

Name.....

Number.....

Cohort.....

Field.....



ONGOING ACHIEVEMENT RECORD NURSING

BNurs/MNurs/MAN/MMHN

Future Nurse: Standards of proficiency for registered nurses, (NMC 2018)

This Practice Assessment Document has been developed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across London, the Midlands, Yorkshire and the East of England regions.

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**Pan-Midlands, Yorkshire & East
Practice Learning Group**



This OAR is to be used in conjunction with the Practice Assessment Document

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The OAR document contains:

- A summary of each placement
- Practice Assessor checklist/comments
- Progression statements
- Confirmation of proficiencies that are met in Part 2 or Part 3
- Summary of Academic and Practice Achievement Over the Programme.
- Confirmation of other field experiences and Article 31(7) of Directive 2005/36/EC (Adult only)

Guidelines for OAR

Student

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

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

Practice Supervisor

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

Practice Assessor

As a Practice Assessor this document provides you with information regarding the student's progress. This allows areas for development to be identified from previous placements. It is your responsibility to ensure that each Placement record is completed and the Progression Statement at the end of the Part is signed. It is also your responsibility to confirm which of the identified proficiencies have been achieved in Part 2 /Part 3.

Academic Assessor

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

Statement regarding the use of the term “Parts”

There are three Practice Assessment Documents in total, which incorporate the range of Future Nurse Standards of proficiency (NMC 2018). “Parts” in this context is used to represent the range of outcomes to be achieved by students at different levels. These parts may differ from the parts of the education programme that will be defined locally by each university provider.

PART 1 - PLACEMENT HUB
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

PART 1 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

PART 1 – RETREIVAL PLACEMENT**To be completed by the Practice Assessor**

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

End of Part 1

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

Has the student achieved the Episode of Care? **Yes/No**

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

Has the student achieved Medicines Management including authentic world formatively? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

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

Practice Assessor: *(print name below)*

Practice Assessor's signature:

Date:

I recommend that the student can progress to Part 2.

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

PART 2 - PLACEMENT HUB
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

PART 2 - PLACEMENT 2

To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

PART 2 – RETREIVAL PLACEMENT

To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

Has an Action Plan been put in place? (if yes, see PAD document)

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name:

Signature:

Date:

End of Part 2

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

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

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

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

Has the student achieved Medicines Management including authentic world formatively? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student has actively participated in care (with minimal guidance), achieved all the requirements of Part 2 and is performing with increased confidence and competence.

Practice Assessor: *(print name below)*

Practice Assessor's signature:

Date:

I recommend that the student can progress to Part 3.

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

Achievement of Proficiencies in either Part 2 or Part 3

To support the student in progressing effectively through the programme and in utilising the valuable opportunities available across a range of placements a flexible approach to assessment is required.

To achieve this there are certain proficiencies that can be met in either Part 2 or Part 3 and these are listed here within the OAR.

By the end of the final placement in Part 2 the Practice Assessor confirms which of the identified proficiencies have been met in Part 2 (some of these may be Part 3 proficiencies) to enable the student to plan which proficiencies need to be assessed in Part 3.

The Practice Assessor must confirm achievement of proficiencies in Part 2 and Part 3 and within this OAR even though they may have previously been signed in the PAD.

Some of the proficiencies may be met within simulated learning as per the individual university's policy.

Achievement of Proficiencies in either Part 2 and Part 3

Proficiencies	Practice Assessor to complete by the end of Part 2		Practice Assessor to complete by the end of Part 3	
	Achieved Yes/No	Signature	Achieved Yes/No	Signature
Part 2, No. 3 Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.				
Part 2, No. 4 Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences.				
Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate)				
Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.				
Part 2, No. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).				
Part 2 confirmation <div style="display: flex; justify-content: space-between;"> <div>Student Name:</div> <div>Signature:</div> <div>Date:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Practice Assessor's Name:</div> <div>Signature:</div> <div>Date:</div> </div>				
Part 3 confirmation <div style="display: flex; justify-content: space-between;"> <div>Student Name:</div> <div>Signature:</div> <div>Date:</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Practice Assessor's Name:</div> <div>Signature:</div> <div>Date:</div> </div>				

Achievement of Proficiencies in either Part 2 and Part 3 *continued*

Proficiencies	Practice Assessor to complete by the end of Part 2		Practice Assessor to complete by the end of Part 3	
	Achieved Yes/No	Signature	Achieved Yes/No	Signature
Part 2, No. 19 Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.				
Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.				
Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.				
Part 2, No. 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.				
Part 2 confirmation <div> <div>Student Name:</div> <div>Signature:</div> <div>Date:</div> </div> <div> <div>Practice Assessor's Name:</div> <div>Signature:</div> <div>Date:</div> </div>				
Part 3 confirmation <div> <div>Student Name:</div> <div>Signature:</div> <div>Date:</div> </div> <div> <div>Practice Assessor's Name:</div> <div>Signature:</div> <div>Date:</div> </div>				

Achievement of Proficiencies in either Part 2 and Part 3 *continued*

Proficiencies	Practice Assessor to complete by the end of Part 2		Practice Assessor to complete by the end of Part 3	
	Achieved Yes/No	Signature	Achieved Yes/No	Signature
Part 2, No. 26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.				
Part 2, No. 27 Manage and monitor blood component transfusions in line with local policy and evidence base practice.				
Part 2, No.28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.				
Part 3, No. 4 Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural therapy or distraction and diversion strategies.				
Part 3, No. 13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.				
Part 2 confirmation				
Student Name:		Signature:	Date:	
Practice Assessor's Name:		Signature:	Date:	
Part 3 confirmation				
Student Name:		Signature:	Date:	
Practice Assessor's Name:		Signature:	Date:	

PART 3 - PLACEMENT HUB

To be completed by the Practice Assessor

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

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:	End date:	No. of hours allocated:
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Summary of student's strengths and areas for further development
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Has the student achieved the professional values?	Yes/No
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Has the student achieved the agreed skills?	Yes/No
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Has the student achieved their agreed learning and development needs?	Yes/No
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Has the student completed the required hours?	Yes/No
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Has an Action Plan been put in place? (if yes, see PAD document)	Yes/No
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Student name: (print name):	
Student signature:	Date:
Print Practice Assessor name:	
Practice Assessor's signature:	Date:

Student signature: _____ Date: _____

Print Practice Assessor name: _____

Practice Assessor's signature: _____ Date: _____

Number of hours completed:	Outstanding hours:
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Number of days of sickness:	Absence:	Authorised/Unauthorised
1		
2		
3		
4		
5		
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7		
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11		
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Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record

(This can be completed following the final review)

Name: _____

Signature: _____ Date: _____

(This can be completed following the final review)

Name: _____

Signature: _____ Date: _____

PART 3 - PLACEMENT 2

To be completed by the Practice Assessor

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

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:	End date:	No. of hours allocated:
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Summary of student's strengths and areas for further development

Has the student achieved the professional values?	Yes/No
---	--------

Has the student achieved the agreed skills?	Yes/No
---	--------

Has the student achieved their agreed learning and development needs?	Yes/No
---	--------

Has the student completed the required hours?	Yes/No
---	--------

Has an Action Plan been put in place? (if yes, see PAD document)	Yes/No
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Student name: (print name):

Student signature: _____ Date: _____

Print Practice Assessor name: _____

Practice Assessor's signature:	Date:
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Number of hours completed:	Outstanding hours:
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Number of days of sickness:	Absence:	Authorised/Unauthorised
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Academic Assessor's Comments/Review of the PAD document and the Academic Achievement Record
(This can be completed following the final review)

(This can be completed following the final review)

Name: _____

Signature:	Date:
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End of Programme

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

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

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

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

Has the student achieved Medicines Management including authentic world summatively? **Yes/No**

I confirm that I have been in communication with the Academic Assessor regarding the student's performance and achievement.

