

Name.....

Number.....

Cohort.....

Field

Personal Tutor.....

ONGOING ACHIEVEMENT RECORD 1.0

NURSING

BSc



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

TABLE OF CONTENTS

The OAR document contains:

- A summary of each placement
- Practice Assessor checklist/comments
- Progression statements

Guidelines for OAR

Student

The Ongoing Achievement Record (OAR) summarises your achievements in each placement and with the Practice Assessment Document (PAD) provides a comprehensive record of professional development and performance in practice.

The purpose of this document is to provide evidence from Practice Assessor to Practice Assessor regarding your progress, highlighting any areas for development throughout the programme. Your Practice Assessor and Academic Assessor must have access to this document at all times during your placement and it should be made available on request. It is your responsibility to ensure it is completed on each placement.

Practice Supervisor

As a Practice Supervisor you can use the OAR to review achievements and progress to date and identify additional learning opportunities to support student development and learning.

Practice Assessor

As a Practice Assessor this document provides you with information regarding the student's progress. This allows areas for development to be identified from previous placements. It is your responsibility to ensure that each Placement record is completed and the Progression Statement at the end of the Part is signed. It is also your responsibility to confirm which of the identified proficiencies have been achieved in Part 2 /Part 3.

Academic Assessor

As the Academic Assessor you work in partnership with the Practice Assessor in relation to student achievement in practice. The Academic Assessor confirms student completion and recommends the student for progression for each part of the programme.

PART 1 - PLACEMENT 1
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

PART 1 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

PART 1 – RETRIEVAL PLACEMENT
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

End of Part 1

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

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

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

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

I confirm that the student has participated in care (with guidance), achieved all the requirements of Part 1 and is performing with increasing confidence and competence.

Practice Assessor: *(print name below)*

Practice Assessor's signature:

Date:

I recommend that the student can progress to Part 2.

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

PART 2 - PLACEMENT 1
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

PART 2 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document

(This can be completed following the final review)

Name:

Signature:

Date:

PART 2 – RETRIEVAL PLACEMENT
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

End of Part 2

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

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

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

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

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

I confirm that the student has actively participated in care (with minimal guidance), achieved all the requirements of Part 2 and is performing with increased confidence and competence.

Practice Assessor: *(print name below)*

Practice Assessor's signature:

Date:

I recommend that the student can progress to Part 3.

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date:

PART 3 - PLACEMENT 1
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

PART 3 - PLACEMENT 2
To be completed by the Practice Assessor

Organisation/Placement provider:

Name of Practice Area:

Type of Experience:

Telephone/email contacts:

Start date:

End date:

No. of hours allocated:

Summary of student's strengths and areas for further development

Has the student achieved the professional values?

Yes/No

Has the student achieved the agreed skills?

Yes/No

Has the student achieved their agreed learning and development needs?

Yes/No

Has the student completed the required hours?

Yes/No

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

Yes/No

Student name: (print name):

Student signature:

Date:

Print Practice Assessor name:

Practice Assessor's signature:

Date:

Number of hours completed:

Outstanding hours:

Number of days of sickness:

Absence:

Authorised/Unauthorised

Academic Assessor's Comments/Review of the PAD document
(This can be completed following the final review)

Name:

Signature:

Date:

End of Programme

To be completed by the Practice Assessor and Academic Assessor

Practice Assessor:

In addition to the achievement of professional values and proficiencies

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

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

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

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

I confirm that the student is practising independently with minimal supervision, achieved all the requirements of Part 3 and is leading and coordinating care with confidence.

Practice Assessor: *(print name below)*

Practice Assessor (Signature):

Date:

I have reviewed the assessment documentation and student reflections and can confirm the student has been assessed by the Practice Assessor as fit to practice safely and effectively with minimal supervision and I recommend the student for progression to the Nursing and Midwifery Council register for the United Kingdom.

Student Name: (print name)

Academic Assessor: *(print name below)*

Academic Assessor's signature:

Date: