The Essential
Student and Mentor
Placement guide

BSc (Hons) Nursing – All fields

Academic Year 15/16
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The BSc (Hons) Nursing Framework was approved in 2013 in response to the Nursing and Midwifery Council 2010 standards. Core changes brought in by these standards were:

- All graduate qualification
- A change to the NMC competencies as laid out in the 2010 NMC standards
- Introduction of the progression point assessments at the end of year one and year two

The nursing framework consists of three programmes (now referred to as fields of nursing) in Children and Young Peoples Nursing, Mental Health Nursing and Adult Nursing.

This information is intended as a guide for mentors and students in all fields of the BSc nursing programme to help clarify roles and responsibilities.
Section 1 – Practice placement information

Placement Support

Within your organisation there may be a designated practice education link. Please contact your Training Department for further information.

The University Practice Learning Adviser Team (UPLA) can also be contacted. The team’s role is to support mentors in clinical placements by providing:

- Communication channels between the university and placement partners
- Mentor updates, support and information
- Support to placement providers in the audit and placement evaluation process

The University Practice Learning Adviser Team

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**Academic Adviser**
They are responsible for monitoring the student’s personal, clinical practice and academic development. The name of the Academic Adviser for your student is recorded on the front of their assessment document. Academic advisers welcome mentor contact in order to discuss progress and clarify support; this may be through telephone contact, email or tri-partite meetings in practice.

**Placements Support Team**
The Placements Support Team organise and coordinate the student placements. They are available for any queries regarding attendance and organisation of the placement. They notify you when a student has been allocated to your practice area. This will ask you to check PEP for particular details. The placements site has links to key documents, mentor updates, the practice assessor website, absence reporting as well as contact details.

For more information either click on the hyperlink above or go to:

http://www.bournemouth.ac.uk/hsc/placements/contacts.html

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**Information on the student programmes and updates**

The Practice Assessor Website is available to all mentors and colleagues supporting students in practice.

This site contains:

- Information on all the health and social care student programmes including:-
  - Student assessment tools
  - Assessment guidance
  - Programme information
  - Details of clinical skills education
- Relevant professional standards and guidance including:
  - Standards for mentorship
  - Programme guidance from the professional bodies
- Opportunity to complete an online update
- ‘Events’ a one stop place for all the updates, theme days and conferences available.
  We use ‘eventbrite’ to make it even easier to register.
- Relevant policies and guidance

There is a very simple registration process to complete prior to first using the site. Use a preferred email address. It is advisable to have a user ID that is based on your name. Sometimes people forget their details and need assistance to login. It is helpful to know your user ID to help you get logged back on.

Either click on the hyperlink above or go to:

http://www.bournemouth.ac.uk/practiceassessor
Managing Placement Concerns

If a mentor has a concern about a student placement we would encourage seeking guidance as soon as possible. This can be by contacting:

- The organisation education lead or practice education team
- The University Practice Learning Advisers (UPLA)
- The Academic Adviser

If a student has a concern about their placement we would encourage seeking guidance as soon as possible. This can be by contacting:

- Their mentor
- The organisation education lead
- The University Practice Learning Advisers (UPLA)
- The Academic Adviser
- Students Union Bournemouth University

Past experience has shown that timely support has helped to prevent crisis. Bournemouth University has The Concerns Protocol that provides guidance for students and mentors to follow through concerns systematically. This can be accessed at: http://www.bournemouth.ac.uk/hsc/pdf/concerns-protocol.pdf

Mentor Information

Principles of Mentorship
Mentors supporting learning and assessing in practice for students must meet the following criteria:-

- Be on the same part or sub-part of the register that the student intends to enter
- Through formal or experiential continuing professional development have developed advanced skills, knowledge and competency in order to deliver evidence based practice.
- Have a professional qualification to support the students they mentor i.e. equal to or higher than the students.
- Have undertaken preparation in practice and, where relevant, in academic settings to support learning and assessing in practice. This may include interprofessional learning and assessing. The preparation for mentorship requires NMC accreditation.
- Have completed annual updates that have included opportunities to explore assessment decisions.
- Supported a minimum of 2 students in a 3 year period

In addition those who have completed approved teacher preparation courses may have this recorded on the NMC register. Other teaching qualifications may be assessed against the teacher outcomes through the NMC accreditation route.
Due Regard
Students are required to gain experience of working within the interprofessional team. For this reason, students may attend a placement where they are supported and supervised by a suitably prepared professional who is not on the part of the register they are working towards. Assessment will be pertinent to the professional's scope and field of practice. To clarify any queries please contact the UPLA team.

The Associate Mentor Role
It is good practice to have an associate mentor who is able to offer support in the absence of the primary mentor. This can help to promote continuity and contribute to the assessment process. The associate mentor may be:

- Another qualified mentor
- A Registered nurse with a minimum of one year’s experience who has completed an update on the student assessment tool
- And may be currently completing mentor preparation.

They are able to provide feedback and contribute to the assessment process but the primary mentor is responsible for the overall assessment. The assessment may not be completed by someone who is not on the professional register i.e. HCSW. For exceptions please see the section on ‘due regard’ or contact the UPLA team for clarification.

The Mentor Database
Since 2006 all organisations are required to maintain a ‘live database’ of mentors; for voluntary, charitable and independent providers this is maintained by the university.

