King's Fund
Hospital Centre

STUDY OF
STUDENT NURSES'
PROGRESS REPORTS

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PROGRESS REPORTS

WARD PROGRESS REPORTS

A study of progress reports forms for nurses in training

INTRODUCTION

"The ward sister (and equally the home sister) must not want moral courage to let the probationers know any unfavourable report she has made of them in the Sisters' Records; not to do so would be unfair to the probationers."

This statement written by Florence Nightingale for Quain's Dictionary of Medicine published in 1882, leaves no doubt that she considered that nurses in training should not only have reports written on their progress, but that they should also be told about the contents of such reports. That this democratic process was far from being normal procedure over eighty years later was revealed by a recent investigation into progress reports for nurses in training.

FIRST SURVEY

This survey(1) was carried out by the King's Fund Hospital Centre in 1965-6 with the support of the General Nursing Council. In common with so many other investigations, it resulted from requests for help and information for which no satisfactory answers could be found.

The investigation was restricted to the 93 hospitals whose schools of nursing had, at that time, been approved for the adoption of the 1962 revised syllabus of training. Replies were received from 88 of the 93 hospitals, and, in addition, four other nurse training schools volunteered to supply information. Copies of progress report forms currently in use were obtained from all 97 hospitals involved.

Further information was obtained from a conference held late in 1965(2) attended by matrons, principal tutors and ward sisters from a selection of hospitals taking part in the survey.

The report concluded that there was an urgent need for the reappraisal of current methods of assessment of student nurses in training, particularly in view of the pending introduction into all nurse training schools of the revised 1962 syllabus with its emphasis on ward teaching and patient-centred care.

It was thought that the time had not yet been reached when a standard report form could be designed for use throughout the country but reference was made to various experiments that had been carried out in certain hospitals into the function and design

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(1) King Edward's Hospital Fund for London. The Hospital Centre. A study of student nurses' progress reports: interim report. 1966. 29pp. price 1/6 (7p)

(2) Ward Reports. Conference at the Hospital Centre. Nursing Times. vol.61. 19th November 1965. pp.1593-1594.

of report forms. It was suggested that more hospitals should become actively involved in similar experiments in order to promote a greater understanding of the purpose of progress reports among all grades of nursing staff.

In particular, it was suggested that the following points required further consideration:

1. the type of forms and methods of assessment to be used

2. the minimum length of time for which progress reports should be prepared for nurses in training

3. the training necessary for nursing personnel responsible for writing reports on student nurses

4. the extent to which staff nurses should be involved in the preparation of these reports

5. the practical participation of the student nurse in the preparation of her reports and in discussions on her progress

6. the number and type of report forms required to cover adequately all stages of training

7. the need for further experiments in the design and use of assessment forms, taking full advantage of the experience already gained in some hospitals and particularly in industry.

It was hoped that the publication of the King's Fund Interim Report on Progress Reports for Nurses in Training might help to stimulate interest in this important problem, and encourage schools of nursing to study the question in detail in the light of their own needs and circumstances.

That the report has served to arouse interest and stimulate discussion is apparent. The comment from one particular hospital reflects the views of a number of others. "This report", comments the matron, "has made us sit up and think again and realise that, although we are groping towards the right ideas, we have a long way to go before we can establish what, in our opinion, is a constructive and adequate report for the nurses in this hospital .... this report has put into words many of the things that we have felt but have not, perhaps, had the courage to say".

A number of hospitals have, in consequence, organised study days for ward and departmental sisters at which the King's Fund report and the report forms in use at the individual hospitals have been discussed. "The sisters" reports one principal tutor, "have been very interested in these discussions, and were obviously concerned about their own inadequacies when reporting on nurses".

Others have organised working groups of nursing staff to consider in greater detail the purpose and content of the report forms in use in their particular hospital.
(See Appendices A and B)

SECOND SURVEY

Early in 1968 it was decided to follow up the original King's Fund Hospital Centre survey with a second questionnaire which was sent to all hospitals taking part in the original investigation. (See Appendix E). Seventy of the 97 hospitals completed and returned this questionnaire; seven others replied by letter, but for various reasons did not complete the form; no replies were received from 19, and one arrived too late for inclusion.

