidently and clearly present and share verbal and written reports with individuals and groups
1.10 analyse and clearly record and share digital information and data
1.11 provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care
1.12 recognise the need for, and facilitate access to, translator services and material
2. Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care
2.1 share information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis
2.2 use clear language and appropriate written materials, making reasonable adjustments where appropriate in order to optimise people's understanding of what has caused their health condition and the implications of their care and treatment
2.3 recognise and accommodate sensory impairments during all communications
2.4 support and manage the use of personal communication aids
2.5 identify the need for and manage a range of alternative communication techniques
2.6 use repetition and positive reinforcement strategies
2.7 assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use
2.8 provide information and explanation to people, families and carers and respond to questions about their treatment and care and possible ways of preventing ill health to enhance understanding
2.9 engage in difficult conversations, including breaking bad news, and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity.
3. Evidence-based, best practice communication skills and approaches for providing therapeutic interventions
3.1 motivational interview techniques
3.2 solution focused therapies
3.3 reminiscence therapies
3.4 talking therapies
3.5 de-escalation strategies and techniques
3.6 cognitive behavioural therapy techniques
3.7 play therapy
3.8 distraction and diversion strategies
3.9 positive behaviour support approaches.
4. Evidence-based, best practice communication skills and approaches for working with people in professional teams
4.1 Demonstrate effective supervision, teaching and performance appraisal through the use of:
4.1.1 clear instructions and explanations when supervising, teaching or appraising others
4.1.2 clear instructions and check understanding when delegating care responsibilities to others
4.1.3 unambiguous, constructive feedback about strengths and weaknesses and potential for improvement
4.1.4 encouragement to colleagues that helps them to reflect on their practice
4.1.5 unambiguous records of performance
4.2 Demonstrate effective person and team management through the use of:

4.2.1 strengths-based approaches to developing teams and managing change

4.2.2 active listening when dealing with team members' concerns

4.2.3 a calm presence when dealing with conflict

4.2.4 appropriate and effective confrontation strategies

4.2.5 de-escalation strategies and techniques when dealing with conflict

4.2.6 effective coordination and navigation skills through:

4.2.6.1 appropriate negotiation strategies

4.2.6.2 appropriate escalation procedures

4.2.6.3 appropriate approaches to advocacy

Areas for Development

Annexe B: Nursing Procedures

**** Please ensure that those applicable to the returning care setting are the prime focus**

Part I Procedures for assessing people's needs for person-centred care

1. Use evidence-based, best practice approaches to take history, observe, recognise and accurately assess people of all ages mental health and wellbeing status

**** Please ensure that those applicable to the returning care setting are the prime focus**

1.11 signs of mental and emotional distress or vulnerability

1.12 cognitive health status and wellbeing

1.13 signs of cognitive distress and impairment

1.14 behavioural distress-based needs

1.15 signs of mental and emotional distress including agitation, aggression and challenging behaviour

1.16 signs of self-harm and/or suicidal ideation

1.2 physical health and wellbeing

1.2.1 symptoms and signs of physical ill health

1.2.2 symptoms and signs of physical distress

1.2.3 symptoms and signs of deterioration and sepsis

Areas for Development

3.3 use appropriate positioning and pressure-relieving techniques

3.4 take appropriate action to ensure privacy and dignity at all times

3.5 take appropriate action to reduce or minimise pain or discomfort

3.6 take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene

Areas for Development

4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

4.1 observe, assess and optimise skin and hygiene status and determine the need for support and intervention

4.2 use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown

4.3 assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing

4.4 identify and manage skin irritations and rashes

4.5 assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed

4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures

4.7 use aseptic techniques when managing wound and drainage processes

4.8 assess, respond and effectively manage pyrexia and hypothermia

Areas for Development

5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

5.1 observe, assess and optimise nutrition and hydration status and determine the need for intervention and support

5.2 use contemporary nutritional assessment tools

5.3 assist with feeding and drinking and use appropriate feeding and drinking aids

5.4 record fluid intake and output and identify, respond to and manage dehydration or fluid retention

5.5 identify, respond to and manage nausea and vomiting

5.6 insert, manage and remove oral/nasal/gastric tubes

5.7 manage artificial nutrition and hydration using oral, enteral, and parenteral routes.