Random checks are completed to verify that students are being assessed by recognised mentors.

The risk of not having qualified mentors to assess practice could be:

- For the student – puts the validity and reliability of the assessment in question which could disadvantage them in the future. It has also caused significant discomfort as they do not wish to ‘cause problems’ by asking for a reassessment.

- For the unqualified mentor – the risk of having to validate an action for which they were not qualified. They may be called upon in the future to validate the rationale for their actions.

- For the organisation – this has implications for the veracity of assessed practice and may compromise the value of the assessment process. It has been noted that unprepared staff are more likely to give ‘the benefit of the doubt’ when assessing practice (Duffy 2004). This has potential repercussions for future mentors who may feel compromised by the limited reliability of previous assessment decisions.

- For the university – evaluating student progress and support needs may be more difficult to ascertain.
Achieving Sign-off Status
For all students completing a final placement i.e. the last placement of their programme prior to applying to enter the NMC register, a sign-off mentor is required to support and assess their practice. It is also advised that a sign-off mentor should support a student who is not meeting the required competency and is at risk of failing.

In order to undertake the ‘sign-off’ role those currently completing mentor preparation will be required to have:
- Successfully completed the mentor preparation programme
- Been supervised on at least 3 occasions for signing off proficiency at the end of a final placement. Two of these may be through simulated experiences. Since September 2011 these have been included in the BU learning and assessing in practice unit. A sign-off workshop is also available and delivered by the UPLA team. For more information please contact the organisation education link or UPLA team.

All mentors must undertake a yearly update in order to have the opportunity to:
- Maintain current knowledge of NMC programmes
- Discuss the implications of any changes
- To explore issues related to mentoring, assessment and fitness for practice
- Gather evidence of on-going development in readiness for the triennial review

To maintain the ‘sign-off’ status the mentor must:
- Mentor at least 2 students within a three year period (Practice teachers one student; midwives one student)
- Undertaken an annual update that has included an opportunity to review assessment and supervision issues with other mentors.
- Explored the validity and reliability of judgements made when assessing (in relation to a difficult decision / circumstance.)
- Have mapped development of their role against the NMC Learning and Assessing in Practice Standards (2008)
- Considered to have met all requirements to meet the local register of mentors, sign off mentors and practice teachers.

At Bournemouth University the UPLA team are responsible for delivering mentor education. A list of events can be found on the practice assessor’s website under the ‘Events’ tab. Please contact upla@bournemouth.ac.uk if you have any queries.

Who is responsible for monitoring mentor provision?

The Manager – needs to be aware of qualified mentors in the clinical area ensuring that annual updates are completed. This is part of the learning environment audit for which the placement manager has a responsibility in ensuring the standards are met. This includes proactively supporting any action points that may arise from the process. The manager is responsible for the ‘Triennial Review’ to check that the mentor is continuing to meet the criteria.
**Triennial Review**
- A 3 yearly review for all mentors, sign-off mentors and practice teachers
- May be organised in accordance with the needs and practice of the placement provider.
- May form part of the employer-led appraisal process

Organisations may provide ‘Mentor passports’ that enable mentors to record their mentor activities and aid them in mapping their practice against the 8 NMC standards for mentorship. There is also one available on the practice assessor website for mentors to download under the ‘BU Guidance’ tab.

**The Mentor** – needs to inform their line manager of successful completion of their preparation programme. Results are sent electronically 3 weeks after submission and are appropriate evidence to show initial preparation. They are advised to contact the education department to access the form for registering on the database for their organisation. They cannot complete a student assessment until this has been done. Evidence of annual updating must be provided to the organisation following initial registration. They will be required to maintain a record of mentor activities in order to demonstrate current mentorship at triennial review.

**The Student** – Students are encouraged to verify that their mentor is qualified for the role and has their name on the database. In addition the UPLA team is asked to sample placements to verify mentor allocation. At moderation a sample of signatures are verified with the practice area.

**Sign-off Mentors and the Final Placement in Year 3**
All third year nursing students will complete a final placement of not less than 12 weeks and this will complete their pre-registration programme.

The purpose is for the sign-off mentor to make a ‘final judgement of competence’ of the student in readiness for entry to the professional register ensuring that they have consistently demonstrated ‘safe and effective practice’ (NMC 2010, p9)

The sign-off mentor is required to-
- Review a final placement student’s on-going record for the whole programme and re-evaluate all aspects of practice. The assessment must not be completed until the end of the placement. The feedback should give an overview of the students’ knowledge, skills and professionalism with a clear rationale for why the student has been deemed competent and eligible for entry to the register
- Oversee any placement where a student is deemed to be failing in practice
- Support colleagues in achieving sign-off status; this may include assessing their teaching and assessing practice using the grading criteria offered. They are required to give feedback that supports the grades awarded.

Students will need to prepare for this by having identified objectives for the placement to help develop their skills, knowledge and confidence to discuss with their mentor on commencing the placement.

**Specialist Practice Programmes**
Sign-off mentors are required for all students on programmes that lead to a recordable qualification on the register. Please refer to specific programme guidance for further information.
Supernumerary Status

All pre-registration students are supernumerary and can expect to be able to work with mentors who are able to provide time to support, assess and provide effective feedback.

