



University of Brighton

School of Health Sciences



Apprenticeships

Apprentice Name:

Cohort:

Personal Tutor:

Contact Number:

FdSc Health & Social Care Practice
Assistant Practitioner
(SB401 / SB506)

ASSESSMENT of PRACTICE DOCUMENT
(AoPD) 1 and 2

ONGOING RECORD of ACHIEVEMENT (OAR)

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Welcome to the Assessment of Practice Document (AoPD) & Ongoing Record of Achievement (OAR)

This Assessment of Practice Document (AoPD) & Ongoing Record of Achievement (OAR) is designed to support and guide you towards successfully achieving the criteria set out in the Healthcare Assistant Practitioner Apprenticeship Standards (2018). Completion of the AoPD and OAR are required to meet the assessment requirements of SB401 (year 1) and SB506 (year 2).

Continuous assessment is an integral part of your apprenticeship and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You should ensure you are familiar with your university assessment and submission processes for this document and contact the module team if you require support or advice on specific university procedures.

The Ongoing Achievement Record (OAR) is at the end of this document summarises your achievements and with the main document provides a comprehensive record of your professional development and performance in practice and contains Apprentice Progress Reviews and practice declarations.

You are responsible for the safekeeping and maintenance of the AoPD & OAR. It should always be available to your Work-Based Supervisor (WBS) when you are in clinical practice. Alterations should be made in this document by crossing through with one line, with a signature and date.

Assistant Practitioner (AP) Responsibilities

- Read and ensure you understand the requirements AoPD & OAR and contact the module lead if you have any queries.
- Complete all aspects of documentation
- Attend tutorials and meetings with your personal tutor and discuss development needs
- Plan any meetings with your WBS in advance and avoid leaving completion of assessments to the end of the year.
- Write your own reflections on your progress
- Ask your WBS to give you feedback on your progress
- You must gain consent from each service user prior to giving any care, a service user is under no obligation to consent to your care
- You must not record or attach any patient identifiable information in the assessment of practice document
- If you need to escalate concerns about practice speak with your WBS or Practice Liaison Lecturer
- Prior to submitting your AoPD, ensure all mandatory elements have been completed with signatures and dates
- Submit the AoPD at Falmer by 16:00 on the given submission date. You can submit the document up to 2 weeks prior to the submission date.

Work-Based Supervisor (WBS) Responsibilities:

(Qualified AP/ Nurse/ Registered Healthcare Professional)

- The Work-Based Supervisor should complete the learning contract with the learner, provide written feedback on their progress and write an action plan for future development
- Work closely with the learner and help to identify skills to enhance the learner's role.
- Assist the learner to identify strengths and weakness in your work role and facilitate ways to enhance professional and personal development.

- Liaise with other members of the healthcare team to identify and access learning opportunities and facilitate knowledge and skills development.
- Act as a role model for good practice, coaching learners and assessing their knowledge and skills identified within the learning agreement.
- Ensure that all assessment planning includes a clear programme of learning opportunities prior to assessment to enable the learner to develop the appropriate knowledge and practice.
- Engage in reflective conversations with the learner and provide feedback to enhance knowledge and competence in skills undertaken.

Guidelines for Practice Assessment & Progression

Values & Behaviours:

The Values and Behaviour statements reflect the statements outlines in the Healthcare Assistant Practitioner Apprenticeship Standards (2018). Each statement **MUST be achieved** by the end of the academic year.

Mandatory Skills:

These reflect the skills required for all AP Apprentices (Institute for Apprenticeships & Technical Education IATE, 2018). Mandatory skills are set for each academic year and these **MUST be achieved ONCE**. Assessment criteria has been set for each year and this can be found in the corresponding part of the AoPD.

Additional Negotiated Skills:

In addition to the mandatory skills, APs will be able to negotiate with their WBS and identify additional negotiated skills to complete. These skills will reflect the role and duties of the AP. These must be negotiated with the WBS and must be in-line with the local policy and guidance of the employer. Achievement of these additional negotiated skills is **Mandatory**, and the assessment criteria implemented will be the same for all skills undertaken.

Care Certificate



In order to meet the apprenticeship standards, there is an expectation is that healthcare apprentices will meet the 15 standards of the Care Certificate. The Care Certificate should be undertaken through the employer by the end of the first year of the course. There is a declaration of completion in the OAR and a photocopy of the certificate must be included for summative submission at the end of the first year.

Submission of the AoPD & OAR

The AP will submit the AoPD and OAR at the end of Semester 2 for a **Summative review**. **The module team will review the documents and** feedback will be provided alongside the confirmation of a pass/fail result.