5.8 manage the administration of IV fluids

5.9 manage fluid and nutritional infusion pumps and devices

Areas for Development

6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

6.1 observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids

6.2 select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self-catheterisation when required

6.3 manage bladder drainage

6.4 assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention

6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate

6.6 undertake stoma care identifying and using appropriate products and approaches

Areas for Development

7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

7.1 Observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment

7.2 use a range of contemporary moving and handling techniques and mobility aids

7.3 use appropriate moving and handling equipment to support people with impaired mobility

7.4 use appropriate safety techniques and devices

Areas for Development

8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

8.1 observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions

8.2 manage the administration of oxygen using a range of routes and best practice approaches

8.3 take and interpret peak flow and oximetry measurements

8.4 use appropriate nasal and oral suctioning techniques

8.5 manage inhalation, humidifier and nebuliser devices

8.6 manage airway and respiratory processes and equipment

Areas for Development

9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions

9.1 observe, assess and respond rapidly to potential infection risks using best practice guidelines

9.2 use standard precautions protocols

9.3 use effective aseptic, non-touch techniques

9.4 use appropriate personal protection equipment

9.5 implement isolation procedures

9.6 use evidence-based hand hygiene techniques

9.7 safely decontaminate equipment and environment

9.8 safely use and dispose of waste, laundry and sharps

9.9 safely assess and manage invasive medical devices and lines

Areas for Development

10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and selfcare and initiating appropriate interventions

10.1 observe, and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression

10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices

10.3 assess and review preferences and care priorities of the dying person and their family and carers

10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health

10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death

10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols

Areas for Development

11. Procedural competencies required for best practice evidence-based medicines administration and optimisation

11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications

11.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them

11.3 use the principles of safe remote prescribing and directions to administer medicines

11.4 undertake accurate drug calculations for a range of medications

11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product

11.6 exercise professional accountability in ensuring the safe administration of medicines to those receiving care

11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment

11.8 administer medications using a range of routes

11.9 administer and monitor medications using vascular access devices and enteral equipment

11.10 recognise and respond to adverse or abnormal reactions to medications

11.11 undertake safe storage, transportation and disposal of medicinal products

Areas for Development:

Review of Self-Assessment

Returners comments		
Academic Assessor Comments		
Practice Assessor comments		
Returners name:	Signature:	Date:
Academic Assessor name:	Signature:	Date:
Practice Assessor name:	Signature:	Date:

Initial Interview

This can be completed by a Practice Supervisor (PS) or Practice Assessor (PA). If completed by the PS, they must discuss and agree with the PA. This meeting should take place at the earliest opportunity.

Placement Area Name:

Using the completed self-assessment, returner to identify learning and development needs (with guidance from the Practice Supervisor)

Taking available learning opportunities into consideration, the returner and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.

Outline of learning plan

How will this be achieved?

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

Returner's Name:

Signature:

Date:

Practice Supervisor/Assessor's Name:

Signature:

date

Professional Values in Practice

Returners are required to demonstrate high standards of professional conduct at all times during their placements. Returners 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.

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

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

	Achieved Mid-Point Yes/No	Initial/ Date	Achieved Final Yes/No	Initial/ Date (Final)
Prioritise people				
1. The returner maintains confidentiality in accordance with the NMC code and recognises limits to confidentiality for example public interest and protection from harm.				
2. The returner is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues.				
3. The returner maintains the person's privacy and dignity, seeks consent prior to care, and challenges discriminatory behaviour and advocates on their behalf.				
4. The returner is caring, compassionate and sensitive to the needs of others demonstrating positive role modelling.				
5. The returner understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others.				
Practise effectively				
6. The returner consistently delivers safe, person-centred and evidence-based care ensuring patients/service users/carers are at the centre of decision-making.				
7. The returner is able to work confidently and as an equal partner within the inter-disciplinary team and can build effective professional relationships.				
8. The returner makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others.				
9. The returner demonstrates leadership skills and is able to work autonomously, seeks support where appropriate and responds positively to feedback.				
Preserve safety				
10. The returner demonstrates openness (candour), trustworthiness and integrity.				
11. The returner reports any concerns to a member of staff when appropriate and escalates as required (as per local policy/professional guidance) e.g. safeguarding.				
12. The returner demonstrates the appropriate listening skills, seeks clarification where appropriate and carries out instructions safely.				
13. The returner 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.				