The Standards for pre-registration nursing education (NMC 2010) require:
‘Programme providers must ensure that students are supernumerary during all practice learning. Supernumerary means that students will not, as part of their programme preparation, be contracted by any person or any body to provide nursing care’

The NMC requires that:-
- A minimum of 40% of practice time is supervised by a mentor
- This may be direct or indirect depending on
  - Nature of the activity
  - Their current competence
  - Assessment needs

The mentor is accountable for any decisions with regard to delegation and must consider local/national policy and professional judgement in ensuring public protection.

Supernumerary status could be defined as:
‘a learning strategy that facilitates effective supervision and assessment of student practice whilst upholding the practitioner’s duty of care. This enables the assessor to provide exposure to relevant practice whilst the student is required to engage fully in order to develop their fitness for purpose and practice.’

Second Signatories

A second signature is required for all referred competencies with a mark less than 40% and grades of greater than 70%.

The person acting as the second signatory may be:
- an associate mentor who has an understanding of the student assessment documentation
- another mentor as identified on the organisation’s database

Where a grade of over 70% is awarded but has not been countersigned the grade for the competency or professionalism will be adjusted to a mark of no more than 70%.
For students whose practice is being referred a sign-off mentor will need to oversee the placement and endorse the assessment if the primary mentor is not a sign-off themselves.

If it is felt that there may be a difficulty in meeting these requirements please contact your UPLA who will be able to assist.

**Shift Patterns and Attendance**

With regard to practice attendance students are required to:

- Complete a 37.5 hour week (except in weeks where a BU recall day occurs where students complete 30.5 hours of practice). It is appreciated that there may be a variation in this due to the placement area but in order to meet the NMC requirement students are encouraged to organise their shifts to equate to a 37.5 hour week. This may require the student to have their hours adjusted to facilitate meeting this requirement.
  - For example, if placed in an area for 7 weeks there is an expectation that the practice hours completed for this period will be 262.5 hours with a 37.5 hour a week average.
  - During some placement weeks students attend a recall day and this is a recognised part of their programme. In a placement week where a recall day occurs students will only undertake 30 hours placement in that week. They are not expected to ‘make up’ the time on the recall day.
- Not exceed 48 hours in total in their working week
  - Completing 37.5 hours in their practice placement and 10.5 in paid employment elsewhere.
  - Placement time cannot exceed 48 hours per week. Hours may not be banked in order to finish placement early. All allocated weeks must be completed.

Students are reminded of the need to observe the need to be ‘fit for practice and purpose’ and encouraged to reflect on what this means with regard to excessive fatigue.

- Students must take their meal breaks. Whilst it is recognised that some placement areas do not take meal breaks the university has advised all students that they are expected to take their breaks and deduct them from the total
  - For example, a clinical placement works 0800-1500 (7 hours) students will be expected to take a 30 minute lunch break and deduct this from the total recording 6.5 hours as their total.
- Negotiate their shifts to maximise the learning opportunities available with their mentor. They are expected to follow the shift pattern of their placement and are required to experience the 24 hour arena of care within their training.

Requests must be considered against the following criteria
  - Is the adjustment reasonable?
  - Does it limit the students learning opportunities?
  - Will it prevent the student from being exposed to the working pattern of the health care professional?

*For example, a student requests to work 0800 -1600, Monday to Friday. The early shift commences at 0700. There are resource implications for the staff who will have to provide a second report, reduced learning opportunities due to missing handover, the morning medicine round etc, reduced opportunity to work with the mentor working every other weekend and limited exposure of the reality of shift working.*
The student will need to negotiate with their mentor what adjustments will be reasonable and still ensure they are able to have an appropriate placement experience.

**Time sheets**
Hours are managed electronically. Placement areas are required to record the student’s allocated shifts on the duty rota. Their full name needs to be recorded and details of any changes or absences recorded. This is because it may be necessary to verify student attendance at a later date.

Electronic records are now used to record attendance. Students are required to email their mentors with their completed practice time once a week. The mentor will be asked to click on the link to confirm or decline. They will be able to make comments upon any discrepancies they have identified. A paper back up version will also be available. It is the student’s responsibility to forward the time sheets to their mentor in a timely manner. To ensure programme requirements are met the university needs to be kept up to date with regard practice hours completion.

**Recall Days**
Students are required to attend recall days during their practice placements. These are a formal part of their course and so should not be included in the practice log/ timesheets. They will not be required to make practice time up as they have been taken into account for the programme.

**Reporting of Absence**
Students and mentors must report all absences promptly:

- Contact the placement area at the earliest opportunity
- Call 01202 965000 and report absence or email: hscplacements@bournemouth.ac.uk
- Return to placement must also be reported as above.
- They are then required to make up the missed period following negotiation with their mentor.
- Students using the paper based hours document must complete the ‘hours made up’ form.
- A copy is sent to placements and a further copy is kept with the Practice Assessment Tool.
- For sickness periods of more than 3 days but less than 8 self-certification is required (see appendix 1)
- Sickness for more than 7 days requires a GP certificate.

Following a period of sickness occupational health review may be required. Placement allocations and attendance can be reviewed on the PEP profile by placements and on POW by the student.

