

# PRACTICE ASSESSOR FULL DAY WORKSHOP

*Facilitator's Guide*

**PLPLG**

*Developing London's Future Nurses Together*

## Practice Assessors Full Day Workshop For New Practice Assessors

This training session is one of the PLPLG SSSA development modules for Practice Supervisors and Practice Assessors. This programme is intended for Practice Assessors who are new to the role. All delegates should have already completed the full suite of Evolve e-learning so have a basic knowledge and awareness. The programme reinforces the learning and provides opportunity for discussion, role and play and case studies.

This facilitator guide provides a lesson plan with approximate timings, content and activity which accompany the PowerPoint presentation. Each slide has additional notes to assist the trainer, where required. Case studies and scenario activities are included and these are provided in this guide.

### Lesson Plan

Timings	Slide	Activity or Topic	Trainer Notes
2 mins	2-3	Aims and Learning Outcomes	Introduce the workshop Go through objectives
5 mins	4	Discussion on changes	Open discussion to assess current awareness
15 mins	5-12	Changes to NMC, roles and responsibilities	Provide an overview of the changes and how this will impact on supervision
5 mins	13-14	Skills	Small group discussion
15 mins	15-16	Roles	Consider the different roles in supervision and assessment. Ask delegates to consider how the student will seek advice and feedback from their assessors and supervisors and how the chain works in terms of their roles and responsibilities to the student.
10 mins	17	Roles and responsibilities	Give delegates a copy of worksheet one and ask them to consider who is responsible for each activity
10 mins	18-19	Summary of roles Academic Assessor	Review roles in terms of assessment and documentation. Focus on the Academic Assessor role and how they will work with the student in terms of their responsibilities
5 mins	20	Assessment	Using the brief scenarios, consider who would be most appropriate for each activity
5 mins	21	Quiz	Go through the questions and ask delegates for answers in turn or ask

			them to work in pairs / small groups
5 mins	22-23	Student responsibilities and documentation	Go through what is expected of students and the documentation requirements
10 mins	24	Quiz	Assessment of learning and understanding from e-learning module
15 mins	25-29	Documentation	Go through the documentation for each proficiency and explaining who is responsibility for what
5 mins	30-31	Evidence, validity and reliability	Remind delegates about evidence, validity and reliability
10 mins	31-34	Future nurse proficiencies	Go through the changes in student education, learning and assessment. Ask delegates to consider how this may impact on supervision and assessment in practice
30 mins	35	Activity	Give delegates a copy of worksheet two and ask them to work in pairs to consider the scenarios
15 mins	36-38	Underperformance	Ask delegates to consider signs and causes of under-performance. Go through their responses and then through the slides. Ask if delegates have addressed these areas before and if so, how did it go
10 mins	39	Underperformance Activity	Give delegates a copy of worksheet three. Ask delegates to work in pairs to consider how they may address the situation. General discussion
10 mins	40-42	Underperformance	Go through the process of addressing concerns and action planning
10 mins	43	Action planning	Ask delegates to complete part 2 of the activity by completing an action plan (template provided)
15 mins	44	Failing a student	Go through the process. Ask delegates how they feel about this and what they may need to consider
5 mins	45-46	Whistleblowing and SOS	Go through the slides and highlight the SOS practice
10 mins	47	Quiz	Ask delegates to call out answers or to work in pairs
5 mins	48	Feedback	Ask delegates what they understand by 'feedback' and when should they give it. Ask about different types of feedback. Revise what they have

