



**De Montfort University
School of Nursing and Midwifery**

NMC Professional Requirements

Ongoing Achievement Record (OAR) and Essential Skills Clusters (ESCs)
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Student Name:

Student ID Number:

Course: Nursing

Award: BSc / Dip HE

Branch:

Programme start date:

Personal Tutor:

December 2008

**If found please return to:
Student Placement Team
De Montfort University
Charles Frears Campus
London Road
Leicester
LE2 1RQ**

Introduction

This booklet contains two separate documents; both of these are essential for student progression on the Degree and Diploma in Nursing. These are the:

The Ongoing Achievement Record (OAR)

And

Essential Skills Cluster (ESCs)

Both must be completed in full as part of the nursing programmes.

Together these comprise the NMC Professional Requirements section of the student portfolio.

**NMC Professional Requirements Part 1:
Ongoing Achievements Record**

Contents

Guidance on Completion of OAR	Page 5
Review of Common Foundation Programme	Page 7-8
Record of achievement Semesters 4-9	Page 9-12
Placement record sheets	Page 13-26
Sign Off Mentor Sheets	Page 27-28

Guidance on Completion of OAR

For the Student:

The purpose of this document is to provide evidence from mentor to mentor regarding your progress, and highlight any areas for development throughout your programme. This in turn will be used alongside other evidence for your "Sign Off" mentor in semester 9 of how the learning outcomes have been achieved throughout your branch programme. Please present this document to your mentor within the **first week** of all placements, or during your initial interviews and submit with your Continuous Assessment of Practice (CAP) book during your final interview. It is your responsibility to ensure it is completed during every Placement.

Satisfactory completion of the ongoing achievement record is a requirement from the Nursing and Midwifery Council to enable you to enrol on the register of Nurses.

Please Note:

- This document must remain intact and complete, and be carried with you to all practice experiences throughout your programme as part of the assessment process.
- Any errors should be crossed out but still be legible signed and dated.

For the Mentor:

The purpose of this document is to provide future Mentors and the University with information on a student's progress. This allows you, as a mentor, to specifically target any developmental areas identified in previous placements with the student. Any areas highlighted for development that can be achieved in your area should be incorporated into the practice action plan within the CAP book.

When the student has completed their placement, please indicate any areas for their development of skills and competencies for future placements. Evidence for your decisions should be signposted to the appropriate CAP book. The sign off mentor will use this document alongside other evidence to confirm proficiency in practice.

Points to consider when completing your summary:

- Professional Conduct
- Time Management.
- Interaction with patients, families and members of the Multi-Disciplinary Team
- Clinical Skill Development
- Awareness of own limitations and abilities
- Personal Development
- Professional Development
- Progression and completion of both Common Foundation Programme and Branch Essential Skills cluster.

You should ensure that you complete and sign:

- Practice details on pages 6 and 7
- Placement Record Sheet with comments, ensure module title and code are correct according to the front of the students CAP book, this will direct the Sign Off mentor when they are seeking additional evidence.
- The student identification number at the top of each page.

To act as a mentor you must be identified on the local register of mentors held by your employer, and must also be enrolled on the same part of the register and working within the same field of practice as the student you are mentoring.

For the 'Sign-Off' Mentor:

The purpose of this document is to enable you to view a summary of the assessment of clinical practice. It is to be used alongside additional evidence from CAP booklets as requested, student portfolios, training days or any other sources deemed appropriate. It will allow you to 'sign off' the students' practice and to inform the university assessment board of the students' proficiency in practice, thereby, together with outcomes from the academic assessment, enable them to recommend registration on the appropriate part of the NMC Professional Register. As a 'sign-off' mentor you are accountable to the NMC for that decision. To help in your decision making it is made clear throughout the document which CAP book to refer to for additional evidence. Continuation sheets have been supplied at the back of this document; **if you do not use them make certain you strike through to ensure nothing extra can be added at the end.**

You should ensure that:

- The document is complete
- All outcomes have been achieved and professional conduct has been satisfactory
- Any outstanding developmental needs identified on the OAR sheets have been addressed and achieved in other placements and that evidence exists within CAP books.
- The student identification number is at the top of each page.
- You have completed the 'Final Placement Sign Off Sheet' identifying evidence within the students CAP books.
- As a sign off mentor it is expected that you will have protected time to review the evidence.
- All Essential Skills Clusters have been completed.

The completion and sharing of information contained in this document is made in accordance with The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives (2008).

The documentation in this OAR is confidential and is the property of the student. It may only be photocopied with their permission. This can be used as evidence of mentoring as required by the NMC in 'Standards to support learning and assessment in practice' 08.06

Review of Common Foundation Programme

Guidance for the Mentor during Semester 3

As a mentor for a student completing the Common Foundation Programme you need to summarise their progress so far, include details of professional conduct and any action plans which have been created and addressed during the rotations into the students' non chosen branches. You will need to refer to the Evidence Based Diary in order to complete this section. The aim of this summary is to give subsequent mentors an insight into potential areas of difficulty and where action is needed to continue to develop skills. Consider how the Evidence Based Diary has been used to develop action plans for the eleven week home-base placement and how these have been met. Use the following domains to guide your summary;

- Professional and Ethical Practice
- Care Delivery
- Care Management
- Personal and Professional Development

These outcomes must be completed within a 12 week period from the end of the Common Foundation Programme to enable the student to progress onto Branch.

