Final Assessment of Proficiency

Confirmation of proficiency

'The sign-off mentor, who has met the NMC additional criteria for assessing proficiency, is responsible and accountable for making the final overall assessment in practice, confirming that a student has successfully completed all practice requirements' (NMC 2008, p.32).

Sign-off mentor declaration:

I confirm that the named student LUCY LETBY (*insert student's name*) ~~has~~/**has not*** provided sufficient evidence to demonstrate that the Common Foundation Programme Outcomes (year 1) and the NMC Standards of Proficiency (years 2 & 3) have been achieved by the end of each corresponding year (or successfully retrieved) and therefore **can/can not** progress to the register.

*please delete as appropriate

Final outcome: pass/fail (please specify)

Sign-off mentor name (print) NICKY LIGHTFOOT				**Signature:** Personal Data			**Date:** 7/8/11	
Location: Childrens Unit								
NMC registration (tick part/s and field/s that apply)	**Nurse**				**Midwife**	**SCPHN**		
	Adult	Mental Health	Learning Disabilities	Child ✓		Health Visitor	School Nurse	Occupational Health	Family Health

Student declaration:

I confirm that I have received appropriate opportunities for feedback and discussion on my performance and progression with my sign-off mentor throughout my final placement. I have discussed the final placement assessment with the sign-off mentor.				
Student name (print): LUCY LETBY	**Student signature:**	**Personal Data**		**Date:** 7/8/11.

7/8/11 Final report for Lucy Letby

Since the mid point interview, Lucy has worked hard to address the areas of concerns highlighted by myself and observed by colleagues at that point. In many areas, Lucy has shown improvement, however, I still have concern regarding Lucy's lack of or insufficient, consistent progress in others.

Lucy's confidence has obviously increased throughout the placement and she shows this in the way she interacts and communicates with nursing staff and also children's and families. However, this is not yet consistent and at times, Lucy does not keep nursing staff fully informed of her ongoing care-planning and delivery. This means nursing guidelines are not always followed and she is not always able to recognise when change in care/practice is necessary. This has been evident on a number of occasions when Lucy has shown a lack of awareness of medical/surgical and the required care. E.g. Child with HSP,HI,pre /post op CSM checks and the correct skills for assessing frequency of pre and post op observations,pre op care planning/checklist, deviation from #femur guidelines. Lucy doesn't seem to always recognise her limitations and when to ask for clarification. She also shows limited capacity for reflective practice and the necessary change in practice this should facilitate.

Lucy does display more confident communication skills with children and families and does show increased knowledge when answering some questions and reassuring parents. This does need to be more consistent as Lucy can also display limited communication skills when dealing with unexpected situations. She needs more experience at observing at picking up on non-verbal signs of anxiety/distress from parents and recognising when to change her approach. E.g. child with developmental delay and Sa02 monitoring. Lucy did recognise the importance of obtaining a baseline Sa02 but a member of staff had to step in as child and family were increasingly distressed. Lucy should have initiated distraction techniques and involved the play specialist to help alleviate the anxiety.

Lucy is becoming more confident liaising with other members of the MDT and is putting herself in situations where she has to discuss or inform medical staff of progress or problems. It is encouraging that Lucy is taking on this role even though I'm aware she isn't completely comfortable.

Lucy has been practising her delegation skills but reports herself that she finds this difficult. Lucy does have to be actively encouraged and prompted to do this regularly to enable her to effectively prioritise care. She does follow up on delegated tasks to ensure compliance.

We have had a number of discussions during this placement over the way Lucy absorbs and demonstrates her knowledge base and skills. Lucy reports that she needs time to absorb questions and process her answers with regards to medical/surgical knowledge and medicine management. Lucy is aware of my concerns that on an acute children's unit, this can be restrictive and unsafe when some situations and potentially life threatening episodes can occur. Although I know that this kind of quick thinking and ability to reassess conditions and care in emergency situations does come with experience and time, a sufficient level of knowledge of medical/surgical conditions,

care required and the ability to process medicine management would help support this. It is evident that Lucy has worked hard to improve in these areas although it not yet consistent and a theory/practice gap still exists that is not at the required standard of an entry level nurse.