			learned from the e-learning module
5 mins	49	Johari Window	Go through Johari window and the implications, particularly focussing on giving feedback
10 mins	50-51	Kipling's men and IAID	Go through Kipling's Men and how these relate to feedback. Consider the IAID model and how this helps in giving feedback as it provides a structure
30 mins	52	Role play	Ask delegates to work in threes – one as the practice assessor, one as the student and one as the observer. Using the scenarios in worksheet three, ask them to role play giving feedback with approx. 10 mins per role play with the observer giving feedback at the end of each
5 mins	-	Review of feedback	Go through the principles of feedback and how important it is for students
5 mins	53	Quiz	Assess learning from e-learning module
5 mins	54-56	Coaching	Go through definitions – consider different tools in different situations. Ensure delegates understand coaching. Introduce different models and purpose
5 mins	57	GROW	Go through the GROW model and consider when it may be used
20 mins	58-62	SOAR and activity	Go through the SOAR model and consider when they may be more useful than GROW and why. Go through the different types of question and encourage delegates to think of questions they may feel comfortable asking at each stage.
30 mins	63	Role play	Ask delegates to work in threes – one as the practice assessor, one as the student and one as the observer. Using the scenarios in worksheet four, ask them to role play coaching and using their questions with approx. 10 mins per role play with the observer giving feedback at the end of each
10 mins	64	Quiz	Quick assessment of different skills

## Notes for slides:

Slide	Trainer notes
7	<p>Moving to the standards for education and training. This visual shows the structure of our new suite of standards. In May we published our new suite of Standards for education and training which are in three parts:</p> <ul style="list-style-type: none"> <li>• <b>Upper left:</b> Part 1 Standards framework for nursing and midwifery education (for all NMC approved programmes)</li> <li>• <b>Lower down:</b> Part 2 Standards for student supervision and support (the new approach to learning and assessment which replaces mentorship)</li> <li>• <b>Middle:</b> Part 3 Programme standards with detail relevant to each of our approved programmes: entry requirements, length, hours and the award etc. (so far we have published Standards for pre registration nursing programmes and Standards for prescribing programmes. We will be building on this with a publication for each approved programme)</li> <li>• <b>On the right:</b> The proficiencies for nursing and midwifery professions (including nursing associates). As with the programme standards, so far we've published the nursing proficiencies, and we'll adopt the Royal Pharmaceutical Society Competency Framework for prescribing.</li> </ul>
8	<ul style="list-style-type: none"> <li>• When we were developing and consulting on these standards we heard that there was a lack of consistency in the assessment process and that failing to fail students still exists. By separating out the supervision and assessment roles there'd be more consistency and more objectivity in the assessment process.</li> <li>• The introduction of supervisors who are not registered with the NMC would also improve interprofessional working and learning, and enable more placement opportunities for students.</li> <li>• It is inevitable that joint working between AEI's and practice placement providers would be enhanced.</li> <li>• Without the restrictions of the previous standards supporting students becomes every NMC registrant's responsibility as enshrined in the Code</li> </ul>
11	<p>This is one of the important changes for student supervision. Where previously students were supported by a named mentor and co-mentors (in some settings), they will now be supported by a range of professionals. This may include:</p> <ul style="list-style-type: none"> <li>• Healthcare assistants, support workers and nursing associates</li> <li>• Allied health professionals – physiotherapists, occupational therapists, speech and language therapists, radiotherapists and other AHPs</li> <li>• Psychologists in mental health settings</li> </ul> <p>A practice supervisor can be <b>any</b> registered healthcare professional. Newly registered nurses may also be practice supervisors for students</p>
15	<p>Involving students, talking to them, involving them as much as possible Listening to what they say and encouraging them to questions.</p>

	<p>Consider how we listen, are we active listeners? What do we listen with? Ears, eyes, heart</p> <p>Being friendly and getting to know them as individuals</p> <p>Provide constructive and positive feedback</p> <p>Use coaching skills to encourage them to take responsibility for their learning and development</p> <p>Provide a non-threatening environment</p> <p>Encouraging learners to take ownership of their own learning</p>
16	<p>The responsibilities of the Practice Supervisor, according to the NMC Guidelines for Standards of Student Supervision and Assessment include:</p> <p>3.1 serve as role models for safe and effective practice in line with their code of conduct</p> <p>3.2 support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes</p> <p>3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills</p> <p>3.4 have current knowledge and experience of the area in which they are providing support, supervision and feedback, and</p> <p>3.5 receive ongoing support to participate in the practice learning of students. <a href="http://www.nmc.org.uk">www.nmc.org.uk</a> Standards for student supervision and assessment</p> <p>4. Practice supervisors: contribution to assessment and progression</p> <p>Approved education institutions, together with practice learning partners, must ensure that practice supervisors:</p> <p>4.1 contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising</p> <p>4.2 contribute to student assessments to inform decisions for progression</p> <p>4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising, and</p> <p>4.4 are expected to appropriately raise and respond to student conduct and competence concerns and are supported in practice</p>
17	<p>The role of the Practice Assessor, according to the NMC Standards for Student Supervision and Assessment include:</p> <p>7.1 practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning</p> <p>7.2 assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors</p> <p>7.3 practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources</p> <p>7.4 practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing</p> <p>7.5 a nominated practice assessor works in partnership with the</p>