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

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

Annexe B: Nursing Procedures Please refer back to initial self-assessment	Confident Yes/No
Part I Procedures for assessing people's needs for person-centred care:	
1. Use evidence-based, best practice approaches to take history, observe, recognise and accurately assess people of all ages.	
2. Use evidence-based, best practice approaches to undertake a range of procedures.	
Part 2 Procedures for the planning, provision and management of person-centred nursing care	
3. Meeting needs for care and support with rest, sleep, comfort, and the maintenance of dignity	
4. Meeting needs for care and support with hygiene and the maintenance of skin integrity	
5. Meeting needs for care and support with nutrition and hydration	
6. Meeting needs for care and support with elimination	
7. Meeting needs for care and support with mobility and safety	
8. Meeting needs for respiratory care and support	
9. Meeting needs for care and support with the prevention and management of infection	
10. Meeting needs for care and support at the end of life	
11. Procedural competencies required for best practice evidence-based medicines administration and optimisation	
Areas for Development to complete placement	

Placement: Mid-Point Interview

This discussion must take place halfway through the placement

Returner's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and values:
Practice Assessor's comments Discuss with the returner their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision.
Knowledge:
Skills:
Attitudes and values:
Hours worked up to mid-point interview: Hours to be worked up to next review:

Assessment of Proficiencies

Incorporating

Platforms
1-7

Annexe A: Communication and management
skills

Annex B: Nursing
Procedures

The 3 episodes of care facilitate achievement of proficiencies to allow returners to be able to deliver safe and effective care in their intended area of practice to a diverse range of people. The proficiencies ***“apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice”***. (NMC, 2023)

The Assessment of Proficiencies is undertaken across the Placement and evidenced through the completion of three separate episodes of care:

- Episode 1. delivery of care for a group of people receiving care with increasingly complex health and social care needs
- Episode 2. Supervising and teaching a learner/or patient in practice, based on the delivery of direct person-centred care
- Episode 3. Organisation and management of care delivery for a group/caseload of people with complex care needs covering all seven platforms.

And

- Medications management

Formative attempts

Formative feedback and further development towards the Episodes of Care and Medicines Management should be offered and recorded in the PAD – Action Plans for further development

Episode of Care 1 (delivery of care)

This assessment must be completed **as a summative exercise** by the end of the placement by the returner's practice assessor during a specific episode of care.

The aim of this assessment is to demonstrate the returner's progression in the following six platforms within the *Standards of Proficiency (including skills from Annexe A and B)* (NMC 2018) **in the context of their intended area of practice and field of nursing:**

The practice assessor and returner will identify an appropriate episode of direct care involving caring for people with increasing 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 returner's performance.

- Promoting health
- Assessing needs and planning care
- Providing and evaluating care
- Leading nursing care and working in teams
- Improving safety and quality of care
- Co-ordinating care.

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

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

Learning Outcomes

The returner is able to:

1. Demonstrate and applies knowledge of a range of mental health and physical health conditions in the assessment, planning, implementation and evaluation of person-centred, evidence-based care.
2. Demonstrates 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.
3. Demonstrate relevant knowledge in the prioritisation of care and is able to identify changes in a person's condition and responds appropriately.
4. Interact and engage confidently with families/carers and members of the multidisciplinary team in co-ordinating care for a small group of people.
5. Accurately undertakes risk assessments demonstrating understanding of risk management and health improvement strategies.

Returns Reflection on Episode of Care 1
Summative attempt

Within your reflection, describe the episode of care and how you assessed, planned, delivered and evaluated person-centred care.

What did you do well?

What would you have done differently?