**Making up Missed Practice Hours**
If the student has less than 75 hours owing they can make the time up in any placement but only with the agreement of the placement area and their mentor. Factors to consider may include:

- Will the arrangement facilitate student learning?
- Will the mentor be available to provide support and feedback?
- Is there enough capacity to support the student e.g. Will the agreed student numbers be exceeded?
If the student has 75 hours or more to make up the Academic Advisor / Programme Leader will plan an additional period in practice. Students may not make local arrangement but must negotiate additional placement time with their Academic Adviser and the Placements Team.

Maternity Risk Assessment
All students who have maternity care during the programme are supported by the ‘tracking tutor’. As soon as they advise the university we request that a risk assessment be completed for the practice placement in line with the Maternity Policy. The placements team will seek advice as to the appropriateness of a placement area before allocation. This also needs to take place upon return as per the organisation policy of the placement area. Students are advised to make contact in a timely manner to organise this.

Lone Worker Policy
Students need to be aware of the lone working policy for the organisation and must follow the local guidance.

Placements (hub and spoke)
The programme plan provides students with the types of placement and number of hours required by the Nursing and Midwifery Council. In order for students to see the patient journey a scheme of ‘hub’ and ‘spoke’ experiences will be used. The Hub is the home placement which will provide greater part of the placement and where the allocated mentor is based. The allocated mentor will be responsible for overseeing the management of the placement. This will include orientation, feedback and assessment. Spokes may be variable in duration. Regardless of the length of the spoke experience students will be required to record key learning in the Practice Assessment Tool (PAT) or on OPAL (online version of the PAT). Attendance must be recorded on a daily basis in the Hours document/ electronic records and endorsed by the practice supervisor/ mentor. They will need to be able to demonstrate how the experience has informed their practice within the main hub placement.

Those supervising spoke experiences are asked to provide feedback in the relevant section of the PAT. For OPAL please email your feedback to the mentor / student for them to attach to their profile.

There may be occasions where it is felt to not be in the student's best interests to leave the hub area for the two week spoke.

For example:-
1. **Upon return from a period of leave such as Maternity. The student may need to build confidence and adapt to the change in their circumstances.**
2. **The mentor has a concern that the time taken for the spoke placement may impact upon completion of the required level of learning and successful attainment of competency.**

Reasonable Adjustment
Students who require additional learning support may need adjustments in the practice setting. The proposed strategies should be considered for ‘reasonableness.’ For practice the key issues to consider are:-

- Can the placement area provide the resources to meet the adjustment?
- Will the student still be able to demonstrate competency to meet the programme requirements?
- The education provider will liaise to identify appropriate strategies. Please contact the UPLA team for further guidance.
Mentors may wish to consider the following when supporting students:

- Encourage the student to disclose learning needs
- Ask them what strategies have proven effective
- Consider if they are achievable within the practice area
- Is there a risk assessment from the university?
- Plan and agree the adjustments with the learner
- Implement
- Evaluate
- Document strategies that have helped within the Practice Assessment Tool/ on OPAL

Professional Conduct

Students are required to adhere to the NMC Code of Conduct (2015), professional guidance and policy with regard to behaviour and conduct. They are encouraged to consider the impact of professional standards on their personal lives also.

There is guidance available to students regarding the use of social media which they can access via the student portal.

Students are required to adhere to the uniform policy of the placement area. It would be helpful for placement providers to ensure relevant policies are readily accessible for students.

When issued with organisations resources it is the student’s responsibility to maintain its safekeeping and return. For example, security fobs to gain access to clinical areas. Passwords and access codes must be kept secure and not disclosed to other parties.
## Placement Planning Checklist

<table>
<thead>
<tr>
<th>Action Required</th>
<th>Actions Required</th>
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<tbody>
<tr>
<td>Has the initial interview been arranged within the first week?</td>
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<tr>
<td>Has supernumerary status been discussed so that expectations are defined?</td>
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<tr>
<td>Has the duty rota been confirmed?</td>
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<td>Have mid and final interviews been organised?</td>
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<tr>
<td>Is the student aware of their roles and responsibilities within the placement?</td>
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<tr>
<td>Has the student read their assessment document?</td>
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<tr>
<td>Have the dates for spoke visits been confirmed?</td>
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<tr>
<td>Are there arrangements to cover any absence of mentor?</td>
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<tr>
<td>Are the team aware of the student's objectives for the placement?</td>
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</tbody>
</table>
Section 2 – Assessment of Practice (PAT)

Grading Knowledge, Skills and Professionalism

Practice is graded and forms part of the students’ academic award. It is appreciated that this is challenging and so criteria have been developed as a guide to assist you in deciding the grade the student has achieved. You will be using the knowledge and skills assessment criteria to award grades and provide feedback in relation to competencies.

Grading knowledge and skills

The 18 competencies are laid out under the four domains. Against each of the competencies you will be asked to award a grade. Beneath each one you will see performance indicators as listed by the NMC. The example below is from the Adult nursing programme. There are different indicators for each programme. On the practice assessors website you will find additional information about the programme and clinical skills taught to help you plan learning and assessment for the students in your field of nursing.