Lucy's lack of confidence when communicating with nursing colleagues is also evident when the opportunity to attain new skills arises. Lucy has looked after patients with IVIs and NGT and needs to verbalise an interest in developing/enhancing her practical skills. Over the past few weeks we have had a number of patients requiring practical skills such as gastrostomy feeds/care, trachyeostomy care, CVL care, feeding pumps and dressing changes that Lucy could have learnt/developed. Perhaps the maximum opportunity wasn't taken as far as I observed.

Lucy has worked hard to improve her knowledge of some of the more basic/common conditions nursed on the unit and at times, can show this when questioned and through her care planning. However, some areas need a lot of prompting and encouragement to arrive at the correct answer. On occasions I have observed, when Lucy wasn't working with me, that Lucy has looked after patients whose condition Lucy knows very little about. My worry is not that Lucy has not encountered that condition necessarily (child with HSP) but that Lucy did not identify the importance, significance and potential consequence of caring for that child safely and competently without basic understanding of condition, care planning, assessment, delivery and re-evaluation of deterioration can not happen. You are also unable to support that family/child adequately if you have insufficient knowledge. This has been addressed but Lucy does, at times, continue to nurse patients before clarifying her understanding. E.g. child with complex needs CSM checks.

Lucy actively seeks to read guidelines when made aware of them, but appears to find it difficult to retain the information learnt when questioned by myself and other staff members. E.g. care of # femur, neurovascular observations, pre/post op care, and medications.

Lucy does demonstrate drug calculations on a regular basis, but does seem to find it hard to retain information about side-effects and drug uses for common drugs we have given over the last few weeks. This has been observed by other colleagues also. Lucy does, however, check the BNF to confirm or find out this information which obviously demonstrates safe medicine management and initiative. Lucy has had to be reminded of NMC guidance when ensuring that regular medications are given or and omission reason is documented and the necessity for ensuring drugs are administered correctly and timely by 2 qualified nurses.

Lucy does display use of initiative at times when recognising when to clarify or ask for help, this is not consistent and is very variable. We have discussed the significance of not only being able to recognise when to question, but the importance in trying to problem solving and using initiative to determine possible options. I have suggested when Lucy is unsure of anything, that she checks local policy/guidelines, pathways and reference books to problem solve rather than just expect an answer which Lucy does do. On other occasions, Lucy needs to refer to more basic information such as previous feed/fluid balance charts and patients care plans rather than just ask staff for

Placement 3 – Progress Sheet

Action Plan: Contact PEF/link lecturer if this needs to be activated.

Proficiency requiring development	Action	Date of review	Review comments
1. (e.g. A4) A1	See separate action plan		
2. A11 Relevant	Not planned	26/7/11	Review of progress. Needs to complete written evidence
3. A11 Relevant	Plan to Rv written evidence	31/7/11	
4. 7/8/11 A1	① needs to consistently communicate with all members of the MDT and		
5. D1	use patients verbal + non-verbal signs to evaluate the situation.		
6. J1	② needs to ~~consistently use~~ own initiative in utilising current evidence-based practice as a contributer to care.		
7.	③ Consistently collaborates with patient, clients and other ~~carers~~ cares to review + monitor ~~progress towards~~ planned outcomes.		
8.			

Final Progress Report:

- Record the student's progress and final result in the Ongoing Achievement Record.
- Complete Placement 3 – Summary Sheet.

4th August 2011.

Has made great progress in clinical practice & achieved 5 proficiencies however still has 3 outstanding A1, D1 & J1.

Action plan completed & lengthy constructive report compiled by SR Nicky Lightfoot

Will have Jane Murphy as sign-off and work Monday night with Jane. Then as needs Wednesday and Thursday off will work with Azra on assessment in order to work on action points.

W/C 14/8. August.

15th & 16th with Jane

21st ND with Jane & review action plans.

W/C 22nd August.

24th 26th 27th with Jane and Monday 29th Tuesday 30th & Thursday 1st for final report.

Personal Data 7/8/11 7/8/11. Personal Data