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

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

Practice Assessor Feedback

Based on the returner's reflection, your assessment/experience and discussion of the episode of care, please assess and comment on the following:

	YES = Achieved; NO = Not Achieved (Refer to Criteria for Assessment in Practice)	
Proficiencies	Yes/No	Comments
<p>Promoting health and preventing ill health Discusses the possible influences on the person's/group of people's mental health and physical health and can highlight a range of factors impacting on them and the wider community.</p>		
<p>Assessing needs and planning care Utilises relevant knowledge and skills to undertake a comprehensive assessment, continually monitoring a person's condition, interpret signs of deterioration or distress and escalate appropriately.</p>		
<p>Providing and evaluating care Applied relevant knowledge and skills in the provision of more complex person-centred, evidence-based care demonstrating effective communication skills and the ability to document effectively.</p>		
<p>Improving safety and quality of care Undertakes relevant risk assessments, discusses risk management and can propose improvements to enhance the quality of care.</p>		
<p>Co-ordinating and leading nursing care Supports the person/persons receiving care and their families in maintaining independence and minimising disruption to their lifestyle, demonstrating understanding of the need for multi-agency working.</p>		
If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed.		
<p>Returner's Name:</p>	<p>Signature:</p>	<p>Date:</p>
<p>Practice Assessor's Name:</p>	<p>Signature:</p>	<p>Date:</p>

Episode of Care 2 (teaching)

This assessment must be completed **as a summative exercise** by the end of the placement by the returner's practice assessor during a specific episode of care

The Returner will be given the opportunity to supervise and teach a junior learner/colleague/service user/carers in practice and provide a written reflection on this experience. This needs to be based on the delivery of direct person-centred care. Professionalism underpins all aspects of the returner's performance.

The aim of this assessment is to demonstrate the returner's progression in the following five platforms within the Standards of proficiency (including skills from annexe A and B) (NMC 2023) **in the context of their intended area of practice and field of nursing:**

- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Leading nursing care and working in team
- Coordinating care

Effective communication and relationship management skills underpin all aspects of care. (Annex A) Returners are required to use appropriate approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

Learning outcomes

The returner is able to:

1. Supervise and teach less experienced service users, students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting reflection and providing constructive feedback.
2. Demonstrate an understanding of the factors that both facilitate and impede learning in practice.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care.
4. Apply the appropriate knowledge and skills in appraising the quality of understanding/discharge advice/nursing care provided by the junior learner colleague and or service user.
5. Demonstrate effective verbal, non-verbal communication and interpersonal skills in engaging with the learner and others involved in the care and act as a positive role model.
6. Critically reflect on their own role and the role of the nurse in the supervision, facilitation and evaluation of learning for the whole team

Returners reflection on an Episode of Care 2
Summative Attempt

Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer who delivered person-centred care or service user/carer in practice.

What did you do well?

What would you have done differently?

What learning from this episode of care will support your professional development going forward in your teaching and learning role?

Practice Assessor feedback

Based on the returner's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

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

Proficiencies	Yes/No	Comments
<p>Assessing, planning, providing and evaluating care Chooses an appropriate care activity to engage in and considers the learner's needs and their current level of knowledge and skills.</p>		
<p>Leading nursing care and working in teams Effectively prepares the junior learner/peer/service user/carer and provides them with clear instructions and explanations about the care activity they are to engage in.</p>		
<p>Improving safety and quality of care The returner 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/peer/service user/carer throughout the care activity.</p>		
<p>Coordinating care: Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner / peer/service user/carer with constructive verbal and written feedback.</p>		
<p align="center">If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed</p>		
<p>Returner's signature:</p>	<p>Date:</p>	
<p>Practice Assessor's signature:</p>	<p>Date:</p>	

Episode of Care 3 (leading and management of care)

This assessment must be completed **as a summative exercise** by the end of the placement by the returner's practice assessor during a specific episode of care.

The practice assessor and returner will identify an appropriate episode of direct care involving the organisation and management of care for a group/caseload of people. Professionalism underpins all aspects of the returner's performance.