Support in Practice & Raising Concerns

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

<p>AP with concerns in relation to practice learning opportunities should discuss these with someone at the earliest opportunity.</p> <p style="text-align: center;"></p> <p>Advice and/or support may be sought from:</p> <ul style="list-style-type: none">• Their Work Based Supervisor• Practice Educator• University Practice Liaison Lecturer (PLL): Wendy McCarthy W.Mccarthy2@brighton.ac.uk	<p>WBS with concerns about a TAP are encouraged to discuss these with the Apprentice.</p> <p style="text-align: center;"></p> <p>Advice and/or support may be sought from:</p> <ul style="list-style-type: none">• The Practice Educator or Practice Liaison Lecturer (PLL)• Their Personal Tutor/ Course Leader/ Module Leader
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Practice Liaison Lecturers (PLL)

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

- Act as a point of contact for Apprentices, WBS and other practice staff supporting AP learning.
- Participate in meetings with the AP & WBS (as required).
Visit practice to offer guidance and support to WBS and other practice staff supporting AP learning (as required).

Overview of the Assessment & Progression Process

An overview of the structure of the academic year, including meetings with the WBS can be seen overleaf.

Prior to commencing the AoPD & OAR, the AP undertakes practice learning preparation at University

Semester 1 - Employer: Initial Interview

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

Semester 1 – Employer: Mid- Point Interview

AP and WBS review progress with learning plan/values and behaviours/ skill assessments. AP is to identify their ongoing learning and development needs and action plan for achievement

Semester 1- Employer: Final Interview

AP and WBS to review overall progress including values and behaviours /skill assessments and feedback from MDT and Service User.

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

Semester 2 - Employer: Initial Interview

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

Semester 2 – Employer: Mid- Point Interview

AP and WBS review progress with learning plan/values and behaviours/ skill assessments. AP is to identify their ongoing learning and development needs and action plan for achievement

Semester 1- Employer: Final Interview

AP and WBS to review overall progress including values and behaviours /skill assessments and feedback from MDT and Service User.

End of Semester 2 Submission

AP to submit the AoPD & OAR (submission dates listed in the SB401 & SB506 site on MyStudies). Module lead reviews submitted documentation and provides feedback to AP.

Area Exam Bard (AEB) following summative submission

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

Course Exam Board (CEB) following summative submission

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

Page intentionally blank

Employer Details Year 1

Employer Name:
(e.g. Trust/Organisation)

Name of Setting:

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

Telephone Number:

WBS Contact Email:

Nominated Person to Support Apprentice and Address Concerns
(e.g. Area Manager, Practice Development Team or Student Coordinator)

Name: _____ **Designation:** _____

Contact Number / Email Address:

List of Work-Based Supervisors

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

Name (please print)	Job Title	Signature	Initials	Practice Area

Year 1 – Employer Orientation

Name of Clinical Area:		
Name of Staff Member:		
	Initial/Date (AP)	Initial/Date (Staff)
The Following Criteria Needs to be Met Within the First Day in Homebase as an Apprentice:		
A general orientation to the health and social care placement setting has been undertaken		
The local fire procedures have been explained Tel.....		
The TAP 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 TAP knows how to summon help in the event of an emergency		
The TAP 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 TAP has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TAP is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TAP 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 TAP has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TAP has been shown and given a demonstration of the medical devices used in the placement area		

Assistant Practitioner to Identify Learning and Development Needs

Use the table below to identify your learning needs by considering your strengths/ weaknesses/ opportunities/ threats (To be completed prior to your first meeting with your Work Based Supervisor):

<u>Strengths:</u>	<u>Weaknesses:</u>
1.	1.
2.	2.
3.	3.
<u>Opportunities:</u>	<u>Threats:</u>
1.	1.
2.	2.
3.	3.

Assistant Practitioner Self-Assessment

Semester 1: Initial Interview

Initial Meeting with Work-Based Supervisor

--

Taking Available Learning Opportunities into Consideration, the AP & WBS to Negotiate and Agree a Learning Plan.

Learning Plan Semester 1	How will this be achieved?

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

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

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Values & Behaviours:

Work-Based Supervisor Comments

Discuss with the AP 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:
Values & Behaviours:

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

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

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Work-Based Supervisor Comments

Discuss with the AP 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:

Please record any further comments on the next page

Feedback and Comments on ongoing Learning and Development Needs

To be agreed between the AP & WBS

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Was an Action Plan Required to Support the AP?	YES / NO
If Yes, was the Nominated Person informed?	YES / NO

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

Semester 2: Initial Interview

Initial Meeting with Work-Based Supervisor

--

Taking Available Learning Opportunities into Consideration, the AP & WBS to Negotiate and Agree a Learning Plan.

Learning Plan Semester 1	How will this be achieved?

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

Semester 2: Mid-Point Interview This must take place half way through Semester 1

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Values & Behaviours:

Work-Based Supervisor Comments

Discuss with the AP 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:
Values & Behaviours:

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

Semester 2: Final Interview This must take place towards the end of Semester 1

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Work-Based Supervisor Comments

Discuss with the AP 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:

Please record any further comments on the next page

Feedback and Comments on Achievement

To be completed by WBS

--

Was an Action Plan Required to Support the AP?	YES / NO
If Yes, was the Nominated Person informed?	YES / NO

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

AoPD1

Action Plans

An action plan is required when an APs performance causes concern The WBS must liaise with the Nominated Person and module team. The **SMART** principles should be used to construct the Action Plan.

Action Plan ONLY to be completed if concerns arise

Practice Area Name		Date Action Plan Initiated:		
Nature of Concern	What does the AP need to demonstrate? <i>objectives and measure of success (Measurable, Achievable and Realistic)</i>	Support Available and Who is Responsible	Date for Review	Review/Feedback
				Date: Comments:
AP's Name:	Signature:	Date:	PA Name: Signature:	
Nominated Person Name:	Signature:	Date:		
University Representative Name:	Signature:	Date:		

AoPD1

Patient / Service User Feedback






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

Aim to receive Patient/ Service User feedback regularly across the course and within each semester.

We recommend Patient/ Service User feedback is obtained at a minimum of twice in your Home Base per academic year (I.E. once per semester).

Patient/Service User/Carer Feedback Form






We would like to hear your views about the way the Assistant Practitioner (AP) has supported your care. Your feedback will not change the way you are cared for and will help the APs learning.

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

What did the AP do well?
What could the AP have done differently?

Patient/Service User/Carer Feedback Form

We would like to hear your views about the way the Assistant Practitioner (AP) has supported your care. Your feedback will not change the way you are cared for and will help the APs learning.

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

What did the AP do well?
What could the AP have done differently?

AoPD1

Hub & Spoke Experience Record

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

- Gaining a greater appreciation of unfamiliar roles and services
- Gaining an improved understanding of more strategic and wider considerations in health and care

Please reflect on the Spoke experiences you have and identify how this experience has contributed to your continuing development

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

AoPD1

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

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

Examples would be working with other professionals such as:

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

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

There must be a minimum of 1 entry per semester.

Working with and Learning from Others / Inter-Professional Working

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

AP Name:	Signature:	Date:

MDT Member Comments:

MDT Member Name:	Signature:	Date:

Working with and Learning from Others / Inter-Professional Working

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

AP Name:	Signature:	Date:

MDT Member Comments:

MDT Member Name:	Signature:	Date:

AoPD1

Record of Communication/ Additional Feedback

In this section your WBS or members of the team can document additional feedback they may have for you.

For example:

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

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

Record of Communication/Additional Feedback

These records can be completed by the WBS or any other members of the team involved in the supervision and/or assessment of the AP.

Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:

Record of Communication/Additional Feedback

These records can be completed by the WBS or any other members of the team involved in the supervision and/or assessment of the AP.

Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:

AoPD 1- Assessment of Values & Behaviours

These Value and Behaviour statements reflect those stated in the Assistant Practitioner Apprenticeship Standards (2018) All must be achieved by the end of semester 2.

APs are always required to demonstrate appropriate Values & Behaviours, and APs should work within their scope of practice

The WBS has responsibility for assessing Value & Behaviours

The Professional Values must be assessed in both semester 1 and 2, and demonstration of achieving all by the end of AoPD1

Yes = Achieved, No = Not Achieved

If a Professional Value is not achieved by the end of semester 1 then an action plan must be created by the WBS, in discussion with the PLL and skills module leader, and documented in the OAR summary, to support the TAP to achieve this by the summative submission date.

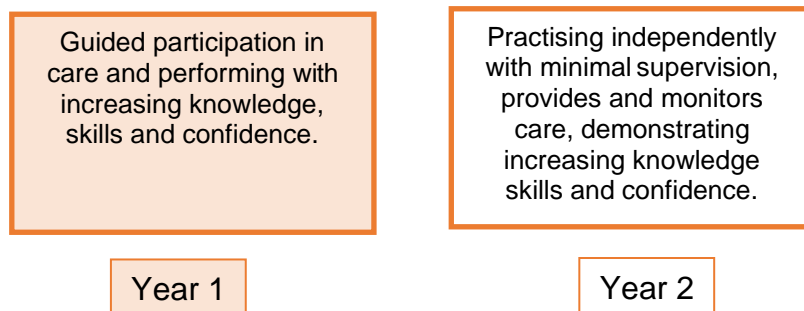
All Professional Values must be achieved by the end of AoPD 1

<u>Apprenticeship Standard Statements – Values & Behaviours</u>	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
VALUES				
Honesty: <ul style="list-style-type: none"> The assistant Practitioner display a personal commitment to upholding honest and ethical practice, operating within national and local ethical, legal and governance requirements 				
Caring: <ul style="list-style-type: none"> The Assistant Practitioner provide holistic, person centred care They actively engage with individuals, their families and/or carers by establishing their needs, wishes, preferences and choices 				
Compassionate: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates respect, compassion and empathy for all individuals, carers and colleagues within the workplace and wider organisation 				
Conscientious: <ul style="list-style-type: none"> The Assistant Practitioner works effectively with others in the multi-disciplinary team to deliver and improve care Contribute to and support quality improvement initiatives within the workplace Supports and delegates to students and peers where appropriate 				
Committed: <ul style="list-style-type: none"> Supports healthcare professionals and the wider team to assess, plan, deliver and evaluate care Implements reflective practice to develop their professional practice Demonstrates commitment to ongoing learning and development of professional knowledge, skills and capabilities 				

Apprenticeship Standard Statements	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
BEHAVIOURS				
Treats individuals with dignity, respecting individual's beliefs, culture, values and preferences: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates the ability to treat all patients, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences 				
Respect and adopt an empathetic approach: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates respect to individuals, carers, and members of the multi-disciplinary team at all times. Demonstrates empathy in all aspects of care delivery and always upholds privacy and dignity 				
Demonstrate courage to challenge areas of concern and work to best practice: <ul style="list-style-type: none"> The Assistant Practitioner can identify potential causes for concern and unsafe practice and the actions to take to report and challenge these Acts independently and with others to ensure that the rights of individuals are not overlooked or compromised and to resolve conflict Communicates effectively to reduce conflict and upholds principles of person-centred care, duty of care, candour, equality and diversity 				
Be adaptable: <ul style="list-style-type: none"> The Assistant Practitioner can adapt to the changing care needs of an individual and demonstrates effective prioritisation skills Adopts evidence-based practice to adapt to the changing needs of the service or wider healthcare setting 				
Demonstrate discretion: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates a working knowledge of the principles of confidentiality Handles all forms of sensitive information and data in line with national and local policies and procedure including GDPR 				

Criteria for Assessment of Skills in Practice AoPD1

These criteria should be achieved by the end of each year.



‘Achieved’ must be obtained in all three criteria by the AP to successfully pass the skill assessment

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

AoPD 1 - Assessment of Practice Skills

Incorporating Mandatory Skills from Healthcare Assistant Practitioner Apprenticeship Standards (2018)

Assessment of practice skills are undertaken across the year. Each skill needs to be assessed as Achieved (YES) at least **once by the end of the year**. If a skill is assessed as Achieved (YES) early in the year it is expected that the AP maintains that level of competence.

The WBS or other individual completing the assessment can draw on a range of observed experiences in which the AP demonstrates the required: Knowledge, Skills & Attitudes and values. Suitable Assessment techniques may also include Discussion/ Questioning/ Written Evidence using Appropriate Literature

The Grade Descriptors are 'Yes' (this skill has been achieved), 'No' (this skill has not been achieved).

All Skills must be achieved by the end of AoPD 1.

AoPD 1 Assessment of Practice Skills

	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
MANDATORY SKILLS				
<p>1. Responsibilities and duty of the role</p> <p>Undertakes defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner.</p>				
<p>2. Team Working</p> <p>Promotes effective inter-professional and multi-disciplinary team working with peers, colleagues and staff from other agencies and provides appropriate leadership within the scope of the role</p>				
<p>3. Physiological Measurements</p> <p>Undertakes physiological measurements as part of an assessment of an individual's healthcare status and following evaluation, makes appropriate changes or recommendations to care plan. Reports changes to the Registered Practitioner when the nature of the change falls outside of the agreed scope of role.</p>				
<p>4. Infection Prevention and Control</p> <p>Uses and promotes a range of techniques to prevent the spread of infection including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management.</p>				
<p>5. Risk Management</p> <p>Identifies and manages risks, including assessment of moving and handling risk and understanding the nature of risk as it applies to the safeguarding of vulnerable individuals.</p>				
<p>6. Equality and Diversity</p> <p>Promotes and advocates Equality, Diversity and Inclusion (EDI).</p>				

	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
ADDITIONAL NEGOTIATED SKILLS				
7.				
8.				
9.				
10.				
OPTIONAL SKILLS (These spaces are left blank for you to record any additional skills assessments you gain across the year – this is optional)				



University of Brighton

School of Health Sciences



Apprenticeships

FdSc Health & Social Care Practice

Assistant Practitioner

(SB506)

ASSESSMENT OF PRACTICE DOCUMENT (AoPD) 2

Employer Details Year 2

Employer Name:
(e.g. Trust/Organisation)

Name of Setting:

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

Telephone Number:

WBS Contact Email:

Nominated Person to Support Apprentice and Address Concerns
(e.g. Area Manager, Practice Development Team or Student Coordinator)

Name: _____ **Designation:** _____

Contact Number / Email Address:

List of Work-Based Supervisors

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

Name (please print)	Job Title	Signature	Initials	Practice Area

Year 2– Employer Orientation

Name of Clinical Area:		
Name of Staff Member:		
	Initial/Date (AP)	Initial/Date (Staff)
The Following Criteria Needs 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 TAP 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 TAP knows how to summon help in the event of an emergency		
The TAP 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 TAP has been made aware of information governance requirements		
The shift times, meal times and reporting sick policies have been explained		
The TAP is aware of his/her professional role in practice.		
Policy regarding safeguarding has been explained		
The TAP 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 TAP has been shown and given a demonstration of the moving and handling equipment used in the placement area		
The TAP has been shown and given a demonstration of the medical devices used in the placement area		