Of these 70 hospitals, 30 reported that changes had been made in connection with the reporting on progress of student nurses since the publication of the King's Fund Interim Report. In 11 of these hospitals changes had been brought about by means of consultation with other hospital staff; six others had organised working parties, and a similar number had combined consultations with general staff discussions. Five others had augmented their discussions by seeking outside advice from experts in industry or education, and six had combined all three methods in their efforts to improve their reports for student nurses.

Twenty-seven said that the King's Fund report had influenced their thoughts on the subject although in seven hospitals no action had yet been taken, and three hospitals reported that discussions on possible changes were in progress. It appeared that the main reason for any changes that had been made or that were anticipated, was the general realisation of the need for improvement.

In 20 of the 30 hospitals it was stated that changes had been made in both methods of reporting and the actual progress report forms; eight had revised their forms only and two had revised their methods of reporting while retaining their original forms.

A study of the personnel involved in these processes showed that 27 included tutors, 26 mentioned ward sisters, and eight included staff nurses.

Preparation of sisters for writing progress reports

In the original survey it was found that although verbal instruction was said to be given to staff in the majority of hospitals, only three of the 97 included this subject in their in-service training. In the second survey, 27 of the 70 hospitals reported that changes had been made in the preparation of ward and departmental sisters for the task of recognising and reporting on the progress of student nurses. Twenty-four said that no changes had been made and 19 offered no reply to this particular question. The most usual method of dissemination of information on reports for student nurses was by means of general discussions, usually at study days, procedure meetings or regular meetings of sisters. Six hospitals stated that instruction in methods of reporting on students had been included in their induction courses and in six others the subject had been added to the syllabus for in-service training. At one hospital, all the sisters had attended a one-week course in management appreciation which had included staff assessment in its programme.

Involvement of Staff Nurses

In 1965 just over 50% of the 92 hospitals stated that ward sisters never delegated responsibility for the writing of reports on student nurses, and only just under 10% said that delegation was their normal practice. The remainder of the hospitals (approximately 40% of the total) revealed that delegation of this duty to staff nurses was permitted only in cases of prolonged absence of the ward sister and other exceptional circumstances. Three years later however, in the second survey, it was found that only two of the 70 hospitals concerned stated that staff nurses took no part in reporting on the work and progress of student nurses. Six gave no reply to this question but in the remaining 62, staff nurses were found to be actively involved. In half of these hospitals, staff nurses were accustomed to discuss with the sisters the progress of students. In the other half they were authorised to write the reports when "acting up" for a sister. Thus delegation to staff nurses of responsibility for writing progress reports when required appeared to be common practice in 44% of all the hospitals involved in the final survey and in a similar percentage regular consultation between sister and staff nurse had become normal procedure.

The student and her reports

Some progress can also be seen in the increased involvement of student nurses with their own progress reports.

The first survey found that only 34% of the 97 hospitals concerned gave the student an opportunity to sign that she had either seen or discussed her reports, and a further 20% requested the sister to say whether or not the report had been seen by or discussed with the student.

In the 1968 survey, 60% of the hospitals involved reported that student nurses had some knowledge of the contents of their reports, the majority being expected to read and sign them. It was also noted that nine of the 70 hospitals expected the students to collect or deliver their own reports and two placed on the student the responsibility of reminding ward sisters when reports were due.

Eighteen hospitals submitted progress report forms which showed evidence of revision (see page 5), and of these, eleven requested student nurses to sign their own reports, two asked the sister to sign that she had discussed the report with the student and two omitted any reference to this point. In three cases there was apparently a choice; the sister was asked to say whether or not the report had been discussed with or seen by the student and, in one case, "if not, why not".

Before revision of these report forms, two had given the sisters the opportunity of stating whether or not they had discussed the report with the student; only four asked for the student's signature, and twelve omitted all reference to any involvement of the student in her progress reports.

ANALYSIS OF PROGRESS REPORT FORMS RECEIVED

A total of 28 progress report forms, including the latest revision of the United Liverpool Hospitals form, was received during the second survey. Three hospitals enclosed their forms merely for interest, although no changes had been made since

the original investigation. One hospital supplied a copy of the report form but failed to return the questionnaire and another reported that changes had been made only in the forms applicable to experience in special departments, e.g. casualty and theatre. Three further forms showed signs of revision, although this fact was not mentioned in the relevant questionnaire.

Eighteen report forms actually showed evidence of revision and these fell into two main groups:

a)   Choice of answer: this type of report consists of a list of attributes for each of which a choice of answer is given, and the person writing the report indicates which particular comment is most nearly applicable to the student concerned. It was found in the original survey that 21 of the 97 hospitals involved used this type of report form.