	<p>nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies</p> <p>7.6 there are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression</p> <p>7.7 there are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression</p> <p>7.8 practice assessors have an understanding of the student's learning and achievement in theory</p> <p>7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression</p> <p>7.10 practice assessors are not simultaneously the practice supervisor and academic assessor for the same student, and</p> <p>7.11 practice assessors for students on NMC approved prescribing programmes support learning in line with the NMC Standards for prescribing programmes.</p>
19	<p>Go through the different roles and responsibilities at various points of placement. The slide shows different colours for different features of documentation and assessment.</p> <p>Emphasise that there are modules, ie assessing learning needs and assessing learning in practice that will provide additional learning and guidance for both practice supervisors and practice assessors in supporting students</p>
20	<p>According to the NMC Guidelines and student Standards for Supervision and Assessment, the Academic Assessor is responsible for:</p> <p>9.1 academic assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme</p> <p>9.2 academic assessors make and record objective, evidence-based decisions on conduct, proficiency and achievement, and recommendations for progression, drawing on student records and other resources</p> <p>9.3 academic assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming</p> <p>9.4 the nominated academic assessor works in partnership with a nominated practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies</p> <p>9.5 academic assessors have an understanding of the student's learning and achievement in practice</p> <p>9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression</p> <p>9.7 academic assessors are not simultaneously the practice supervisor</p>

	and practice assessor for the same student.
23	<p>Stress that assessors are accountable for the decisions made and therefore these must be appropriately informed. Assessors should be systematic in finding appropriate information, feedback and other evidence to justify any decisions made.</p> <p>All decisions should be recorded in the student PLPAD against the appropriate competence</p>
29	<p>Assessments will provide evidence or supporting information which may be used in an overall assessment of a student's learning in practice. Notes should be taken during observation (or immediately afterwards) and it is helpful to encourage students to reflect on their own assessment to consider areas of strength and areas of potential development. Feedback from colleagues, healthcare professionals or service users is also helpful, however this should be written and be unbiased. The more feedback from different sources the better as it provides a more balanced perspective and can be particularly helpful if there are concerns with performance, helping to inform decision making.</p> <p><b>Involving service users in assessment</b></p> <p>Health policy initiatives encourage a more active role for patients, service users and carers as they have become a fundamental voice in informing assessments. However certain ethical implications must be considered and patients / others must not feel forced to provide feedback on a student. The feedback form available in the Pan London Practice Assessment Document should be used to gather feedback from service users to ensure consistency.</p> <p>It is very important to remember that students should be assessed against pre-set standards and not against peers or assessor expectations which may be subject to bias.</p>
30	<p>Inadequate feedback from colleagues, practice supervisors or service users, particularly where feedback may cause doubts on performance or attitude</p> <p>Bias towards student which may be positive or negative, which may impact on assessment causing unfairness</p> <p>Insufficient opportunities to observe and assess certain skills, competencies or behaviours. This can be due to the setting or the workload or chances of working alongside the student</p> <p>Student may not be sufficiently prepared for assessment or may be very nervous</p> <p>Pre-conceived ideas based on other students' or previous experiences. Important to assess each student as an individual against the requirements of stage of practice and not against peers or other students</p> <p>Important to know the documentation, who does what, when it should be done, who is responsible for signing off</p> <p>Workload pressures and feeling stressed if it's a particularly busy day or there are few opportunities towards the end of placement</p>
36	<p>Ask students to work in pairs or small groups.</p> <p>Ask them to consider if they have observed underperformance in the workplace and if so, what signs were there?</p>

