



Faculty of Health and Social Care
Foundation Degree: Nursing Associate

Practice Assessment Record Year 1

Trainee Nursing Associate Details:	Name:	
	Trainee ID:	
	Cohort:	

Personal Tutor Details:	Name:	
	Email:	
	Telephone Number:	

Employing NHS Trust:	
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Contents Page

Key Guidance for the use of the Practice Assessment Records	Page	3
Level Descriptor Statements	Page	6
Record of Placement Support Visits	Page	7
Nursing Associate Domains	Page	8
Evidence of Exposure Record	Page	26
WBL Experience 1 Hub Details	Page	27
WBL Experience 1 Spokes	Page	32
WBL Experience 1 Short Visits	Page	34
WBL Experience 1 Hub Interim Progress Review	Page	35
WBL Experience 1 Action Plan	Page	36
WBL Experience 1 Final Progress Review	Page	38
WBL Experience 2 Hub Details	Page	39
WBL Experience 2 Spokes	Page	44
WBL Experience 2 Short Visits	Page	46
WBL Experience 2 Hub Interim Progress Review	Page	47
WBL Experience 2 Action Plan	Page	48
WBL Experience 2 Final Progress Review	Page	50
WBL Retrieval	Page	51
Appendices	Page	61

Key Guidance for the use of the Practice Assessment Record

For Supervisors are stage 2 mentors it is their responsibility to ensure they meet the Nursing and Midwifery Council (NMC) requirements of mentor update and triennial review. For stage 1 mentors acting as a Supervisor to a Trainee Nursing Associate it is the responsibility of the Supervisor to ensure that they have had suitable preparation for the role.

Hub practice experience

A hub experience is defined as a period of more than 4 weeks and normally 22 weeks, where the trainee nursing associates' learning is planned using the Collaborative Learning in Practice Model, (CLiP). The ethos of this model allows Trainees to learn from many members of the health and care team (these are coaches; definition is included as an appendix), not just their Supervisor. It therefore allows the Trainee to be coached by a number of staff, who would include, their Supervisor, their placement supervisor, a member of the placement team, a peer and or other health and social care student, a high level supervisor for example their head of nursing/ modern matron, the practice lecturer, and Academic Link. The use of this model allows the Supervisor to supervise the Trainee across the programme and within internal and external organisations, this creates a sense of belonging and provide continuity for the Trainee. Their placement supervisor will oversee the work based learning experience.

The programme supports a continuous assessment of work based learning and as such at the end of each hub experience the supervisor needs to review the trainee nursing associates practice to date and indicate the competencies achieved. Health Education England define eight domains below where competence must be demonstrated for the role of a qualified Nursing Associate. The domains are embedded throughout the two-year programme and can be demonstrated across the three areas of practice described as Hospital, Close to Home or at Home (definitions attached as an appendix). Practice assessment documents for this programme have therefore been organised into these areas for assessment purposes and the trainee nursing associate is required to achieve certain domains according to the level of study they are undertaking. Each domain is assessed across three levels (see below) and there are specific points in the programme when attainment at a level is required, although early achievement can occur and then sustained;

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor (who is present to observe tasks and activities and can intervene immediately if required) can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

The Practice Assessment Record which is referred to as the PAR, consists of performance descriptors, sets of skills and attributes which you will need to achieve within each block of the programme

Domain	Achievement by end of placement 1 Year 1	Achievement by end of Year 1	Achievement by end of placement 1 Year 2	Achieved by end of programme
1 Professional Values and Parameters of practice	Formative Level 2	Summative Level 3	Summative Level 3	Summative Level 3
2 Person-centred approaches to care	Formative Level 1	Summative Level 2	Summative Level 3	Summative Level 3
3 Delivering Care	Formative Level 1	Formative Level 1	Summative Level 2	Summative Level 3
4 Communication and Interpersonal Skills	Formative Level 1	Summative Level 2	Summative Level 3	Summative Level 3
5 Team –working and leadership	Formative Level 1	Formative Level 1	Summative Level 2	Summative Level 3
6 Duty of care, candour, equality and diversity	Formative Level 2	Summative Level 3	Summative Level 3	Summative Level 3
7 Supporting learning and assessment in practice	Formative Level 1	Formative Level 1	Summative Level 2	Summative Level 3
8 Research, development and innovation	Formative Level 1	Formative Level 1	Summative Level 2	Summative Level 3

Table indicates minimum level of attainment for each placement.

Guidance on using the competencies to assess the Trainee

Each domain comprises of numbered competency statements in **bold type**, against which the trainee nursing associate is assessed.

The bullet points in **bold type** form part of this competency statement and require assessment and are linked to module learning.

The bullet points not in bold are sub points which contribute to the supporting evidence of the trainee nursing associate's achievement appropriate to the context of the learning environment.

The assessment process is one of **exception** reporting and continuous assessment; this requires named hub Supervisor with the CLiP Supervisor to identify only those competencies that the Trainee needs to further develop/achieve. They should circle **only** the relevant competencies that still need to be developed/achieved. This enables identification of specific competencies that require support and development necessary for progression and from which the trainee nursing associate can use for their work based learning module.

If at any time a trainee nursing associate requires additional support the supervisor in conjunction with the CLiP Supervisor can agree learning opportunities on their developmental learning plan

or

If at any time a supervisor has concerns about the trainee nursing associate's progression an action plan must be initiated and CLiP Supervisor, the Practice Education Facilitator (PEF) and appropriate Academic contacted at the earliest opportunity.

Trainee guidance and responsibilities

It is a programme requirement that information in this document is passed from placement to placement. It is the Trainee's responsibility:

- ❖ To provide all relevant practice documentation for discussion with all Supervisors.
- ❖ To be proactive in arranging timely progression meetings, including preliminary, interim and final progress interviews.
- ❖ To actively engage in the construction of their developmental learning plan.
- ❖ To actively engage with your allocated lived experience connector to reflect on work based learning and personal and professional achievements.
- ❖ To submit completed documentation to the University on time as detailed in the module handbook/assessment schedule.

Retrieval

Any Trainee who has not achieved all the required practice competencies will be offered a further opportunity with targeted support to achieve any outstanding practice competencies. In such instances University processes will apply.

Spoke practice experiences

A spoke experience is defined as a period of 8-12 days that adds value to the learning experience and addresses the need for the trainee nursing associate to experience health and care across Hospital, Close to Home and at Home (details in appendix). These experiences will be planned for trainee nursing associate by the University in conjunction with their employer.

