

## **FAQ's Regarding the PAD Document** **New Curriculum**

Following the implementation of the new Practice Assessment Document (PAD) for the BNurs (Hons) course, the practice team has devised a simple Question and Answer approach to assist mentors and students. The questions are based on issues raised by mentors and students using the document.

### **Q. Practice Learning Plan (PLP) on Pages 7- 9, who completes this?**

**A.** The purpose of the Practice Learning Plan was for the student to review their placement journey and map where they could achieve their Essential Skills clusters (ESC's). However, many students have found this process very difficult and get caught up in the detail. It's intended to give a broad overview for the student to ensure they feel they have all the opportunities to achieve all of the outcomes within their placement journey.

### **Q How are target dates set within the PLP?**

**A.** The initial part of the PLP on page 7 looks at the domains. For each of the Domains, the student is expected to produce written evidence to link Knowledge with Practice. They need to choose a document from a choice of 5 options. There are 4 domains and below details when that written evidence must be produced :-

1. Professional Values (P26) - by Final Assessment
2. Communication and Interpersonal skills - (P31) by Progress Interview
3. Nursing Practice and Decision Making ( P36) - by Progress Interview
4. Leadership, Management and Teamwork ( p46) - by Final Assessment

**ESC's    All shaded**–must be achieved before Progress Review  
**All un-shaded** – must be achieved before Final Assessment

**Pages 8-9** – All students have to achieve learning with certain patient/client groups within the topics of :-

- General and Specialist Surgery,
- General and Specialist Medicine,
- Care of the Older Person,
- Other Branch ( Mental health in first year )
- Home Nursing.

One or more of these opportunities can be achieved in same practice area.

The student needs to review their placement journey and check their placement profiles to identify where best these can be achieved i.e. home care will only be achieved on the one week the student is allocated to a Community Placement. Students then set the target date based on where in their journey a specific placement occurs.

**Q Within the PLP section :-**

**'How you are going to achieve this and specify any resources Required?'**

- A.** As stated previously, on Page7 the students are to achieve 4 domains. As part of the written evidence the student needs to identify what type of document they are going to choose, i.e. *Service User Information Document, Clinical Document, and Reflection in Practice, Article or a Policy Document*. Evidence for these documents can be sought from various resources, including Access to On-Line Resources, Policies and from the NMC code, DoH, Mental Capacity Act, Infection Prevention Policies and COSHH.

For page 8 the student may identify the placement area and target date they will achieve the outcomes by, based on the specialism, i.e. surgery, homecare, medicine etc.

**PLAN** :- Keep it simple – there isn't much space to write in. The purpose of the PLP is to give structure, direction and targets to achieve. Furthermore, monitor and manage their own progress.

**Q. When do the E.S.C (highlighted clusters) and non-highlighted areas have to be completed by?**

ESC's                      All shaded–must be achieved before Progress Review  
All unshaded – must be achieved before Final Assessment.

Therefore if a student has NOT completed all shaded areas by Progress Interview the Practice Team MUST be contacted to action plan student.

**Q. When completing the 'evidence used to demonstrate competence' box - can the numbers relating to the evidence method be used in the box instead of words, as it takes up a lot of space?**

- A.** Yes.

**Q. Can cross-referencing of evidence be used when demonstrating competence for the E.S.C?**

**A.** Yes. Where relevant. However, when cross -referencing the evidence, depending on the domain, the way in which the evidence is applied it may require an additional explanation the new.

**Q. What's the difference between progress review and progression points?**

**A.** Progress review otherwise known as the mid point (a.k.a, the Intermediate Interview) is when the student nurse meets with their mentor to review progress. If a student is not seen to be achieving the Practice Team should be invited to the progress review to write an action plan if needed.

Progression points occur at the end of each year following the successful achievement of the final assessment/document used in practice and in relation to practice itself. It is whereby the hub mentors assess the students year 1 placement, ESC's and PAD booklet. Ensuring they meet the standards of the NMC for progressing to the next year.

**Q. In the previous student nurse assessment documents (C.A.P.D) specific skills were identified clearly. Although some still remain identified many are integrated within the document. Why has this changed?**

**A.** This is a very good question. What appeared to happen were that students only viewed the skills as tasks. Nursing is no longer task driven but has a more holistic approach to patient care. Integrating the skill within an ESC enables the student to see the ' bigger' picture of patient care and rationalises the implications of performing that skill and the outcome for the patient. For example, performing a blood pressure will not just be a case of the mentor observing the student nurse performing the skill. It will involve discussing the anatomy and physiology behind the skill and have an understanding of how the heart/BP/Pulse/Temp, pulse oximetry etc. will be affected. In addition, recognising why vital signs may alter from the 'norm' in a patient who has had surgery – the BP may be low and pulse raised – a sign of being hypotensive as a result of hypovolaemic. There are also areas within the PAD that allows the student nurse to achieve some basic competencies such as making a bed, bed-baths etc. as this would be incorporated into the privacy & dignity competency.

**Q When are the mentors expected to ensure they have completed Progress Review and Final Assessment by?**

**A** Progress Review and Final Assessment are only conducted in their HUB placement with the mentor they have worked with over the year placement.

Halfway through the student's journey the student returns to the HUB placement for 2 weeks. By the end of those 2 weeks the progress review should have occurred and where issues / problems have been identified the Practice Team should be involved and an action plan formulated. The student's Final Assessment occurs in the last week of the student's Final 4-Week HUB placement.

**On pathway placements do students have to have all interviews Conducted?**

**A.** No. Only the initial interview is to be conducted to set the scene and orientate to the area and give feedback at the end of the placement, on their progress made.

**Q. Record of Medication Administration - Page 44. What detailed information should be used in this section as all students are tending to state S/C injection or I.M only. There is no mention of type, dose and calculation required. How does this demonstrate any competence?**

**A** In the student's first year a minimum of 20 drugs should be administered to service users under the supervision of a registered nurse. This should preferably include using various routes of administration, in order to benefit the student's learning needs.

In order to support the student's development within this particular area the Wolverhampton Practice Team have developed various additional templates, including an A4 Medication Administration Sheet & a Vital Sign Template and a Drug Calculation Formula sheet.

Students and mentors can use these as aide memoirs to facilitate learning. They can also be used to demonstrate an underpinning knowledge of anatomy and physiology and what deviations from the 'norm' may be evident. The Drug Administration Template will also enable the student to show their understanding of drugs they are administering and how they have accurately calculated the dose (where applicable).

You can access this via the nurse education department web site. All students should have access to Authentic World via the University Website.

**Q. Records of meetings – Page 17 When and who is this referring to? Is it when the Practice Education Facilitator (PEF), Practice Placement Manager (PPM) visit and/or the University for problems, add-hoc visits or is it linked to action plans?**

**A.** It should be used by all of the above if the ward is visited and the student is visited for any particular reason and by the Hub area mentor to give feedback at the end of their placement.

**Q. Can the first year students spend time with the Clinical Nurse? Specialist linked to the hub placement?**

**A.** Student nurses should be actively encouraged to experience the patients journey and the staff linked to supporting and delivering their care. However in certain circumstances discretion may be required based on the nature of the speciality and the individual student.

**Q. What happens if a mentor goes on Annual Leave/Sick Leave/Maternity Leave or moves to an alternative ward?**

**A.** Where possible the mentor on the HUB placement should remain the same. However, if a mentor is on long term sick, leaves or goes on maternity leave – the practice team should be informed. Best practice would be to allocate a second mentor (associate mentor) on the HUB placement with whom the student can also work with. Nevertheless, the main mentor has the responsibility in confirming competencies have been met and must be clearly identified.