This method can at times prove to be somewhat restrictive since it is possible that, in some cases, none of the alternatives are really applicable to the particular student. Only a very few of the original 21 forms provided additional space for free comment at the end of the report form in an attempt to reduce this disadvantage.

Of the 18 hospitals with revised forms studied in the follow-up survey, four had originally used forms of this type. It was found, however, that, as a result of revision, one had abandoned this method for the Liverpool report form, and two had changed to free comment on approximately the same attributes as were listed on the original forms. The fourth, however, had not only retained the multiple choice of answer but had added a rating scale so that it was possible to give the student an actual mark at the conclusion of each report. For example, under the heading of Relationships with Patients, marks could be allocated as follows:

5 kind	3 fairly observant
5 sympathetic	0 unkind
5 observant	0 unsympathetic
3 fairly kind	0 unobservant
3 fairly sympathetic	

The follow-up survey revealed that four of the 18 hospitals had adopted this multiple-answer method in preference to their original forms; of these, three had used the grading method, and the fourth had favoured free comment under specific headings.

b)   Gradings: the second type of report form is the form which lists various characteristic or attributes and gives a grading scale for each one: 39 samples were obtained in the original survey and in about half of them, additional space was allowed for free comment on each heading. Types and combinations of grading symbols varied widely and no less than 23 variations were found in the first survey.

In the second survey eight hospitals had adopted this method, using seven different methods of grading. The method adopted in two reports combined comments with percentages, as follows:

1)	not up to standard	0-30
2)	passable	31-50
3)	satisfactory	51-60
4)	very good	61-75
5)	outstanding	76-100

The other five methods included grading letters only (A-E); comments only (poor, fair, satisfactory, very good, outstanding) and three variations of comments plus letters and comments plus numbers. With one exception, these examples were far more detailed than the original forms they had superseded; in some cases the number of headings under which comment was required was doubled or trebled.

Other types

Only two of the 18 report forms were less detailed than their predecessors. One had been changed from three gradings plus general comment to a greatly reduced choice of only five comments. In the second case - that of a teaching hospital - a detailed list of questions had been replaced by a blank form with the general request that the report should be "as full and comprehensive as possible and include comments on the student's conduct, work, general attitude, interest and appearance". It was interesting to note that another teaching hospital which had originally used a similar "essay type" form, had replaced it by a report form requiring gradings under specific headings plus general comment. Appendices C 1 and 2 and D 1 and 2 show examples of changes in report forms. Both these hospitals stated that they were influenced by the King's Fund report.

In the original study it was found that the length of time a student was expected to work in a ward or department before a written report was prepared, varied from one week to six months. Over half of the replies fell into the 4-8 week range but 17% were found to be in the 1-3 week group and 10% gave a limit of 12 weeks or more. The follow-up survey showed that 14 of the 70 had altered their minimum length of time since the first investigation and that 11 of these now came into the 4-8 week group.

There appeared to be no change in the methods adopted for the filing of completed reports, which were kept almost exclusively in the offices of the matrons. Each survey found that only five hospitals kept their reports elsewhere - normally in the school of nursing.

CONCLUSION

The original investigation into student nurse progress report forms in 1966 revealed a confused situation. It cannot be said that the follow-up survey held two years later has produced any startling results, neither is it possible to draw any definite conclusions from the evidence of the 70 hospitals which participated in the two studies. All that can be said is that there would appear to be an increasing realisation of the importance of progress reports and of the need for further study of the subject.

The General Nursing Council for England and Wales have maintained a keen interest in the two surveys and, as a result of the King's Fund reports, have asked the Hospital Centre to join them in setting up a Working Party to study the possibility of designing a national progress report form for student nurses.

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REPORT OF AN EXPERIMENT AT MILE END HOSPITAL, LONDON

A study in which the Research Officer at the Hospital Centre was invited to take part was carried out at Mile End Hospital, London. Here it was felt that the pending adoption of the 1962 syllabus provided an excellent opportunity to discuss in detail the problem of reports on student nurses which had been a source of concern to the senior nursing staff for some time. One of the regular sisters' monthly meetings was devoted to an explanation of the King's Fund study, which was followed by a general discussion. As a result, it was agreed to hold a further meeting to consider revision of the hospitals progress report forms and to plan further action. A wide selection of report forms in use in hospitals throughout the country as well as similar forms used for trainees in industry were made available to aid the discussion.

