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**Faculty of Society and Health**

**Clinical Site Evaluation Form Nurse Prescribing**

**This form must be completed and returned before a student can be accepted on the prescribing programme**

**Name of Student**

**Name and Address of Clinical Practice site:** \_\_\_\_\_

**Has the student undertaken the Independent and Supplementary Prescribing Programme previously Y/N**

<b>Type of Site (Primary care, acute, A&amp;E, state specific nature )</b>	<b>Characteristics of clients (gender, age, ethnicity)</b>	<b>Experiences available</b>

<b>Name and qualifications of Designated Medical Practitioner (DMP) at site</b>	<b>Practice Speciality</b>	<b>Professional qualification body, and expiry date</b>	<b>Years of practice in speciality</b>	<b>Previously mentored Nurse Prescribing students. (Y/N)</b>	<b>Experience of teaching and supervision of students in the clinical area</b>

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**Instructions:**

- ◆ Please mark an X in the most appropriate space after each statement regarding the site
- ◆ Please provide additional comments in space provided if required.

<b>Characteristic</b>	<b>Yes</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
Is adequate space provided for the student to work independently?				
Is adequate time given for student to see clients?				
Are there sufficient numbers of clients to offer a variety of case presentations?				
Are there types of clients, varied gender, ages, types of problems?				
Are students allowed to select clients according to their needs?				
Are students given the opportunity to follow-up with clients and/or problems of interest?				
Are practice members aware that the student is undertaking the nurse prescribing course?				
Are support staff accepting of student's role?				
Are support staff appropriately helpful to student?				
Is the philosophy of the clinical area to provide;				

<ul style="list-style-type: none"> <li>◆ Health promotion and disease prevention?</li> <li>◆ Disease diagnosis and management?</li> <li>◆ Both?</li> <li>◆</li> </ul>				
Is the patient managed by other health care professionals?				

How far away is the site from the University ?

Travel Time:

**General Comments:**

1. In what ways does this clinical area provide good clinical experiences for the student to assist the development in the development of nurse prescribing competencies ?
  
2. List areas in which improvements could be made to provide optimal student learning?  
Is this clinical area suitable for other students?

For further information about the role of the designated medical practitioner and the eligibility criteria for the role please refer to annexe 3 in

The standards of proficiency for nurse and midwife prescribers 2006 <http://www.nmc-uk.org/Publications/Standards/>

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**Statement of Intent by Mentor.**

In undertaking mentorship and assessment of the Nurse Prescribing student I intend to provide them with the following qualities:

1. Works closely with the student and be available to the student.
2. Demonstrate understanding of the Nurse Prescribing role.
3. Utilise students' strengths and knowledge.
4. Serve as a good role model.
5. Demonstrate effective rapport with clients.
6. Encourage student to assume increasing responsibility during the course.
7. Assist the student in identifying goals and needs for experience.
8. Consider students' limitations.
9. Provide regular and adequate feedback with questions and patient. Presentations.
10. Lead students through decision-making rather than giving impressions.
11. Review and provide constructive feedback with regard to health assessments, patient consultations and student progress .
12. Encourage questions.
13. Thoughtfully review differential diagnosis with student.
14. Discuss alternative management.
15. Allow student opportunities to suggest drug choice, calculate dosages, and suggest lab and x-ray to be ordered.
16. Communicates clinical knowledge well.
17. Utilise other members of the health care team (dietician, OT, Physio).
18. Suggest and provide additional learning experiences if required.
19. Provide alternative experiences when there are no suitable clients.
20. Provide the student with protected time for clinical learning
21. Review evaluations with students and provides immediate and constructive feedback.
22. Allocate mentors time to allow health assessment skills practice.

**Signed.**

**DMP:** \_\_\_\_\_

**DMP e-mail:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**DMP Telephone Number:** \_\_\_\_\_

**Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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TO WHOM IT MAY CONCERN

This is to confirm that ..... is undertaking the

*(Student Name)*

- Nurse Prescribing course in line with the business plan of his/her place of work
- holds an up to date Criminal Records Bureau check
- has been assessed as competent to take a history, undertake a clinical assessment and diagnose and has sufficient knowledge to apply prescribing principles in their area of practice
- has appropriate numeracy skills
- will be released for the university study days and have 12 days of supervised clinical experience
- has sufficient knowledge to apply prescribing principles taught on the programme of preparation to their own area and field of practice

Name( manager/employer).....

Signature ( manager/employer).....

Dated .....

Name of Practice/Surgery/place of employment:

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