Each spoke Supervisor is expected to provide comments which are considered as contributing evidence by the hub supervisor and CLiP Supervisor towards the trainee nursing associates overall achievement of the practice competencies.

Short visit experiences

A short visit experience is defined as a period of less than one week and will be normally part of one working day that adds value to the learning experience. Each short visit Supervisor's comments will contribute evidence towards the overall achievement of the practice competencies.

Level Descriptor Statements

These statements describe the expected level of performance at each progression point.

Practice Assessment Record Year 1:

Trainee Nursing Associates will be exposed to a wide range of experiences during their work based learning. They are expected to safely demonstrate person centred holistic care with compassion, underpinning knowledge and appropriate attitudes under close direct supervision.

The HEE (2016) Nursing Associate Curriculum Framework define direct supervision as;

Direct supervision - the trainee nursing associate must be in the line of sight of the supervisor who is present to observe tasks and activities and can intervene immediately if required. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).

Practice Assessment Record Year 2:

Trainees will have continued to be exposed to a wide range of experiences across a widest range of settings. They are expected to consistently demonstrate person centred holistic evidence based care with compassion, confidence, competence and appropriate attitudes. They should take increasing responsibility for care delivery within their parameters of practice and give support to novice Trainees. The level of supervision should reflect their developing autonomy and will be indirect.

The HEE (2016) Nursing Associate Curriculum Framework define in direct supervision as;

Indirect /remote supervision – where there is reliance on processes being in place to provide guidance and support without the supervisor actually being present. This requires the trainee nursing associate to:

(1) Have had appropriate training

(2) Have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)

(3) Know their limitations

(4) Know when and how to seek advice from the supervisor

At the end of the programme the trainee nursing associate will be equipped with the knowledge, understanding, skills, attitudes and behaviours relevant to employment as a nursing associate and will work to a national recognised code of conduct. The trainee nursing associate must be competent in all domains.

Please refer to the detailed guidance at the back of this document for further information

Record of Placement Support Visits

This page is for recording visits which contribute to the Trainees' experience (eg. PEF, Partnership Clinical Facilitator (PCF), Personal Tutor)

Visitor name and designation	Placement Details	Record of Visit Please make brief comments on the key points discussed	Visitor Signature & Date	Trainee Signature & Date
		EXAMPLE		

EXAMPLE

HEE (2016) Nursing Associate Domains and Parameters of Practice

Domain 1: Professional Values and Parameters of Practice

By the end of the programme the trainee nursing associate will be able to exercise personal responsibility and work independently within defined parameters of practice, taking the initiative in a variety of situations and performing a range of clinical/practical skills consistent with the roles, responsibilities and professional values of a nursing associate.

During year 1 this trainee nursing associate needs to achieve level 3 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme the trainee nursing associate would be expected to apply in practice a range of clinical and care skills, critically reflect on their performance and will be able to exercise personal responsibility and work independently within defined parameters of practice, taking the initiative in a variety of situations and performing a range of clinical/practical skills consistent with the roles, responsibilities and professional values of a nursing associate:*

- 1) Apply their understanding of professional practice with conduct that places the patient at the centre of care in a manner that promotes patient wellbeing and self-care.
- 2) Seek guidance/support when needed in relation to own work/performance and exercise appropriate judgement in order to limit their work or stop practicing if in danger of acting beyond the limits of competence.
- 3) Identify situations and circumstances with the potential or harm, act upon this in order to minimize or prevent harm to self and/or others.
- 4) Respond appropriately to the ethical, legal and governance requirements arising from working as a nursing associate.
- 5) Act with probity in all aspects of practice, be willing to be truthful and admit to/learn from errors telling the appropriate person(s).
- 6) Report any actions or decisions by others believed not to be in the best interests of any individual or group of individuals in receipt of care.
- 7) Make appropriate judgements to ensure they limit their work or stop practising if performance or judgement is affected by their health and wellbeing.
- 8) Demonstrate appropriate strategies and coping mechanisms for a range of potential issues, including stress, and seek help if appropriate; evaluate the impact of any intervention.
- 9) Take appropriate action(s) to develop and maintain personal health, resilience and wellbeing.
- 10) Demonstrate professional practice that is consistent with relevant current organisational policy, practice

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate will demonstrate the attitudes and behaviours necessary for the role of nursing associate and will be able to exercise personal responsibility and work independently within defined parameters of practice, taking the initiative in a variety of situations and performing a range of clinical/practical skills consistent with the roles, responsibilities and professional values of a nursing associate:*

- 1) Apply and promote evidence-based professional practice that places the individual and/or family/carer at the centre of care and exemplifying unconditional positive regard.
- 2) Display a professional and personal commitment to professional standards and *ethical practice*, consistently operating within national and local ethical, legal and governance requirements.
- 3) Promote and apply the key clinical and care principles e.g. as identified in the Code, the Care Certificate and all relevant professional standards, performing to the highest standards of personal behaviour in all aspects of professional practice.
- 4) Consistently operate in accordance with relevant current policy, standards and practice, acting as a role model for others to aspire to.
- 5) Promote and exemplify safe and effective working.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 2 A B		If no, circle competencies that have not been achieved	Level 3 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 3 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 2: Person Centred Approaches to Care

By the end of the programme, the trainee nursing associate will be able to exercise those skills, attitudes and behaviours that support the planning, delivery and evaluation of high quality person-centred, holistic care.

During year 1 the trainee nursing associate needs to achieve level 2 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme, the trainee nursing associate would be expected to apply in practice a range of skills and competencies that support the delivery of high quality person-centred, holistic care:*

- 1) Demonstrate the fundamental principles of nursing practice, in the role of a nursing associate, including the ability to support the registered nurse, and/or other health or care professional, in the assessment, planning, delivery and evaluation of care.
- 2) Use a holistic approach, at all times, to provide safe, effective, clinical care.
- 3) Support individuals to maintain their identity and self-esteem using person centred values that include: Individuality, independence, privacy, partnership, choice, dignity, respect and rights.
- 4) Work in partnership with patients, carers, families and the wider healthcare team.
- 5) Act independently and in partnership with others to ensure that the rights of individuals are not overlooked or compromised and to resolve conflict in situations where there maybe refusal of care.
- 6) Demonstrate in practice person-centred nursing, **care and support** through a variety of means including obtaining valid consent and carrying out all appropriate assessments.
- 7) Work effectively, as a nursing associate, as part of inter-professional/multi-disciplinary teams

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours necessary to support the planning, delivery and evaluation of high quality person-centred, holistic care:*

