



**University of Brighton**

Name.....

Number.....

Cohort.....

Field.....

Personal Tutor.....

# **SOUTH PAD ONGOING ACHIEVEMENT RECORD NURSING**

**BSc Nursing**

**This document must be submitted with your PAD at both formative and summative submission points**

South PAD 1.0; Future Nurse: Standards of proficiency for registered nurses, (NMC 2018)



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

## TABLE OF CONTENTS

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 Part3
- University of Brighton Appendix 1 – Record of mandatory requirements and yearly student declaration of good health and good character

### 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 1 / SPLIT PLACEMENT 1A**  
**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:

Academic Assessor Comments/Review of the PAD document (If on a split placement – complete at end of placement 1B) (This can be completed following the final review)

Name:

Signature:

Date:

**PART 1 – SPLIT PLACEMENT 1B**  
**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:

Academic Assessor Comments/Review of the PAD document (Only needs completing if student on split placement (This can be completed following the final review)

Name:

Signature:

Date:

**PART 1 – PLACEMENT 2 / SPLIT PLACEMENT 2A**  
**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:

Academic Assessor Comments/Review of the PAD document (If on a split placement – complete at end of placement 1B) (This can be completed following the final review)

Name:

Signature:

Date:

**PART 1 – SPLIT PLACEMENT 2B**  
**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:

Academic Assessor Comments/Review of the PAD document (Only needs completing if student on split placement (This can be completed following the final review)

Name:

Signature:

Date:

**PART 1 – RETRIEVAL 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:

Academic Assessor Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**END OF PART 1**

**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

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

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

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:**



**END OF PART 1 Retrieval**  
**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

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

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

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 1/SPLIT PLACEMENT 1A**  
**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:

Academic Assessor Comments/Review of the PAD document (If on a split placement – complete at end of placement 1B) (This can be completed following the final review)

Name:

Signature:

Date:

**PART 2 –SPLIT PLACEMENT 1B**  
**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:

Academic Assessor Comments/Review of the PAD document (Only needs completing if student on split placement (This can be completed following the final review)

Name:

Signature:

Date:

**PART 2 – PLACEMENT 2 / SPLIT PLACEMENT 2A**  
**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:

Academic Assessor Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**PART 2 – SPLIT PLACEMENT 2B**  
**To be completed by 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:

Academic Assessor Comments/Review of the PAD document (Only needs completing if student on split placement (This can be completed following the final review))

Name:

Signature:

Date:

**PART 2 – RETRIEVAL 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:

Academic Assessor Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**END OF PART 2**

**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

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

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

I confirm that the student has participated in care (with guidance), achieved all the requirements of Part 2 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 3

**Academic Assessor:** *(print name below)*

**Academic Assessor's signature:**

**Date:**

**END OF PART 2 Retrieval**  
**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

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

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

I confirm that the student has participated in care (with guidance), achieved all the requirements of Part 2 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 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 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 or 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 12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate.				
Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate.				
<b>Part 2 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Part 3 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	

### Achievement of Proficiencies in either Part 2 or 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. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).				
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.				
<b>Part 2 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Part 3 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	

### Achievement of Proficiencies in either Part 2 or 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. 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.				
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.				
<b>Part 2 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Part 3 confirmation</b>				
<b>Student Name:</b>		<b>Signature:</b>	<b>Date:</b>	
<b>Practice Assessor's Name:</b>		<b>Signature:</b>	<b>Date:</b>	

**PART 3 – PLACEMENT 1**  
**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:

Academic Assessor Comments/Review of the PAD document

(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:

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:

Academic Assessor Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**PART 3 – RETRIEVAL 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:

Academic Assessor Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

**END OF PROGRAMME**

**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

Has the student achieved Medicine Management? **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 practicing 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's signature:**

**Date:**

I have reviewed the assessment documentation and student reflections and 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:**