38	<p>There are many causes of underperformance in nursing students:</p> <ul style="list-style-type: none"> <li>• Unclear expectations – poor induction or lack of understanding about what the student can or should be doing</li> <li>• Insufficient support – leaving a student struggling and uncertain what to do resulting in feelings of being under-valued and unable to contribute</li> <li>• Working relationships or culture of setting – busy environments often leave students feeling isolated and ‘lost’. Where there are cliques and friendships, the student can feel alienated</li> <li>• Lack of interest in setting / working environment – it can be that the placement itself is of no interest as the student already knows what he/she wants to do and is less interested</li> <li>• Stress and pressure – particularly towards year end and third year when there are added pressures of academic assignments. Many nursing students also balance the responsibilities of a family, work and nursing</li> <li>• Insufficient knowledge or skills – asked to perform tasks of which they have no experience can leave them feeling over-whelmed and with feelings of inadequacy</li> <li>• Personal problems at home can impact, particularly when working long or unsociable hours to which the student is not accustomed</li> <li>• Poor communication amongst staff</li> <li>• Insufficient feedback from supervisors and assessors leaving the student wondering how they are getting on and unaware that they are not performing to required standards</li> </ul>
40	<p>Under-performance needs to be addressed as early as possible to provide the student with as time and opportunity as possible to address the problem and improve. Too often, practice assessors may leave it too long before addressing the problem which then gives further problem for student and practice assessor. This can be for a variety of reasons – wanting to give the student an opportunity to develop first, lack of confidence in identifying improvement or giving ‘difficult’ feedback, fear of consequences and repercussions.</p> <p>The practice assessor should work with the academic assessor to identify problems, root causes and action plans going forward. Feedback needs to be given as soon as possible and in a private area. The student should be given advance notice of the meeting. Feedback must be clear and concise with specific examples and the impact on the service identified. With the student’s involvement, an action plan should be completed identifying SMART objectives with timeframes. The under-performing student will need continual support, feedback and coaching to help them to develop.</p>
44	<p>Failing a student is a very difficult decision and should be taken only after the student has been given every opportunity to improve. Although difficult it is vital to remember that patient safety is essential and unsafe staff may have serious repercussions.</p> <p>The practice assessor and academic assessor should work together here to support the student, providing robust evidence and supporting information, including feedback, assessments and results of action planning.</p>

	<p>This can be very distressing for a student, particularly towards the end of a programme, and it helps to prepare for the impact this will have on the student by understanding and preparing for different reaction. Typical reactions may include anger, denial, sadness, feelings of hurt and being betrayed. For some it may come as a relief as they may have felt they were struggling and this helps to acknowledge their feelings. It is also helpful to anticipate the impact this may have on the team in the setting, as well as on other students.</p> <p>Finally it is important to acknowledge this is difficult for most practice assessors who do not like failing students for fear of upsetting them, or a lack of confidence in themselves or repercussions from team.</p>
45	<p>Highlighted in Francis report. All healthcare works have to abide by code of conduct as well as duty of care to put patients and their safety first as well as staff. Raising a concern of whistleblowing may seem very daunting and some employees may feel disloyal to their team or their manager. A serious concern impacting on patients or colleagues must be addressed and where appropriate, it should be addressed internally within an organisation. All organisations have their own policies about this. However if in doubt NHS England has a whistleblowing helpline - <a href="https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/">https://www.england.nhs.uk/ourwork/whistleblowing/raising-a-concern/</a></p> <p>Concerns may include malpractice, unsafe patient care, safeguarding failure, poor clinical practice, insufficiently trained staff or staff working outside their scope of practice, unsafe working conditions, poor medicines management, staff who are stressed or unwell, bullying and harassment</p>
46	<p>The Nursing Times <b>Speak Out Safely (SOS)</b> campaign aims to encourage NHS organisations and independent healthcare providers to develop cultures that are honest and transparent, to actively encourage staff to raise the alarm when they see poor practice, and to protect them when they do so.</p> <p>Organisations who support SOS encourage staff to report incidents of poor practice impacting on patient care. Patient care is the primary concern for all healthcare organisations and frontline staff are in the best place to observe poor and unsafe practice, however often feel it is difficult to raise concerns because of consequences for their own practice and role. Raising the alarm is about protecting patients and colleagues, it is not disloyalty and should be treated as an opportunity to seek improvement whilst staff feel protected by their organisation</p>
49	<p>Developed by Joseph Luft and Harrington Ingham in 1955, Johari's Window considers the four domains that make up a person. Through an understanding and self-awareness, we can develop our personalities and our relationships with others.</p> <p>Feedback is essential in understanding and developing the 'blind self'. Empowering others through delegation and positive feedback encourages people to explore the 'unknown self'</p> <p>The four domains are:</p> <ul style="list-style-type: none"> <li>• Hidden self – this is the area known only to oneself – secret hopes, dreams, thoughts, fears that are not shared with everyone</li> </ul>

