Guidance for the Assessment of Proficiencies for Pre-Registration Nurses: Learning Disabilities (LD) Field Version: 2.0

UNIVERSITY OF LIVERPOOL

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NHS

Private Independent Voluntary

Introduction to the Guidance and Content

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Foreword

We have worked as a collaborative across Cheshire and Merseyside with all four universities and practice learning areas, to develop some guidance and resources to support achievement of the Nursing and Midwifery Standards of Proficiency (2018).

We have developed the *'Guidance for the Assessment of Proficiencies for Pre-Registration Nurses'*. The guidance has been devised to support Pre-Registration Nurses and Practice Staff, during the assessment process and in generating evidence for the completion of proficiencies.

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Cheshire and Merseyside Annexe Collaborative
Our Journey to Enhancing Practice Learning
Student Nursing Times Awards 2022—Shortlisted in the Partnership of the Year Category

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Introduction

The guidance for the assessment of proficiencies for pre-registered nurses, which has been created by stakeholders across; practice (Practice Education Facilitators), nursing educators (across fields of nursing) and students. The purpose of the guidance is to support nursing students and their practice assessors and supervisors during the nursing assessment period on placements.

The guidance offers suggestive actions to support evidence of completion of each specific proficiency, across the three parts. It should be noted by users of the guidance, that **the student nurse does not need to demonstrate all the suggestive actions in order to meet the proficiency**, these should be utilised as suggestions. In addition, the document provides links to eLearning opportunities for nursing students, to support their learning, increase knowledge and support evidence of meeting the proficiency.

The guidance also offers suggestive assessment methods that could be utilised in the assessment of proficiencies and further information on the use of spoke opportunities. In addition, information is provided regarding the supervision of student nurses, governed by the NMC (2018) Standards of Education, with specific regards to invasive clinical skills.

Key:

Proficiencies with *	Can be completed in year two or year three
Proficiencies in blue	Related to invasive clinical skills (see guidance below for more information).

Please note:

The following guidance offers suggestions, regarding potential actions and methods of assessment, to support the completion of proficiencies. This is general guidance; considerations will have to be applied based on the placement area and the policies and procedures that govern practice, specific to that trust, organisation or clinical area.

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Examples of Suggested Method of Assessment

Accompanying each proficiency is some examples of potential / suggested methods of assessment that could be utilised to evidence the completion of a specific proficiency. For some proficiencies, there may only be one method of assessment. For example: "Demonstrates effective hand washing" can only be completed using direct observation, which is due to the nature of the skill being assessed. However, for some, there are various ways to evidence completion of the proficiency. Alternatively, it may be useful to consider a spoke placement if there is limited exposure to the proficiency in the practice learning environment.

The various methods of assessment include:

- Direct observation
- Demonstration of proficiency through discussion
- Simulation
- Spoke placement / Training opportunity
- Feedback

Examples of suggested method of Assessment	
Direct observation supported by underpinning knowledge	Proficiency evidenced as completed, due to being observed and assessed by a registrant such as a qualified nurse.
Demonstration of proficiency through discussion	Achievement of proficiency which can be evidenced through demonstration of knowledge in the form of discussion (including research, reflection, application of national/local policy).
Simulation	Proficiency evidenced as completed, due to being observed and assessed by a registrant, utilising simulation.
Spoke Placement / Training opportunity	Evidence for meeting the proficiency using spoke placements, within relevant teams / with relevant professionals/registrants. Training within the practice learning environment (if available), e.g. Breastfeeding Support Training Area based learning opportunities (Case studies, scenarios, learning activity)
Feedback (Staff, Service User, Caregivers)	Feedback from staff, service users and caregivers to evidence meeting of proficiency

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NMC Key Statements – Considerations and Cheshire and Merseyside Approach

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NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
The nursing procedures that a newly registered nurse must be able to demonstrate in order to meet the proficiency outcomes, outlined in the main body of this document, are set out in this annexe.	An annexe, is usually a standalone document that offers additional information than contained in the main document.	The Annexe B procedures are in the annexe to support the main document where the overall proficiencies are. Annexe B is not the proficiencies they are procedures that supplement the Future Nurse Standards of Proficiency.
"At the point of registration, the registered nurse will be able to safely demonstrate the following procedures."	What does 'demonstrate' mean in this context	Demonstrate = give a practical exhibition or explanation of how a skill, intervention or process works or is performed). and/or clearly show the existence or truth of (something) by giving proof or evidence (PAD, reflection etc)
"Practicable"	"The nursing procedures within this annexe are set out in two sections. These requirements are relevant to all fields of nursing practice although it is recognised that different care settings may require different approaches to the provision of care. It is expected that these procedures would be assessed in a student's chosen field of practice where practicable."	Practicable = able to be done or put into practice successfully. and/or capable of being put into practice or of being done or accomplished. Therefore, acknowledgement should be made that some learning and assessment opportunities will be circumstantial (patients at that time, services being delivered and learning environment) and different assessment methods would be appropriate and relevant to use in achievement of these procedures (not proficiencies).

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NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
Four fields impact	Registered nurses in all fields of practice must demonstrate the ability to provide nursing intervention and support for people of all ages who require nursing procedures during the processes of assessment, diagnosis, care and treatment for mental, physical, cognitive and behavioural health challenges. Those procedures outlined in Annexe B, Part I: Procedures for assessing needs for person-centred care, sections 1 and 2 also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.	Acknowledgement and understanding that although nursing students all have to demonstrate (see above) the ability to provide nursing interventions, the level of this ability will differ depending on their chosen field(s) of study. Therefore, consideration must be made by Practice Supervisors/Assessor and adapt their learning and assessment criteria.
Proficiency	What does proficiency mean in this context	The ability to demonstrate the knowledge, skills and professional values required for safe practice in accordance with the Part of programme and assessment criteria whilst practicing within the clinical governance requirement of the learning environment and organisation.
Part	Relates to the year the learner is studying in.	A recommendation for progression should be made when the student comes to point at which they will progress from one Part of the course to the next.

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NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
Scope of Practice	What does scope of practice mean in this context?	Does the learning environment /experience deliver nursing care to a spectrum of patients and their needs, if so then scope of practice can be applied, for example: a Registered Nurse (adult field) working on a frailty unit in an acute hospital dealing regularly with dementia patients as well, would have a scope of practice to support a learner studying a nursing mental health pathway.

The mental health learner could even bring their knowledge and experience to the environment to enhance patient's experience/care. |
| Learning experiences and opportunities | What are learning opportunities for learning in, and for, practice. | There are a number of different learning experiences that can be delivered within learning environments, using different methods such as group learning, one to one learning, peer to peer learning, classroom learning, simulation and direct patient care.

Learning experiences do not need to be confined within a particular environment, or to a particular episode of care. A learning experience can follow a person's episode or experience of care and can involve a leaner being assigned to a service user throughout their treatment or care, across environments. Learning can be organised in lots of different ways. For example, group or one to one supervised learning, providing direct care, simulated activity, or independent or self-directed learning.

Simulation is another way of creating a learning experience and it can and should be used in learning and assessment strategies. Simulation should not be used as an end in itself but should be appropriately integrated in a blended approach to learning, and implemented to address specific learning or clinical needs. |

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NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
Flexibility and Outcome focus of NMC Standards	"Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education for nurses, midwives and nursing associates, while being accountable for the local delivery and management of approved programmes in line with our standards."	Acknowledgement that health and social care services often require a flexible approach to service delivery, and this is the same for facilitation of learners. NMC acknowledge this and their 2018 Standards allow for flexible approaches to be utilised in line with their Standards.
Student empowerment	How can student be encouraged more to take responsibility for and direct their own learning?	Learning opportunities should be individualised to the student's learning needs, their position within their programme, their learning outcomes, and any student needs including reasonable adjustments. Students should also be given the opportunity to direct their own learning where possible, guiding their learning and identifying what is needed. When students are given these opportunities, the AEI with its practice learning partners, must take into account various risks to ensure the safety of people. This includes the student's level of skill and competence, the activity, and the environment in which it is taking place. Feedback and handover are also important aspects of a learning experience. Students must be given opportunities to challenge and improve their own practice and behaviour. Student also have a responsibility to take advantage of multiple learning opportunities within and across environments, in order to work towards becoming a safe and independent practitioner. They should be empowered to do so by the AEI and their practice learning partners

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Guidance for the supervision of student nurses enrolled on programmes governed by the NMC 2018 Standards of Education, specifically regarding the invasive clinical skills.

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Guidance for the supervision of student nurses enrolled on programmes governed by the NMC 2018 Standards of Education, specifically regarding the invasive clinical skills.

1. Introduction

The document contains information for the supervision of student nurses relating to the to NMC (2018) Standards Framework for Nursing and Midwifery Education and the NMC (2018) Standards of Proficiency for Registered Nurses including Skills Annexe B. Student Nurses on the NMC (2018) Standards are required to demonstrate a wide range of skills according to their level of ability and the context of care. These skills are not included in the NMC (2010) Standards of Pre-Registration education. The potential risk involved in practicing the identified high risk invasive clinical skills must be acknowledged and mitigated in practice to safeguard patients.

2. Overarching principles to supervision of students

2.1 It is the responsibility of the supervising registered health professional with occupational competence to discuss with the nursing student the clinical skill or proficiency being assessed / supervised. This should include whether it is an appropriate learning opportunity based on holistic patient care, consent and safety.

2.2 The supervising registered healthcare professional must include the skill/proficiency within their usual and ongoing scope of practice

2.3 Student nurses are supernumerary and should be supported to achieve the proficiencies in practice learning environments which could include spoking to alternative areas or fields or simulating the proficiency.

2.4 All student nurses need supervision to have their assessment documentation completed in a timely manner. Their documentation will indicate the relevant Standards. If a proficiency has not been assessed, please leave the signature blank to avoid signing "not achieved" when this has not been assessed as this could imply that nursing students have not passed the proficiency.

2.5 The decision to involve the student in the invasive clinical skill will depend on the context of the clinical / practice situation, the readiness of the student and the professional judgement of the Practice Supervisor / Practice Assessor. Students are required to have completed the theoretical component within University or agreed workshop / training opportunity, prior to attempting an invasive skill in practice areas. However, this should not limit the learner's ability to gain knowledge of policies and procedures regarding these invasive clinical skills through observation, training or learning opportunities.

3. Direct and Indirect Supervision

3.1 Direct supervision is defined as: 'In the immediate presence and under the constant observation of a registered practitioner who is competent within the skill themselves and is able to assess student ability and performance. The registered practitioner must always be in a position to stop the student at any point if deemed necessary.' [GMCA] (2020)

3.2 All students must be under the supervision of a registered nurse or other registered healthcare professional at all times. They must evidence theoretical achievement and demonstrate competency in that skill under direct supervision. Direct supervision is essential for high-risk invasive clinical skills and medication administration.

3.2 The level of supervision a student requires in all other proficiencies is based on the professional judgement of their supervisors, considering any associated risks and the students' knowledge, proficiency and confidence and in accordance with the programme requirements and local policy.

3.3 Other skills listed in the NMC (2018) Standards of Proficiency for Registered Nurses including Skills Annexe B should be managed in accordance with the principles listed in points above and below

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Guidance for the supervision of student nurses enrolled on programmes governed by the NMC 2018 Standards of Education, specifically regarding the invasive clinical skills.

4. Students' Responsibility

4.1 It is imperative that students are aware of their current level of competency and only accept delegated tasks for which they have proven competence. They must act under supervision in accordance with their university practice.

4.2 Nursing students should have completed the theory underpinning the proficiency prior to practicing this under supervision, particularly the proficiencies considered to be invasive and in accordance with local policy.

4.3 Student nurses must demonstrate skills according to the NMC Code Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018) https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf and in accordance with law, relevant local policy and procedure

5. Seconded and Apprentice Students

5.1 Seconded or Apprentice Nursing students have substantive posts in the Trust as Health Care Support Workers (HCSW, Band 3 with NVQ level 3 or equivalent, support worker) or Band 4 Assistant Practitioners (AP) roles and may already be proficient in a particular skill, e.g. phlebotomy. Before this skill can be carried out whilst in their student role, training and competency in this skill must be achieved and evidenced and they must continue to work under direct supervision and in accordance with local policy.

6. Competency

6.1 Passing the proficiency once, in one placement does not necessarily mean that a nursing student's proficiency, in that clinical skill, can be continuously assumed, especially when proficiency demands continuity of practice and ongoing review.

6.2 In regard to the proficiencies that are more invasive, nursing students must always perform the identified clinical skills under direct supervision, even after passing the related proficiency. Ongoing direct supervision is intended to enable students to develop and sustain confidence and proficiency over time whilst being exposed to a range of often complex learning situations and scenarios and must be conducted in line with local policy.

6.3 The Grade Descriptors are 'Yes' (This proficiency has been achieved), 'No' (this proficiency has not been achieved). If any proficiency can not be assessed or is not applicable to the practice area please leave blank.

7. Will students be required to achieve the proficiencies and procedures within all fields of practice?

7.1 The NMC state the following: The proficiencies specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. There's no expectation that the proficiencies must be demonstrated in every health and care setting. Students would normally demonstrate the ability to carry out nursing procedures within their own field of nursing practice. Where opportunities are limited in a particular field of practice, they may be demonstrated in any appropriate context or setting.