Mentor Comments and recommendations for future placements;

- Outcomes achieved / not achieved (please delete as appropriate)

Hours completed in CFP _____ **To be inserted by Personal Tutor**

Mentor Signature _____ **Date** _____

Continuation Sheet

Semester _____ **Module Code** _____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, e.g. regarding progress with Essential Skills Clusters.

Please strike through statements which do not apply

Common Foundation Programme Essential Skills Clusters

All CFP Essential Skills Clusters (ESCs) must be achieved within 12 weeks of entry to Branch.	Achieved Not achieved
Name of personal tutor :	
Signature of personal tutor and date	

Semester 4

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes from CFP (if applicable)	Pass Fail
Completion of any outstanding CFP ESCs	Achieved Not achieved
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Review of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet	Progress reviewed (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Mentor	
Number of hours achieved for CFP (if applicable) To be inserted by Personal Tutor	
Number of hours achieved for Branch To be inserted by Personal Tutor	
Review of student progress of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet To be inserted by Personal Tutor	Review Satisfactory: Review Unsatisfactory:

Please strike through statements which do not apply

Semester 5

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Review of student progress of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet	Progress reviewed (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Semester 6

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Review of student progress of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet	Progress reviewed (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Please strike through statements which do not apply

Semester 7

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Review of student progress of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet	Progress reviewed (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Semester 8

Name of Area/Type of Practice Experience	
Name of Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Review of student progress of Branch ESCs; any issues of concern to be recorded on Placement Record Sheet	Progress reviewed (please tick) Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Please strike through statements which do not apply

Semester 9

Name of Area/Type of Practice Experience	
Name of Sign Off Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Completion of Branch Essential Skills Clusters	Achieved Not achieved
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Deferred Semester 9 Module requirements

Name of Area/Type of Practice Experience	
Name of Sign Off Mentor (PLEASE PRINT)	
Length of Placement (in weeks)	
Completion of incomplete outcomes (if applicable)	Pass Fail
Completion of Outcomes	Completed Not Completed
Completion of Professional Conduct	Satisfactory Unsatisfactory
Outstanding Branch Essential Skills Clusters	Achieved Not achieved
Signature of Mentor	
Number of hours achieved on placement To be inserted by Personal Tutor	

Placement Record Sheet (to be completed at end of placement):

Semester 4 Module Code_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet**Semester 4 Module Code**_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at end of placement):

Semester 5 Module Code_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet

Semester 5 Module Code_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at end of placement):

Semester 6 Module Code_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet

Semester 6 Module Code_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at end of placement):

Semester 7 **Module Code**_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet

Semester 7 Module Code_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at end of placement):

Semester 8 Module Code_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet**Semester 8 Module Code**_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at the end of the placement)

Semester 9 **Module Code**_____ **Module Title** _____

Mentor Comments:	
Student Comments:	
Recommendations for further developments, e.g. progress with Essential Skills Clusters, module outcomes:	
Name of Sign Off Mentor (Block Capitals)	
Mentor Signature	
Student Signature	Date

Continuation sheet overleaf to be used if required

Continuation Sheet**Semester 9 Module Code**_____ **Module Title** _____

Use this section if you need to make any additional comments or detail any Action Plans, if you do not use it please strike through.

Placement Record Sheet (to be completed at end of placement):
Incomplete Semester 9 outcomes

Module Code_____ **Module Title** _____

Mentor Comments:

Student Comments:

Name of Sign Off Mentor (Block Capitals)

Mentor Signature

Student Signature

Date

Continuation sheet overleaf to be used if required

Continuation Sheet
Incomplete Semester 9 outcomes

Module Code_____ **Module Title** _____

Use this section if you need to make any additional comments, if you do not use it please strike through.

Sign Off Mentor Sheet

PLEASE REFER TO PAGE 3 FOR GUIDANCE

Sign-Off Mentor Decision and Comments:	
Confirmation Statement: I confirm that from the evidence I have seen and reviewed _____ (insert student name in BLOCK CAPITALS) has met all the NMC Standards of Proficiency in Practice for completion of the Nursing programme, has demonstrated safe practice, completed all Essential Skills Clusters and is fit to be registered with the NMC.	
Name:	Signature:
PIN Number:	
Additional Support Additional support can be given to review the evidence with the Sign Off Mentor if required. This will be either a Placement Facilitator, Education Lead, or PDN also identified on the Local Register as a Sign Off Mentor	
Comments	
Name:	Signature:
PIN Number:	

Continuation sheet overleaf to be used if required

Continuation Sheet for Sign Off Mentor

Use this area to make any additional comments, if you do not use it please strike through.