- 1) Promote, and act as a role model for, the fundamental principles of nursing practice/person-centred care.
- 2) Promote and explain the impact of effective health and wellbeing promotion, empowering and healthy lifestyles.
- 3) Act as an advocate for the holistic care of individuals.
- 4) Engage actively with individuals, their families and/or carers in involving them, in providing them with choices and in establishing their needs, wishes and preferences

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 1 A B		If no, circle competencies that have not been achieved	Level 2 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 2 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 3: Delivering Care

By the end of the programme, the trainee nursing associate will be able to work across organisational boundaries/ in a range of health and care settings and apply, in practice, the range of nursing skills appropriate to their parameters of practice

During year 1 the trainee nursing associate needs to achieve level 1 as a minimum for this domain

A. Clinical and Care Skills; By the end of the programme, the trainee nursing associate will be able to work across organisational boundaries/ in a range of health and care settings and apply, in practice, the range of nursing skills appropriate to their parameters of practice:

- 1) Deliver planned nursing interventions across life - course and in a range of health and/or care settings under the direction of a registered nurse without direct supervision, delivering care, at times, independently in line with an agreed/defined plan of care.
- 2) Using appropriate diagnostic, decision - making and problem - solving skills, support the registered nurse or other appropriate healthcare professional, to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health, independence and best practice.
- 3) Recognise and act upon, in a timely manner, early signs and/or deterioration using appropriate physiological assessments and observations.
- 4) Monitor and record nutritional status and discuss progress or change as appropriate with individuals, families/carers and/or multi-professional team.
- 5) Takes effective measures to prevent and control infection, within the parameters of their practice, in accordance with national and local policy.
- 6) Specifically, with regard to medicines and medication:
 - a. Correctly and safely undertake any/all delegated medicine calculations;
 - b. Administer medicines safely and in a timely manner; (N.B. nursing associates will only administer medicines, if suitably trained and competent, in settings where it is deemed appropriate and where this is guided by organisational medicines management policies);
 - c. Communicate and/or act upon any concerns about or errors in the administering of medicines;
 - d. Keep and maintain accurate records using available digital technologies, where appropriate, in a variety of care settings, including at home;
 - e. Work within legal and ethical frameworks that underpin safe medicines management;
 - f. Demonstrate awareness of a range of commonly recognised approaches to managing symptoms, for example: relaxation, distraction and lifestyle advice; Correctly and safely receive, store and dispose of medications;
 - g. Support individuals, and their families/carers, receiving medical treatments; Use up-to-date information on medicines management and work within local and national policy guidelines.
- 7) Safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions
- 8) Use sound numeracy skills for medicines management, assessment, measuring, monitoring and recording which recognise the particular vulnerability of individuals in relation to accurate medicines calculation.
- 9) Use sound literacy skills to record/document accurately interventions/episodes of care /administration of medicines.
- 10) Sign-post/connect individuals and their families/ carers to appropriate resources/services and support in relation to management of long-term conditions and/or public health initiatives.
- 11) Work safely and effectively through:
 - a. Minimizing risks to an individual and/or staff at all times
 - b. Ensuring that one's own actions reduce risk
 - c. Engaging collaboratively with a range of people and agencies to protect and improve population health and wellbeing and to prevent the onset of adverse effects on health and wellbeing.
 - d. Learning from the assessment and evaluation of health and safety related incidents
 - e. Monitoring procedures to control risk and identifying/assessing risks in the workplace.
 - f. Managing and organising own workload and prioritising the delivery of care in accordance with planned care.

- 12) Make appropriate use of digital and other technologies to:
 - a. Deliver high-quality care
 - b. Work efficiently and effectively
 - c. Support high quality decision-making
- 13) Demonstrate the ability to raise health risks for discussion with individuals and undertake brief interventions (including key messages for major lifestyle risk factors) and assess evidence of effective interventions.
- 14) Assess the evidence of those public health interventions specific to their area of practice and the nursing associate role.
- 15) Act appropriately in relation to family history, genomic information and clinical indicators that might suggest a genetic cause in the assessment, planning, delivery and evaluation of care.
- 16) Demonstrate good overall digital literacy in relation to the requirements of work and learning.

B Attitudes and Behaviours; By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours necessary for the role of a nursing associate to work across organisational boundaries/ in a range of health and care settings and apply, in practice, appropriate attitudes and behaviours in relation to:

- 1) Treat individuals with dignity, respecting their diversity, beliefs, culture, needs, values, privacy and preferences.
- 2) Demonstrate and role model respect and empathy for all at all times.
- 3) Have the courage to challenge areas of concern.
- 4) Be adaptable, reliable and consistent, show discretion, resilience and self-awareness and provide leadership to those worked with in the delivery of nursing care.
- 5) Commit to ongoing improvement of digital literacy skills in the delivery of high quality nursing practice.
- 6) Champion the use of existing and new technologies and innovation.
- 7) Promote and demonstrate a positive health and safety culture.
- 8) Promote health, well-being and self-care by making every moment count

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 1 A B		If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle)		
			Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)		
			1 2 3		
			If no, circle competencies that have not been achieved		
			Level 1 A B		
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 4: Communication and Inter-Personal Skills

By the end of the programme, the trainee nursing associate will be to communicate effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of communication on delivering and improving health and care services and will possess those inter-personal skills that promote clarity, compassion, empathy, respect and trust.

During year 1 the trainee nursing associate needs to achieve level 2 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme the trainee nursing associate would be expected to apply in practice a range of communication and inter-personal skills and will be able to communicate effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of communication on delivering and improving health and care services and will possess those inter-personal skills that promote clarity, compassion, empathy, respect and trust:*

- 1) Demonstrate a range of techniques and methods (and the principles underpinning them) that facilitate clear and effective communication with **all** individuals, family, carers, colleagues. And clarify/check their understanding
- 2) Communicate complex, sensitive information to a variety of health and care professionals through a range of appropriate techniques and strategies.
- 3) Recognise and resolve, using a range of appropriate strategies, any/all communication issues, problems, conflict/aggression and complaints.
- 4) Respond appropriately to verbal and non-verbal communication.
- 5) Handle information and data appropriately (record, report and store data) in line with national and local policies and appropriate legislation.
- 6) Promote and make use of appropriate digital and other technologies/ to support effective communication and handling of data.
- 7) Demonstrate confident and competent digital literacy in all appropriate aspects of work and learning.
- 8) Document nursing care in a comprehensive, timely, logical, accurate, clear and concise manner using appropriate terminologies.