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References:

NMC (2010) Standards of Pre-Registration education
https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf

NMC (2018) Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018):
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

NMC (2018) Standards Framework for Nursing and Midwifery Education NMC (2018):
https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/standards-framework-for-nursing-and-midwifery-education/education-framework.pdf

NMC (2018) Standards of Proficiency for Registered Nurses including Skills Annexe B
https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf

The Greater Manchester Combined Authority [GMCA] (2020) Supervision & Delegation Practice Guidance Opt-in Students: Pre-Registration Nursing: COVID-19 Emergency Measures. Manchester: GMCA – section 4, page 3.

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Utilising Spoke Opportunities and Useful Links for Learners.

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Utilising Spoke Opportunities and Useful Links for Learners

Spoke / Short Visit Opportunities.

Utilising spoke opportunities during placement periods can be a very effective way of enhancing learning experiences. This being with regards gaining increased knowledge and exposure to a patient journey and the context of local service delivery and provision.

Utilising spoke placements can also support the development of knowledge and skills in relation to proficiencies. This being specifically with regards to proficiencies that may be difficult to achieve due to the opportunities of exposure, within the learners allocated placement area.

For example, a learner placed within a nurse-led clinic, may not have the opportunity to gain exposure to proficiencies regarding end-of-life care. So a spoke within a bereavement team or with a palliative care specialist nurse, would support learning and development.

Spoke placements can be useful to if there is limited exposure to a proficiency in a specific field of nursing. For example; a mental health nursing student may arrange an "out of field" spoke placement to gain access to and participate in the care for a patient requiring urethral catheterisation (under direction supervision) if exposure is limited in their current practice learning environment.

Learners should be proactive, in terms of identifying possible spoke opportunities in discussion with their practice assessor. From this, learners should liaise with appropriate Practice education facilitators/services and / or colleagues in order to arrange the desired spoke learning opportunity.

Spoke opportunities could range from half a day to a week, depending on the nature of the opportunity and capacity of the area / individual to accommodate the learner.
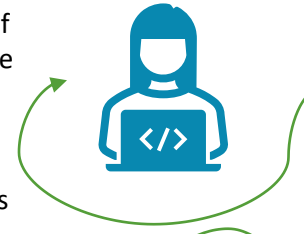
Click here for further eLearning opportunities; geekymedics.com. Including penile catheterisation and blood glucose measurement.

Click here for The Royal Marsden Manual of Clinical and Cancer Nursing Procedures

Click here for further eLearning opportunities; clincalskills.net

Click here for supportive guidance on "How to Make the Most out of Student Nurse Placements in Social Care Settings".

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Myth Busting

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Myth Busters

Accountability/Signing of PAD
If a learner has or can provide evidence to the Practice Supervisors and/or Practice Assessor that, at that time, confirms to them the learning has been achieved and they document this in the relevant documentation (PAD) then there is clear evidence base for the decision of the Practice Assessor. If a learner then, at a later date, demonstrates poor professionalism (or anything else against the Code) then it is not the accountability of the Practice Assessor as they have clear documented evidence their assessment was appropriate at that time.

Assessment responsibilities
Each practice assessor is responsible for the assessment and confirmation of the achievement of proficiencies and programmes outcomes in practice learning for the student(s) they are assigned to, for the period they are assigned to them. A good assessment is evidenced based, objective and fair, taking into account a variety of views and inputs, and student diversity, such as different learning styles, cultural backgrounds and communication styles. The practice assessor should take into account the student's history of achievement and their achievement across theory and practice. Assessment should be continuous throughout the time in which a practice assessor is assigned to a student. The practice assessor should be up to date on the progress of the student they are assigned to; collation of information on a student's performance should be managed in a way that enables this. Feedback to the student about their achievement and collaborating with them to review possible areas for improvement also forms a fundamental part of the assessment process. We do this via the PAD/OAR.

When contributing to the recommendation for progression practice assessors should take into account the student's achievement over the whole period for which they are making the decision, e.g. a placement or a year. They should also consider the student's achievement in previous parts of the programme (if any) and how they have progressed over the programme.

Once they have assessed the student's practice learning for the placement(s) they are assigned to the student, they should ensure that there is a proper handover to the next practice assessor, and any other relevant people involved in the education of the student. This includes ensuring that all relevant documentation is up to date, and any particular issues with the student's performance have been recorded or communicated with the next practice assessor and all relevant people.

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Proficiency Clustering

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Proficiencies Clustering

During assessment, it is important that consideration is given to proficiencies. However, proficiencies do not operate as stand alone assessments, pre-registration learners may in fact demonstrate a range of proficiencies within a given nursing intervention.

For example, a part two / year two learner completing a **Nursing Discharge**

In participating in or completing agreed learning opportunities with regards to safe discharge and transition in practice, while also demonstrating knowledge and understanding, the learner could within this demonstrate a number of other proficiencies. This being representative of the role of nurse, in utilising a number of skills to facilitate positive outcomes for service delivery, patient experience and health outcomes.

	Nursing Discharge
Part Two: P1	Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques
Part Two: P2	Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal settings.
Part Two: P5	Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required.
Part Two: P6	Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence-based care plans and readjust goals as appropriate, utilising appropriate negotiation strategies, drawing on the person's strengths and assets.
Part Two: P7	Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.
Part Two: P16	Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.
Part Two: P22	Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.
Part Two: P31	Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.

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Embedded Videos Relating to Skills

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Embed Videos Relating to Skills

Click icons below to navigate to the required section;

Service User Videos

Clinical Skills Videos

COMING SOON!

Embed Videos Relating to Skills – Service User Videos

Mapped to a number of proficiencies within the guidance toolkit are supportive videos. These being the voice of service users who have undergone clinical interventions. The aim of which is to highlight the importance of holistic and person centred care when completing clinic skills in practice. You can view these videos by selecting the 💬 within the proficiency pages or via the icons below;

Venepuncture

💬 Carole's experience of venepuncture (click icon to listen)

💬 Daniel (age 11), talks about how he feels before he has his bloods taken (click icon to listen)

💬 Daniel (age 11), talks about how he feels after he has his bloods taken (click icon to listen)

💬 Mark, talks about his experience of venepuncture (Click icon to listen.

Blood Transfusion

💬 Audrey's experience of having a blood transfusion (click icon to listen)

💬 Andrew's experience of having a blood transfusion (click icon to listen)

ECG

💬 Peter's ECG experiences (click the icon to listen)

💬 Lily shares her experience of having a ECG (click icon to listen).

Cannulation

💬 Lily's experience of cannulation(click icon to listen)

💬 Harriet's experience of cannulation(click icon to listen)

💬 Jodie's experience of cannulation(click icon to listen)

Nasogastric Tube (NGT)

💬 A patients experience of Nasogastric tubes (click the icon to listen)
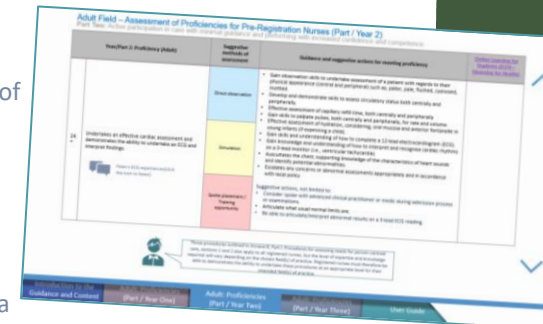
💬 Lily shares her experience of having a NGT (click icon to listen).

💬 Jodie shares her experience of having a NGT (click icon to listen).

Catheterisation

💬 Phil's experience of having a urinary catheter (click the icon to listen)

💬 Jodie's experience of having a urinary catheter (click the icon to listen)

The Cheshire and Merseyside Annexe Collaborative, would like to extend a huge thank you to all those who participated in supporting the development of these videos and for support the development of the future nursing workforce.

Learning Disability: Year One

Part One: Guided participation in care and performing with increasing confidence.

Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

Part One: Guided participation in care and performing with increasing confidence.

Click for link

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placements / Training opportunity	• Work proactively, to gain skills and knowledge specific and relevant to the placement area. • Utilise research to gain understanding and insight into common conditions that present in the placement area. Considering the underlying anatomy and physiology and pathophysiology. • Access supporting literature, such as; policies, procedures and care pathways within the trust / placement area to develop knowledge of treatment and nursing intervention regarding commonly seen conditions and the processes that utilise evidenced-based practice in line with the patient's presentation. • Gain knowledge of the relevant nursing care plan documentation in the placement area, relating to commonly seen conditions and utilise them to generate and inform care planning. • Understand and demonstrate, skills which support the development of professional relationships with service users and their care givers. Understand and utilise the concept of the patient / service users voice in nursing assessments and care delivery. • Gain confidence in completing key documents, such observation charts (NEWS, PEWS) Suggested actions, not limited to: • Participating in the completion of a patient admission assessment including physical observations and completion of a social history. • Participates in completion of a patient discharge or accompanies a community Nurse on a home visit and participates in the assessment process. • Access spoke placements, such as; Specialist Nurses (respiratory, diabetes, transition) to inform learning.	

It should be noted by users of the guidance, that **the learner does not need to demonstrate all the examples in order to meet the proficiency**, these should be utilised as suggestions in the assessment process.

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Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

Part One: Guided participation in care and performing with increasing confidence.

Year/Part 1: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
2.	Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placements / Training opportunity	• Demonstrate an ability to communicate that considers the patient / services ability to understand. • Gain knowledge and skills in identifying possible barriers to communication and potential tools that can be utilised to reduce this (i.e.: communication picture cards). • Demonstrate effective distraction skills, taking into consideration a needs of the patient / service. Suggestive actions, not limited to: • Participates in an assessment of an older adult/child and demonstrates an understanding how communication and assessment skills may have to adjusted when caring for people across the lifespan. • Could arrange spokes to Children and Young Peoples Mental Health services or an older adult ward to gain exposure.	Person Centred approaches
3.	Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placements / Training opportunity Feedback	• Observe and support the delivery of a holistic nursing admission and assessment which will inform care delivery. • Document clinic observations correctly, utilising the correct monitoring document. Gain understanding of escalation policy in the placement area and how to raise concerns. • Assist the named nurse in planning, implementing, and evaluating nursing interventions and document effectively. Utilising care plans and document effectively daily care needs of patients and their caregivers. • Gain knowledge a skill in keeping accurate records that adhere to NMC record keeping guidance and local policy; across both written and electronic formats e.g., fluid balance, medical notes, nursing paperwork. Suggested actions, not limited to: • Participates in the completion a holistic care plan and is able to identify and discuss the requisite nursing interventions.	Person Centred approaches Breaking down barriers programme

Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

Part One: Guided participation in care and performing with increasing confidence.

Year/Part 1: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
4.	Work in partnership with people, families, and carers to encourage shared decision-making to manage their own care when appropriate.	Direct observation Demonstration of proficiency through discussion Feedback	• Gain skills regarding collaborative care planning. Utilising and encourage patient / service users voice and participation to inform decisions regarding care needs and delivery. Gain understanding of the principles of self-care and how to support service users and their caregivers to meet appropriate care needs (i.e. oral hygiene) • Gain skills and knowledge to support Positive Behaviour support plans and consider reasonable adjustments to support the needs of service users (i.e. neuro diversity, capacity). Utilising this information to effectively advocate for the service user as appropriate. Suggestive actions, not limited to: • Observe how to provide update to family members and once confident deliver information under supervision and then independently. • Consider arranging a spoke visit with a social care provider or charity to seek exposure of wider community and social care provision including health coaches and social prescribing link workers and how they support individuals to self-manage their health and wellbeing.	Shared decision making Decision making and growing up Making every contact count (MECC)
5.	Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop knowledge of the importance of distraction and the positive implications that play, and engagement can have on health (emotional well-being, mental health and self-esteem). Demonstrate effective distraction skills, in line with the patients needs. • Gain understanding of tools utilised in the placement area to support patients and service users' express feelings and wishes. • Recognise and act upon situations where communication may be more challenging • Discuss and demonstrate the importance of professional boundaries. • Demonstrate an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes in family and friend relationships. Suggestive actions, not limited to: • Demonstrates evidence-based communication skills which are adapted to fit the needs of the person and the situation. • Observed by supervisor/assessor engaging in therapeutic conversation with service users or receives feedback on therapeutic encounters from service users and/or carers	Mental Capacity Act (MCA) Communication skills for the mental health practitioner (MCB). Introduction to Mindfulness (MDL),

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop understanding and skills in selecting the correct tool, in line with the patient age and stage of develop for pain (FLACC, FACE, DisDat etc). • Utilise risk assessment regarding falls. • Develop knowledge of the importance of distraction and the positive implications that distraction and engagement can have on health (emotional well-being, mental health and self-esteem). Demonstrate effective distraction skills, in line with a patients / service users' level of need. • Utilise mental health assessment paperwork alongside appropriate communication and interpersonal skills. (i.e., Use of Hospital Passports, positive behaviour support plans). Suggestive actions, not limited to: • Discusses examples of open and closed questioning, therapeutic touch or is observed applying these during a therapeutic encounter with a service user • Participates in supporting a service user with self-management skills such as relaxation or mindfulness techniques, anxiety reduction strategies or provides examples of de-escalation techniques.	Person Centred approaches Breaking down barriers programme

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Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Safely carry out clinical observations and complete EWS documentation, recognising and responding to the deteriorating patient. Understanding the escalation policy and respond appropriately by raising concerns. • Recognise and respond to the needs of patients that may have cognitive impairment as a result of their condition or a procedure (post-surgery). Utilising, key assessment such as GCS and risk assessments (falls risk etc). • Gain understanding of the importance of effective signposting. Such as; opportunity to access support for their emotional wellbeing and mental health, such as youth services, primary care, support groups and psychologists. • Gain understanding of the MDT and how the generation of a team around the child and their caregivers can support care delivery and care outcomes. • Gain understanding of the importance of care planning, that works holistically to support the needs of the service user (sensory needs etc). Suggestive actions, not limited to: • Participates in a service user assessment and can report variances from baseline information and escalates appropriately • Completes and enters on patient's records physical observations (vital signs recordings such as temperature. pulse, blood pressure), blood glucose monitoring, urine drug test or completion of a risk assessment chart and reports the results to practice assessor/supervisor.	Recognising and managing deterioration Sepsis (SEP),

Simulation is experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be undertaken in any environment and can be through scenarios, role play etc.