<table>
<thead>
<tr>
<th>Domain 1 Professional Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Must act first and foremost to care for and safeguard the public.</strong></td>
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</tbody>
</table>

Indicators:
- Recognises the role of the nurse in promoting the rights, choices and wishes of all adults and, where appropriate, children and young people, paying particular attention to equality, diversity and the needs of an ageing population
- Identifies where The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008) and other recognised ethical and legal frameworks are applicable within their practice
- Recognise the limits of their competence and knowledge and seeks advice from, or refers to, other professionals where necessary

<table>
<thead>
<tr>
<th>Placement area</th>
<th>Date of assessment</th>
<th>Grade awarded for Knowledge &amp; Skill %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor Signature</td>
<td>2nd Marker signature</td>
<td>(Required if mark less than 40% or greater than 69%)</td>
</tr>
</tbody>
</table>

| Rationale for grade awarded / comments |

Expectations of practice

When interpreting the competencies to the placement area it may be helpful to consider what level of practice would be reasonable for the student to attain.

**Year 1** – The student develops skills to manage themselves ably in practice. This would include time management, responding to feedback and supervision, a developing independence in their learning, communicating effectively, and an ability to provide essential care under supervision to the individual with a growing knowledge base. The expectation is that they participate in care activities in care closely supervised by their mentor.

**Year 2** – That the student continues to develop their practice in order to be able to work within the team. They will be developing their skills and knowledge to be able to effectively care for a group of clients under supervision. They are able to use problem solving skills in order to demonstrate an increasing level of independence. The expectation is that they begin to implement care more readily under supervision.

**Year 3** – Whilst students need to be supervised this should be less direct. The student can be reasonably expected to plan and deliver care effectively with increasing autonomy. They need to be able to provide an evidence based rationale in order to develop leadership and delegation skills. The expectation is that they are more independent and managing a group of patients.
### Example of Year One Knowledge and Skills Assessment Criteria

<table>
<thead>
<tr>
<th>Range</th>
<th>Criteria</th>
</tr>
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</table>
| 80-100% | - Able to articulate and apply knowledge in relation to individual patients  
- Knowledge is demonstrated without prompting  
- Able to articulate sources of evidence and their relevance to the practice setting  
- Is able to tailor skills to meet the client’s needs at an exceptional level  
- Exceptional communication skills across a range of situations |
| 70-79% | - Able to articulate knowledge in relation to individual patients  
- Can give a rationale for care given  
- Excellent execution of a range of skills  
- Able to modify intervention in relation to the client’s needs  
- Able to communicate clearly in a variety of complex situations |
| 60-69% | - Knowledge is usually accurate and can be applied to more than one situation.  
- Can begin to identify alternatives  
- Performs technical skills effectively and safely with minimal supervision  
- Uses non-verbal communication effectively |
| 50-59% | - Is able to apply knowledge to single situations  
- Can relate knowledge to patients care  
- Needs occasional direct support and guidance in the application of skills  
- Able to identify non-verbal cues |
| 40-49% | - Basic application of knowledge requiring some prompts  
- Some evidence of ability to relate theory to practice  
- Needs frequent direct supervision and guidance in application of skills  
- Able to communicate clearly demonstrating care and compassion |
| 20-39% | - Limited ability to apply principles of safe and effective practice  
- Inadequate application of knowledge even with frequent prompting  
- Unable to perform skills to an acceptable level.  
- Little evidence of ability to relate theory and practice  
- Inconsistent communication skills which demonstrate care and compassion |
| 0-19% | - Unable to apply principles of safe and effective practice  
- Inadequate application of knowledge even with frequent prompting  
- Unable to relate theory to practice.  
- Unable to perform skill to an acceptable level  
- Inappropriate verbal communication  
- Unable to demonstrate person-centred compassionate care |

(NB the grading criteria changes for each year as expectations for practice increase)
Deciding the Grade

Things to consider:
- Has direct observation been used as the main evidence for assessment?
- Have other team members provided feedback?
- Are there work products to help evaluate performance? E.g. case notes
- Have families and service users provided feedback?
- Has the student provided written evidence to support the process?
- Have you questioned the student’s level of knowledge?

Once you have identified a banding look at the bandings either side – is the student closer to one that the other? You may find it helpful to discuss your grading with a colleague to help you be confident in your decision. You can always contact the UPLA team for further guidance.

If a student is awarded a grade below 40% or greater than 70% you will need a second marker to agree your assessment. Their role is to endorse your rationale for the grade. To help you in planning your feedback you may wish to ask your student to photocopy the relevant pages or print sections from OPAL so that you are able to review them in readiness for the assessment.

Documenting Feedback

Brief feedback that clearly states the rationale for your grading is invaluable for future mentors. The important thing to remember is that students need to demonstrate a ‘consistent’ level of practice. It is not enough to do something only once. Feedback needs to reflect the rationale for the grade that has been awarded. This is the evidence to support assessment decisions and uphold a duty of care.

One way that may be helpful to consider in documenting feedback could be:
- State how the competency was primarily assessed
- Include secondary forms of assessment
- Provide an example of how achieved
- Suggest how this aspect could be further developed
- Finally, think about how the final mentor may interpret what has been written. Is the intent clear? Would they appreciate why that grade was awarded?

At each interview students, with the help of their mentor, are required to identify:
- Areas of strength
- Areas for development

The student will need to:
- Have reflected on their goals and considered the impact any additional learning needs may have had
- Be able to use the feedback provided to develop their practice
- Ensure the PAT/OPAL is completed in time for the submission date.