Assistant Practitioner to Identify Learning and Development Needs

Use the table below to identify your learning needs by considering your strengths/ weaknesses/ opportunities/ threats (To be completed prior to your first meeting with your Work Based Supervisor):

<p style="text-align: center;"><u>Strengths:</u></p> <p>4.</p> <p>5.</p> <p>6.</p>	<p style="text-align: center;"><u>Weaknesses:</u></p> <p>4.</p> <p>5.</p> <p>6.</p>
<p style="text-align: center;"><u>Opportunities:</u></p> <p>4.</p> <p>5.</p> <p>6.</p>	<p style="text-align: center;"><u>Threats:</u></p> <p>4.</p> <p>5.</p> <p>6.</p>

**Assistant
Practitioner Self-
Assessment**

Semester 1: Initial Interview

Initial Meeting with Work-Based Supervisor

--

Taking Available Learning Opportunities into Consideration, the AP & WBS to Negotiate and Agree a Learning Plan.

Learning Plan Semester 1	How will this be achieved?

Assistant Practitioner Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

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

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Values & Behaviours:

Work-Based Supervisor Comments

Discuss with the AP 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:
Values & Behaviours:

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

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

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Work-Based Supervisor Comments

Discuss with the AP 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:

Please record any further comments on the next page

Feedback and Comments on ongoing Learning and Development Needs

To be agreed between the AP & WBS

--

Was an Action Plan Required to Support the AP?	YES / NO
If Yes, was the Nominated Person informed?	YES / NO

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

Semester 2: Initial Interview

Initial Meeting with Work-Based Supervisor

--

Taking Available Learning Opportunities into Consideration, the AP & WBS to Negotiate and Agree a Learning Plan.

Learning Plan Semester 1	How will this be achieved?

Assistant Practitioner Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

Semester 2: Mid-Point Interview This must take place half way through Semester 1

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Values & Behaviours:

Work-Based Supervisor Comments

Discuss with the AP 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:
Values & Behaviours:

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

Semester 2: Final Interview This must take place towards the end of Semester 1

Assistant Practitioner Self-Assessment/Reflection on Progress

Reflect on your overall progression referring to your personal learning needs, values and behaviours. Identify your strengths and document areas for development.

Knowledge:
Skills:
Attitudes and values:

Work-Based Supervisor Comments

Discuss with the AP 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:

Please record any further comments on the next page

Feedback and Comments on achievement

To be completed by WBS

--

Was an Action Plan Required to Support the AP?	YES / NO
If Yes, was the Nominated Person informed?	YES / NO

Assistant Practitioner Name:	Date:
Signature:	
Work-Based Supervisor Name:	Date:
Signature:	

AoPD 2

Action Plans

An action plan is required when an APs performance causes concern The WBS must liaise with the Nominated Person and module team. The **SMART** principles should be used to construct the Action Plan.

Action Plan ONLY to be completed if concerns arise

Practice Area Name		Date Action Plan Initiated:		
Nature of Concern	What does the AP need to demonstrate? <i>objectives and measure of success (Measurable, Achievable and Realistic)</i>	Support Available and Who is Responsible	Date for Review	Review/Feedback
				Date: Comments:
AP's Name:	Signature:	Date:	PA Name: Signature:	
Nominated Person Name:	Signature:	Date:		
University Representative Name:	Signature:	Date:		

AoPD 2

Patient / Service User Feedback






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

Aim to receive Patient/ Service User feedback regularly across the course and within each semester.

We recommend Patient/ Service User feedback is obtained at a minimum of twice in your Home Base per academic year (I.E. once per semester)

Patient/Service User/Carer Feedback Form






We would like to hear your views about the way the Assistant Practitioner (AP) has supported your care. Your feedback will not change the way you are cared for and will help the APs learning.

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

What did the AP do well?
What could the AP have done differently?

Patient/Service User/Carer Feedback Form

We would like to hear your views about the way the Assistant Practitioner (AP) has supported your care. Your feedback will not change the way you are cared for and will help the APs learning.

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

What did the AP do well?
What could the AP have done differently?

AoPD 2

Hub & Spoke Experience Record

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

- Gaining a greater appreciation of unfamiliar roles and services
- Gaining an improved understanding of more strategic and wider considerations in health and care

Please reflect on the Spoke experiences you have and identify how this experience has contributed to your continuing development

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

Hub & Spoke Experience Record

Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	
Date:	Duration:
Name of Spoke & Speciality (Adult/ Child/ Mental Health/ Learning Disability):	
How has this Spoke Contributed to your Development?	
Knowledge:	
Skills:	
Attitudes/ Values:	

AoPD 2

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

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

Examples would be working with other professionals such as:

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

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

There must be a minimum of 1 entry per semester.

Working with and Learning from Others / Inter-Professional Working

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

AP Name: _____ **Signature:** _____ **Date:** _____

MDT Member Comments:

MDT Member Name: _____ **Signature:** _____ **Date:** _____

Working with and Learning from Others / Inter-Professional Working

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

AP Name:	Signature:	Date:

MDT Member Comments:

MDT Member Name:	Signature:	Date:

AoPD 2

Record of Communication/ Additional Feedback

In this section your WBS or members of the team can document additional feedback they may have for you.