Year/Part 1: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8.	Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Observe and support the registered nurse in completing holistic admissions and assessments of patients that inform care planning and delivery including sleep and rest patterns. These could include the assessment of sensory needs and in addition promote participation of the service user in care planning. • Utilise evidence-based assessment tools as appropriate and in accordance with local policy such as pain assessment tools, comfort and sedation scoring tools, tissue viability assessments. • Recognise the needs of caregivers to support sleep routines and be aware of further sources of help or services who carers can access. Suggested actions, not limited: • Pain assessment, completion of care rounds, completion of a repositioning chart, Completion of a sleep chart, • Observed explaining the importance of sleep habits and the relationship between sleep and mental health, • Observed encouraging practical sleep hygiene techniques or completes a referral to multi-disciplinary team/service where appropriate to support sleep patterns	Person centred approaches
9.	Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Promote self-care where appropriate. • Gain understanding of appropriate bed space allocation (bay / cubicle) based on needs of the patient / service user. • Utilise communication skills with service users to promote participation in care planning regarding sleep and comfort. • Support the maintenance of a comfortable environment, which would be conducive with rest and sleep Suggested actions, not limited to: • Supporting a service user to make their sleeping area/environment more comfortable. • Promote and assist with their personal care, maintain privacy when collecting personal information, support them with composing daily/weekly planner with various activities for example exercise, reading, crafts, TV and bedtime to promote healthy lifestyle.	Person centred approaches

	Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
10.	Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Understand and complete (with support from the registered nurse) documentation and interventions regarding tissue viability. • Ascertain the patient's developmental level in relation to skin and hygiene needs, discussing possible nursing interventions that could be employed to support patient. • Assess and document the patient's normal routine in order to incorporate this into care as much as possible Develop understanding of the potential of issues that can arise for patients should good hygiene practices not be observed and how these can impact health. • Gain exposure and understanding of the role of nurses regarding tissue viability. Gain understanding of specialist roles within the MDT (i.e., Tissue Viability Nurses). Suggested actions, not limited to: • Completing a pressure sore risk assessment chart, • Completing a body map and/or completing a wound assessment chart.	Essentials of Wound Care Education for the Health and Care Workforce, E-dermatology
11.	Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques.	Direct observation / Simulation / Spoke placement / Training opportunity	• Assess the patient's ability to manage their own needs regarding washing and bathing etc. • Gain understanding and skills regarding the correct way to support bathing. • Gain knowledge and skills to be able to deliver safe support and care to dependent patients / service users (including toileting, pad care, assisted bathing) • Attain knowledge regarding the importance of accessible hygiene products for menstruating patients and ensure these patients are being supported. • Recognise opportunities to provide education to patients or their caregivers regarding good hygiene practices or meeting these needs. • Be able to correctly clean and prepare bed spaces. Following infection control measures effectively. • Gain understanding of the importance making considerations for the potential sensory needs of services users and how these should be applied when considering care planning regarding personal care. Suggestive actions, not limited to: • Participation in care rounds/personal care, being observed supporting a service user who maybe dependent with personal hygiene needs. • Consider a spoke with a domiciliary care organisation	Supporting Self Care (SSC)

Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

Part One: Guided participation in care and performing with increasing confidence.

Year/Part 1: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
12.	Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain knowledge and skills to be able to recognise the importance of accurately recorded nutritional/food intake and complete documents inline with local policy. • Understand the role of the nurse with regards to diet and nutrition. Considering also the MDT, such as the role of other professionals, such as dieticians and SaLT. • Assisting with feeding a patient; with a variety of needs, both safely and with dignity • Promoting and educating patients and carers regarding optimum nutrition. • Gain knowledge of the importance of nutrition within care planning. Promoting participation with service users and carers. To ensure support and reasonable adjustments can be made to offer the correct and necessary support. Suggested actions. not limited to • Observed supporting a service user with their dietary needs, completing meal choices with individuals and identifying dietary requirements or feeding a patient. • Identifies individuals who may need additional support. • Liaise with multidisciplinary team where appropriate to support individual dietary needs I.e., dietician, carers, speech and language therapist, kitchen staff • Participates in completion of a Body Mass Index (BMI) or Malnutrition Universal Screening Tool (MUST) and discusses appropriate nursing interventions based on calculation of the score. • Demonstrates awareness of cultural influences and beliefs on dietary needs through discussion. • Be observed providing health education and advice to encourage healthy eating and support service users to make healthy choices	Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI)

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Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Accurately records fluid intake and output and can recognise fluid imbalance. • Be aware of and follow fluid restriction/ fluid targets for example in renal patients • Gain awareness of the impact of dehydration, how impacts clinical observations, be able to utilise escalation policies. • Be able to correctly weight and height patients / service users. Utilising the correct equipment. • Understand care pathways with regards to dehydration and nursing interventions to support, such as; fluid challenges. • Recognise opportunities to support and educate patients and their care givers re intake as appropriate. Suggested actions. not limited to: • Completes a fluid balance chart, correctly enters the values to patient notes, • Observed educating a carer regarding fluid intake/output, • monitors urinary output including catheter.	Continence and Catheter Care
14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Assessing and monitoring of continence in relation to the patient's development and medical conditions: Urinary, including signs and symptoms of UTI Faecal, including constipation and diarrhoea. • Measurement of urine output using a variety of methods e.g., daily weight. • Performance, interpretation, and documentation of routine urinalysis. • Collection and management of samples such as urine and stool in accordance with local policy. • Support provision of holistic care and effective communication skills for patients requiring continence aids. Suggested actions. not limited to: • Observed supporting a service user with their toileting needs.	

Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

Part One: Guided participation in care and performing with increasing confidence.

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Working to support patients and be respectful of hygiene product requirements. • Appropriately selects products suitable for service user's needs e.g., pads for menstrual needs and for urinary continence. • Considers service user preference for these needs where possible. • Respectful of people with hygiene needs and sensitive to gender identification. • Considers service user preference for these needs where possible. • Work proactively to ensure dignity and privacy are always maintained. Suggested actions. not limited to • Participates in a baseline continence assessment and chooses the correct continence products for a service user. • Consider a spoke placement with a community continence team to seek further exposure.	
16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Can care for a service user with a wheelchair. • Confident in the appropriate use of mobility aids e.g., hoists, slide sheets, pat slides, etc. • Attends manual handling updates as per trust policy. • Advocates for service user and implements appropriate mobility aids to promote service user independence. • Utilise effective communication skills and ensure dignity and privacy are always maintained. Suggested actions. not limited to • Demonstrating increased confidence in the appropriate use of mobility aids e.g., hoists, slide sheets, pat slides, wheelchair under direct supervision. Participates in a mobility or falls risk assessment. • Consider a spoke placement with a physiotherapist, occupational therapist or attends a social care assessment or discharge planning meeting to understand roles of the multidisciplinary team in person centred care.	Frailty (FTY) Preventing Falls in Hospitals Supporting Self Care (SSC)

	Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
17.	Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Competent in a variety of manual handling techniques. Such as manual lifting, log rolling, lifting on to and off commode or chair. • Ability to use equipment such as hoists, slings, pat slides. • Be able to safety check equipment and troubleshoot any issues. • Use equipment as per manufacturers guidelines. • Utilise effective communication skills and ensure dignity and privacy are always maintained. Suggestive actions, not limited to: • Observed to assist a patient to move safely to and from bed and/or wheelchair whilst promoting their independence. • Explore how deconditioning syndrome can develop and how to prevent it.	Frailty (FTY) Preventing Falls in Hospitals Supporting Self Care (SSC)
18.	Consistently utilises evidence-based hand washing techniques.	Direct observation	• Is aware of the latest infection control policies and procedures. • Involvement in infection control audits in clinical settings to monitor effective hand washing. • Utilises the 5 moments for hand hygiene. • Practises complete hand washing steps as per the World Health Organisation. • Understands the different levels of hand hygiene required for different procedures e.g., Aseptic technique. • Can identify patients vulnerable to infection. Suggestive actions, not limited to: • Being observed decontaminating hands using appropriate hand hygiene techniques, encourages and promotes hand washing amongst patients.	

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Year/Part 1: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
19.	Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately.	Direct observation	• Understanding the infection risks medical devises pose such as cannula's, open wounds, tracheostomy etc. • Practicing safely guided by local, regional and national infection control policies and guidelines. • Understands FITT testing. • Can effectively don and doff PPE. • Can select appropriate level of PPE for procedure. Suggested actions. not limited to • Observed to uphold and maintain infection control measures, including that of effective handwashing. • Observed to utilise PPE correctly, in line with the local policy. Including the removal and disposal of PPE. • Spoke, with the Infection Control Team	Management, Cleaning for confidence, Antimicrobial Resistance and Infections
		Demonstration of proficiency through discussion		
		Simulation		
		Spoke placement / Training opportunity		
20.	Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.	Direct observation	• Can identify the difference between clinical waste and non-clinical waste and knows the appropriate waste bags to use. • Can handle laundry hygienically understanding how to contain soiled laundry. • Safe handling of sharps and use of sharps bins. • Can handle confidential waste and shreds information via confidential waste bins. • Disposes of personal protective equipment correctly. Suggested actions. not limited to • Observed to uphold and maintain infection control measures, in line with local policy.	
		Demonstration of proficiency through discussion		
		Spoke placement / Training opportunity		

Simulation is experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be undertaken in any environment and can be through scenarios, role play etc.

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Uses different electronic systems to record vital signs. • Can use manual and electronic medical equipment such as pulse oximetry to measure oxygen saturations, sphygmomanometers and stethoscope to manually measure a patients' blood pressure and different thermometers to assess a patents temperature. Suggestive actions, not limited to: • Being observed accurately assessing a service users vital signs using the equipment safely, recording these and escalating concerns as appropriate. • Enter values on to patient's records, link pre-existing conditions and/or medication to the importance of regular monitoring.	
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Can accurately take the weight and height of a service user using different equipment such as scales, baby scales, hoist scales. • Is aware of World Health Organisation growth charts. • Can calculate BMI and identify patients of an unhealthy body weight. • Can think about socio economic factors a service user's body weight may not be healthy e.g., access to food, financial situation, access to exercise, health education etc. Suggestive actions, not limited to: • Being observed accurately weighing and measuring a service user's height, accurately calculating and recording their BMI, putting into context existing medical conditions and the importance of reporting the findings appropriately.	Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI)

Those procedures outlined in Annexe B, Part I: Procedures for assessing needs for person-centred care, sections 1 and 2 also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.	Direct observation Simulation Spoke placement / Training opportunity	• Can identify the difference between different specimen pots for blood, urine and faecal matter. • Can use urine dip stick to test urine and can send urine off for culture. • Understands different blood tests and can select appropriate blood bottle for these such as FBC, U&E, LFT etc. • Understands clinical reasons these tests may be needed, and results may direct diagnosis and care. Suggestive actions, not limited to: • Participate in the collection of a specimen, demonstrating correct and safe principles, procedure and disposal. • Can articulate why a test is required and interpret the findings - considering the consequences regarding medication and patient's condition.	
24. Accurately undertakes person centred risk assessments proactively using a range of evidence-based assessment and improvement tools.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Keeps the service user at the centre of decisions. • Adapts care to suit patient such considering social needs. • Keeping up to date with latest information and research to direct care by reading policies and procedures and research. • Gain understanding and support dynamic risk assessments based on service users' behavioural presentation (PBS plan). Suggestive actions, not limited to: • Participation in the completion of a risk assessment such as a falls risk assessment or risk of pressure sores • Able to documents findings in a care plan accordingly and discusses the nursing interventions necessary to mitigate any risks. • Attend admission/discharge planning meetings or a safety huddle	Supporting Self Care (SSC) Person Centred approaches Breaking down barriers programme

	Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
25.	Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Can find local health and safety policies. • Can carry out/ observe formal and dynamic risk assessments. • Can identify hazards such as blocked fire exits, spillages, patient safety issues and can think of ways to overcome these issues. • Can follow escalation procedures to alert managers to health and safety issues. • Gain understanding of safety practices within a secure environments; security checks etc. Suggested actions, not limited to: • Observed completing a environmental risk assessment for a patient who is high risk of falls, or self-harm. • Observed to demonstrate understanding of local policies and procedures in relation to health and safety, including the use of reporting mechanisms (Datix) in response to harm or a near miss.	
26.	Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Can interact with other professions to follow the entire patient journey. • For example, liaising with physiotherapists, dieticians, Occupational Health. • In a community setting potentially observing MDT's or attending safeguarding meetings with social services, police etc. • Can participate in ward rounds and retain the information being given. • Can contribute ideas to the multidisciplinary team. Suggested actions, not limited to: • Discuss the outcomes of an MDT, participate in a patient handover, complete a transfer of care document, attend discharge planning meeting, best interest meeting or care planning review. • Follow a particular patient through various assessments and appointments to gain understanding how information is shared and the influence the findings are having on the holistic care planning and how patient and/or their family can influence their care. • Participate in a referral to another service or member of the multi-disciplinary team	