At this second meeting preference was expressed for a report form featuring detailed headings with a descriptive five-point scale, with the descriptive terms being given on the form and not on a separate guide. It was also agreed that a single form should be used for student nurses throughout their training, but that a separate section of the form should apply to third year nurses only.

A preliminary selection of headings for the five-point system was discussed and it was then left to an elected Working Party to discuss the items in detail and eventually to produce a draft report form for consideration. This Working Party consisted of two senior nurse administrators, two nurse tutors, one midwifery sister, three ward or departmental sisters, two staff nurses, three student nurses (one representative from each of the three years of training) and two enrolled nurses. The chair was taken by the Principal Tutor and the group met on seven separate occasions over a period of six months. It was the responsibility of this Working Party to consider in detail the main headings suggested by the Sisters' meeting, reduce it to a workable size and then, having decided the necessary subsidiary points, to prepare the five-point scale of assessment under each separate heading.

When finally agreed, the various headings were divided among the members of the Working Party. Thus each member was responsible for preparing for general discussion her choice of descriptive terms for two or three of these main headings. For example, to one staff nurse was allocated the heading "awareness of patients' needs" and "tact and discretion", to the other "patience and self control" and "alertness, interest and enthusiasm". One student nurse studied the headings "resourcefulness" and "integrity" and the S E N was given "care of equipment" and "cheerfulness and sense of humour". The four sisters between them took responsibility for "adaptability and self-confidence", learning ability and appearance", "communications and reliability", and "practical ability and punctuality". Dictionaries were much in evidence and a realisation of the need for accuracy in definition and a new appreciation of the true meaning of words proved to be two side benefits of the exercise.

A draft report form was finally produced together with a guidance sheet and put into circulation for a restricted period, following which its value was critically assessed at a Sisters' meeting. An interesting session was also held when a representative group of student nurses discussed very freely with the King's Fund representative their own reactions not only to the new report form, but to training in general.

Some of their very helpful and thoughtful comments were later discussed with the sisters, and incorporated in the revision of the original draft form.

Feelings of uncertainty and insecurity in adjusting to a new situation could be observed both in the students and those responsible for reporting on them. For this reason, one of the regular sisters' study days was devoted to the subject of reports and reporting, at which the discussion was led by an experienced behavioural scientist, in the hope that this would prove to be a valuable means of deepening both technical appreciation and individual self-knowledge.

The report form, see Appendix B, has now reached the stage of being printed on a double foolscap sheet and further assessment and possible revisions are now awaited.

MILE END HOSPITAL
NURSES' PROGRESS REPORT FORM

SURNAME.................................... FORENAMES..

PREVIOUS NURSING QUALIFICATIONS...

DATE OF ENTRY TO PRESENT TRAINING........................... MONTH .... YEAR

WARD OR DEPARTMENT................................ FROM .... TO ....

DAY/NIGHT DUTY...NUMBER OF WEEKS......................................

		PROFESSIONAL COMPETENCE	TICK
LEARNING ABILITY	1.	Very quick to understand and correlate theory and practice.	
	2.	Average ability. Works hard to achieve correlation.	
	3.	Poor understanding. Has great difficulty in correlating.	
	4.	Performance does not match ability.	
PRACTICAL ABILITY Please cross out words not applicable	1.	Thorough / quick / quiet.	
	2.	Usually thorough / rather slow / noisy.	
	3.	Speedy / rather noisy / careless / lacks attention to detail.	
	4.	Needs help to achieve a satisfactory standard in thoroughness / speed / quietness.	
ADAPT-ABILITY	1.	Adapts spontaneously to all situations.	
	2.	Usually adapts well.	
	3.	Finds great difficulty in adapting.	
RESOURCE-FULNESS Please cross out words not applicable	1.	Observant. Shows foresight and initiative in most situations. Can be relied on to pass on relevant information.	
	2.	Usually observant, but needs guidance as to necessary action. Usually passes on relevant information.	
	3.	Seems unable to see the obvious, and do what needs doing. Omits to pass on relevant information.	
CARE OF EQUIPMENT Please cross out words not applicable	1.	Very careful with handling, cleaning and storage of equipment.	
	2.	Careful with handling, but needs reminding about economy and putting away tidily.	
	3.	Careful with cleaning and storage. Inclined to take short cuts.	
	4.	Untidy / careless / wasteful / indifferent.	
ABILITY TO ORGANISE **Third year students only** Please cross out words not applicable	1.	Clear-thinking, makes sound decisions and acts upon them.	
	2.	Clear-thinking and decisive, but does not always take prompt action.	
	3.	Clear-thinking but indecisive.	
	4.	Decisive and quick to act, but work is not well-planned.	
	5.	Tends to be indecisive / lacking in initiative.	