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours necessary for the role of a nursing associate to communicate effectively across a wide range of channels and with a wide range of individuals, the public, health and social care professionals, maintaining the focus of communication on delivering and improving health and care services and will possess those inter-personal skills that promote clarity, compassion, empathy, respect and trust:*

- 1) Promote effective communication using a range of techniques and technologies.
- 2) Support and promote the appropriate handling (recording, reporting, storing) of information and data.
- 3) Demonstrate appropriate behaviours required if there are concerns as to the accuracy, security and/or confidentiality of data.
- 4) Demonstrate commitment to ongoing development in improving one's digital literacy.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no , circle competencies that have not been achieved	Level 1 A B		If no , circle competencies that have not been achieved	Level 2 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no , circle competencies that have not been achieved	Level 2 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 5: Team Working and Leadership

By the end of the programme, the trainee nursing associate will be able to explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and will demonstrate a range of those competencies, attitudes and behaviours required of a nursing associate

During year 1 the trainee nursing associate needs to achieve level 1 as a minimum for this domain

A. Clinical and Care Skills; By the end of the programme, the trainee nursing associate would be able to explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and will demonstrate in practice a range of those competencies, required of a nursing associate:

- 1) Take a lead with peers and others where appropriate.
- 2) Critically reflect on personal performance, acting to learn from experience and improve.
- 3) Work effectively with others in teams and/or networks to deliver and improve services, encouraging and valuing the contribution of all. This will include evaluating the impact of unwarranted variation for the individuals they care for and addressing this within the context of the role in order to deliver high quality care.
- 4) Contribute to and support quality improvement and productivity initiatives within the workplace, including service improvement, in order to enhance people's well-being and experience of health and social care through the delivery of high-quality services.
- 5) Demonstrate an effective contribution to planning, management and optimisation of resources for the benefit of improving services and promoting equity in health and social care access and delivery.
- 6) Use clinical governance processes to maintain and improve nursing practice and standards of healthcare.
- 7) Assess and manage risk to individuals and use systematic ways of minimising risk and demonstrate team-working and leadership skills in the provision of a healthy, safe, secure and productive environment for work and care.

B. Attitudes and Behaviours; By the end of the programme, the trainee nursing associate would be expected to explain the principles underpinning leadership frameworks and associated team-working and leadership competencies and demonstrate appropriate attitudes and behaviours required of a nursing associate;

- 1) Demonstrate through own behaviours the personal qualities, values and principles associated with team-working and leadership competencies.
- 2) Actively encourage, and work within, a team environment, including multidisciplinary teams.
- 3) Respect and value the contribution of all.
- 4) Engage in continuous service improvement in the interests of better patient outcomes and act as an **advocate** for the service.
- 5) Seek any and all opportunities to identify unwarranted variation.
- 6) Adopt a proactive approach to new technologies and treatments and champion digital approaches.
- 7) Contribute to articulating the aspirations and vision of the organisation
- 8) Champion the use of technology and innovation in improving health and care outcomes for individuals, saving time and money and in the use of information to support better decision-making.
- 9) Champion safe working practices and a culture that facilitates safety through consultation with individuals, their families and carers and co-workers.
- 10) Promote the contributions of and co-production by individuals, their families and carers as part of the care team.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 1 A B		If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 6: Duty of Care, Candour, Equality and Diversity

By the end of the programme, the trainee nursing associate will be able to explain the principles underpinning duty of care, equality and diversity and the need for candour and will demonstrate the application of those principles in a range of settings.

During year 1 the trainee nursing associate needs to achieve level 3 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme, the trainee nursing associate would be expected to apply in practice a range of skills and competencies that support the delivery of principled and respectful care that actively avoids risk of harm:*

- 1) Challenge areas of concern using appropriate behaviours and methods of communication.
- 2) Recognise the signs of harm or abuse and act upon this appropriately.
- 3) Demonstrate the ability to treat all patients, carers and colleagues with dignity and respect for their diversity, beliefs, culture, needs, values, privacy and preferences.
- 4) Work with individuals and others to reduce the likelihood of harm or abuse.
- 5) Demonstrate an ability to deal with any tensions/conflicts arising between an individual's rights and a duty of care.
- 6) Safeguard and protect adults and children.
- 7) Encourage and empower people to share in and shape decisions about their own treatment and care.
- 8) Work actively to ensure a positive health and safety environment, both individually and collaboratively, by using any and all opportunities to remove, reduce or control risk and/or harm.

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours that underpin the principles of duty of care, equality and diversity and candour;*

- 1) Demonstrate respect, kindness, compassion and empathy for all patients, carers and colleagues.
- 2) Promote to others principled and respectful care with regard to principles of dignity, equality, diversity and humanity even if situations when confronted with differing values and beliefs.
- 3) Avoid making assumptions and recognise diversity and individual choice.
- 4) Respect the ways and the level to which people receiving care want to share in and shape decisions about their health, well-being, treatment and care.
- 5) Promote a positive health, safety and secure culture.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 2 A B		If no, circle competencies that have not been achieved	Level 3 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 3 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 7: Supporting Learning and Assessment in Practice

By the end of the programme, the trainee nursing associate will be able to exercise those skills, attitudes and behaviours that support personal development and life-long learning together as well as those associated with the development of others.

During year 1 the trainee nursing associate needs to achieve level 1 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme, the trainee nursing associate would be expected to apply in practice a range of skills and competencies that support learning and assessment in practice:*

1) Apply their understanding of the role and the importance of **Continuing Personal and Professional Development (CPPD)** to ensure that professional knowledge and skills are being kept up to date through:

- Applying the skills of deep reflection to identify personal development needs to transform and maintain up-to-date practice.
- Acting as a self-motivated, professional nursing associate, being willing to learn from self and others, responding positively to and acting upon constructive and meaningful feedback.
- Contributing to a culture that values CPPD in recognising strengths and identifying areas for improvement and supporting others to do the same.

2) Demonstrate best practice, in those educational theories that underpin learning and teaching in nursing, by:

- Delivering or supporting others in delivering training through demonstration and instruction.
- Acting as a role model and mentoring peers.
- Assisting and/or leading in the education of individuals, their families and/or carers.
- Providing constructive and meaningful feedback to others and supporting them in the development of ongoing action plans.
- Provide appropriate assessment of and for learning in others.
- Using a wide range of appropriate, established and emerging, methods and technologies in support of high quality learning and teaching.