**Retrieval END OF PROGRAMME**  
**To be completed by the Practice Assessor and Academic Advisor**

**Practice Assessor:**

Has the student achieved Professional Values? **Yes/No**

Has the student achieved Proficiencies? **Yes/No**

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

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

Has the student achieved Medicine Management? **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 practicing 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's signature:**

**Date:**

I have reviewed the assessment documentation and student reflections and 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:**

## Appendix 1

### Confirmation of Mandatory Training Undertaken/Record of Exposure to Fields of Nursing and Declaration of Good Health and Character (NMC mandatory requirement)

#### Year 1

#### Skills For Health E.learning Record

Please complete your mandatory NSA training (see box below) prior to attending your first placement, failure to do so will prevent you from attending clinical practice. You **MUST** be able to provide the Trust Practice Education Facilitator evidence of completion of the e. learning courses at the Trust Induction session.

Session	Method of Achievement	Date Achieved	Student Signature
Basic Life Support - Adult	University of Brighton Session		
Basic Life Support - Child	University of Brighton Session		
Conflict Resolution			
Equality, Diversity & Human Rights – General awareness			
Fire Safety			
Health, safety and welfare			
Infection, Prevention and Control Level 2			
Information Governance			
Moving and Handling practical	University of Brighton session		
Patient moving and Handling			
Prevent			
Safe Guarding Adults L1			
Safe Guarding Children L1			
*Oliver McGowen Training on Learning Disability and Autism			
<b>MH students only</b> – Prevention/Management of Violence & Aggression (PMVA) training			
*Maternity Unit of Learning			

#### Other Mandatory Elements to be completed before Summative submission in Year 1

Session	Method of Achievement	Date Completed	Student Signature
Safe medicate drug calculations	Online Exam		

\*Over the course of 3 years you need to have undertaken the Maternity Unit of Learning and Oliver McGowen Training on Learning Disability and Autism once and recorded this in the relevant year of completion. So if you complete this in year 1 you do not need to do it again in year 2 or year 3

**Module leaders as part of summative moderation will verify student self-declaration of achievement in the above elements**

#### Record of Exposure to other Fields of Nursing (Year 1)

Please complete and discuss with your Practice Supervisor when you have looked after any of the following patients.

- With Learning Disability (All Fields)
- Mental Health concerns (Adult/Child Nurses)
- Children (Adult/Mental Nurses)
- Physical Health of Adult Patients (Mental Health/Child Nurses)
- Patients requiring Maternity Care (Adult Nurses only)

**You and your practice supervisor should document feedback about this experience in the section Record of Communication/additional feedback and complete the record below**

(Your Academic assessor will review this at both the formative and summative submission dates)

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/> Time for Dementia <input type="checkbox"/>

**Student declaration** *((to be completed by you in the final placement))*

**Prior to submission of the PAD and OAR the student must complete the following:  
(If you cannot confirm the declaration please contact the module/course lead)**

I can confirm that I maintain good health and good character\* sufficient for continued participation in this nursing programme (Part 3; 1.2: NMC 2018).

Student name: .....

Student signature: ..... Date: .....

\*Good health is necessary to undertake practice as a nurse or midwife. Good health means that you must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with health conditions are able to practise with or without adjustments to support their practice.

\*Good character is important and is central to The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015) in that nurses and midwives must be honest and trustworthy. Your good character is based on your conduct, behaviour and attitude. It also takes account of any convictions, cautions and pending charges that are likely to be incompatible with professional registration. Your character must be sufficiently good for you to be capable of safe and effective practice without supervision.

## Year 2

To be completed before Summative submission in Year 2

Session	Method of Achievement	Date Completed	Student Signature
Moving and Handling	University of Brighton session		
Basic Life Support – Adult/Child (delete as appropriate)	University of Brighton session		
Venepuncture			
*Oliver McGowen Training on Learning Disability and Autism			
*Maternity Unit of Learning	E-Learning Module (student central)		
Safe medicate drug calculations	Online Exam		

\*Over the course of 3 years you need to have undertaken the Maternity Unit of Learning and Oliver McGowen Training on Learning Disability and Autism once and recorded this in the relevant year of completion. So if you complete this in year 1 then you do not need to do it again in year 2

**Module leaders as part of summative moderation will verify student self-declaration of achievement in the above elements**

### Record of Exposure to other Fields of Nursing (Year 2)

Please complete and discuss with your Practice Supervisor when you have looked after any of the following patients.