G. ABILITY TO TEACH AND SUPERVISE **Third year students only** **Please cross out words not applicable**	1. An excellent teacher and supervisor.	
	2. Teaches well. Is / not a good supervisor.	
	3. Does her best to teach and supervise but lacks confidence.	
	4. Lacks ability to teach and supervise.	
	5. Makes no attempt to teach or to supervise.	
H. ABILITY TO WRITE REPORTS **Third year students only**	1. Always legible, concise and accurate.	
	2. Concise and accurate, but not always legible.	
	3. Concise and legible, but sometimes inaccurate.	
	4. Legible and accurate, but needs help to write concisely.	
	5. Needs constant supervision and advice.	

PERSONAL ATTRIBUTES

(a) APPEARANCE	1. Very well-groomed, with a professional bearing.	
	2. Usually neat and tidy.	
	3. Untidy and careless.	
(b) PUNCTUALITY	1. Invariably punctual in all spheres of work.	
	2. Punctual on duty, but lacks sense of time in ward work.	
	3. Unpunctual on duty, but works to time in ward.	
	4. Unreliable as regards time.	
(c) RELIABILITY	1. Completely reliable in her work.	
	2. Usually reliable. Occasionally forgetful.	
	3. Unreliable because of frequent lapses of memory.	
	4. Works inconsistently for no obvious reason.	
(d) INTEREST	1. Always keenly interested in her work.	
	2. Interested in most aspects of her work.	
	3. Professes interest, but rarely asks questions.	
	4. Shows apparent lack of interest, possibly due to fatigue / shyness.	
	5. Shows marked lack of interest.	
(e) GENEROSITY OF SPIRIT	1. Outstandingly helpful and tolerant. Accepts criticism extremely well.	
	2. Usually helpful and tolerant.	
	3. Willing to help, but needs encouragement.	
	4. Sometimes unwilling to help. Tends to resent criticism.	
	5. Self-centred and intolerant. Rarely offers help.	

(f) INTEGRITY	1.	Honest and conscientious.
	2.	Usually honest and conscientious, but needs to pay attention to finer details.
	3.	Generally untrustworthy unless supervised.
	4.	Untrustworthy.
(g) SELF-CONTROL	1.	Exceptionally controlled in all circumstances.
	2.	Usually well-controlled.
	3.	Behaviour too often influenced by emotions.
(h) CHEERFULNESS AND SENSE OF HUMOUR **Please cross out words not applicable**	1.	Usually cheerful. Has a keen sense of humour.
	2.	Usually cheerful. Sense of humour not apparent.
	3.	Lacking in / cheerfulness / sense of humour.
(j) SELF-CONFIDENCE	1.	Trusts herself to cope with situations within her capabilities.
	2.	Sometimes unsure of her ability. Needs encouragement.
	3.	Over-anxious in situations well within her capabilities.
	4.	Over-confident of her ability, not recognising her limitations.
(k) COMMUNICATIONS **Please tick one or more of these items, as appropriate**	1.	Apt choice of words ensures full understanding.
	2.	Needs help in choosing words suitable to nature of recipient.
	3.	Needs to be encouraged to pass on necessary information.
	4.	Limited vocabulary sometimes leads to misunderstanding.
	5.	Has not yet realised the importance of passing on information.
(l) TACT AND DISCRETION **(Please see Guidance Card for definitions)**	1.	Speaks and acts with tact and discretion.
	2.	Tactful, but needs help to develop powers of discretion.
	3.	Often tactless, but speaks and acts with discretion.
	4.	Often tactless and indiscreet.
(m) LEADERSHIP **Please tick one or more of these items, as appropriate** **THE GROUP— patients, other students, domestic staff, medical staff, ancillary staff.**	1.	Consistently puts first the well-being of the group.
	2.	Promotes in the members of the group a sense of their common purpose.
	3.	Helps members of the group to do what they are there to do, and thus to express their desires and hopes in words and activities.
	4.	Helps members of the group to use fitting initiative, and to overcome difficulties.
	5.	Is willing to do these things, but needs help to develop her ability to do them.
	6.	Appears to have none of these qualities.