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours that support personal development and life-long learning together as well as those associated with the development of others.*

1) Act as a role model in terms of ongoing learning and development of professional knowledge, skills and capabilities.

2) Promote and actively support training and teaching/learning within the workplace.

3) Promote and contribute to the education and promotion of health and wellbeing in individuals, their families and/or carers.

4) Champion innovative methods and technologies in teaching and learning.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 1 A B		If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	<i>Indirect /remote supervision</i> –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Domain 8: Research, Development and Innovation

By the end of the programme, the trainee nursing associate will be able to demonstrate the importance of being research aware, research and innovation, and their own role in this, across the health and care landscape in improving the quality of patient safety and care and in addressing the challenges faced within the context of rising public expectations.

During year 1 the trainee nursing associate needs to achieve level 1 as a minimum for this domain

A. Clinical and Care Skills; *By the end of the programme, the trainee nursing associate will be able to demonstrate the importance of being research aware, research and innovation, and their own role in this, across the health and care landscape in improving the quality of patient safety and care and in addressing the challenges faced within the context of rising public expectations:*

1. Apply critical analytical skills in a research/audit/service improvement context, working within an ethical framework.
2. Participate in a research or service improvement project and present data, research findings and/or innovative approaches to practice, where appropriate, to peers in appropriate forms.
3. Demonstrate research awareness in relation to evidence-based practice.
4. Make use of existing and new technologies to support improving services.
5. Support the wider health and/or care team in the spread and adoption of innovative technologies and practice.

B. Attitudes and Behaviours; *By the end of the programme, the trainee nursing associate would be expected to demonstrate the attitudes and behaviours necessary to be research aware, and their own role in research and innovation across the health and care landscape in improving the quality of patient safety and care and in addressing the challenges faced within the context of rising public expectations:*

1. Promote the need for and practice evidence-based practice, audit procedures, research, development and innovation in the practice and delivery of health and care in order to contribute to high quality patient safety and care.
2. Promote adherence to all ethical, legal, governance and quality assurance frameworks that pertain to research, development and innovation.
3. Champion the use of technology and innovation in research/audit.
4. Engage in continuous service improvement in the interests of better patient outcomes and act as an advocate for the service.

WBL Experience 1			WBL Experience 2		
Interim progress: Circle competencies to illustrate where further progress is needed			Interim progress: Circle competencies to illustrate where further progress is needed		
Level 1 A B	Level 2 A B	Level 3 A B	Level 1 A B	Level 2 A B	Level 3 A B
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		
Final Progress:			Final Progress:		
Achieved all competencies? (Circle) Yes No			Achieved all competencies? (Circle) Yes No		
Working at level (Circle)	1 2 3		Working at level (Circle)	1 2 3	
If no, circle competencies that have not been achieved	Level 1 A B		If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Retrieval			Final Progress:		
Interim progress: Circle competencies to illustrate where further progress is needed			Achieved all competencies? (Circle) Yes No		
Level 1 A B	Level 2 A B	Level 3 A B	Working at level (circle)	1 2 3	
			If no, circle competencies that have not been achieved	Level 1 A B	
Named Hub Supervisor signature			Named Hub Supervisor signature		
Date			Date		

Level 1	Level 2	Level 3
Observes practice and can discuss domain in relation to care and clinical skills and attitudes and behaviours.	Direct supervision - the trainee nursing associate in the line of sight of the supervisor can undertake care and clinical skills and demonstrate appropriate attitudes and behaviours associated with the domain. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone to undertake the directed activity(ies).	Indirect /remote supervision –requires the trainee nursing associate to have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice), know their limitations and when and how to seek advice from the supervisor.

Evidence of exposure to a range of client groups across work based learning experiences

The Nursing Associate framework require that all trainee nursing associates must be able to recognise and respond to the essential physical and mental health needs of all people who come into their care. When planning learning opportunities in hub, spoke or short visits, consideration should be given to meeting this requirement. The Trainee must document **individual** examples of evidence to demonstrate their exposure to the specified client groups below.

Client group	Placement details & Dates	Trainee Nursing Associates record (This should include reference to the domain competencies that the experience relates to)	Domain competencies evidenced	Verification Signature of Supervisor & Date
<i>Example</i> Older People	<i>Orthopaedic Ward 23-27 June 2014</i>	<i>I looked after an elderly man with dementia following his hip replacement. I learnt about assessing and controlling his pain and how to dress his wound. I worked with physiotherapists and occupational therapists.</i>		
Pregnant and postnatal women				
Babies, children and young people				
People with mental health problems				
People with learning disabilities				
People with long term conditions				
Older people				

Evidence of exposure to a range of client groups across work based learning experiences

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<i>Example</i> Older People	Orthopaedic Ward 23-27 June 2014	<i>I looked after an elderly man with dementia following his hip replacement. I learnt about assessing and controlling his pain and how to dress his wound. I worked with physiotherapists and occupational therapists.</i>		
Pregnant and postnatal women				
Babies, children and young people				
People with mental health problems				
People with learning disabilities				
People with long term conditions				
Older people				

Work Based Learning (WBL) Experience 1 Hub Details

Placement:	Telephone number:	PLSS ID:
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Date From:	Date To:
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Named Hub Supervisor

Supervisor name:

Signature:

Supporting Hub Supervisor

Supporting Supervisor name:

Signature:

Induction to WBL Experience Hub 1	WBL Experience 1 (Hub) (tick box)	Spokes (tick box)		Retrieval (if applicable)
		1	2	
Introduced to staff and environment				
Placement philosophy discussed including: <ul style="list-style-type: none"> Diversity and equality Harassment and oppressive behaviour policy 				
Sickness and absence protocols discussed				
Emergency equipment procedures discussed				
Administration of medicines policy discussed				
Health & Safety equipment, local policies and procedures discussed relating to: <ul style="list-style-type: none"> Fire procedures Infection control Safe disposal of sharps Control of Substances Hazardous to Health Moving and Handling 				
Risk assessment undertaken if required and recorded in additional interview section e.g. pregnancy or sickness and absence				
Confidentiality procedures discussed including: <ul style="list-style-type: none"> Patient/client and individual information Escalating and reporting concerns, e.g. poor practice (safeguarding) 				
Uniform policy discussed				
Other policies and mandatory training relevant to placement area (please specify) 1 2 3				
Trainee Nursing Associate signature:				
Date:				
Staff name:				
Staff signature:				
Date:				

Preliminary Discussion WBL Experience Hub 1

I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified. Further guidance can be found in Appendix 1.