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Have insight of the holistic assessment of a patient • Insight into social circumstance/ finances and how these can affect a service user' health outcome. • Aware of the prevalence and treatment challenges in co-morbidities • Understands the role that health and social care professionals can play in preventing co-morbidities • Display an awareness of multi-agency working Suggestive actions, not limited to: • Participates in the care planning of a patient who may have co-morbidity, mental and physical health issues, gain knowledge about the effects the influences between the conditions are having on the patient and their family/carers, identify the challenges this may present such as lone working, peer influences or the role of supported living. • Consider arranging a spoke placement to a social care placement to further understand how wider social care organisations can support patient outcomes/wellbeing • Participates in the completion of a referral for assessment and management of co-morbid physical and mental health problems.	
28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Understanding health education and how this is different for all service users. • Can be inclusive of all service users and provide outstanding care taking into consideration their social, cultural, psychological and physical needs. • Shows an awareness of different cultures and knows how to accommodate cultural needs into care. • Develop understanding regarding the meaning of capacity and how the MDT can support decision making. Suggested actions, not limited to: • Attending social care planning meeting, gaining knowledge about various independent or supported living arrangements, care visits, safeguarding issues	

Year/Part 1: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.	Direct observation	• Partakes in ward rounds to pass on important information. • Clear, accurate and timely documentation of care. • Documentation and escalation of clinical concerns or incidents. • Can listen to important information and take relevant notes to retain information. • Finding ways of overcoming communication barriers. • Can participate in meetings. Suggestive actions, not limited to: • Participate and take notes during handovers or MDT meetings, attend a care review meeting and explore how any changes or new findings affect the holistic care planning. • View care planning notes on the patient's records to see how the information is recorded. • Enter the notes from the care planning meeting on the patient's record and consult with your assessor/supervisor before they are saved. • Create a handover notes for a patient	
	Demonstration of proficiency through discussion		
	Simulation		
	Spoke placement / Training opportunity		

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Learning Disability: Year Two

Part Two: Active participation in care with minimal guidance and performing with increased confidence and competence.

Click for link

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
1.	Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity Feedback	• Provide appropriate opportunities distraction, taking in to account the patients / service users stage of development. Demonstrating understanding of the importance of therapeutic interventions and the impact these can have on emotional, mental and physical health. • Develop knowledge in order to provide health promotion interventions, such as; stop smoking, healthy eating and wellbeing strategies. Demonstrate understanding of the importance of effective signposting. • Gain skills, in order to support and give advice to service users and their carers, regarding their condition, condition management and self-care. Including advice and support at discharge. • Understand and recognise the importance of early help interventions, supported by the knowledge of relevant services and how these can be assessed (specialist nurses, early help organisations). • Gain understanding of the Mental Capacity Act/Capacity to make choices and make necessary adjustments in order to ensure effective care planning. Suggested actions, not limited to: • Giving practical advice and support assessing patient understanding. • Health promotion – smoking cessation, pressure ulcer prevention (aSSKINg framework), safe sleeping, healthy choices or referral/social prescription to community/voluntary organisation. • Demonstrate knowledge and understanding of motivational interviewing and apply this in practice. • Demonstrate understanding of the key principles when assessing capacity in practice utilising the Mental Capacity Act (MCA) framework and form. • Demonstrate knowledge and understanding where capacity for change is not present and the use of the MCA and/or best interests – refer to care plans and relevant legal requirements/processes e.g., where a patient refuses to eat.	Cognitive Behavioural Therapies for Psychosis (CBT) Communication skills for the mental health practitioner (MCB). Introduction to Mindfulness (MDL), Mental Health Crisis Breathing Space

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Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
2.	Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal settings.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop effective communication skills, both verbal and non-verbal. • Understand and effectively operate in line with the 'Duty of Candour'. • Develop skills and understanding regarding the importance of family-centred care. Being able to explore the feelings of caregivers and utilise this information in the generation of care planning and interventions. Including but not limited to, supporting caregivers to explore solutions for themselves, promote self-care and build resilience. • Gain skill to enable them to work proactively to empower service users and their caregivers to be contributors to care planning. Demonstrating listening skills and active attainment of feelings and wishes to support a well-rounded, holistic approach. • Demonstrates appropriate skills with regards documentation of the voice of the service user and care givers and how this has been utilised and informed decision making. Suggestive actions, not limited to: • Speaking to a patient/relative to ascertain their wishes about care on discharge/ discharge destination. • Demonstrate understanding where lack of capacity may impact shared assessment, causing distress e.g., someone who has a diagnosis of Dementia and minimal capacity .to make decisions about their care – ability to assess where discussions may cause distress. • Consider spokes to patient advocate services such as independent mental capacity advocates (IMCAs).	Deprivation of Liberty Safeguards; Mental Capacity Act (MCA) Person Centred approaches

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Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 2)

Part Two: Active participation in care with minimal guidance and performing with increased confidence and competence.

		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
3.*	Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop skills in terms of the attainment of the service user's voice with regards to feelings, regarding their emotional and mental wellbeing. • Recognise the importance of risk assessments in response to concerns regarding a person's ability to keep themselves safe. Utilising this information as part of care plans (e.g., recognising the need to admitted or relocated to an observable bed, environmental risk assessments, Positive Behaviour support plans etc). • Be able to escalate appropriately, concerns to senior staff. • Consider additional documentation and assessment required in the support of service users at risk of self-harm and/ or suicidal idealisation. Utilising key documents and risk assessments relating to safeguarding concerns (such as; Exploitation). • Utilise effective communications skills, to ensure sensitivity and dignity are maintained for the service users and their caregivers. • Considers the emotional and mental wellbeing of caregivers. Understanding of the role of the nurse in supporting caregivers and effective signposting and referrals. Understand the importance of briefs for carers. Suggestive actions, not limited to: • Consider a spoke placement to a relevant team or organisation. • Contribute to the care of a person admitted due to self-harm and/or suicide. • Contribute to the care of a person under the influence of drugs / alcohol who as self-harmed. • Contribute to the care of a vulnerable person within the community/ patient who is hoarding medication.	MindEd Suicide and Self-harm Prevention. Suicide Prevention,

Those procedures outlined in Annexe B, Part I: Procedures for assessing needs for person-centred care, sections 1 and 2 also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
4.*	Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain understanding of the use of Advanced Care Plans. • Develop understanding of the support available to staff, in potentially upsetting or challenging situations. Such as; supervision, debriefs and therapeutic support. • Understand the process of DNAR and how this documentation is generated. • Develop understanding of hospital passports. • utilise opportunities to meet with other professionals, such; bereavement link nurses, hospices and palliative care specialist. To gain greater understanding of the support the MDT provides to service users and their caregivers. • Gain knowledge and demonstrate awareness of the role of the nurse, in providing support to service users and their care givers, in the event of a sudden death. • Explore resources available in the placement area, that can be utilised in the event of death. Such as; memory books / boxes etc.. • Discuss the role of the nurse in end-of-life care planning; including; assessment, delivery and evaluation. If appropriate, undertake the opportunity to contribute to end-of-life care planning. Suggestive actions, not limited to: • Spoke with Macmillan Team or hospice, observation of communication skills used such as breaking bad news. • Explore resources available in the placement area, that can be utilised in the event of death. Such as; memory books / boxes, hand and foot prints, etc. • Discuss the role of the nurse in end of life care planning; including; assessment, delivery and evaluation. If appropriate, undertake the opportunity to contribute to end-of-life care planning.	End of Life Care (e-ELCA); National Bereavement Care Pathway (NBC), Communicating with Empathy"

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	Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
5.	Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates the ability to communicate the plan of care to service users, their care givers and staff. This could be during; handover, ward round and within written documentation. • Develops and demonstrates knowledge of key services and how to refer service users appropriately and effectively. Utilising importance principles regarding data protection and consent. • Demonstrates under supervision, ability to deliver a safe and effective discharge. Detailing care planning, signposting information and if appropriate information regarding take home medication (including; administration, storage, dose and times). • Identifies potential barriers for the service users or their caregivers in obtaining / understanding required information and works to reduce these barriers effectively (such as; utilising translator services). Suggestive actions, not limited to: • Arranging translator service for patients/relatives, • Provide discharge or post-operative advice, medication review/ advice, or health promotion using a range of communication strategies e.g., verbal or written. • Referring to social prescribing, third sector and voluntary services for practical and emotional support.	Making Every Contact Count (MECC). Breaking down barriers programme

Simulation is experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be undertaken in any environment and can be through scenarios, role play etc.

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
6.	Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence-based care plans and readjust goals as appropriate, utilising appropriate negotiation strategies, drawing on the person's strengths and assets.	Direct observation Demonstration of proficiency through discussion Feedback	• Able to demonstrate knowledge and understanding of care plans, their contribution to the care of patients and the need for regular review of care plans. • Communicate effectively with patients and carers and promote positive collaboration and co-production. • Communicate effectively with members of the multi-disciplinary and integrated care teams and wider stakeholders such as social prescribing link workers, community groups. • Able to communicate effectively to inform a person & support decision making for patients, families and carers. Suggestive actions, not limited to: • Discuss pressure relief regimes for post-operative patient or discussing patient mobility issues, conducting a carer assessment, making a referral to social prescribing link worker. • Demonstrate understanding and undertake care plan reviews utilising appropriate assessment and screening tools to inform this. • Demonstrate and complete ward round review/preparation documentation with service users, carers and families as deemed appropriate and discuss within ward round/multi-disciplinary team meetings.	Person Centred approaches. Personal Health budgets. Population wellbeing portal.
7.	Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.	Direct observation	• Gains skills with regards to documenting effectively. This being in line with local policy and NMC guidelines. • Able to articulate clear, factual and relevant information in written documentation. • Understands and operates effectively in terms of information governance. • Is familiar with and utilises effectively, methods of documentation used in the placement area (such as; paper medical notes, online systems). Suggestive actions, not limited to • Observed to complete relevant care plan / observation monitoring documents correctly. • Observed to maintain accurate and clear nursing notes	IT Skills pathway

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Part Two: Active participation in care with minimal guidance and performing with increased confidence and competence.

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8.	Makes informed judgements and initiates appropriate evidence-based interventions in managing a range of commonly encountered presentations.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates understanding and awareness of service user's developmental norms. • Demonstrates ability to identify commonly seen conditions in the placement area. Can assess and make recommendations for nursing care. This being based on evidence in research and local policy (such as; care pathways). • Records details of initiate intervention effectively in appropriate documentation. Suggestive actions, not limited to: • Undertake a physical patient i.e., cardio metabolic assessment and take appropriate actions as per care pathways. • Demonstrate appropriate knowledge and understanding of referral processes. • Complete admission and assessment paperwork and able to translate into a care plan.	Persistent Physical Symptoms, Breaking Down the Barriers

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Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Understands and demonstrates effective infection control procedures. • Demonstrates ability to maintain the principles of infection control when delivering person care. This to include; eyes, mouth and pad care. • Understand and complete documentation and interventions regarding tissue viability. • Ascertain the service users' level of understanding in relation to hygiene needs, discussing possible nursing interventions that could be employed to support the services. • Assess, evaluate and document the use of prescribed medications such as emollients or creams. Including assessment of any potential allergies or sensitivities. • Develop understanding of the potential of issues that can arise for service users should good hygiene practices not be observed and how these can impact health. (Example, impacts for tissue viability) • Provide education and support for caregivers with dependents in how to effectively protect skin from breakdown, with effective hygiene practices and treatments. • Access spoke placement opportunities with relevant members of the MDT (i.e., Tissue Viability Nurse Specialists) Suggestive actions, not limited to: • Carry out and document an assessment of pressure ulcer risk for adults using a validated scale to support clinical judgement or conduct a skin assessment for an adult who has been assessed at high risk of pressure sore development and make a recommendation for care planning/referrals/wound care product.	Essentials of Wound Care Education for the Health and Care Workforce, Edermatology

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Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
10.*	Utilises aseptic techniques when understanding wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gains understanding and develop skills with regards ANTT and aseptic techniques. • Demonstrates ability to apply ANTT and aseptic techniques to nursing interventions, such as: changing a dressing. • Gain understanding and demonstrate knowledge of management of stitches and clips. If appropriate, demonstrate removal under supervision. • If available, access trust / ward training or consider a spoke placement. • Gain understanding and demonstrate knowledge of management of drains and its function. If appropriate, demonstrate removal under supervision. Suggestive actions, not limited to: • Dressing a wound following a surgical procedure or redressing a chronic wound in accordance with local policy and wound formularies. • Demonstrate knowledge and understanding of potential issues/challenges associated with ANTT in a community setting. What equipment is required and how do you manage in a non-clinical environment.	
11.	Effectively uses evidence based nutritional assessment tools to determine the need for intervention.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates awareness of the need for nutritional assessment to make decisions about the nature and cause of nutrition related health issues • Able to use and calculate nutritional assessment tools to recognise concerns and/or monitor patients' nutritional status and act upon the findings. Suggestive actions, not limited to: • Completion of a Malnutrition Universal Screening Tool (MUST) score/tool to assess, To complete and review the use of a Food and Fluid chart, and to discuss the need to escalate with assessor/supervisor. • Screen a patient's nutritional status or risk and referral pathway in line with local policy or participate in an MDT discussion or make a referral to support nutrition and hydrations e.g. dietetics, PEG nurse as appropriate.	Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI) https://www.bapen.org.uk/e-learning-portal