RELATIONSHIPS

Pleast tick one or more of the items under each heading, as appropriate.

A	**ATTITUDE TO PATIENTS**	1.	Anticipates and meets patients' physical needs.	
		2.	Shows understanding of patients as individual persons.	
		3.	Is skilful in gaining the confidence and co-operation of patients.	
		4.	Needs help and guidance in 1/2/3.	
B	**ATTITUDE TO RELATIVES AND VISITORS**	1.	Is courteous and sympathetic towards patients' relatives and visitors.	
		2.	Sees that information and help is given by the appropriate person.	
		3.	Fails to appreciate the needs of relatives and visitors.	
C	**ATTITUDE TO MEMBERS OF HOSPITAL STAFF**	1.	Courteous and co-operative in her dealings with other nursing staff.	
		2.	Courteous and co-operative in her dealings with medical staff.	
		3.	Courteous and co-operative in her dealings with domestic staff.	
		4.	Courteous and co-operative in her dealings with other members of hospital staff.	
		5.	Does not appear to appreciate the contribution she should be making in her relationships with 1/2/3/4.	

FREE COMMENT
(if necessary)

PROGRESS MADE

I have discussed this report with the student, and have given her a copy.

Signed............................. Position..................... .... Date....................

14

WALSALL HOSPITAL MANAGEMENT COMMITTEE

SISTER DORA SCHOOL OF NURSING.

MANOR HOSPITAL

APPENDIX C 1

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CONFIDENTIAL REPORT

———

Ward .... Nurse ....

Date from... To ....

General care of patients ....

Powers of observation ....

Accuracy in (a) reporting ....

               (b) carrying out instructions ....

Punctuality ....

Interest ....

Initiative ....

Knowledge ....

Thoroughness ....

Quietness ....

Memory ....

Personal neatness ....

Attitude to (a) patients ....

            (b) colleagues, staff and visitors...

            (c) hospital property ....

            (d) professional authority ....

General aptitude for nursing ....

Remarks ....

....

....

....

Date .... Signed ....

S/367

WALSALL HOSPITAL MANAGEMENT COMMITTEE

SISTER DORA SCHOOL OF NURSING

CONFIDENTIAL REPORT

Name .... Ward ....

Date from .... to ....

The following rating is to be used throughout—

POOR.   FAIR.   SATISFACTORY.   VERY GOOD.   OUTSTANDING.

SECTION 1.   **PROFESSIONAL COMPETENCE**   **RATING**

1. Knowledge of principles of nursing practice ....

2. Ability to adapt to particular needs of patient ....

3. Ability to anticipate requirements of new situations ....

4. Accuracy in observation and reporting   ....

5. General skill of performance for practical situations ....

6. Reliability to carry out assignments ....

7. General ability to maintain and improve nursing standards   ....

8. Speed and thoroughness in performing nursing duties ....

★ 9. Quality of written reports. Accuracy and neatness ....

★10. Ability to supervise patients and junior staff ....

SECTION 2.   **RELATIONSHIPS**

1. Co-operation with other members of ward team   ....

★ 2. Influence on junior staff ....

3. Attitude to (a) patients ....

            (b) Visitors ....

            (c) Medical Staff   ....

            (d) Other staff   ....

SECTION 3.   **PERSONAL CHARACTERISTICS.**

1. Punctuality   ....

2. Personal appearance. Care of uniform   ....

3. Care of hospital equipment   ....

4. Acceptance of discipline ....

5. Loyalty to colleagues and hospital ....

6. General attitude to hospital life ....

    ★ Applies to students in second and third years of training only.

S/367.

GENERAL REMARKS.

This space to be used for Heads of Wards and Departments to express any facts regarding the student not given elsewhere in this report.

Signed .... Head of Ward/Department.

I have read the above report.

Signed ....Student Nurse.

Date ....

CONFIDENTIAL.

MERTHYR AND ABERDARE GROUP SCHOOL OF NURSING
(Merthyr and Aberdare Hospital Management Committee)

STUDENT NURSE'S REPORT

QUARTER ENDING ....