- any personal health/learning needs
- any adjustments to aid learning
- practice hours to be made up (if appropriate)
- ongoing developmental needs
- opportunities for exposure to specific client groups

Trainee Nursing Associate signature	Date:
Hub Supervisor signature	Date:
Supporting Hub Supervisor signature	Date:

Record of additional Interviews:

This section may be used to record any risk assessments or return to practice interviews following a period of sickness.

Details	Supervisor signature and date	Trainee Nursing Associate signature and date

Personal Developmental Learning Plan WBL Experience Hub 1

To be completed by the Trainee Nursing Associate in collaboration with the Supervisor within Hub/Spokes/Short visits

Agreed learning opportunities	Comment on how this has contributed to your learning
1.	
2.	
3.	
4.	

5.	
6.	
7.	
8.	
9.	
10.	
Signature:	Date:

Spoke 1 WBL Experience 1

Spoke 1 Details: To be completed by the spoke Supervisor		
Placement:	Tel:	PLSS ID:
Date From:	Date To:	
Supervisor Name:	Trainee Nursing Associate Signature:	
Signature: Date:	Date:	

Supervisor comments

Domains

Service user/carer views obtained and recorded by the named Supervisor

Trainee Nursing Associate comments

Spoke 2 WBL Experience 1

Spoke 1 Details: To be completed by the spoke Supervisor		
Placement:	Tel:	PLSS ID:
Date From:	Date To:	
Supervisor Name:	Trainee Nursing Associate Signature:	
Signature: Date:	Date:	

Supervisor comments

Domains

Service user/carer views obtained and recorded by the named Supervisor

Trainee Nursing Associate comments

Short Visits (less than one week) WBL Experience 1

To be completed by the short visit Supervisor. Please refer to preliminary discussion section.

Date	Hours	Placement details, name of supervisor and contact telephone number	Supervisor comments Comment on learning relevant to all domains (as appropriate). You must include feedback relating to the Professional Values and Parameters of Practice Domain. In addition incorporate service user comments where appropriate.
			Signature: _____ Date: _____
			Signature: _____ Date: _____
			Signature: _____ Date: _____
			Signature: _____ Date: _____

WBL Experience 1 Hub Interim Progress Review
WBL Experience 1
 To be completed by the Hub Supervisor

Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of interim progress review)		
Strengths:	Areas for development:	
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)		
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed. Complete Action Plan if targeted support is identified.)	
Service user/carer views obtained and recorded by the named Hub Supervisor		
Trainee Nursing Associate signature	Named Hub Supervisor signature	Date

At any time during WBL Experience 1, when a trainee nursing associate needs targeted support and guidance to meet the practice competencies, an action plan must be initiated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Domain competency that requires support	Date initiated	Planned action Supervisor and Trainee to sign and date	Date for review	Review comments Supervisor and Trainee to sign and date
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				

The named Hub Supervisor should contact the following people, as deemed applicable, to make them aware of these issues for information and/or additional support.

	Other Supervisors		Practice Education Facilitator		University Representative	
Name and date contacted:						
Method: (circle)	phone voicemail	email in person	phone voicemail	email in person	phone voicemail	email in person

Ongoing Achievement Record Final Progress Review - WBL Experience 1

Trainee Nursing Associate Name:		PLSS ID:	
Placement:	From:	To:	
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)			
Strengths:	Areas for development:		
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)			
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)		
Service User/carer views obtained and recorded by the named Hub Supervisor			
Trainee Nursing Associate signature	Named Hub Supervisor signature	Date	

Ongoing Achievement Record Final Progress Review - WBL Experience 1

Trainee Nursing Associate Name:		PLSS ID:	
Placement:	From:	To:	
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)			
Strengths:	Areas for development:		
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)			
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)		
Service User/carer views obtained and recorded by the named Hub Supervisor			
Trainee Nursing Associate signature	Named Hub Supervisor signature	Date	

Work Based Learning (WBL) Experience 2 Hub Details

Placement:	Telephone number:	PLSS ID:
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Date From:	Date To:
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Named Hub Supervisor

Supervisor name:

Signature:

Supporting Hub Supervisor

Supporting Supervisor name:

Signature:

Induction to WBL Experience Hub 2	WBL Experience 2 (Hub) (tick box)	Spokes (tick box)		Retrieval (If applicable)
		1	2	
Introduced to staff and environment				
Placement philosophy discussed including: <ul style="list-style-type: none"> Diversity and equality Harassment and oppressive behaviour policy 				
Sickness and absence protocols discussed				
Emergency equipment procedures discussed				
Administration of medicines policy discussed				
Health & Safety equipment, local policies and procedures discussed relating to: <ul style="list-style-type: none"> Fire procedures 				
<ul style="list-style-type: none"> Infection control 				
<ul style="list-style-type: none"> Safe disposal of sharps 				
<ul style="list-style-type: none"> Control of Substances Hazardous to Health 				
<ul style="list-style-type: none"> Moving and Handling 				
Risk assessment undertaken if required and recorded in additional interview section e.g. pregnancy or sickness and absence				
Confidentiality procedures discussed including: <ul style="list-style-type: none"> Patient/client and individual information Escalating and reporting concerns, e.g. poor practice (safeguarding) 				
Uniform policy discussed				
Other policies and mandatory training relevant to placement area (please specify) 1 2 3				
Trainee Nursing Associate signature:				
Date:				
Staff name:				
Staff signature:				

Date:				
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Preliminary Discussion WBL Experience Hub 2

I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified. Further guidance can be found in Appendix 1.

- any personal health/learning needs
- any adjustments to aid learning
- practice hours to be made up (if appropriate)
- ongoing developmental needs
- opportunities for exposure to specific client groups

Trainee Nursing Associate signature	Date:
Hub Supervisor signature	Date:

Record of additional Interviews:

This section may be used to record any risk assessments or return to practice interviews following a period of sickness.

Details	Supervisor signature and date	Trainee Nursing Associate signature and date

Personal Developmental Learning Plan WBL Experience Hub 2

To be completed by the trainee nursing associate in collaboration with the Supervisor within Hub/Spokes/Short visits

Agreed learning opportunities	Comment on how this has contributed to your learning
1.	
2.	
3.	
4.	