It is appreciated that feedback is often given informally. It is useful to still record relevant details that may help in assessment in the current and future placements. This can be documented on the ‘communication’ pages or under ‘additional comments’ on OPAL. This is of particular benefit when helping to support a student who is underachieving in practice.
Other areas to record feedback

Students may have opportunities to attend short spoke visits with other members of the interprofessional team. On some occasions these may be longer periods of up to two weeks. It is invaluable to gather colleagues’ feedback to help support the assessment process. Details of the experience can be recorded on the ‘spokes placements’ section. The communication pages are available for colleagues to provide specific feedback about a student’s conduct and achievements whilst under their supervision or an attachment can be added to OPAL.

The communication page can be used by all persons involved in a student’s practice experience (paper based PAT only). For example, if a support visit from the university is provided; for the associate mentor to record progress whilst covering the mentors annual leave. The ‘additional comments’ section can be used for this purpose on OPAL.

Assessing professional values

In addition to the assessment of knowledge and skills you are asked to grade a student’s professionalism. You will not be asked to grade professionalism in the progression placement (this is the last 4 week practice placement of year 1 and 2). The area for recording this is on the interview page and should be awarded at the final interview. This will enable you to give specific feedback on areas such as motivation and attendance.

- The assessment descriptors are designed to promote equity in grading.
- The whole range of grades can be awarded at any point in the programme. The criteria will change as the student progresses through each year in accordance with their academic level.
- The second marker should preferably be an assessor or at least a qualified practitioner with an understanding of the student’s assessment tool. If this may present an issue please contact the UPLA team.
- A grade of less than 40% and greater than 70% must also be second marked to promote reliability. If the grade is not second marked the students grade will be capped just as when grading the competencies for knowledge and skills.
### Example of Year One Professionalism Grading Criteria

<table>
<thead>
<tr>
<th>Grade Range</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>80-100%</td>
<td>- Treats all with respect and dignity and applies principles of national and local equality and diversity legislation in practice&lt;br&gt;- Actively seeks out and evaluates the effectiveness of learning opportunities and applies new knowledge to practice&lt;br&gt;- Identifies and assesses potential risks involved in work activities&lt;br&gt;- Reports any concerns appropriately and identifies some solutions</td>
</tr>
<tr>
<td>70-79%</td>
<td>- Treats all with respect and dignity and is aware of national equality and diversity legislation&lt;br&gt;- Actively seeks out and evaluates the effectiveness of learning opportunities&lt;br&gt;- Identifies potential risks and reports concerns</td>
</tr>
<tr>
<td>60-69%</td>
<td>- Treats patients and significant others with dignity and respect&lt;br&gt;- Recognises and reports behaviour that undermines dignity, respect, equality and diversity&lt;br&gt;- Seeks out learning opportunities making links to personal development plan&lt;br&gt;- Reports any issues at work that may impact on health and safety of self and others</td>
</tr>
<tr>
<td>50-59%</td>
<td>- Treats patients and significant others with dignity and respect&lt;br&gt;- Recognises behaviour that undermines dignity, respect, diversity and equality&lt;br&gt;- Independently seeks out appropriate learning opportunities&lt;br&gt;- Recognises own limits, asks when unsure and responsibly seeks help when needed&lt;br&gt;- Recognises and reports concerns appropriately</td>
</tr>
<tr>
<td>40-49%</td>
<td>- Treats patients with dignity and respect&lt;br&gt;- With the help of others is able to identify appropriate learning opportunities&lt;br&gt;- Follows policies and procedures&lt;br&gt;- Attends consistently and punctually seeking approval for alteration to working patterns appropriately&lt;br&gt;- Absence reported to practice area and HSC placements as per BU policy, in a timely way&lt;br&gt;- Adheres to uniform guidelines&lt;br&gt;- Aware of own limitations</td>
</tr>
<tr>
<td>20-39%</td>
<td>- Inconsistency in treating patients with dignity and respect&lt;br&gt;- Reluctant to engage with learning opportunities&lt;br&gt;- Erratic attendance and absence reporting&lt;br&gt;- Does not seek approval/is non-compliant with allocated shift patterns</td>
</tr>
<tr>
<td>0-19%</td>
<td>- Does not treat patients with dignity and respect&lt;br&gt;- Unaware of own limitations&lt;br&gt;- Poor attendance, rarely punctual, &lt;br&gt;- Does not follow uniform guidelines&lt;br&gt;- No engagement with learning opportunities</td>
</tr>
</tbody>
</table>

**Year 1 Assessment of Professionalism**
Medication Administration

Standard 18 of the NMC standards (2008) state:

‘students must never administer/supply medicinal products without direct supervision.’

Whilst it is recognised that students must become proficient in the process of drug administration and management this must always be under direct supervision. They will receive clinical skills time about medication where this will be reinforced.

All students are required to engage in medication administration in each year of their programme. The practice assessment tool requires the student to be assessed on administering four medications each year. These should be summatively assessed once the student has had appropriate opportunity to demonstrate competence. This will require students to have a consistent opportunity to practice medication administration during their practice experience. The essential skills cluster requirements and four assessed medication administrations must be completed by the first submission date.