	<ul style="list-style-type: none"> <li>• Known self – this is the public face and the personality that other people know. It will include strengths, knowledge, skills, way people look and interact with others. This area is known by oneself and by others</li> <li>• Blind self – this is the blind spot – the areas we do not know about ourselves. These may be negative aspects of which we are unaware of positive qualities in those lacking self-esteem. In giving feedback, we are addressing this area</li> <li>• Unknown self – this is the area unknown to self and others – it can only be explored through opportunity and a willingness to try new things</li> </ul> <p>Not all the domains will be the same size – some people are very private people who do not like to share with others; some are very public people who are open and disclose a lot about themselves. Johari's Window is helpful in giving feedback and useful as a self-awareness tool. It can be used as a blank grid for someone to complete for themselves and identify areas of development and growth.</p>
50	<p><b>What</b> – consider the feedback you need to give. What are the key messages? What is the situation? What examples do you have? What sort of feedback is it – positive, constructive, negative, informative?</p> <p><b>Where</b> – all feedback should be given in a quiet place without interruption, particularly constructive or negative feedback. Whilst some people say praise and positive feedback should be given in front of others, this is not advised as others may feel less valued, whilst the recipient may feel embarrassed</p> <p><b>When</b> – consider the timing. Feedback should be given as soon as possible to an event whilst it remains fresh giving time to prepare the approach, however consideration should be given to the timing of the feedback for the individual, with thought for how they may be feeling, ie if they have just come from a long shift or difficult interaction</p> <p><b>How</b> – consideration for how the feedback will be given with examples that may be provided, thought for the vocabulary being suited to the recipient. Feedback should be given with sensitivity and creating a dialogue involving listening and questioning. Feedback should be clear and concise, avoiding generalization</p> <p><b>Why</b> – feedback should only be given to help someone to develop or do things more effectively, to improve a situation or to make people aware of certain information or standards</p> <p><b>Who</b> – think about the person who is receiving the feedback, consider how they will feel and react, ensure you are prepared for their reaction. Also consider to whom you should give feedback</p>
51	<p><b>The IAID Model of Feedback</b></p> <p>This model provides a four stage process through which to conduct a meaningful feedback session. By beginning by asking questions, engaging with the individual and providing the opportunity for them to offer their views and perspective, the facilitator is empowering the individual. When an individual admits that a situation could have been</p>