The aim of this assessment is to demonstrate the returner's progression in the following six platforms within the

Standards of proficiency (including skills from annexe A and B) (NMC 2018) **in the context of their area of practice intended field of Nursing:**

- Promoting health and preventing ill health
- Assessing needs and planning care
- Providing and evaluating care
- Improving safety and quality of care
- Leading and managing nursing care and working in teams
- Coordinating care

Effective communication and relationship management skills underpin all aspects of care. (Annex A)
Returners are required to use appropriate therapeutic approaches and techniques considering the person's motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

Learning outcomes

The returner is able to:

1. Demonstrate the knowledge, skills and ability to coordinate the care for a group of people and act as a role model in managing person centred, evidence-based approach to care.
2. Evaluate a team-based approach to the quality-of-care delivery and demonstrates understanding of the roles, responsibilities and scope of practice of all team members.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care within the practice setting through effective interaction and engagement with people, services and communities.
4. Critically appraise the quality and effectiveness of nursing care, demonstrate how to use service delivery evaluation in practice and how to bring about service improvement and audit findings to improve care

**Returner reflection on Episode of Care 3
Summative attempt**

Reflect on how you have worked in partnership with health and social care professionals, service users, carer and families ensuring that decision- making about care is shared.

What did you do well?

What would you have done differently?

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

Practice Assessor feedback

Based on the returner's reflection, your observation and discussion of the episode of care, please assess and comment on the following:

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

Proficiencies	Yes/No	Comments
<p>Promoting health and preventing ill health Discusses the possible influences on the person's/group of people's mental health and physical health and can highlight a range of factors impacting on them and the wider community.</p>		
<p>Assessing needs and planning care Utilises relevant knowledge and skills to undertake a comprehensive assessment, continually monitor a person's condition, and interpret signs of deterioration or distress and report appropriately.</p>		
<p>Providing and evaluating care Applies relevant knowledge and skills in the provision of more complex person-centred, evidence-based care demonstrating effective communication skills and the ability to document effectively.</p>		
<p>Improving safety and quality of care Undertakes relevant risk assessments, discusses risk management and can propose improvements to enhance the quality of care.</p>		
<p>Coordinating and leading nursing care Supports the person/persons receiving care and their families in maintaining independence and minimising disruption to their lifestyle, demonstrating understanding of the need for multi- agency working.</p>		
<p>If any of the Standards are 'Not Achieved' this will require a re-assessment and the Academic Assessor must be informed</p>		
<p>Returner's signature:</p>		<p>Date:</p>
<p>Practice Assessor's signature:</p>		<p>Date:</p>

Medicines Management

This assessment must be completed by the end of placement where the returner safely administers medicine

During placement the returner should be considering their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group service users or caseload and the returner must be allowed a number of practice opportunities to administer medicines under supervision prior to the summative assessment.

The returner 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 (including skills from annexe A and B) (NMC 2023 The Code (NMC 2019), A Competency Framework for all Prescribers (The Royal Pharmaceutical Society 2021)*

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

Learning outcomes

The returner is able to:

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Prepare medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines.
4. Administer and monitor medications using vascular access devices and enteral equipment, where appropriate.
5. Recognise and respond to adverse or abnormal drug reactions to medications.
6. Maintain safety and safeguard the patient from harm, including awareness of non-adherence, demonstrating understanding of the Mental Capacity Act 2005.
7. and the Mental Health Act (DH 1983, amended 2007), where appropriate

YES = Achieved No = Not Achieved			
Competency	Yes/No	Competency	Yes/No
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		Understands safe storage of medications in the care/ home environment	
Communicates appropriately with the patient/service user. If undertaking a medicines review discusses with patients/cares understanding of medication, timing any special instructions side effects to be aware of and concordance Provides clear and accurate information/advice and checks understanding.		Offers patient /service users and their carer's further support/advice/education. where appropriate	
Maintains effective hygiene/infection control throughout		Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications	
Checks prescription thoroughly <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions 		Calculates doses accurately and safely <ul style="list-style-type: none"> • Demonstrates to assessor the component parts of the calculation Minimum of 5 calculations undertaken demonstrating increased complexity	
		Checks and confirms the patient/service user's identity and establishes consent (ID band or other confirmation if in own home)	
		Administers or supervises self-administration safely under direct supervision Verifies that oral medication has been swallowed.	
		Describes/demonstrates the procedure in the event of reduced capacity and non-adherence	
		Safely utilises and disposes of equipment	
		Maintains accurate records. Records, signs and dates when safely administered	
Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate <ul style="list-style-type: none"> • Asks patient/service user • Checks prescription chart or identification band 		Monitors effects and has an understanding of common side effects, contraindications incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy	
		Uses relevant frameworks for medicine use as appropriate. E.g. local formularies, care pathways, protocols and guideline	

Practice Assessor Feedback

Returner reflection on learning and development

Returner's Name:
Signature:
Date:
Practice Assessor's Name:
Signature:
Date:

Placement: Final Interview

This should take place towards the end of the placement

Returner's self-assessment/reflection on progress Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development.
Knowledge:
Skills:
Attitudes and values:

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

Learning and Development Needs for the future
To be agreed between the Practice Assessor and Returner

A large, empty rectangular box with a thin black border, intended for recording the learning and development needs for the future, as agreed between the Practice Assessor and the Returner.