Please note: Students are advised that they may not participate in the preparation or administration of intravenous medication or administer medication prescribed under a Patient Group Directive. They are advised that it is their responsibility to review the medication policy of the placement area and clarify with their mentor what they are permitted to do in accordance with the organisations policy.

Students will need to demonstrate a growing evidence base for medication management in accordance with the essential skills. These require assessment in each year.

<table>
<thead>
<tr>
<th>Year 1: Administration of Medicines</th>
<th>PASS / REFER</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is competent in basic medicines calculations relating to:</td>
<td></td>
</tr>
<tr>
<td>• tablets and capsules</td>
<td></td>
</tr>
<tr>
<td>• liquid medicines</td>
<td></td>
</tr>
<tr>
<td>• injections including:</td>
<td></td>
</tr>
<tr>
<td>• unit dose</td>
<td></td>
</tr>
<tr>
<td>• sub and multiple unit dose</td>
<td></td>
</tr>
<tr>
<td>• SI unit conversion.</td>
<td>Pass / Refer</td>
</tr>
</tbody>
</table>
It is reasonable for mentors to ask students to provide additional evidence to show a growing knowledge base to support this assessment. For example:

**Year one** –
- Is familiar with the professional guidance and local policy
- Is able to calculate medication doses with minimal prompting
- Is able to identify properties of frequently dispensed medications
- Is able to explain related nursing care skills
- Can dispense and administer under supervision to an individual

**Year two** –
- Can do all the above as well as:
  - Demonstrate knowledge of legal and ethical implications
  - Dispense and administer medication to a group of patients
  - Has a greater knowledge base of medications
  - Can identify clear rationale for nursing care
  - Can identify potential risks and areas for change
  - Aware of roles and responsibilities

**Year three** –
- Can do all the above as well as:
  - Promote health and well-being through education and support
  - Is aware of responsibilities in supervising others in managing medication safely.

The assessment criteria should help to guide you and your student. You may find it helpful to ask your student to record practice examples of where they have been able to demonstrate their knowledge and skills in relation to medication management and administration.

**Progression Points**

Students are required to demonstrate specific skills and professional behaviours throughout the programme. There is a progression point assessment at the end of year one and year two. If students are unable to demonstrate these skills and behaviours by the progression point they will not normally be allowed to progress to the next part of the programme. Progression points must be assessed by a qualified mentor at the end of the year of practice.

<table>
<thead>
<tr>
<th>NMC Progression Point Criteria – Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To be assessed in last placement of the year after PAT submission</strong></td>
</tr>
<tr>
<td>1. Demonstrates safe, basic, person-centred care, under supervision, for people who are unable to meet their own physical and emotional needs.</td>
</tr>
<tr>
<td>2. Meets people’s essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times.</td>
</tr>
<tr>
<td>3. Seeks help where people’s needs are not being met, or they are at risk</td>
</tr>
<tr>
<td>4. Demonstrates an understanding of how to work within legal and professional frameworks and local policies to safeguard and protect people, particularly children, young people and vulnerable adults</td>
</tr>
</tbody>
</table>
If supporting a student in the final five weeks of the year’s practice you are asked to evaluate their ongoing progression by verifying:

- They are continuing to meet the competencies for practice
- That they continue to demonstrate appropriate professional values (relates to progression criteria 3,6,7,13,15 +18)
- Are developing skills, knowledge and behaviours appropriate to the stage of their programme.

There is a separate interview page to record this assessment.

**Supporting the Underperforming Student**

It is really important to address any areas of concern as soon as possible. It is vital that the ‘benefit of the doubt’ not be applied but that both student and mentor discuss the issue as soon as possible. Discussing specific examples from practice to help explore the issue is a useful strategy.

If a student is unsuccessful in an assessed element at the first attempt it could be considered that they are ‘failing in their practice’ but it may not be that they are ‘unfit to practice’. This reinforces the need to identify areas for development in order to ensure fair, valid and reliable assessment.

In addition you may identify an area that needs development even though your student is not at risk of failing practice e.g. delegation, numeracy and medication administration. You could develop a plan to help them focus and to take to their final placement.

Failing a student in practice does not mean that they will fail the course. If appropriate, students will be offered an opportunity to repeat referred elements in a later placement. For this reason it is essential that feedback is timely, plans are clear and that support is accessed as soon as possible.
It you consider your student is not going to be successful on their placement our first advice would be to get help. The placements concern protocol provides a flow chart to help guide you in seeking timely support.

**Resubmission**

If a student is unsuccessful in practice they can continue in practice and can start to address their development plan. They may not resubmit their referred competencies until invited to do so following the exam board. This will mean they are usually asked to do this in the summer placement.

Previous experience has shown that the sooner a concern is identified the easier it is to support students to address their development needs.