	<p>handled better, they are owning the problem and taking responsibility. They are demonstrating a level of self-awareness and a willingness to consider change.</p> <p>INPUT - Ask for their input – comments, perceptions and opinions. This empowers individuals to own responsibility for the concern</p> <p>ACTIVITY - Identify the activity and consider both positive and negative behaviours. Remain objective and impartial, describing without emotion</p> <p>IMPACT - Identify the impact of the action in terms of service and others, with consideration of why this needs development</p> <p>DESIRED OUTCOME - Identify changes or what should happen. Look at alternatives and way forward. Consider action plan for future, support needed and when you will review</p>
53	<p>Supervising – overseeing someone’s work using a range of skills</p> <p>Coaching – guiding someone to explore all potential options and decide on a way forward</p> <p>Advising – giving opinions or information which may or may not be taken, generally based on own experience</p> <p>Teaching – directive approach to provide information</p> <p>Instructing – giving someone an instruction, telling them how to do something</p> <p>Counselling – helping someone to accept or take responsibility for something that has already happened</p> <p>Mentoring – combines elements of all of the above</p>
54	<p><b>Coaching</b> is improving performance through a range of learning experiences to identify areas for improvement. This may involve helping someone to solve a problem, learn a new skill, address a difficult area or achieve a goal</p> <p><b>Advising</b> is giving opinions or information which may or may not be taken. Guiding or giving advice based on your own experience</p> <p><b>Instructing</b> is teaching others or giving instruction on how something should be done. This includes demonstrating practical skills</p> <p><b>Teaching</b> is about passing on knowledge or skill to another person and facilitating their learning</p> <p><b>Counselling</b> is encouraging others to take responsibility for a problem. It focuses on past experience</p> <p><b>Mentoring</b> has different meanings in different contexts. It is typically less formal, combines elements of all the above and is aimed at helping people to realise their potential. Within healthcare, mentors are responsible for developing and assessing students and learners</p> <p>The key to successful management or supervision is to understand when each of these core skills is required. When is coaching the better option and when is it more effective to provide answers, advice or instruction.</p>
57	<p>GROW was developed by John Whitmore and his colleagues. It is a useful tool to structure a coaching conversation when someone has a specific objective in mind. It has four stages and at each stage the coach questions and probes to encourage the individual to come up with ideas and options:</p>

	<p>Goal – identify the end goal or what it is the person is wanting to achieve</p> <p>Reality – what is the current situation, what knowledge, skills and experience do they have. What have they tried so far? How successful has it been?</p> <p>Options – what could they do? What alternatives do they have?</p> <p>Will / way forward – what are they going to do? How will they know when they're successful?</p>
58	<p>SOAR</p> <p>An alternative model, also with four stages, focuses on considering the Situation initially before identifying the Outcome, looking at potential Actions and completing the cycle with Review and Reflect.</p> <p>Designed to complete the coaching cycle with the opportunity to review and reflect which fits well with Nursing and encourages reflection and review of what has gone well</p>
59-62	<p>Emphasise that not everyone feels comfortable asking the same questions and will want to phrase them differently, use different language or approach in a different way. This is perfectly acceptable as the coach needs to be comfortable with the coaching process.</p> <p>Ask delegate to consider a couple of questions they might like to ask at this stage</p>
65	<ul style="list-style-type: none"> <li>• A student asks where they can store their personal belongings – ADVISING / INFORMING</li> <li>• A student asks how to approach a certain patient who appears quite difficult – COACHING</li> <li>• A student is starting out on placement and is ensure what they should be focusing on - COACHING</li> <li>• A student wants to know how to perform a certain skill that is particularly relevant to the setting – INSTRUCTING / TEACHING</li> <li>• You need to sign a student off for a certain skill - SUPERVISING</li> </ul>

On the following page there are templates and activities (please refer to lesson plan):

- Worksheet One – roles and responsibilities (with answers!)
- Worksheet Two – assessment scenario
- Worksheet Three – dealing with underperformance case study (with action plan template)

## Worksheet One - Roles and Responsibilities – Activity

For each of the following responsibilities tick the appropriate box/es for who you think it should be

<b>Responsibility</b>	<b>Practice Supervisor</b>	<b>Practice Assessor</b>	<b>Academic Assessor</b>
<b>Gather and coordinate feedback on student performance</b>			
<b>Provides feedback on progress</b>			
<b>Shares relevant observations with practice assessor and academic assessor</b>			
<b>Work in partnership with nominated academic assessor</b>			
<b>Support learning in line with NMC standards</b>			
<b>Initial interview per placement</b>			
<b>Have an understanding of the student's learning and achievement in practice</b>			
<b>Collaborate with practice assessors at relevant points in programme structure</b>			
<b>Supervision of student's medicines management</b>			
<b>Maintain current knowledge and expertise</b>			
<b>Confirm student achievement of proficiencies and programme outcomes in the academic environment</b>			
<b>Supervision of student's episode(s) of care</b>			
<b>Completes OAR at end of each placement &amp; at programme progression</b>			
<b>Signs off Service User Feedback</b>			