Summary of Achievement/ Ongoing Achievement Record

To be completed by the practice assessor.

Summary of returner's strengths and areas for further development	
Has the returner completed required self-assessments?	Yes/No
Has the returner achieved the professional values?	Yes/No
Has the returner achieved the agreed proficiencies within the episodes of care?	Yes/No
Has the returner achieved Medicines Management?	Yes/No
Has the returner completed the required hours? Number of Hours Completed Number of Hours of Sickness/Absence	
Has the returner achieved all the requirements and is performing with increasing confidence and competence	Yes/No

Returner's Name: (print name) Returner's Signature: Date: Practice Assessor Name: (print name)	<p>Academic Assessor</p> <p>I have reviewed the assessment documents, returner reflections and academic achievement. I can confirm the returner has been assessed by the practice assessor as fit to practice safely and effectively with minimal supervision and I recommend the returner for progression to the Nursing and Midwifery Council register for the United Kingdom.</p> <p>Yes/No</p> <p>Academic Assessor: (print name)</p> <p>Academic Assessor's signature:</p> <p>Date:</p>
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Appendices

1. Proformas to use (Please photocopy and use as necessary)

Record of communication/additional feedback

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






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

Patient/Service User/Child/Young Person/Carer Feedback Form (option 1)

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

Tick if you are: The Patient/Service User

Carer/Relative

	<i>Very Happy</i> 	<i>Happy</i> 	<i>I'm Not Sure</i> 	<i>Unhappy</i> 	<i>Very Unhappy</i> 
How happy were you with the way the returning nurse.....					
..... 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 returning nurse do well?

What could the returning nurse have done differently?

Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Returners Name:

Signature:

Date:

Patient/Service User/Child/Young Person/Carer Feedback Form (option 2)

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

Tick if you are: **The Patient/Service User**

Carer/Relative

Q1. How would you rate the nursing care provided by the returning nurse?

<i>Exceptional</i> <input type="radio"/>	<i>Excellent</i> <input type="radio"/>	<i>Very Good</i> <input type="radio"/>	<i>Good</i> <input type="radio"/>	<i>Satisfactory</i> <input type="radio"/>	<i>Acceptable</i> <input type="radio"/>	<i>Poor</i> <input type="radio"/>
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Comments:

Q2. How respectfully did the returning nurse treat you?

<i>Poor</i> <input type="radio"/>	<i>Acceptable</i> <input type="radio"/>	<i>Very Good</i> <input type="radio"/>	<i>Good</i> <input type="radio"/>	<i>Satisfactory</i> <input type="radio"/>	<i>Excellent</i> <input type="radio"/>	<i>Exceptional</i> <input type="radio"/>
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Comments:

Q3. How well did the returning nurse listen to you?

<i>Exceptional</i> <input type="radio"/>	<i>Excellent</i> <input type="radio"/>	<i>Very Good</i> <input type="radio"/>	<i>Good</i> <input type="radio"/>	<i>Satisfactory</i> <input type="radio"/>	<i>Acceptable</i> <input type="radio"/>	<i>Poor</i> <input type="radio"/>
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Practice Supervisor/Practice Assessor's Name:

Signature:

Date:

Returns Name:

Signature:

Date:

Returner Reflection: Reflect on your learning from feedback received from others- service users/peers/other professions

Returner Name:

Signature:

Date:

Practice Supervisor's Comments:

Returner Supervisor Name:

Signature:

Date:

Returner Reflection: Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below:

Returner Name:

Signature:

Date:

Practice Supervisor's Comments:

Practice Supervisor Name:

Signature:

Date:

Returns reflection on a formative Episode of Care

Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer who delivered person-centred care or service user/carer in practice.