- With Learning Disability (All Fields)
- Mental Health concerns (Adult/Child Nurses)
- Children (Adult/Mental Nurses)
- Physical Health of Adult Patients (Mental Health/Child Nurses)
- Patients requiring Maternity Care (Adult Nurses only)

**You and your practice supervisor should document feedback about this experience in the section Record of Communication/additional feedback and complete the record below**

(Your Academic assessor will review this at both the formative and summative submission dates)

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>
Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

**Student declaration** *(to be completed by you in the final placement)*

**Prior to submission of the PAD and OAR the student must complete the following:**

**(If you cannot confirm the declaration please contact the module/course lead)**

I can confirm that I maintain good health and good character\* sufficient for continued participation in this nursing programme (Part 3; 1.2: NMC 2018).

Student name: .....

Student signature: ..... Date: .....

\*Good health is necessary to undertake practice as a nurse or midwife. Good health means that you must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with health conditions are able to practise with or without adjustments to support their practice.

\*Good character is important and is central to The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015) in that nurses and midwives must be honest and trustworthy. Your good character is based on your conduct, behaviour and attitude. It also takes account of any convictions, cautions and pending charges that are likely to be incompatible with professional registration. Your character must be sufficiently good for you to be capable of safe and effective practice without supervision.

## Year 3

To be completed before Summative submission in Year 3

Session	Method of Achievement	Date Completed	Student Signature
Moving and Handling			
Basic Life Support - Adult/Child (delete as appropriate)	University of Brighton session		
Penile catheterisation			
*Oliver McGowen Training on Learning Disability and Autism			
*Maternity Unit of Learning	E-Learning Module (student central)		
Safe medicate drug calculations	Online Exam		

\*Over the course of 3 years you need to have undertaken the Maternity Unit of Learning once and Oliver McGowen Training on Learning Disability and Autism recorded this in the relevant year of completion. So if you complete this in year 1 or 2 then you do not need to do it again in year 3

**Module leaders as part of summative moderation will verify student self-declaration of achievement in the above elements**

### Record of Exposure to other Fields of Nursing (Year 3)

Please complete and discuss with your Practice Supervisor when you have looked after any of the following patients.

- With Learning Disability (All Fields)
- Mental Health concerns (Adult/Child Nurses)
- Children (Adult/Mental Nurses)
- Physical Health of Adult Patients (Mental Health/Child Nurses)
- Patients requiring Maternity Care (Adult Nurses only)

**You and your practice supervisor should document feedback about this experience in the section Record of Communication/additional feedback and complete the record below**

(Your Academic assessor will review this at both the formative and summative submission dates)

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

Name of Placement:
Field Exposure: Mental Health <input type="checkbox"/> Children <input type="checkbox"/> Adult <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Maternity Care <input type="checkbox"/>
Time for Dementia <input type="checkbox"/>

**Student declaration** *(to be completed by you in the final placement)*

**Prior to submission of the PAD and OAR the student must complete the following:  
(If you cannot confirm the declaration please contact the module/course lead)**

I can confirm that I maintain good health and good character\* sufficient for continued participation in this nursing programme (Part 3; 1.2: NMC 2018).

Student name: .....

Student signature: ..... Date: .....

\*Good health is necessary to undertake practice as a nurse or midwife. Good health means that you must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition. Many disabled people and those with health conditions are able to practise with or without adjustments to support their practice.

\*Good character is important and is central to The Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015) in that nurses and midwives must be honest and trustworthy. Your good character is based on your conduct, behaviour and attitude. It also takes account of any convictions, cautions and pending charges that are likely to be incompatible with professional registration. Your character must be sufficiently good for you to be capable of safe and effective practice without supervision