## Answers to Activity

<b>Responsibility</b>	<b>Practice Supervisor</b>	<b>Practice Assessor</b>	<b>Academic Assessor</b>
<b>Gather and coordinate feedback on student performance</b>		<input type="checkbox"/>	
<b>Provides feedback on progress</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Shares relevant observations with practice assessor and academic assessor</b>	<input type="checkbox"/>		
<b>Work in partnership with nominated academic assessor</b>		<input type="checkbox"/>	
<b>Support learning in line with NMC standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initial interview per placement</b>	<input type="checkbox"/>		
<b>Have an understanding of the student's learning and achievement in practice</b>			<input type="checkbox"/>
<b>Collaborate with practice assessors at relevant points in programme structure</b>			<input type="checkbox"/>
<b>Supervision of student's medicines management</b>		<input type="checkbox"/>	
<b>Maintain current knowledge and expertise</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Confirm student achievement of proficiencies and programme outcomes in the academic environment</b>			<input type="checkbox"/>
<b>Supervision of student's episode(s) of care</b>		<input type="checkbox"/>	
<b>Completes OAR at end of each placement &amp; at programme progression</b>		<input type="checkbox"/>	
<b>Signs off Service User Feedback</b>	<input type="checkbox"/>		

## Worksheet Two

### Scenario One

Student A is in the middle of her programme of study as an adult nurse. She has been in the placement where you are the Practice Assessor for four weeks. Her Practice Supervisor has raised some concerns regarding her competence with some skills following several learning opportunities and she has failed these. As the PA you arrange to meet with her.

- What communication and interpersonal skills would you need to demonstrate?
- What do you need to address in the meeting?
- What would you do after the meeting?

### Scenario Two

Student B is a Mental Health student nurse at the beginning of his third year. He is three weeks into his placement in the CAMHS Eating Disorder Unit and the Practice Supervisor has raised concerns about his time management as he has been late into work on three occasions without any good reason. The Practice Supervisor has already given him some feedback but there has been no improvement. As his Practice Assessor you have arranged to meet with him.

- What communication and interpersonal skills would you need to demonstrate?
- What do you need to address in the meeting?
- What would you do after the meeting?

### Scenario Three

Student C is a children's nursing student on a busy paediatric ward in the last placement of her final year. Although she very capable, the Practice Supervisor has had to speak to her several times about her long hair not being tied up in a bun. The student has not changed her behaviour saying that the qualified staff have ponytails instead of buns and it is discrimination. As her Practice Assessor you have arranged to meet with her.

- What communication and interpersonal skills would you need to demonstrate?
- What do you need to address in the meeting?
- What would you do after the meeting?

### Scenario Four

Student D is a learning disabilities student in his second year. Although very competent, you have noticed that his communication skills are lacking. He is poor at making eye contact and doesn't engage with the patients. On several occasions you have noticed him treating the patients in complete silence. You are aware the Practice Supervisor has already addressed this with him, however there has been no improvement. As his Practice Assessor you have now arranged to meet with him.

- What communication and interpersonal skills would you need to demonstrate?
- What do you need to address in the meeting?
- What would you do after the meeting?

## Worksheet Three

### Case Study

#### Part One

Lianne has just started her third year of adult nursing. She is three weeks into her placement on a medical ward. The practice supervisor, Patience, has raised a concern with you that Lianne is too familiar with some of the patients, regularly using endearments. She has also become quite lazy and slow to react to patients' requests which has resulted in a verbal complaint from a patient's daughter. As the practice assessor, you have been observing Lianne during her last two shifts and have come to conclusion she is under-performing.

What are you going to do now?

## Part Two

Based on the case study above, complete the action plan:

### Action Plan

An action plan is required when a student's performance causes concern

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

Placement Name		Date action plan initiated:		
Nature of concern Refer to Professional Value(s), Proficiency and/or Episode of Care (Specific)	What does the student need to demonstrate; objectives and measure of success (Measurable, Achievable and Realistic)	Support available and who is responsible	Date for review (Timed)	Review/feedback
				Date: Comments:
Student's Name:		Signature:	Date:	Practice Assessor Name: Signature:
Practice Assessor's Name:		Signature:	Date:	
Academic Assessor's Name:		Signature:	Date:	