What did you do well?

What would you have done differently?

What learning from this episode of care will support your professional development going forward in your teaching and learning role?

Action plan

An action plan is required when a returner's performance causes concern – (please photocopy this page as necessary)

The Practice Assessor must liaise with the Academic Assessor and/or senior practice representative

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

Placement Name			
Date action plan initiated:			
Nature of concern (For example: Refer to Episodes of Care (Specific))	What does the returner need to demonstrate; <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review (Timed)

Nature of concern For example: Refer to Episodes of Care (Specific)	What does the returner need to demonstrate; <i>objectives and measure of success</i> (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review (Timed)
Returner's Name:		Signature: Date:	
Practice Assessor's Name:		Signature: Date:	
Academic Assessor's Name:		Signature: Date:	

Review/feedback from action plan

Date	Comments	
Have the objectives been achieved?	Yes/No (if no what further actions are required)	
Returner's Name:		Signature:
Practice Assessor's Name:		Date:
Academic Assessor's Name:		Signature:
		Date:

Appendix 2 Annex B Nursing Procedures Checklist

Please use this Checklist to confirm which Annex B Proficiencies have either been achieved during the Episodes of care or during practice placement/Simulation

Annexe B: Nursing Procedures	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
Part I Procedures for assessing people's needs for person-centred care			
1 Use evidence-based, best practice approaches to take history, observe, recognise and accurately assess people of all ages mental health and wellbeing status			
1.11 signs of mental and emotional distress or vulnerability			
1.12 cognitive health status and wellbeing			
1.13 signs of cognitive distress and impairment			
1.14 behavioural distress based needs			
1.15 signs of mental and emotional distress including agitation, aggression and challenging behaviour			
1.16 signs of self-harm and/or suicidal ideation			
1.2 physical health and wellbeing			
1.2.1 symptoms and signs of physical ill health			
1.2.2 symptoms and signs of physical distress			
1.2.3 symptoms and signs of deterioration and sepsis			
2. Use evidence-based, best practice approaches to undertake the following procedures:			
2.1 take, record and interpret vital signs manually and via technological devices			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
2.2 undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases			
2.3 set up and manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces.			
2.4 manage and monitor blood component transfusions.			
2.5 manage and interpret cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices			
2.6 accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings.			
2.7 undertake a whole-body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status.			
2.8 undertake chest auscultation and interpret findings.			
2.9 collect and observe sputum, urine, stool and vomit specimens, undertaking routine analysis and interpreting findings.			
2.10 measure and interpret blood glucose levels.			
2.11 recognise and respond to signs of all forms of abuse.			
2.12 undertake, respond to and interpret neurological observations and assessments.			
2.13 identify and respond to signs of deterioration and sepsis.			
2.14 administer basic mental health first aid.			
2.15 administer basic physical first aid.			
2.16 recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support.			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
2.17 recognise and respond to challenging behaviour, providing appropriate safe holding and restraint.			
Part 2 Procedures for the planning, provision and management of person-centred nursing care			
3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions			
3.1 observe and assess comfort and pain levels and rest and sleep patterns			
3.2 use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility			
3.3 use appropriate positioning and pressure-relieving techniques			
3.4 take appropriate action to ensure privacy and dignity at all times			
3.5 take appropriate action to reduce or minimise pain or discomfort			
3.6 take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene			
4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
4.1 observe, assess and optimise skin and hygiene status and determine the need for support and intervention			
4.2 use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown			
4.3 assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing			
4.4 identify and manage skin irritations and rashes			
4.5 assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed			
4.6 use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal, and vacuum closures			
4.7 use aseptic techniques when managing wound and drainage processes			
4.8 assess, respond and effectively manage pyrexia and hypothermia			
5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions			
5.1 observe, assess and optimise nutrition and hydration status and determine the need for intervention and support.			
5.2 use contemporary nutritional assessment tools.			
5.3 assist with feeding and drinking and use appropriate feeding and drinking aids.			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
5.4 record fluid intake and output and identify, respond to and manage dehydration or fluid retention.			
5.5 identify, respond to and manage nausea and vomiting.			
5.6 insert, manage and remove oral/nasal/gastric tubes.			
5.7 manage artificial nutrition and hydration using oral, enteral, and parenteral routes.			
5.8 manage the administration of IV fluids.			
6. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions			
6.1 observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids			
6.2 select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with selfcatheterisation when required			
6.3 manage bladder drainage			
6.4 assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention			
6.5 administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate			