For example:

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

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

Record of Communication/Additional Feedback

These records can be completed by the WBS or any other members of the team involved in the supervision and/or assessment of the AP.

Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:

Record of Communication/Additional Feedback

These records can be completed by the WBS or any other members of the team involved in the supervision and/or assessment of the AP.

Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:
Communication/Additional Feedback:	
Name:	Designation:
Signature:	Date:

AoPD 2

Assessment of Values & Behaviours

These Value and Behaviour statements reflect those stated in the Assistant Practitioner Apprenticeship Standards (2018) All must be achieved by the end of semester 2.

APs are always required to demonstrate appropriate Values & Behaviours. And APs should work within their scope of practice

The WBS has responsibility for assessing Value & Behaviours

The Professional Values must be assessed in both semester 1 and 2, and demonstration of achieving all by the end of AoPD1

Yes = Achieved, No = Not Achieved

If a Professional Value is not achieved by the end of semester 1 then an action plan must be created by the WBS, in discussion with the PLL and skills module leader, and documented in the OAR summary, to support the TAP to achieve this by the summative submission date.

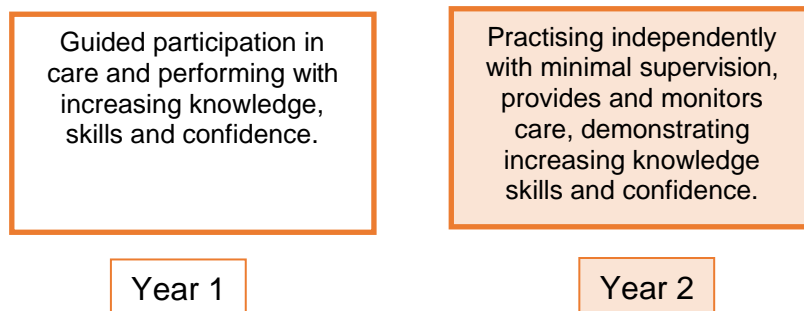
All Professional Values must be achieved by the end of AoPD 1

<u>Apprenticeship Standard Statements – Values & Behaviours</u>	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
VALUES				
Honesty: <ul style="list-style-type: none"> The assistant Practitioner display a personal commitment to upholding honest and ethical practice, operating within national and local ethical, legal and governance requirements 				
Caring: <ul style="list-style-type: none"> The Assistant Practitioner provide holistic, person centred care They actively engage with individuals, their families and/or carers by establishing their needs, wishes, preferences and choices 				
Compassionate: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates respect, compassion and empathy for all individuals, carers and colleagues within the workplace and wider organisation 				
Conscientious: <ul style="list-style-type: none"> The Assistant Practitioner works effectively with others in the multi-disciplinary team to deliver and improve care Contribute to and support quality improvement initiatives within the workplace Supports and delegates to students and peers where appropriate 				
Committed: <ul style="list-style-type: none"> Supports healthcare professionals and the wider team to assess, plan, deliver and evaluate care Implements reflective practice to develop their professional practice Demonstrates commitment to ongoing learning and development of professional knowledge, skills and capabilities 				

Apprenticeship Standard Statements	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
BEHAVIOURS				
Treats individuals with dignity, respecting individual's beliefs, culture, values and preferences: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates the ability to treat all patients, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences 				
Respect and adopt an empathetic approach: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates respect to individuals, carers, and members of the multi-disciplinary team at all times. Demonstrates empathy in all aspects of care delivery and always upholds privacy and dignity 				
Demonstrate courage to challenge areas of concern and work to best practice: <ul style="list-style-type: none"> The Assistant Practitioner can identify potential causes for concern and unsafe practice and the actions to take to report and challenge these Acts independently and with others to ensure that the rights of individuals are not overlooked or compromised and to resolve conflict Communicates effectively to reduce conflict and upholds principles of person-centred care, duty of care, candour, equality and diversity 				
Be adaptable: <ul style="list-style-type: none"> The Assistant Practitioner can adapt to the changing care needs of an individual and demonstrates effective prioritisation skills Adopts evidence-based practice to adapt to the changing needs of the service or wider healthcare setting 				
Demonstrate discretion: <ul style="list-style-type: none"> The Assistant Practitioner demonstrates a working knowledge of the principles of confidentiality Handles all forms of sensitive information and data in line with national and local policies and procedure including GDPR 				

Criteria for Assessment of Skills in Practice AoPD 2

These criteria should be achieved by the end of each year.



‘Achieved’ must be obtained in all three criteria by the AP to successfully pass the skill assessment

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

AoPD 2

Assessment of Practice Skills

Incorporating Mandatory Skills from Healthcare Assistant Practitioner Apprenticeship Standards (2018)

Assessment of practice skills are undertaken across the year. Each skill needs to be assessed as Achieved (YES) at least **once by the end of the year**. If a skill is assessed as Achieved (YES) early in the year it is expected that the AP maintains that level of competence.