NAME...   WARD ....

QUESTIONS	ANSWERS
1. Is she Punctual ?	
2. Is she Truthful ?	
3. Is she Neat ?	
4. Is she Methodical ?	
5. Is she Loyal ?	
6. Is she Trustworthy ?	
7. Is she Capable ?	
8. Enumerate the principal things she has been taught in the Ward, and against each place your initial in red if capable, and black if not capable of doing them	
9. Cases Nursed	
10. Attitude towards responsibility ..	

GENERAL REMARKS

Date..   Signed .... Ward Sister

                                             Countersigned .... Matron

MERTHYR & ABERDARE GROUP SCHOOL OF NURSING

Name .... Ward ....

Date from .... to ....

NOT UP TO STANDARD	1
JUST PASSABLE	2
SATISFACTORY	3
HIGH STANDARD	4
VERY HIGH STANDARD	5

1. Knowledge of underlying principles of nursing practice and nursing skills. ....

2. Ability to adapt these to the individual needs of the patients, imagination, foresight; ability to anticipate needs of new situations. ....

3. Observation and reporting of signs, symptoms, and relevant information; accuracy, judgment, memory. ....

4. General finish and smoothness of performance of clinical work; skill, accuracy, speed, and attention to detail; quietness. ....

5. Care and neatness in keeping records and charts; quality of written work. ....

6. Ability to rise to the occasion in emergency; initiative, resource; ability to stand up to difficult situations. ....

7. Punctuality in work and coming on duty. ....

8. Reliability in carrying out assigned duties, whether under supervision or not. ....

9. Loyalty to the standard of the training school and the hospital; co-operation with authority; ability to accept criticism. ....

10. Co-operation and relationship with other members of the ward team; (influence on associates and juniors). ....

11. Relationship with the patients; ability to gain their co-operation; patience, understanding, kindness and sympathy. ....

12. Attitude to patient's families and visitors to the ward; thoughtfulness, kindness and tact, courtesy. ....

13. Ability to plan, organise, and time duties successfully (own work and that of others); instruction of patients and junior nurses.   . . . .

14. Economy in the care and use of materials.   . . . .

15. Emotional stability; poise, self-control in relation to patients and others.   . . . .

16. Appearance, general neatness and cleanliness of uniform, posture, manner.   . . . .

17. Enthusiastic interest in work: of the ward or department, and in learning nursing theory and practice.   . . . .

Nurse's Signature . . . .

Sister's Signature . . . .

Date . . . .

Matron's Signature . . . .

COPY OF FOLLOW-UP QUESTIONNAIRE CIRCULATED BY

THE HOSPITAL CENTRE (1968)

Practical progress reports on the work of nurses in training in hospital wards and departments

1. Has the survey undertaken by the King's Fund 1965-6 had any influence on your methods of assessing the progress of student nurses in wards and departments?

2. a) Have you changed your method?

    b) Have you changed your report form(s)?

    c) What influenced the design of your new report form(s)?

3. If you have made any changes, how was the change made?

    a) through consultation with other hospital staff?

    b) through discussion or a working party of hospital staff?

    c) with the help of outside advice?

4. Who was involved in the changes?
    i.e. sisters, tutors, staff nurses, sociologists, psychologists

    a) in consultation

    b) in group discussion

    c) in giving or receiving outside advice

5. What changes in method have you adopted?

    a) Has there been any change in the preparation of ward and departmental sisters for the task of recognising and reporting the progress of student nurses? If so, please state change.

    b) What part do staff nurses play in reporting on student nurses' progress?

    c) What part do the students play?

        i. in their own assessment

        ii. in knowing the contents of their reports

        iii. in responsibility for the obtaining, collection and storing of their reports

6. Has the minimum length of a student nurse's stay in a ward or department before a report is prepared altered since you completed the last questionnaire?   If YES:

    a) What is now the minimum length of time?

    b) What influenced the change?

        i. the survey?

        ii. other factors?

7. Are current completed reports now stored:
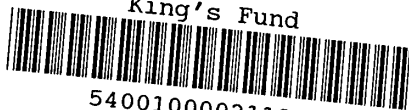
   a) in the nursing school?

   b) in matron's office?

8. "In the main, progress reports for the individual student bear little relation to one another".

   Will any changes you have made enable you to gain a more unified picture of the students' progress and development?

9. Please give any further comments you think will be helpful.