For example, a student in placement one keeps changing their shifts without discussion and has unexplained absence. Despite feedback and guidance this practice persists. A grade of 29% is awarded for professionalism on the basis that although they are compassionate, caring and eager when in placement their attendance and non-observation of process prevents a pass grade. They address this in the next placement and have ample opportunity to demonstrate consistent attendance for the remainder of the year. The alternative scenario is that the student receives the benefit of the doubt and the practice continues. A mentor at a later stage of the programme challenges this conduct. The student does not appreciate why this is an issue as it had not been addressed previously. This causes increased stress for both mentor and student.
The following checklist may be helpful to you:

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have I spoken with my student about my concerns?</td>
<td></td>
</tr>
<tr>
<td>Do they appreciate why I might be concerned?</td>
<td></td>
</tr>
<tr>
<td>Have the placement interviews detailed any of these concerns?</td>
<td></td>
</tr>
<tr>
<td>What evidence do I have to support my assessment? (can I give specific examples)</td>
<td></td>
</tr>
<tr>
<td>Have I spoken with my manager to gain additional support?</td>
<td></td>
</tr>
<tr>
<td>Is there a practice education link for my organisation? (This may be someone in your organisation and/or the university e.g. UPLA)</td>
<td></td>
</tr>
<tr>
<td>Are my concerns documented in the PAT?</td>
<td></td>
</tr>
<tr>
<td>Have the student and I developed a plan to address the issues?</td>
<td></td>
</tr>
<tr>
<td>Has the student contacted their academic adviser?</td>
<td></td>
</tr>
</tbody>
</table>

In our experience students have appreciated a mentor’s honesty in not passing their practice as this has enabled them more time to build on their skills and knowledge.

A development plan should be formulated as soon as concerns are identified, however the student cannot be reassessed until invited to do so by the exam board.

Moderation Boards
Each year moderation boards are held to monitor the reliability and validity of the assessment process. The Assessment tool is reviewed and amended following recommendations from the board and assessors. This will enable students who have been referred in practice an opportunity to be reassessed. At this board sample checks are made and so mentors may be contacted for verification of signatures. Please note that the board cannot alter grades awarded. The only exception is where grades of greater than 70% have not been second marked. These grades will be adjusted in accordance with university regulations. If mentors and practice education links wish to attend moderation board please contact the UPLA team (upla@bournemouth.ac.uk) for further information.
Section 3 – Online Practice Assessment for Learning (OPAL)

What is OPAL?
From February 2014 the nursing programme has been transitioning to an online portfolio. The assessment criteria remains unchanged from the guidance included in Section 2 of this guide. In order to complete the assessment tool you will need to have registered your contact details. Your student will then create a link, inviting you to have access to their portfolio.

All students who commenced on a print version of the Practice Assessment Tool will remain on print versions.

How do I register my details?
Each student and mentor must first create their own profile. For a mentor to assess a student, a ‘relationship’ (link) has to be created by the student, ‘inviting’ the mentor to see their profile. Once the relationship is created, the mentor has access to all elements of the student’s OPAL PAT, including past comments, as well as current assessments.

To get started go to www.opalbu.com

Click on mentor registration

Additional guides and information is available here

It is a good idea to save the site address to the ‘favourites’ tab of your device. You can access the OPAL site from any device that links to the internet.
Only those who have created logins can access OPAL
Keep your logins secure!
There is a function to re-set forgotten passwords
We ask for limited personal information in order to identify who you are and where you work: An email address – preferably work email
Your name, place of work / department or ward
Your NMC number (this will not be visible to any student or other mentor user)

Students ONLY see your name, work email address and place of work.

In the grey column under the help tab you will find resources to help explain the OPAL process. This area includes guides for each of the programmes. There are regular newsletters to help clarify any changes that may have happened.

If you have any doubts please contact opalsupport@bournemouth.ac.uk

Accessing the student’s portfolio

Once you have logged in click on ‘view learners’
Next you will see students who have created a link with you. Clicking on the student’s name will open up her OPAL PAT for you to view and make entries / assess her.

What is important to remember is if you are working on any part of the student portfolio, you must click save before leaving the PC / Tablet, otherwise any work will be lost.

It is the student who first creates the placement, including the dates. The system then requires interviews to be carried out in order. A green % button moves across the screen to show how the placement time is progressing to remind when mid-term and final interviews are due.

The course tab contains guidance about practice assessment and other information about assessment of practice. It will also tell you who the student’s academic advisor is.
Clicking on the **continuous assessment** tab brings up sections entitled:

- **Spoke / Clinical Visits / Short Placements**
  - The student needs to document key learning from these opportunities and can attach documents, such as feedback
- **Additional Comments and Tutorial Records**
  - Mentor, associate mentors, academic advisers and education links can use this area to provide feedback
- **Service/User Feedback**
  - The mentor can provide feedback from service users, being mindful of confidentiality

The two tabs **Leave new comment** and **View existing comments** allow you to access comments which mentors / academic advisers/ education links have left.

Clicking on **Add new** opens a template to leave a new comment.

![Comment Template](image)

The **next to Year 1** indicates which year the student is in. Clicking on this tab will show placement details already undertaken and is the tab where you complete the following:

- Initial, mid-term and final interviews.
- Development plans – to create an action plan if required.
- Assessment of Skills and Knowledge – the NMC competencies.
- Administration of Medicines – to record examples of drug calculation.
- Administration of medicines essential skills clusters – pass / fail assessment of NMC essential skills cluster medicines administration.
When completing the assessed elements make sure you add a grade and comments before saving as you will not be able to go back and add anything at a later date. If you make a mistake, do not worry, contact OPAL support for assistance.

It is the student’s responsibility to ensure everything is completed in time for submission. The OPAL system will automatically submit the student’s portfolio electronically on the allocated date and time. There is no need for the student to do anything.