The WBS or other individual completing the assessment can draw on a range of observed experiences in which the AP demonstrates the required: Knowledge, Skills & Attitudes and values. Suitable Assessment techniques may also include Discussion/ Questioning/ Written Evidence using Appropriate Literature

The Grade Descriptors are 'Yes' (this skill has been achieved), 'No' (this skill has not been achieved).

All Skills must be achieved by the end of AoPD 2.

AoPD 2 Assessment of Practice Skills:

	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
MANDATORY SKILLS				
<p>1. Case Management</p> <p>Manages own work and case load and implements programmes of care in line with current evidence, taking action relative to an individual's health and care needs.</p>				
<p>2. Supervision and Teaching</p> <p>Allocates work to and supports the development of others and may supervise, teach, mentor and assess other staff as required.</p>				
<p>3. Person-centred care and wellbeing</p> <p>Promotes and understands the impact of effective health promotion, empowering, healthy lifestyles such as movement and nutrition and fluidbalance.</p>				
<p>4. Assessment</p> <p>Provides holistic assessment of individuals, implementing programmes of care and modifying individualised care plans within their scope of practice.</p>				
<p>5. Communication</p> <p>Demonstrates the ability to communicate complex sensitive information to a wide variety of professionals through a variety of methods including the use of interpersonal skills, written and verbal effectiveness, accurate record keeping, keeping information confidential and appropriate use of technology and equipment for the role including data entry.</p>				
<p>6. Personal Development</p> <p>Maintains and further develops own skills and knowledge, and that of others, through recognised Continuing Professional Development (CPD) activities enabling flexibility in practice and responsiveness to changing service needs.</p>				

	YES = Achieved, NO = Not Achieved			
	Semester 1		Semester 2	
	Achieved Yes / No	Sign / Date	Achieved Yes / No	Sign / Date
ADDITIONAL NEGOTIATED SKILLS				
7.				
8.				
9.				
10.				
OPTIONAL SKILLS (These spaces are left blank for you to record any additional skills assessments you gain across the year – this is optional)				

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University of Brighton

School of Health Sciences



Apprenticeships

FdSc Health & Social Care Practice

Assistant Practitioner

ONGOING RECORD of ACHIEVEMENT (OAR)

Ongoing Achievement Record (OAR)

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

The OAR contains the following:

PART A:

- A summary of Achievement in Clinical Practice
- Declaration of Achievement

PART B:

- Apprentice Progress Reviews
- Mandatory Training Declaration
- DBS Declaration
- Care Certificate Declaration

Guidelines for OAR

Assistant Practitioner (AP)

The Ongoing Achievement Record (OAR) summarises your achievements in each semester and with the Assessment of Practice Document (AoPD) provides a comprehensive record of your progress throughout the apprenticeship.

Work- Based Supervisor (WBS)

As a WBS this document provides you with information regarding the APs progress. This allows areas for development to be identified from previous semesters. It is your responsibility to ensure that each section is completed and the Progression Statement at the end of the AoPD is signed.

ONGOING ASSESSMENT RECORD (OAR)

PART A

Part A of the OAR will record the following:

- A Summary of Achievement (AoPD 1 semester 1 & 2 / AoPD 2 semester 1 & 2)
- Declaration of Achievement

AoPD 1 - Semester 1: Summary

To be completed by the WBS

Organisation/Placement provider:

Name of Clinical Area:

Type of Setting:

Telephone/email contacts:

Summary of AP's strengths and areas for further development

Has the AP achieved the Values & Behaviours?

Yes/No

Has the AP achieved the Mandatory & Additional Negotiated Skills?

Yes/No

Has the AP achieved their agreed learning and development needs?

Yes/No

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

Yes/No

Number of days of sickness:

Absence:

Authorised / Unauthorised

Assistant Practitioner Name:

Date:

Signature:

Work-Based Supervisor Name:

Date:

Signature:

AoPD 1 - Semester 2: Summary

To be completed by the WBS

Organisation/Placement provider:

Name of Clinical Area:

Type of Setting:

Telephone/email contacts:

Summary of AP's strengths and areas for further development

Has the AP achieved the Values & Behaviours?

Yes/No

Has the AP achieved the Mandatory & Additional Negotiated Skills?

Yes/No

Has the AP achieved their agreed learning and development needs?

Yes/No

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

Yes/No

Number of days of sickness:

Absence:

Authorised / Unauthorised

Assistant Practitioner Name:

Date:

Signature:

Work-Based Supervisor Name:

Date:

Signature:

End of AoPD 1 - Declaration

To be completed by the WBS

Work Based Supervisor::

I can confirm that..... (Print Learners Name) has demonstrated the required competency to achieve:

- Identified Learning development
- All **Values & Behaviour Statements** (As outlined in the AP Apprenticeship Standards, 2018)
- ALL **Mandatory Practice Skills** (demonstrating the required Knowledge, Skill & Attitudes and Values).
- **Additional Negotiated Practice Skills** (demonstrating the required Knowledge, Skill & Attitudes and Values).