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
12	Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. A patients experience of Nasogastric tubes (click the icon to listen) Lily shares her experience of having a NGT (click icon to listen). Jodie shares her experience of having a NGT (click icon to listen).	Direct observation Simulation Spoke placement / Training opportunity	• Be able to select the appropriate equipment required for a safe insertion of an NGT. (including selecting the correct size for the patient). • Understand the process of insertion of an oral / nasal gastric tube. Taking into consideration any holistic needs during this intervention, such as the use of distraction. Also, demonstrated knowledge of securing the tube, factoring key principles of tissue viability. • Complete ongoing assessment of the NGT to ensure maintenance of tissue viability post insertion. • Be able to PH test NGT and demonstrate knowledge of when this should be done. Gain understanding of interventions that can be utilised should an aspirate not be achieved, to ensure placement of the NGT prior to feeding (i.e., x-ray, changing service users' position). • Demonstrate ability to, under supervision, deliver a safe feed via NGT. • Document effectively; details of insertion, feeds etc. • Under supervision be able to safely site and remove NGT. • Develop skills regarding effective communication with the service user, carers and the MDT regarding artificial nutrition and hydration. Suggestive actions, not limited to: • Suggested actions, not limited to • Under supervision be able to safely site and remove NGT, this can be achieved in simulation. • Can discuss, what actions maybe completed if unable to obtain an aspirate (reposition the patient, x-ray). • Observed to complete ongoing nursing assessments (under supervision) of the NGT to ensure maintenance of tissue viability post insertion.	I. V Therapy Passport,

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	Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
13.	.Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop understanding and demonstrate ability to assess continence in line with service users' development and condition. • Demonstrate the ability to monitor continence and document effectively. Including escalating when concerned. • Demonstrate knowledge in terms of the assessment of urinary and bowel conditions, such as UTI's and constipation. Including signs and symptoms. • Demonstrate ability to collect samples safely (urine, stool) for further investigation (i.e., to confirm UTI etc). Complete ward-based assessment, such a dip test (urinalysis). • Promote dignity and care plan effectively Suggestive actions, not limited to: • Completion of a baseline continence assessment or reassessment across a range of settings including a thorough history and a review of medications, bladder/bowel charts, quality of life, fluid/food intake and environmental factors or review of a bladder or bowel chart to establish a clinical pattern. • Able to take history during admission or referral process and translate into an appropriate care plan • Demonstrate knowledge and understanding of potential side effects to medications such as constipation and appropriate actions required such as increased fluids, pharmacological interventions. • Refers to tools such as Bristol stool screening. Able to demonstrate knowledge and understanding of conditions such as Dementia and articulate what risks of constipation or urinary incontinence such as leaning to one side, smell and colour of urine, behavioural changes etc.	Continence and Catheter Care https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource

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Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
14. *	Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate. Phil's experience of having a urinary catheter (click the icon to listen) Jodie's experience of having a urinary catheter (click the icon to listen)	Direct observation Simulation Spoke placement / Training opportunity	• Assist or demonstrate (under supervision) safe catheterisation in line with policy within the placement area. • Utilise distraction techniques / engage support from play specialists during insertion procedure. • Consider and employ a holistic approach for service users who have a catheter insitu. • Gain knowledge and skills of how to manage and maintain catheters. Including monitoring output and disposing of safely. Documenting as appropriate in line with placement policy. • Assist or demonstrate (under supervision) safe removal of catheter. • Gain knowledge of the different types of catheterisation and the variation and considerations with regards nursing care. Suggestive actions, not limited to: • Demonstrating knowledge and understanding by providing holistic safe catheter care, educating the patient regarding care of their catheter where appropriate, Insert/remove a urinary catheter using safe practice under supervision as per local policy - simulation may be required to demonstrate this. • Assist with intermittent self-catheterisation where able in the acute/community setting.	Continence and Catheter Care

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Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
15.*	Undertakes, responds to and interpret neurological observations and assessments and can recognise and manage seizures (where appropriate).	Direct observation	• Gains understanding and knowledge of management of seizures. Gains exposure to care pathways and algorithms, to understand treatment. • Gains understanding of different classification of seizures (such as: generalised seizures, absence seizures and tonic-clonic seizures), how seizures can affect behaviour and how to manage these episodes. • Effectively utilise AVPU in the assessment. • Access members of the MDT to increase knowledge, e.g., epilepsy specialist nurse.	Epilepsy (EPS)
		Demonstration of proficiency through discussion	• Can demonstrate / discuss effective management of an unconscious patient (such as; airway management and repositioning). • Gain skills in obtaining and interpreting neurological observations. Able to document these appropriately using the correct documentation within the placement area and in line with local policy. Be able to utilise escalation policy, in light of concerns. • Being able to gain understanding of how neurological observations form part of care planning, adjusting frequency of observations as required.	
		Simulation	• Demonstrate knowledge in order to support service users and their caregivers with regards to advice at discharge, for a patient who has presented with a head injury. • Recognise the impact of a traumatic head injury can have on the patients and / or their caregivers. • Understand, if appropriate, the potential for safeguarding concerns (i.e., an immobile person, presenting with a head injury) and how to escalate concerns.	
		Spoke placement / Training opportunity	Suggested actions, not limited to: • Consider a spoke placement with relevant members of the multi-professional team, such as Epilepsy Nurse Specialist. • Under supervision, complete a neurological assessment, including utilising the correct documentation tools. Consider use of simulation, if not practicable within the placement area.	

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
16.	Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain understanding and skills regarding to the correct completion of relevant risk assessments utilised in the placement area and utilises these to inform nursing interventions and care. • Empower the service user and the caregivers to be participants in risk assessment and care planning. Utilising the voice of the service user. Suggestive actions, not limited to: • Complete a moving and handling risk assessment tool e.g., in when moving patient to visit the toilet, safe transfer to/from theatre, attend elsewhere for an investigation, completing a social assessment in patients' home.	Frailty (FTY) Preventing Falls in Hospitals https://geekymedics.com/falls/

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17.	Effectively manage the risk of falls using best practice approaches.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Work with the MDT, service users and their caregivers, to development effective care plan to meet the needs of the patient (such as; physios). • Utilises understanding for the service users cognitive and physical needs to inform care planning, to support the avoidance of potential risks and hazards. • Maintains a safe environment. Making reasonable adjustments as appropriate. • Access spoke placement opportunities with relevant professionals, such as physios. Suggested actions, not limited to: • Assessment of a patient in their own home using a Falls Risk Assessment Tool (FRAT) or assessing a potential falls risk such as mobility, environment, medication and making a referral according to local policy • Consider spoke to Falls Clinic/ Intermediate Care, physiotherapist, occupational therapist or charitable organisations such as Age Concern. • Demonstrates knowledge and understanding of appropriate risk assessments such as Falls Risk Assessment Tool (FRAT) and demonstrate how the risk is mitigated in the Care Plan.	Frailty (FTY) Preventing Falls in Hospitals https://geekymedics.com/falls/ Frailty (FTY) Preventing Falls in Hospitals
18.	Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing evidence-based rationale to support decision making.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Utilises understanding for the service users cognitive and physical needs to inform care planning, to support the avoidance of potential risks and hazards. • Maintains a safe environment. • Safe use of equipment to support mobility (such as; wheelchairs and hoists) in line with local policies and procedures. Suggestive actions, not limited to: • Demonstrate safe use of equipment to support mobility (such as; wheelchairs and hoists) in line with local policies and procedures.	

	Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
19.*	Undertakes a comprehensive respiratory assessment including chest auscultation, e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.	Direct observation Simulation Spoke placement / Training opportunity	• Gains knowledge and skills with regards airway management. Assessing patency and utilising head-tilt and chin-lift to support maintenance. • Gains knowledge of the use of oropharyngeal airway. Including how to select and measure the correct size and insert safely. • Being able to assess and document clinical observations effectively. Utilising knowledge of EWS and the escalation policy to monitor and raise concerns. • Gains understand and develops skills regarding the assessment of breathing and oxygenation. Using skills such as; chest auscultation and utilising key pieces of equipment such as pulse oximetry to obtain oxygen saturations. • Utilising results to inform care planning and nursing intervention, such as frequency of observations and requirement of continuous monitoring. In line with placement areas policy. • Gain knowledge and skills with regards to oxygen therapy. Understand the different equipment available and rationales for selection. (nasal specs, bag and mask, non-rebreathe mask). • Gain understanding of the rationale for the implementation for humidified / high flow oxygen. Develops skills in administering prescribed nebulisers. • Ability to support and educated service and their caregivers, regards to an effective inhaler technique and utilised equipment such as spacers in the administration. • Access spoke placements with relevant members of the MDT, such as; Specialist Respiratory Nurses. Suggestive actions, not limited to: • Demonstrate knowledge and understanding of use of Oxygen in emergency situations. • Access spoke placements with relevant members of the multi-professional team, such as; Specialist Respiratory Nurses. • Complete a respiratory assessment, utilising the correct documentation, in line with local policy. Consider the use of simulation, if not practicable in the placement area. • Access learning opportunities such as training within the organisation, if available. • Demonstrate ability to consider appropriate administration of oxygen. • Demonstrate ability to adjust care planning in response to patient requiring oxygen (escalation policy, frequency of observations).	Asthma, Acute NIV (NIV)

Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
20.* Uses best practice approaches to undertake nasal and oral suctioning techniques.	Direct observation Simulation Spoke placement / Training opportunity	• Gain knowledge and skills to be able to perform safety checks on suction equipment, prior to use. (Equipment such as; wall suction and portal suction devices). • Be able to assess the need for suction and identify potential contraindications to administering suction, such as conditions. • Gain knowledge and skills regarding the assessment and selection of the correct equipment for suction. This being in relation to a range of methods; orally (yankeur), oropharyngeal (catheter), nasopharyngeal, tracheostomy. Suggestive actions, not limited to: • observed performing safe nasal and oral suctioning techniques in accordance with local policy. (Consider use of simulation, if not practicable in the placement area). • Attend appropriate local training and Basic Life Support, follow appropriate clinical care pathway.	
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate knowledge and skill, to ensure the implementation and maintenance of effective infection and control measures. • Understands key principles with regards to infection control with regards to, source isolation, cohort nursing, protective isolation. • Understands policies and procedures within the placement area, to respond to evidence of potential infection control risk. • Understand reportable conditions and how these are reported to Public Health England. • Can provide education and support to service users, caregivers and visitors regarding infection control measures within the clinic setting. • Utilise spoke opportunities with infection control nurses and teams to support learning and development. Suggestive actions, not limited to: • Demonstration of infection control practices such as hand hygiene, correct use of personal and protective equipment, waste disposal, safe injection practices and needlestick and sharps injury prevention • Completion of local covid and clinical skills training packages.	Antimicrobial resistance, Antimicrobial Stewardship, Infection Management, Cleaning for confidence, Antimicrobial Resistance and Infections

	Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
22.	Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develops and demonstrates skills regarding obtaining the service user's voice and documenting this effectively. • Utilise a range of methods to support communication as appropriate (i.e., translation services, easy read documents). • Be able to utilise communications skill, both verbal and written to ensure information provided to service users and their caregivers is accessible and easy to understand. • Be able to effectively communication with service users and their families. This being to initiate and maintain discussion around conditions and treatment. Utilising listening skills and exploring concerns with support from registered staff. • Demonstrate ability to work with the MDT to support service users and their caregivers with regards to access to information and support understanding. Suggestive actions, not limited to: • Communicating discharge information, providing medication advice, sign-posting to services and demonstrating appropriate communication skills according to patients' individual needs. • Engage in learning activity to spend time answering the phone for the team and be able to respond to queries, maintain confidentiality and signpost appropriately. Develop and deliver teaching sessions regarding education on conditions.	Shared Decision Making

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23.	Undertakes assessment using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.	Direct observation	• Gain knowledge and skills to be able to test equipment, such as bedside blood glucose monitoring equipment. • Identify conditions, situations or presentations that may require attainment of a patient's blood glucose level. • Gain knowledge of what the significance of blood glucose and ketones levels can mean in assessment of an unwell patient.	Safe Use of Insulin (SUI)
		Simulation	• Demonstrate skill in obtaining a sample and utilising blood glucose monitoring equipment. Being able to interpret result and escalate as appropriate. • To consider an appropriate site, to obtain a blood sample. • Demonstrate ability to document result in line with placement area policy. • Utilise easy read supportive documents, to aid communication with service user.	
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • Demonstrate skill in obtaining a sample and utilising blood glucose monitoring equipment. Being able to interpret result and escalate as appropriate (consider simulation, if not practicable in the placement area). • Demonstrate ability to document result in line with placement area policy.	

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Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
24. * Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. 💬 Peter's ECG experiences (click the icon to listen) 💬 Lily shares her experience of having a ECG (click icon to listen).	**Direct observation** **Simulation** **Spoke placement / Training opportunity**	• Gain observation skills in order to undertake assessment of a service users' presentation, with regards to their physical appearance, such as; pallor; pale, flushed, cyanosed, mottled. • Develop skills to assess circulatory status; both peripherally and centrally. • Effective assessment of capillary refill time, both peripherally and centrally. • Effective assessment of hydration, considering; oral mucosa. • Gain skills and understanding of how to complete a 12 lead ECG. • Gain knowledge and understanding of how to interpret and recognise cardiac rhythms. (i.e., ventricular tachycardia). • Gain exposure and knowledge with regards to auscultation of the chest; supporting knowledge of the characteristics of heart sounds and identify potential abnormalities. • Gain skills in order to palpate pulses, both centrally and peripherally, for rate and volume. Suggestive actions, not limited to: • Consider spoke with Advanced Clinical Practitioner or Medic during admission process or examinations. • Be able to articulate results of an ECG when shown. • Articulate what usual limits are.	