5.	
6.	
7.	
8.	
9.	
10.	
Signature:	Date:

Spoke 1 WBL Experience 2

Spoke 1 Details: To be completed by the spoke Supervisor		
Placement:	Tel:	PLSS ID:
Date From:	Date To:	
Supervisor Name:	Trainee Nursing Associate Signature:	
Signature: Date:	Date:	

Supervisor comments

Domains

Service user/carer views obtained and recorded by the named Supervisor

Trainee Nursing Associate comments

Spoke 2 WBL Experience 2

Spoke 1 Details: To be completed by the spoke Supervisor		
Placement:	Tel:	PLSS ID:
Date From:	Date To:	
Supervisor Name:	Trainee Nursing Associate Signature:	
Signature: Date:	Date:	

Supervisor comments

Domains

Service user/carer views obtained and recorded by the named Supervisor

Trainee Nursing Associate comments

Short Visits (less than one week) WBL Experience 2

To be completed by the short visit Supervisor. Please refer to preliminary discussion section.

Date	Hours	Placement details, name of supervisor and contact telephone number	Supervisor comments Comment on learning relevant to all domains (as appropriate). You must include feedback relating to the Professional Values and Parameters of Practice Domain. In addition incorporate service user comments where appropriate.
			Signature: _____ Date: _____
			Signature: _____ Date: _____
			Signature: _____ Date: _____
			Signature: _____ Date: _____

WBL Experience 2 Hub Interim Progress Review
To be completed by the Hub Supervisor

Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of interim progress review)		
Strengths:	Areas for development:	
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)		
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed. Complete Action Plan if targeted support is identified.)	
Service user/carer views obtained and recorded by the named Hub Supervisor		
Trainee Nursing Associate signature	Named Hub Supervisor signature	Date

At any time during WBL Experience 2, when a Trainee Nursing Associate needs targeted support and guidance to meet the practice competencies, an action plan must be initiated. The aim of an action plan is to enhance performance, competence or professional behaviour.

Domain competency that requires support	Date initiated	Planned action Supervisor and Trainee to sign and date	Date for review	Review comments Supervisor and Trainee to sign and date
1.				
2.				
3.				
4.				
5.				
6.				

7.				
8.				

The named Hub Supervisor should contact the following people, as deemed applicable, to make them aware of these issues for information and/or additional support.

	Other Supervisors/Mentors		Practice Education Facilitator		University Representative	
Name and date contacted:						
Method: (circle)	phone voicemail	email in person	phone voicemail	email in person	phone voicemail	email in person

Ongoing Achievement Record Final Progress Review - WBL Experience 2

Trainee Nursing Associate Name:		PLSS ID:	
Placement:	From:	To:	
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)			
Strengths:	Areas for development:		
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)			
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)		
Service User/carer views obtained and recorded by the named Hub Supervisor			
Trainee signature	Named Hub Supervisor signature	Date	

Ongoing Achievement Record Final Progress Review - WBL Experience 2

Trainee Nursing Associate Name:		PLSS ID:	
Placement:	From:	To:	
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)			
Strengths:	Areas for development:		
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)			
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)		
Service User/carer views obtained and recorded by the named Hub Supervisor			
Trainee signature	Named Hub Supervisor signature	Date	

RETRIEVAL

Retrieval Hub Details

Placement:

Telephone number:

PLSS ID:

Date From:

Date To:

Named Hub Supervisor

Supervisor name:

Signature:

Supporting Hub Supervisor

Supporting Supervisor name:

Signature:

Induction to Retrieval	Retrieval (Hub) (tick box)	Spokes (tick box)		
		1	2	3
Introduced to staff and environment				
Placement philosophy discussed including: <ul style="list-style-type: none"> Diversity and equality Harassment and oppressive behaviour policy 				
Sickness and absence protocols discussed				
Emergency equipment procedures discussed				
Administration of medicines policy discussed				
Health & Safety equipment, local policies and procedures discussed relating to: <ul style="list-style-type: none"> Fire procedures 				
<ul style="list-style-type: none"> Infection control 				
<ul style="list-style-type: none"> Safe disposal of sharps 				
<ul style="list-style-type: none"> Control of Substances Hazardous to Health 				
<ul style="list-style-type: none"> Moving and Handling 				
Risk assessment undertaken if required and recorded in additional interview section e.g. pregnancy or sickness and absence				
Confidentiality procedures discussed including: <ul style="list-style-type: none"> Patient/client and individual information Escalating and reporting concerns, e.g. poor practice (safeguarding) 				
Uniform policy discussed				
Other policies and mandatory training relevant to placement area (please specify)				
1				
2				
3				
Trainee Nursing Associate signature:				
Date:				
Staff name:				
Staff signature:				
Date:				

Preliminary Discussion Retrieval

I have participated in a preliminary discussion and have been offered the opportunity to address any issues identified. Further guidance can be found in Appendix 1.

- any personal health/learning needs
- any adjustments to aid learning
- practice hours to be made up (if appropriate)
- ongoing developmental needs
- opportunities for exposure to specific client groups

Trainee Nursing Associate signature	Date:
Hub Supervisor signature	Date:

Record of additional Interviews:

This section may be used to record any risk assessments or return to practice interviews following a period of sickness.

Details	Supervisor signature and date	Trainee Nursing Associate signature and date

Action Plan: Practice Retrieval

When a Trainee Nursing Associate needs targeted support and guidance to meet outstanding practice competencies, a retrieval action plan must be initiated by the Hub Supervisor.

Domain competency that requires support	Date initiated	Planned action Supervisor and Trainee to sign and date	Date for review	Review comments Supervisor and Trainee to sign and date
1.				
2.				
3.				
4.				
5.				

6.				
7.				
8.				

The named Hub Supervisor should contact the following people, as deemed applicable, to make them aware of these issues for information and/or additional support.

	Other Supervisors/Mentors		Practice Education Facilitator		University Representative	
Name and date contacted:						
Method: (circle)	phone voicemail	email in person	phone voicemail	email in person	phone voicemail	email in person

Personal Developmental Learning Plan Retrieval

To be completed by the Trainee Nursing Associate in collaboration with the Supervisor within Hub/Spokes/Short visits

Agreed learning opportunities	Comment on how this has contributed to your learning
1.	
2.	
3.	
4.	