I recommend that the Assistant Practitioner can progress to AoPD 2.

WBS Name:

WBS Signature:

Date:

AoPD 2 - Semester 1: Summary

To be completed by the WBS

Organisation/Placement provider:

Name of Clinical Area:

Type of Setting:

Telephone/email contacts:

Summary of AP's strengths and areas for further development

Has the AP achieved the Values & Behaviours?

Yes/No

Has the AP achieved the Mandatory & Additional Negotiated Skills?

Yes/No

Has the AP achieved their agreed learning and development needs?

Yes/No

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

Yes/No

Number of days of sickness:

Absence:

Authorised / Unauthorised

Assistant Practitioner Name:

Date:

Signature:

Work-Based Supervisor Name:

Date:

Signature:

AoPD 2 - Semester 2: Summary

To be completed by the WBS

Organisation/Placement provider:

Name of Clinical Area:

Type of Setting:

Telephone/email contacts:

Summary of AP's strengths and areas for further development

Has the AP achieved the Values & Behaviours?

Yes/No

Has the AP achieved the Mandatory & Additional Negotiated Skills?

Yes/No

Has the AP achieved their agreed learning and development needs?

Yes/No

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

Yes/No

Number of days of sickness:

Absence:

Authorised / Unauthorised

Assistant Practitioner Name:

Date:

Signature:

Work-Based Supervisor Name:

Date:

Signature:

End of AoPD 2 - Declaration

To be completed by the WBS

Work Based Supervisor::

I can confirm that..... (Print Learners Name) has demonstrated the required competency to achieve:

- Identified Learning development
- All **Values & Behaviour Statements** (As outlined in the AP Apprenticeship Standards, 2018)
- ALL **Mandatory Practice Skills** (demonstrating the required Knowledge, Skill & Attitudes and Values).
- **Additional Negotiated Practice Skills** (demonstrating the required Knowledge, Skill & Attitudes and Values).

WBS Name:

WBS Signature:

Date:

OAR PART B

Apprentice Progress Reviews

The Apprentice Progress Review needs to be completed twice a year. This is completed by the Assistant Practitioner, WBS (or Nominated Person) and Personal Tutor and will document the apprentice's academic progression in addition to achievement in practice.

Year 1 - Apprentice Progress Review 1

Apprentice to complete:

Comment on Achievements, Successes, Learning Gained and Highlights:

Comment on Issues, Concerns, Challenges and Barriers:

Comment on overall Experience During this Period:

WBS to complete:

Comment on overall Development in Practice:

Personal Tutor to complete

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

<p>Assistant Practitioner's Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Work-Based Supervisor Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Personal Tutor Name:</p> <p>Signature:</p>	<p>Date:</p>

Year 1 - Apprentice Progress Review 2

Apprentice to complete:

Comment on Achievements, Successes, Learning Gained and Highlights:

Comment on Issues, Concerns, Challenges and Barriers:

Comment on overall Experience During this Period:

WBS to complete:

Comment on overall Development in Practice:

Personal Tutor to complete

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

<p>Assistant Practitioner's Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Work-Based Supervisor Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Personal Tutor Name:</p> <p>Signature:</p>	<p>Date:</p>

Year 2 - Apprentice Progress Review 1

Apprentice to complete:

Comment on Achievements, Successes, Learning Gained and Highlights:

Comment on Issues, Concerns, Challenges and Barriers:

Comment on overall Experience During this Period:

WBS to complete:

Comment on overall Development in Practice:

Personal Tutor to complete

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

<p>Assistant Practitioner's Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Work-Based Supervisor Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Personal Tutor Name:</p> <p>Signature:</p>	<p>Date:</p>

Year 2 - Apprentice Progress Review 2

Apprentice to complete:

Comment on Achievements, Successes, Learning Gained and Highlights:

Comment on Issues, Concerns, Challenges and Barriers:

Comment on overall Experience During this Period:

WBS to complete:

Comment on overall Development in Practice:

Personal Tutor to complete

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

<p>Assistant Practitioner's Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Work-Based Supervisor Name:</p> <p>Signature:</p>	<p>Date:</p>
<p>Personal Tutor Name:</p> <p>Signature:</p>	<p>Date:</p>

OAR PART B

Mandatory Training & DBS Declaration

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

Mandatory Training Declaration Year 1

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

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

Assistant Practitioner's Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

DBS Declaration Year 1

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

Assistant Practitioner's Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

Mandatory Training Declaration Year 2

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

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

Assistant Practitioner's Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

DBS Declaration Year 1

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

Assistant Practitioner's Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

OAR PART B

Care Certificate Declaration

I..... can confirm that I have completed/maintained all 15 Standards of **The Care Certificate** set by Health Education England; Skills for Care and Skills for Health.

(Please enclose copy of the signed Care Certificate in this Assessment of Practice Skills Document as evidence of completion.)

Assistant Practitioner's Name: Signature:	Date:
Work-Based Supervisor Name: Signature:	Date:

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