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Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
25.* Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. Carole's experience of venepuncture (click icon to listen) Daniel (age 11), talks about how he feels before he has his bloods taken (click icon to listen) Daniel (age 11), talks about how he feels after he has his bloods taken (click icon to listen) Mark, talks about his experience of venepuncture	**Direct observation** **Simulation** **Spoke placement / Training opportunity**	• Gain knowledge and understanding as to why venepuncture maybe required (obtaining bloods for investigation etc). • Gain skills in order to interpret blood results and document then correctly in line with the placement areas policy. • Acquire knowledge and skill, to be able to select an appropriate site for venepuncture. • Consider the service user in any procedure involving venepuncture. Factoring support, play and distraction. • Be able to identify the correct equipment required for venepuncture. • Demonstrate or support safe venepuncture technique in line with policy within the placement area. • Document as appropriate, in line with policy. Suggestive actions, not limited to: • Demonstrate or support safe venepuncture technique in line with policy within the placement area. Consider the use of simulation, if not practicable in the placement a • Document as appropriate, in line with local policy. • Recognise abnormal results and articulate what action is required. Considering possible other factors such as medication and the potential impact on blood results • Access training opportunities with the organisation, if available.	

Those procedures outlined in Annexe B, Part I: Procedures for assessing needs for person-centred care, sections 1 and 2 also apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice. Registered nurses must therefore be able to demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
26.*	Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. Lily's experience of cannulation(click icon to listen) Harriet's experience of cannulation(click icon to listen) Jodie's experience of cannulation(click icon to listen)	Direct observation Simulation Spoke placement / Training opportunity	• Be able to identify the need for cannulation and select the appropriate equipment. • Demonstrate safe technique using ANTT throughout procedure following local policy. • Document cannulation correctly as per policy. • Demonstrate good communication skills with the patient throughout the procedure ensuring consent is obtained or best interest decision making is upheld. • Ensure Patient /family are effectively educated and supported about cannulation and subsequent care Suggestive actions, not limited to: • Demonstrate ability to document effectively. Such as; VIP scores, failed and successful attempts, equipment used (size of cannula etc). • Demonstrate understanding of the effective management and maintenance of sited cannulas. Able to discuss considerations in assessment of a cannula. • Demonstrate / support safe cannulation technique. Consider use of simulation to demonstrate skill. • Demonstrate ability to safely remove a cannula. • Access training opportunities within the organisation, if available.	
27.*	Manage and monitor blood component transfusions in line with local policy and evidence-based practice. Audrey's experience of having a blood transfusion (click icon to listen) Andrew's experience of having a blood transfusion (click icon to listen)	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain knowledge and understanding of considerations and principles of safe administration of blood. Utilising local policies and procedures. • Gain knowledge and understanding of the role of the nurse and colleagues in the safe administration of blood. Utilise care pathways and evidence base to inform discussion of considerations that must be observed before, during and after the administration of blood (frequency of observations etc). • Gain awareness of the possible complications that can occur during blood administration and how these may present. Suggested actions, not limited to: • Access organisation training, if available. • Consider spoke placement to wider teams, organisations and services if limited exposure • Demonstrate understanding of local policies regarding the safe transfusion of blood components and nursing considerations. • Consider the use of simulation, if not practicable in the placement area.	Blood Transfusion

Year/Part 2: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
28. *	Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate awareness of sepsis, including national and local guidance, such as; the golden hour. • Be able to recognise the deteriorating patient. Utilising observation skills and the interpretation of clinical observations. • Able to documents effectively and utilise local escalation policy considering concerns. • Utilise communication skills, via the use of SBAR to escalate information and concerns effectively to senior / relevant staff. Suggestive actions, not limited to: • Completion of a national early warning score and recognition of parameters outside of a normal range/Sepsis Screening tool/red flag symptoms and appropriate escalation and management.	Sepsis (SEP), Recognising and managing deterioration
29.	Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Able to utilise and complete relevant risk assessment in the placement area, such as; falls, EWS, Escalation Policy. • Be able to demonstrate understanding of why risk assessments should be used, how they should inform care delivery and if appropriate, reporting procedures. • Able to discuss and document effectively, situations that may require working outside the prescribed risk assessment, in order to ensure patient safety and wellbeing. • Escalating concerns regards a service user with an EWS: 0. Due to nursing / carer concerns. • Where appropriate. promote freedom of choice and social inclusion. Utilising effective communication strategies. Suggestive actions, not limited to: • Understanding the use of VIP (visual infusion phlebitis) scoring in a patient with difficult intravenous access or understanding - identify and manage risk or escalating concerns regarding a patient with a low Early Warning Score (EWS) due to nursing concerns.	

Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
30. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice, e.g. solution focused therapies or talking therapies.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Understand of the importance of clinical supervision and demonstrates knowledge of how this can be accessed within the placement area. • Demonstrates skills required in order to be reflective practitioner. Is able to engage in discussions regarding reflections and develop strategies for future development. • Demonstrates understanding of who within the MDT can provide support and guidance. • Gain skills in order to access strategies to support the management of their own feelings and resilience. • Gain understanding of the debriefing process and how this supports practitioners and the wider team, to be supported and devise lessons learned strategies. • Acquires skills, in order to assess service users and / or caregivers who may potentially be struggling with low mood and be able to signpost effectively in order to ensure support is provided. • Develop knowledge of the importance of distraction and the positive implications that engagement can have on health (emotional well-being, mental health and self-esteem). Demonstrate effective distraction skills. Suggestive actions, not limited to: • Supporting a patient with substance abuse/addiction, anxiety or depression or supporting a person who is experiencing stress and sign-posting/referring them to support services including statutory and voluntary organisations	

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Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	**Online Learning for Students (ELFH – Elearning for Health)**
31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates understanding of the importance of an effective family-focused discharge planning. • Working collaboratively within the MDT and alongside service users and their caregivers, to ensure a holistic approach to discharge and discharge planning. • Gain skills to communicate effectively with the MDT and the service users and caregivers to ensure that the discharge plan is robust and timely. • Gain and demonstrate skills to deliver a clear and concise handover (between shifts or when transferring between department) and provide information during ward round. • Understands the requirement of accurate and relevant information and documentation when planning for discharge to the care of another service (i.e., transfer of a service user to specialist unit within another trust). • Gains skills to understanding to be able to document regarding discharge and be able to effectively communicate discharge planning with service users and their caregivers. Suggestive actions, not limited to: • Making referrals for discharge/transfer of services and completing documentation, arranging medications on discharge, providing discharge advice, arranging transport, completing discharge documentation e.g., transfer of care letter • Consider arranging spoke visits with different services and multi-disciplinary team members, voluntary and third sector agencies involved in the discharge process	

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	Year/Part 2: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
32.	Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity / Feedback	• Works proactively to obtain the service user's voice. Act as advocate the service user when communicating with the MDT and in the care planning process. • Develop communication skills in order to promote collaborative working within the MDT, to assess and implement care decisions. Including the service users and their caregivers where possible. • Demonstrate understanding of the principles of Gillick Competence and understand how this applies to decision making. • Uphold the principles of the Duty of Candour. Suggestive actions, not limited to: • Demonstrate understanding of the principles of Gillick Competence and understand how this applies to decision making. • Uphold the principles of the Duty of Candour. • Able to act as an advocate, understands what reasonable adjustments are.	Shared Decision Making (SDM), Social Prescribing - Learning for Link Workers (SPL), Supporting Self Care (SSC)
33.	Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Gain and develop skills in order to assess workload, identifying any potential issues in meeting care outcomes (acuity etc). Develop and utilise delegation skills in order to address these issues and / or highlight these potential issues to nurse-in-charge. • Demonstrate team working skills, in order support colleagues meet care objectives. • Gain awareness of the importance of effective conflict management. Gain skills in order to escalate situations which represent a challenge or potential risk to safety of staff, service users or their families. • Gain understanding of the policies and procedures in the placement area, for the management or escalation of conflict. Including an awareness of the support available by member of the MDT (matron, security) and how these individuals can be accessed (bleep, radio, fast-bleep). Suggestive actions, not limited to: • Demonstrates knowledge and understanding of complaints process PALS etc. Complete local courageous conversations training if available. • Delegate Therapeutic Observations and plan breaks of staff and able to articulate to supervisor reasons for such delegations e.g., considering skills, environmental risks etc.	Mental Health Awareness Programme (MHP)

Learning Disability: Year Three

Part Three: Practicing independently with minimal supervision and leading and coordinating care with confidence.

Introduction to the Guidance and Content

LD: Proficiencies (Part / Year One)

LD: Proficiencies (Part / Year Two)

LD: Proficiencies (Part / Year Three)

User Guide

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Year/Part 3: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
1.	Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centred care	Direct observation Simulation Spoke placement / Training opportunity	• Demonstrate ability to undertake a holistic approach to assessing a service users (i.e.. Utilising the service user voice in assessment). • Demonstrate ability to undertake a full and correct assessment of the service user. This should include an ABCDE assessment. • During the assessment, be able to demonstrate appropriate selection and use of equipment (such as; equipment required to obtain clinical observations and monitoring). • Be able to evaluate findings and escalate appropriately. Suggestive actions, not limited to: • Complete an admission, under supervision and complete the relevant care plans and risk assessments.	Person Centred approaches Breaking down barriers programme
2.	Assesses a person's capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate understanding and knowledge regarding capacity and the barriers that can present, in the user service and their caregiver's ability to make decisions. • Operate as an advocate for service user and their caregivers. Understands and demonstrates skills in the attainment of the service users and caregivers voice in assessment and care planning. • Where there are issues regarding capacity, works effectively with the multi-professional team to inform decisions. • Utilises communication skills, in order to gain clarity with regards to care planning and decisions. Work with the service users and their caregivers to ensure information is shared effectively and supports the generation of an agreed plan. • Work proactively to empower service users and their caregivers. • Gain understanding of the Mental Health Capacity act and the use of key documents regarding deprivation of liberties. Suggestive actions, not limited to: • Participate in a multi-disciplinary team meeting or case conference	Deprivation of Liberty Safeguards; Mental Capacity Act (MCA) Person Centred approaches Shared Decision Making

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Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 3)

Part Three: Practicing independently with minimal supervision and leading and coordinating care with confidence..

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
3. Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate.	Direct observation / Demonstration of proficiency through discussion / Spoke placement / Training opportunity	• Demonstrates ability to generate and maintain accurate records, in line with local policy and NMC guidance. • Able to demonstrate knowledge and operate within guidance with regards to Information Governance and Data Protection. • Able to assess requirement for specialist support for both the service users and their caregivers. Utilising this information to make appropriate referrals, to agencies (such as; Social Services). While upholding the principles of consent. • Be able to effectively signpost service users and their caregivers to appropriate services and provide support if required. Suggestive actions, not limited to: • Completes a referral to another service/team member, observed signposting a service users and their caregivers to appropriate services. • Participate in MDT meetings and where appropriate support the MDT in completing actions identified in these meetings.	Deprivation of Liberty Safeguards; Mental Capacity Act (MCA) Person Centred approaches Shared Decision Making
4* Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies.	Direct observation / Simulation / Spoke placement / Training opportunity	• Be able to complete a ABCDE assessment and interpret and document results. • Demonstrate ability to recognise the deteriorating patient and escalate appropriately utilising the escalation policy within the placement area. • Utilise observation skills and attainment of the service users voice to inform assessment of mental, emotional, and physical health. • Able to utilise therapeutic intervention to reduce emotional impact of ill health, such as distraction. Being able to recognise the importance of these interventions in care delivery, in accordance with the service users' cognitive ability. • Be able to effectively signpost to supporting agencies, services and professionals (i.e., Social Services) and assist and support the service users and their caregivers to access support. • Operate as an advocate for service users and their caregivers. • Document effectively in line with local policy and NMC guidance. Suggestive actions, not limited to: • Completes a relevant and appropriate risk assessments effectively and utilise results to inform care delivery.	MindEd Suicide and Self-harm Prevention. Suicide Prevention, Recognising and managing deterioration Sepsis (SEP),

	Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	**Online Learning for Students (ELFH – Elearning for Health)**
5.	Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.	Direct observation	• Document effectively in line with local policy and NMC guidance. • Understands and demonstrates skills with regards to compliance with Information Governance and Data Protection. • Demonstrates understanding of the role of the nurse and their responsibility to keep safe, accurate and timely documentation, in all relevant formats (electronic, written notes etc). Suggestive actions, not limited to: • Be observed maintaining and completing relevant nursing notes and care plans relating to a service users care.	IT Skills pathway
6.	Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care.	Direct observation Spoke placement / Training opportunity Feedback	• Demonstrates a holistic approach to care delivery and nursing interventions. • Works to empower service users and their caregivers to have input in care planning. Provides education and support to enable service users to understand information regards to their plan of care. • Promotes collaborative care planning amongst the MDT and the service users / caregivers. • Operates as an advocate for service users and their caregivers. Suggestive actions, not limited to: • Participation in nursing assessments, such as admissions, that includes the attainment of the service users voice and utilising this to form a holistic nursing assessment.	Person Centred approaches Shared Decision Making

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Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Utilises appropriate care plans in the assessment of service users, including pain assessment tools. • Utilises appropriate assessment documents in the assessment of service users (i.e., selecting and utilising an appropriate pain tool). • Manages, under supervision, a patient case load. Demonstrates ability to communicate any issues regarding meeting care outcomes and tasks due to acuity or demands, responding appropriately (delegation skills, highlight demand to coordinator). • Able to operate effectively within the MDT, to assess and identify care needs. Communicates these effectively verbally and within documentation. • Able to alter and communicate care planning and intervention, in response to changing / evolving needs of the service users and their caregivers. Documents effectively. • Utilises a holistic approach to assessment and delivery of care. Empowers service users and caregivers to be active participants in care (planning, implementation and evaluation). Considering also neuro diversity and sensory discomfort. • Understand and discuss possible rationale for a service users not engaging or unable to engage effectively in treatment. Suggested actions, not limited to: • Manages, under supervision, a patient case load. Demonstrates ability to communicate any issues regarding meeting care outcomes and tasks due to acuity or demands, responding appropriately (delegation skills, highlight demand to coordinator).	