5.	
6.	
7.	
8.	
9.	
10.	
Signature:	Date:

Retrieval Interim Progress Review
To be completed by the named Hub Supervisor

Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of interim progress review)		
Strengths:	Areas for development:	
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)		
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed. Complete Action Plan if targeted support is identified.)	
Service user/carer views obtained and recorded by the named Hub Supervisor		
Trainee Nursing Associate signature	Named Hub Supervisor signature	Date

Practice Retrieval- Ongoing Achievement Record Final Progress Review

Trainee Nursing Associate Name:		PLSS ID:
Placement:	From:	To:
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)		
Strengths:	Areas for development:	
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)		
Strengths:	Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)	
Service User/carer views obtained and recorded by the named Hub Supervisor		
Trainee signature	Named Hub Supervisor signature	Date

Practice Retrieval- Ongoing Achievement Record Final Progress Review

Trainee Nursing Associate Name:		PLSS ID:	
Placement:	From:	To:	
Trainee Nursing Associate self-assessment with regards to domains (to be completed in advance of final interview)			
Strengths:		Areas for development:	
Named Hub Supervisor comments with regards to domains (as discussed with Trainee)			
Strengths:		Areas for development: (Comment on actions required to inform Trainee development & progression and on competencies yet to be developed.)	
Service User/carers views obtained and recorded by the named Hub Supervisor			
Trainee signature		Named Hub Supervisor signature	
		Date	

Practice Assessment Document

APPENDICES TO PAR 1

APPENDIX 1

Detailed Guidance and Information

Direct and Indirect Supervision

- a) Supervision, in the workplace, may be:
 - i) *Direct supervision* - the trainee nursing associate must be in the line of sight of the supervisor who is present to observe tasks and activities and can intervene immediately if required. Direct supervision should be maintained until the trainee nursing associate is assessed as being safe to leave alone with responsibility for people they support.
 - ii) *Indirect /remote supervision* – where there is reliance on processes being in place to provide guidance and support without the supervisor actually being present. This requires the trainee nursing associate to:
 - (1) Have had appropriate training
 - (2) Have been assessed as competent to perform the task safely and effectively without direct supervision (competence – knowledge, skills, attitudes and ability to practice)
 - (3) Know their limitations
 - (4) Know when and how to seek advice from the supervisor.

At all times Trainees must be directly or indirectly supervised in the practice setting.

The preliminary discussion provides an opportunity for Trainees and supervisors to plan the Trainees learning experience. Trainees are encouraged to declare any specific health and/or learning needs that may impact on their performance and progression in practice. This will help to inform supervisors of individual Trainee requirements and enable them to facilitate any necessary and reasonable adjustments in accordance with the Equality Act (2010).

Any risk assessments that may inform the level of supervision, additional support or agreed adjustments required must be identified and recorded in the additional interview section (also refer to induction and additional interview sections)

The developmental learning plan is designed for Trainees to identify and record their own personal and professional learning needs in collaboration with their named supervisor.

An action plan must be initiated at any time during a practice experience, when a Trainee is identified as needing targeted support and guidance to meet the practice competencies. The aim of an action plan is to enhance performance, competence or professional behaviour.

The interim and final progress interviews should be agreed at the preliminary discussion point in keeping with the predetermined HEI allocated placement dates

Hub supervision

The hub Supervisor must be available directly or indirectly to the Trainee, and is required to spend enough time observing the Trainee to make a safe judgement about their progress towards achievement of competencies.

The NMC requires named supervisors/mentors to;

- Provide support and guidance to the Trainee when learning new skills or applying new knowledge
- Act as a resource to the Trainee to facilitate learning and professional growth
- Directly manage the Trainees learning in practice to ensure public protection
- Directly observe the Trainees practice, or use indirect observation where appropriate, in order to ensure that the NMC practice competencies are met
- Establish a professional relationship to maintain continuity of learning for Trainees and find ways to create their sense of 'belonging'.
- Ensure safe and effective ways of managing and co-ordinating the Trainees' practice learning experiences via tripartite communication structures between the Trainees and Supervisors.
- Ensure all those involved in supporting and facilitating such learning are informed about their role and responsibility throughout the process

Supervisors should recognise and consider any supplementary evidence to support their assessment decisions: for example, evidence of simulated practice, comments from spoke and short visit supervisors, service users and/or carers contributions.

If a supervisor has concern that their learning environment may not be able to provide sufficient opportunity in any of the practice competencies, a spoke or short visit should be facilitated to accommodate this requirement. If, in exceptional circumstances, a supervisor is unable to facilitate this, the HEI should be contacted as a matter of urgency.

Spoke and short visit supervision

The spoke and short visit contributions are a valued source of information that will inform the hub Supervisor judgements in the assessment process. Service user and/or carer feedback is particularly welcome.

Service user carer consent

This PAR contains opportunities throughout for Supervisors on hub, spoke and short visit placements to record the views of service users/carers. When a service user/carer views are obtained and recorded, the Supervisor is signing to say that they have gained consent from the service user/carer. This enables service user/carers to share their observations and comments regarding a Trainee in a confidential manner. Confidentiality of the service user/carer will be maintained throughout.

CLiP Model; Definitions of Mentor and Coach

Mentoring/Teaching	Coaching
Answers questions	Asks questions
Steps in and provides care	Steps back and allows the Trainee to learn by providing care
Is watched by the Trainee	Watches the Trainee
Directs the Trainee's learning	The Trainee demonstrates what they've learnt (usually self-directed) to the coach
Shows the Trainee how	Is shown how, by the Trainee
Allocates work to the Trainee	Is allocated work by the Trainee
Talks	Listens
Does the same work as before, but with a Trainee	Works differently, while coaching the Trainee
Identifies individual learning opportunities in the ward environment	Uses the whole ward as a complete learning

*Hub and Spoke; Health and Care Settings with indicative placements contexts (this is not an exhaustive list)**

In Hospital	Close to home	At home
<ul style="list-style-type: none"> • NHS and independent sector – adult, children’s and young people) • Paramedic services • Emergency Assessment Units (community hospital settings) • Mental health in-patient services • Learning disability inpatient services • Offender in-patient health care units 	<ul style="list-style-type: none"> • Hospice (adult and child) • Primary Care – General practice and general practice nurses. • Respite care with nursing service • Mental health crisis house with nursing services • Mental Health community outreach teams • Re-ablement services (nursing) • School Nursing • Substance misuse services • Community learning disability services integrated teams • Child and Adolescent Mental Health Services (CAMHS) • Public Health England nursing services 	<ul style="list-style-type: none"> • Nursing homes • District and Community Nursing services • Assisted living for people with learning disabilities • Supported living services • Children’s domiciliary care services • Paediatric nursing services • Health visiting services • Community palliative care teams (child and adult) • Charitable end of life services e.g. Macmillan • Community mental health teams (adult and child) • Perinatal mental health teams • Early Intervention for psychosis teams • Offender health care units

**If found please return to PLSU, Liverpool John Moores University,
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