7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
7.1 Observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment			
7.2 use a range of contemporary moving and handling techniques and mobility aids			
7.3 use appropriate moving and handling equipment to support people with impaired mobility			
7.4 use appropriate safety techniques and devices.			
8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions			
8.1 observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions			
8.2 manage the administration of oxygen using a range of routes and best practice approaches			
8.3 take and interpret peak flow and oximetry measurements			
8.4 use appropriate nasal and oral suctioning techniques			
8.5 manage inhalation, humidifier and nebuliser devices			
8.6 manage airway and respiratory processes and equipment			

9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person's capacity for independence and self-care and initiating appropriate interventions	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
9.1 observe, assess and respond rapidly to potential infection risks using best practice guidelines			
9.2 use standard precautions protocols			
9.3 use effective aseptic, non-touch techniques			
9.4 use appropriate personal protection equipment			
9.5 implement isolation procedures			
9.6 use evidence-based hand hygiene techniques			
9.7 safely decontaminate equipment and environment			
9.8 safely use and dispose of waste, laundry and sharps			
9.9 safely assess and manage invasive medical devices and lines.			
10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person's capacity for independence and selfcare and initiating appropriate interventions			
10.1 observe, and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression			
10.2 manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
10.3 assess and review preferences and care priorities of the dying person and their family and carers			
10.4 understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health			
10.5 understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death			
10.6 provide care for the deceased person and the bereaved respecting cultural requirements and protocols			
11. Procedural competencies required for best practice evidence-based medicines administration and optimisation			
11.1 carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications			
11.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them			
11.3 use the principles of safe remote prescribing and directions to administer medicines			
11.4 undertake accurate drug calculations for a range of medications			
11.5 undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product			
11.6 exercise professional accountability in ensuring the safe administration of medicines to those receiving care			

	Knowledge and practice during Simulation	Achieved through episode of care or in practice	Not relevant to care setting but reflective discussion demonstrated preparedness to meet the proficiency
11.7 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment			
11.8 administer medications using a range of routes			
11.9 administer and monitor medications using vascular access devices and enteral equipment			
11.10 recognise and respond to adverse or abnormal reactions to medications			
11.11 undertake safe storage, transportation and disposal of medicinal products			

NMC, 2023 Standards of Proficiency for Nurses (available @ <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-of-proficiency-for-nurses.pdf>)

NMC, 2023 Standards for Return to Practice Programmes available @ https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-return-to-practice-programmes.pdf? t_id=rYSMkpZPqM-

NMC, 2023 Standards for Student Supervision and Assessment available @ <https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-for-student-supervision-and-assessment.pdf?>

NMC, 2018 The CODE Professional standards of practice and behaviour for nurses, midwives and nursing associates available @ <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf?>

Appendix 3 PRACTICE HOURS

To be completed as per your local University Requirements

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialised by a member of staff

	Date	Placement	Total Hrs	Staff Initials	Shift Type		Date	Placement	Total Hrs	Staff Initials	Shift Type
Example of hours confirmation						Sun	1/7/19	Pixie Ward	7.5	FF	E
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					
		Weekly Total =						Weekly Total =			
Mon						Mon					
Tue						Tue					
Wed						Wed					
Thu						Thu					
Fri						Fri					
Sat						Sat					
Sun						Sun					

	Figures	Words
Total hours of Sickness/Absence on this page	Figures	Words
Staff member: I have checked the hours of experience recorded by the returner,		
Signed: _____ (Staff member)	Name (print): _____	
Placement Area: _____	Date: _____	
Declaration by Returner: I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.		
Signed: _____ (Returner)	Date: _____	

It is expected that the returner will work a range of shifts to meet NMC Requirements

Shift Codes D = Day Shift, N= Night Shift, S= Sickness, A = Absent

To be completed as per your local University Requirements

Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff

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