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	Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8.	Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Able to demonstrate understanding and skills in order to communicate effectively with service user. Altering communication to support this. • Through effective communication and listening skills, is able to develop and maintain professional and trusted relationships with service users and their caregivers. • Utilises a holistic approach to assessment and delivery of care. Empowering service users and caregivers to be active participants in care. • Works proactively, through support and education to promote self-care. • Through assessment identifies possible barriers to communication and works proactively to reduce these barriers. An example, engaging support from a translator, or providing written information to support education for service users and their caregivers. • Understands how working holistically and utilising other means of communication such as; art, can support service users express their feelings and wishes Suggested actions, not limited to: • Complete under supervision a nursing admission.	Supporting Self Care (SSC) Person Centred approaches Breaking down barriers programme
9.	Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Has understanding of services and agencies available to support service users, such as Social Services. Is able to refer to such services correctly, supporting the service users and their caregivers through the process. Document actions effectively. • Undertakes appropriate risk assessments (PBS plans) and environmental assessments. Applies recommendation effectively. • Understands how working holistically and utilising other means of communication such as; art, can support service users express their feelings, experiences and wishes. Access the support from the MDT (such as; mental health support agencies). • Utilise communication skills effectively in order support service users. Suggested actions, not limited to: • Complete relevant risk assessment and report any identified actions. • Consider a spoke placement within a relevant team or service (i.e. CAMHS)	

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist).	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Proactively support and educate service users and their caregivers to promote self-care (where appropriate). • Utilise appropriate care plans and risk assessments regarding personal care and utilise these in the delivery of care. • To be able to signpost, assist and refer (if required) to specialist services. • Be able to assess the hygiene needs of dependant service users and safely utilise nursing interventions to manage the patient's needs. Re-evaluating as appropriate and documenting effectively. • Works proactively to uphold the important concepts of dignity and privacy when providing personal care. Suggestive actions, not limited to: • Manages, under supervision, a patient case load.	Supporting Self Care (SSC) Person Centred approaches Breaking down barriers programme
11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Able to utilise fluid balance effectively. Documenting appropriately and able to escalate any concerns effectively. • Able to work within the MDT, to calculate requirements and contribute to generation of plans to meet the service users nutrition requirements. • Recognise how commonly seen conditions (such as, respiratory conditions) impact the service users ability to meet nutritional requirements. Be able to discuss possible strategies to support nutrition and hydration in these cases (i.e. . use of an NGT). • Be able to communicate within the MDT to be able to plan and address specific nutrition and needs of a patient and make appropriate referral, where appropriate (i.e. SALT). Suggestive actions, not limited to: • Observed to utilise fluid balance effectively. Documenting appropriately and able to escalate any concerns effectively. • Observed to liaise with the multidisciplinary team regarding hydration needs of a patient (i.e. ward rounds)	

Year/Part 3: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
12.	Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications	Direct observation	• Is able to demonstrate knowledge and discuss regarding rationales for the decision to commence IV fluids. • Is able to calculate fluid maintenance for individual patients. • Demonstrate knowledge regards the care of devices used in the administration of IVI fluids; such as cannula's and long-lines. • Able to document effectively in line with local policy. Including but not limited to; fluid balances, VIP charts, Locssips (if appropriate). Able to action concerns. Suggestive actions, not limited to: • Under supervision, manages the care of a person in receipt of IV fluids, completing relevant documentation inline with local policy.	
		Demonstration of proficiency through discussion		
		Simulation		
		Spoke placement / Training opportunity		
13.*	Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required.	Direct observation	• Discuss and demonstrate knowledge and understanding regards the safe use of devices such as; infusion pumps, syringe drivers and feeding pumps. • Be able to understand and undertake assessment of cannulas and central lines, to ensure the maintenance of safety and be able to documents this effectively with medical notes and on VIP charts. Raising concerns appropriately. Also, being able to ensure that any dressings are kept secure, dry and clean. • Be able to discuss and demonstrate skills in the management of feeding devices, such as; gastrostomy etc. Suggestive actions, not limited to: • Demonstrates understanding of the use of devices (such as infusion pumps). In terms of pressure limits and how these are programmed and checked. • Be able to document infused fluid, in both clinical notes and fluid balance. Including how to document a fluid bag change for example. • Able to demonstrate understanding of principles of safety, in terms of the correct labelling of fluids and medications administered via an infusion pump etc. Also understand the process and importance of changing lines (i.e. every 24hrs) in line with local guidance and policy,	I. V Therapy Passport
		Demonstration of proficiency through discussion		
		Simulation		
		Spoke placement / Training opportunity		

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Observe the administration of medications, utilise these opportunities to calculate medications doses, times etc. • Develop knowledge and skill in terms of assessing and evaluating effects of administered medication, in terms of symptom relief. (i.e. IV Paracetamol on pain). • Utilise appropriate assessment tools and communication to ascertain the service users / caregivers voice re evaluation of effectiveness. • Utilises observations skill and appropriate questioning to assess any behavioural or clinical changes during and following administration. • Develop understanding regards nurse interventions during administration. For example, increased observations or continuous monitor if required for specific medications, in line with local policy. • Able to escalate any concerns appropriate and document effectively. Suggestive actions, not limited to: • Demonstrate knowledge and skill in terms of assessing and evaluating effects of administered medication, in terms of symptom relief. (i.e. IV Paracetamol on pain). Utilising pain appropriate pain assessment tools and escalating any concerns appropriately	I. V Therapy Passport
15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain knowledge and skills in order support and educate service users and their caregivers with regards to their specific elimination needs. • Access the MDT, such as specialist nurses to gain enhanced knowledge (such as; Stoma Care Nurses). This being also, develop understanding of the MDT's roles in the delivery of care and support to service users and their caregivers. • Work holistically and collaboratively to empower service users and their caregivers to participant in care planning, delivery, and evaluation. • Develop understanding of the potential psychological impacts these interventions can have on service users and their caregivers. • Work to ensure privacy and dignity are maintained at all times. Suggested actions, not limited to: • Consider a spoke placement with Specialist Nurses. • Under supervision, manage the care of a patient with specific elimination needs.	Continence and Catheter Care https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource

Year/Part 3: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
16.	Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate.	Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Demonstrate understanding of conditions in service users, whereby the use of enemas and suppositories may be utilised. • Demonstrates ability to uphold the principles of privacy and dignity for service users requiring these types of treatments. • Demonstrates to the ability to utilise patients history in terms of bowel habits and obtain the service users and care givers voice in relation to any concerns or changes in these habits. • Is able to demonstrate consideration of appropriate support, for service users who have required treatment such as enemas, such as play and distraction. Considers environmental factors, such as allocating a cubicle with a toilet to uphold privacy. • Understands what digital rectal evacuation is and why this is avoided in the care of service users. • Understands the other methods of non-invasive measures to support bowel movements. Such as; dietary modification, laxatives. • Works to ensure privacy and dignity are considered at all times. Suggestive actions, not limited to: • Under supervision, manage the care of a patient with specific elimination needs.	

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Year/Part 3: Proficiency (Learning Disability)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
17.	Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies	Direct observation	• Demonstrate knowledge and skill, to ensure the implementation and maintenance of effective infection and control measures. • Understands key principles with regards to infection control with regards to, source isolation, cohort nursing, protective isolation. • Understands policies and procedures within the placement area, to respond to evidence of potential infection control risk. • Understand reportable conditions and how these are reported to Public Health England. • Can provide education and support to service users, caregivers and visitors regarding infection control measures within the clinic setting. • Understands initiatives such as Flu Vaccinations Suggested actions. not limited to • Observed to uphold and maintain infection control measures, including that of effective handwashing. • Observed to utilise PPE correctly, in line with the local policy. Including the removal and disposal of PPE. • Consider spoke placements, with the Infection Control Team	Antimicrobial resistance, Antimicrobial Stewardship, Infection Management, Antimicrobial Resistance and Infections
		Demonstration of proficiency through discussion		
		Simulation		
		Spoke placement / Training opportunity		
18.	Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members.	Direct observation	• Demonstrates effective communication, written and verbal when communicating within the MDT. • Works to uphold the NMC code of conduct. • Assess opportunities for evaluation and support, such as clinical supervision. • Work proactively and participate in the MDT. In meetings such as; strategy meetings, discharge meetings etc. • Be able recognise own limitations and operate within own scope of practice. Generate action plans, utilise training opportunities to support further development. • Be a reflective practitioner. Suggestive actions, not limited to: • Participate and contribute to multidisciplinary meetings. • Arrange spoke placements with relevant teams, in order to develop understand of their individual roles.	
		Demonstration of proficiency through discussion		
		Spoke placement / Training opportunity		

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain and develop skills to assess workload, identifying any potential issues in meeting care outcomes (acuity etc). Develop and utilise delegation skills to address these issues and / or highlight these potential issues to nurse-in-charge / matron. • Demonstrate team working skills, in order support colleagues meet care objectives. • Develop and demonstrate necessary skills to be able to deliver a effective handover. • Support the education of junior student nurses, through teaching and support. Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. To gain exposure of the leadership role.	
20. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required).	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Demonstrates the skills and understanding, in the attainment of the service users and their caregiver's voice. Empowers service users to be active participants in the delivery, implementation, and evaluation of care. • Works within the MDT, in the development of care planning and decision making. Working holistically, to identify evolving needs of patients and their caregivers and allowing this to inform care planning and ensuring the care plan is amended accordingly. • Actively seeks feedback from service users and their caregivers, utilising different methods of engagement. Gain understanding of how patient feedback informs practice and policies in the placement area. Suggestive actions, not limited to: • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. To gain exposure to the leadership role.	

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies.	Direct observation / Spoke placement / Training opportunity	• Gain understanding and assist in ward-based / area-based audits, such as ward metrics (handwashing audit etc). Gain understanding of how these are reported and how results are collated and utilised to inform practice. • Actively seeks feedback from service users and their caregivers, utilising different methods of engagement. Gain understanding of how patient feedback informs practice and policies in the placement area. • Gain understanding of service improvement initiatives taking place in the placement area and contribute if appropriate. • Gain understanding of trust wide and external agencies auditory practices regarding quality, such as ward accreditations, CQC inspections. Suggestive actions, not limited to: • Under supervision, undertake a local audit within the placement area. Such as, hand hygiene audits.	
22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Able to utilise and complete relevant risk assessment in the placement area, such as; falls, EWS, Escalation Policy. • Be able to demonstrate understanding of why risk assessments should be used, how they should inform care delivery and if appropriate, reporting procedures. • Able to discuss and document effectively, situations that may require working outside the prescribed risk assessment, in order to ensure patient safety and wellbeing. • Escalating concerns regards a child with a EWS: 0. Due to nursing / carer concerns. • Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a datix. Suggestive actions, not limited to: • Demonstrates understanding of methods of reporting incidents or issues, such as completing a datix.	

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.	Direct observation	• Assist and shadow shift co-ordinator / nurse in charge, to gain understanding of leadership skills required for the role. • Under supervision and support gain opportunity to co-ordinate in the clinical area. • Lead, under supervision, a caseload of patients. Gain and develop skills in order to assess workload, identifying any potential issues in meeting care outcomes (acuity etc). • Demonstrate team working skills, in order support colleagues meet care objectives. • Gain understanding of policies within the placement area, such as the escalation policy, in response to acuity or staffing levels. Such as escalating to Site Managers and enquiring with other trusts as to bed status. Suggestive actions, not limited to: • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. • Under supervision and support gain opportunity to co-ordinate in the clinical area. • Lead, under supervision, a caseload of patients.	
	Demonstration of proficiency through discussion		
	Spoke placement / Training opportunity		
24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents.	Direct observation	• Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a Datix. Also, working within the MDT to report and address incidents (reporting to Site Managers, Clinical Leads etc). • Gains knowledge and skills to ensure any incident is documented effectively. • Gain understanding of how lessons learned, trends or reports following potential incidents are utilised to inform future practice. Suggestive actions, not limited to: • Demonstrates understanding of methods of reporting incidents or issues, such as completing a datix.	
	Demonstration of proficiency through discussion		
	Spoke placement / Training opportunity		

	Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
25.	Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Demonstrates awareness of the risks associated with multiple health conditions and the benefits of effective interagency working. • Communicate with and promote collaborative working within the multi-disciplinary team (MDT), to assess and implement care decisions. Including the service user and their caregivers where possible. • Demonstrate understanding of the wider multi-agency teams such as private, independent, voluntary organisations and local authorities and the roles they play in supporting people with complex co-morbidities. • Work alongside the MDT, in the development of care planning and decision making. • Works holistically, to identify evolving needs of patients and their caregivers and allowing this to inform care planning and ensuring the care plan is amended accordingly. Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Attend and contribute (if appropriate), in MDT/Strategy meetings. • Complete a transfer of care letter, carer assessment or complete a referral to another service. • Consider arranging a spoke visit with a case-load manager/community matron/pharmacist who support patients with multiple care needs. • Consider arranging a spoke with charitable organisation/social prescribing initiatives to further understand how they address the wider determinants of health.	

	Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
26.	Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Works proactively to obtain the service-users voice. Act as advocate the service user when communicating with the multi-disciplinary team (MDT) and in the care planning process. • Communicate with and promote collaborative working within the MDT, to assess and implement care decisions. • Understand and as much as possible, maintain a sense of the service users and their caregiver's normality. • Aware of patient feedback mechanisms and how this is used to inform care delivery, governance and quality improvement strategies. Aware of role of regulatory bodies. Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Attend and contribute (if appropriate), in MDT meetings. Such as; strategy meetings. • Consider a spoke with diversity and inclusion teams/patient experience link nurses/quality enhancement teams. • Participate in a patient experience audit.	Person Centred approaches Breaking down barriers programme

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
27. Engages in difficult conversations including breaking bad news with compassion and sensitivity.	Direct observation	• Understands the nursing role when breaking bad news or delivering difficult conversations. • Assist the multi-disciplinary team in the delivery of difficult conversations or breaking bad news. • Describe the impact receiving bad news can have on patients, their families and carers. • Gain understanding and knowledge of communication strategies to support the delivery of bad news.	End of Life Care (e-ELCA); National Bereavement Care Pathway (NBC), Communicating with Empathy"
	Demonstration of proficiency through discussion	• Has awareness of tools to support difficult conversations such as SPIKES - The Six-Step Protocol for Delivering Bad News. • Identifies communication barriers and works proactively to reduce these; e.g., engaging support from a translator, Independent Mental Capacity Advocate (IMCA) or providing written information to support education for service users and their caregivers. • Recognises of any additional requirements including cultural, ethical or faith-based considerations prior to engaging in difficult conversations.	
	Simulation	• Consider plans regarding where the discussion will take place, to uphold dignity and respect for the service user and their caregivers whilst considering other patients and the potential impact observing distress can have on them. • Develops awareness of the appropriate terminology to use such as plain terms to avoid misinterpretations when breaking bad news. • Maintain accurate and appropriate documentation, in line with local policy, care plans and pathways and Nursing and Midwifery Council guidance. • Awareness of support mechanisms such as professional debriefing/reflection.	
	Spoke placement / Training opportunity	Suggestive actions, not limited to; • Consider arranging a spoke placement with Specialist Nurses (i.e., Palliative Care nurses or a hospice) to observe communication skills when breaking bad news. • Consider arranging a spoke with an Independent Mental Capacity Advocate to understand their role in supporting people who lack capacity to make decisions. • Attend, if appropriate, relevant care planning meetings. • Practice delivering bad news using simulation/role play.	

Learning Disability Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 3)

Part Three: Practicing independently with minimal supervision and leading and coordinating care with confidence..

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain understanding of the different roles within the MDT, how they work to meet the specific needs of the service users and their caregivers. utilise spoke opportunities to support this, with such professionals as, specialist nurses. • Through assessment identifies possible barriers to communication and works proactively to reduce these barriers. An example, engaging support from a translator, or providing written information to support education for service user and their caregivers. • Works proactively to obtain the service user voice. Act as advocate the service user when communicating with the MDT and in the care planning process. • Develop communication skills in order to promote collaborative working within the MDT, to assess and implement care decisions. Including the service user and their caregivers where possible. • Works within the MDT, in the development of discharge planning and decision making. Working holistically, to identify evolving needs of patients and their caregivers and allowing this to inform discharge planning. • Works to empower service users and their caregivers to have input in care planning. Provides education and support to enable service users to understand information regards to their plan of care and promote independence and self-care. Suggestive actions, not limited to: • Under supervision, complete an nursing discharge • Attend and contribute to care planning / strategy meetings.	

It should be noted by users of the guidance, that **the learner does not need to demonstrate all the examples in order to meet the proficiency**, these should be utilised as suggestions in the assessment process.

Year/Part 3: Proficiency (Learning Disability)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural requirements and preferences.	Direct observation	• Works within the MDT, in the development of discharge planning and decision making. Working holistically, to identify evolving needs of patients and their caregivers and allowing this to inform care planning. • Works to empower service users and their caregivers to have input in care planning. Provides education and support to enable service users to understand information regards to their plan of care. • Supports service users and their care givers to communicate cultural requirements and preferences regarding end of life care. • Gain understanding of key documents that are utilised in care planning, regarding end of life care (such as: Advanced Care Plans). Suggestive actions, not limited to; • Consider the use of a spoke placement with Specialist Nurses (i.e. Palliative Care Nurses). • Attend, if appropriate, relevant care planning meetings.	End of Life Care (e-ELCA); National Bereavement Care Pathway (NBC), Communicating with Empathy"
	Demonstration of proficiency through discussion		
	Simulation		
	Spoke placement / Training opportunity		

Simulation is experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be undertaken in any environment and can be through scenarios, role play etc.

Cheshire and Merseyside Practice Learning Glossary of Terms

The glossary of terms has been developed collaboratively across the Cheshire and Merseyside AEIs and Practice Learning Partners. This was to encourage further consistency of the terms used in learning environments to help aid student supervision and assessment across Organisations and AEIs. It can be used by AEIs, Students and Practice Learning Partners.

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Roles in Practice Learning – Glossary of Terms

Roles in Practice Learning	
Approved education institutions (AEIs)	• The status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes. • It should be noted that acronym HEI may also be used interchangeably but where possible AEI should be the correct term. HEI does not necessarily mean that HEI has not been approved but HEI is the more recognised term.
Practice learning partners	• Organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.
Learning Environments:	• Includes any environment in terms of physical location where learning takes place as well as the system of shared values, beliefs and behaviours within these places. Examples include - any environment delivering or providing a healthcare service, digitally (telehealth) or a library. What must be in place - The Nursing and Midwifery Council (nmc.org.uk)
Student/Learner	• Any individual enrolled onto an NMC approved education programme whether full time or less than full time.
Educators	• In the context of the NMC Standards for education and training educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.
Practice Assessor (PA)	• Practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning. Assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors. Practice assessors make and record objective, evidenced-based assessments on conduct, proficiency, and achievement. The Practice Assessor works in partnership with the Academic Assessor to evaluate and recommend the student for progression for each part of the programme.
Practice Supervisor (PS)	• Practice supervisors enable students to learn and safely achieve proficiency and autonomy in their professional role. All NMC registered nurses, midwives and nursing associates can supervise students, serving as role models for safe and effective practice and stated in the NMC Code (nmc-code.pdf – section 9). • Students may be supervised by other registered health and social care professionals.

Content

Click the tabs below:

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- Suggestive Methods of Assessment
- NMC Key Statements
- Guidance for the Supervision of Student Nurses
- Utilising Spoke Opportunities
- Myth Busters
- Proficiency Clustering
- Embedded Videos Relating to Skills
- Glossary of Terms

Roles in Practice Learning – Glossary of Terms

Roles in Practice Learning	
Academic Assessor (AA)	• Academic Assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme. The Academic Assessor works in partnership with the Practice Assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies
Nominated Person (NP)	• There is a nominated person for each practice setting to actively support students and address student concerns. Student and practice staff should be made aware who this person is in the learning environment. This may be a Practice Education Facilitator, Practice Educator or named placement area student link or similar.
Practice Education Facilitator (PEF)	• Most commonly located in NHS Organisations, Practice Education Facilitators provide advice, support and guidance to students and practice staff to ensure optimum practice learning experiences. Acting as an intermediary between student, practice and AEIs, as required, PEFs provide consistency in the completion of processes such as when an individual student requires additional support in order to successfully achieve any elements of their practice learning and development.
Service Users/Clients/Patients	• Individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.
Stakeholders	• Any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of the NMC Standards for education and training this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

Supervision and Assessment – Glossary of Terms

Supervision and Assessment	
Practice Assessment Documents (PAD/MORA)	• These documents are the online document that PS/PAs complete to inform the AEIs the student has met the required outcomes in practice. The PAD/MORA must be completed accurately and in a timely manner to enable to student's assessment to be processed in the AEI and allow the student to progress or be re-assessed (see below) if necessary.
Formative	• Usually more informal and developmental opportunities that enable student to receive feedback and develop their skills, understanding and competence. Usually, in formative placement/practice experience only a Practice Supervisor is required to support the student.
Summative	• Formal assessments that have clear outcomes to be met within a timeframe e.g., assessment document outcomes by the end of practice experience or the Part of the programme. The results of summative assessments are usually significant and are used to determine whether a student progresses on programme or not. It is the responsibility of the PA and student to ensure that these are fully completed in practice.
Retrieval/Re-assessment	• 'Reassessment' or 'Retrieval' is the wording used when a student has not achieved the outcome(s) required and therefore requires a further attempt in practice to achieve those outcomes. The AA and PA can agree an appropriate timeframe for achievement in this period but should be a maximum of 4 weeks. Students do not necessarily need a 4-week period for assessment of an element of the assessment document e.g., if they just have an Episode of Care to complete, that doesn't need 4 weeks to complete.
Simulation	• An artificial representation of a real-world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills. Simulation can be undertaken in any environment and can be through scenarios, role play etc.
Supernumerary	• Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For apprentices, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency, and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students' knowledge, proficiency and confidence. • *Students aren't in the staffing numbers, but they are part of the team*
Supported learning time	• Time to facilitate learning. This may include supernumerary status that enables students to be supported in safely and effectively achieving proficiency. This could also be time facilitated and agreed away from a clinical learning environment to undertake a different type of learning e.g., researching evidence-based practice or time in a different learning environment.

Supervision and Assessment – Glossary of Terms

	Supervision and Assessment
Assessment Methods	• Student assessments are evidence based, robust and objective. Assessments and confirmation of proficiency are based on an understanding of student achievements across theory and practice. Assessments and confirmation of proficiency are timely, providing assurance of student achievements and competence. There are many methods to assess a student's proficiency/competence. • Simulation – see below. • Practical assessment - involves a PS/PA observing a student undertaking a set task or a series of set tasks in a simulated environment for example at an AEI, training provider or specialist centre. • Observation - involves a PS/PA observing a student undertaking a task or series of tasks in the learning environment. This should be complemented by questioning from the PS/PA during or/and after the observation. Observational assessment is deemed the most appropriate assessment method for practical skills; by watching the student complete a task, they can demonstrate their competence. • Discussion - A professional discussion can a communication between PSs, PAs, student and/or AA to assess the student's in-depth understanding of their work and clinical performance. This is not an interview! There should be more interaction and discussion than a Q&A scenario. • Another professional's feedback – receiving feedback from colleagues is a good way to get a 360-degree view of a student's performance so PAs should seek and consider other colleagues' feedback on a student's performance of skills, knowledge, attitude and values. If you think of when you receive a handover of a patient from colleagues, then you should treat the information being past to you about a student the same. • Presentation and questioning - A presentation involves a student presenting to PS/PA or a staff group on a particular topic. It can be followed by a questioning session from PS/PA or group. This maybe a good way to continue to make sure your learning environment is working to the latest evidence-based practices. • Project work - Using a project as an assessment method involves the student completing an appropriate and defined piece of work. This could involve a written project e.g., patient friendly guidance or information leaflets. The project should be reviewed by the PS/PA The project should be designed to ensure that the student's work meets the needs of the assessment and is relevant to their role and allows the relevant outcomes to be demonstrated for their assessment document. Therefore, the project's subject and scope should be agreed between the PS, PA and student. • Coaching - Coaching should empower students. It is about students being allowed to take more responsibility for their learning. A coaching model supports this, and PS/PA should, where possible and appropriate, utilise a coaching framework to enable the student to identify solutions to practice-based problems in a safe environment.
Reasonable adjustments	• Where a student requires a specific amendment to their practice related to a disability or adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

Supervision and Assessment – Glossary of Terms

Supervision and Assessment	
Equalities and human rights legislation	• Prohibits unlawful discrimination on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and other characteristics. Anti-discrimination laws can be country specific and there are some legally binding international protections.
(Good) health and character requirements	• As stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions, and determinations made by other regulatory bodies.
Professional, Statutory and Regulatory Bodies (PSRBs)	• PSRBs are external bodies which formally accredit, approve and recognise university programmes, setting standards for and regulating entry into particular professions. For example: Nursing & Midwifery Council (NMC), Health Care Professions Council (HCPC).
Quality Assurance	• Cheshire and Merseyside workstreams and their processes for making sure all AEIs and Practice Learning Partners comply with the PSRB standards.
Co-produced/Co-production	• When an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.

Useful Resources

Standards for student supervision and assessment - The Nursing and Midwifery Council (nmc.org.uk)
SISSSA - The Nursing and Midwifery Council (nmc.org.uk)
The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council (nmc.org.uk)
New NHS Education Contract | Health Education England (hee.nhs.uk)
Quality | Health Education England (hee.nhs.uk)
OnlinePARE.net - Practice Assessment Record and Evaluation

Navigating the 'Guidance for the Assessment of Proficiencies for Pre-Registration Nurses

Guide Video: Navigation of the Guidance for the Assessment of Proficiencies for Pre-Registration Nurses.

Click here