I confirm that the student is practising independently with minimal supervision, achieved all the requirements of Part 3 and is leading and coordinating care with confidence.

Practice Assessor: *(print name below)*

Practice Assessor (Signature):

Date:

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

Student Name: *(print name)*

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

Summary of Academic and Practice Achievement Over the Programme.
To be completed by the Student.

This page collates all your unratified results for each part of the programme: this will need to be completed so that your Practice Assessor can see your theoretical achievements during the programme, and your Academic Assessor can see your clinical achievements through your programme.

Module		Credits	Task 01 Academic pass: 40% plus	Task 02 Academic pass: 40% plus
Level 04 Part 01	The Foundations of Health Care Practice in Learning Disability / Adult Nursing / Mental Health Nursing / Children's Nursing*	20		
	The Reflective Practitioner	20		
	Human Life Journey	40		
	Inclusive and Collaborative Practice	40		Practice: Pass or Fail
		120		
	Contemporary Evidence Based Practice in Mental Health Nursing / Adult Nursing / Learning Disability Nursing / Children's Nursing*	40		
	Skills for Safe and Effective Practice	20		
	Challenges to Health and Wellbeing	20		
	Working in Partnership to Prioritise Care	40		Practice: Pass or Fail
		240		
	Advancing Skills in Contemporary Learning Disability / Adult Nursing / Mental Health Nursing / Children's Nursing Practice*	20		
	Independent Enquiry Module	20		
	Enhancing Safety and Quality of Care in Learning Disability / Adult Nursing / Mental Health Nursing / Children's Nursing*	40		
	Preparing for Transition as a Registered Practitioner	40		Practice: Pass or Fail
		360		

*Delete as appropriate

Academic Assessor Verification of Achievement of Other Field Experiences (HEI Additional Page)

Other Field Experiences:

It is the student's responsibility to provide evidence of completing experiences in other fields of nursing, either through completion of an allocated placement/day, which must be recorded in the relevant MYE PAD, or completion of online simulation activities if there is insufficient placement capacity to accommodate the student.

Children's Nursing (excl child field)	Record date(s) of all experiences/activities below and evidence in MYE PAD	Academic Assessor Name, Signature and Date
Some students will be exposed to caring for children and young people as part of their usual placement allocation (e.g. most learning disability and mental health field students and some adult placements such as emergency and outpatient departments). However, some students may not and may need to organise access to specific learning opportunities as they arise (e.g. arranging to work with a school health advisor and/or health visitor for a day when working in the community). All students will complete the online simulation experience in CANVAS		
Adult Nursing (excl adult field)		
All learning disability, mental health and child field students will be allocated a placement in an adult field setting.		
Mental Health (excl mental health field)		
Students will normally be allocated a mental health placement experience or will have access to experiences on their usual placements.		
Learning Disability (excl learning disability field)		
Some students will be allocated to a learning disability placement, placement capacity permitting, and all students will complete the online simulation experience in CANVAS.		
Maternal care experience (all fields)		
Child field will be allocated to a one day maternity care experience/simulation in year 1 and will have further opportunities to experience maternity care during the neonatal placement in year 3. Mental health, learning disability and adult field students will have a taught session provided by the academic midwifery team in year two of the course and some online resources to complete.		

Academic Assessor Verification of Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the ADULT field of practice (HEI Additional Page)

It is the student's responsibility to provide evidence of completing the following practice experiences in the MYE PAD so that the academic assessor can confirm completion.

	Record date(s) of all experiences in MYE PAD and below	Academic Assessor Name, Signature and Date
Achievement of general and specialist medicine experience		
Achievement of general and specialist surgical experience		
Achievement of older adult experience		
Achievement of home nursing experience		