



Guidance for the Assessment of Proficiencies for Pre-Registration Nurses: Adult Field

Version: 2.0



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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.

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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The logo features a central graphic with four circular icons connected by lines, representing a collaborative network. The text is arranged in a clean, professional layout.

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Introduction

The guidance for the assessment of proficiencies for pre-registered nurses, has been created by stakeholders across; practice (Practice Education Facilitators), nursing educators (across fields of nursing) and nursing 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 all users of this 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 | <p>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.</p> <p>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.</p> | <p>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.</p> <p>Therefore, consideration must be made by Practice Supervisors/Assessor and adapt their learning and assessment criteria.</p> |
| 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? | <p>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.</p> <p>The mental health learner could even bring their knowledge and experience to the environment to enhance patient’s experience/care.</p> |
| Learning experiences and opportunities | What are learning opportunities for learning in, and for, practice. | <p>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.</p> <p>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 learner 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.</p> <p>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.</p> |

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NMC Key Statements

| NMC Key Statements | Considerations | Cheshire and Merseyside Outcome Focused 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.” | <p>Acknowledgement that health and social care services often require a flexible approach to service delivery, and this is the same for facilitation of learners.</p> <p>NMC acknowledge this and their 2018 Standards allow for flexible approaches to be utilised in line with their Standards.</p> |
| Student empowerment | How can student be encouraged more to take responsibility for and direct their own learning? | <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> |

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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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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.

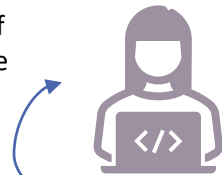
Utilising spoke placements can also support the development of knowledge and skills in relation to proficiencies. This being specifically with regards to proficiencies that may be difficult to achieve due to the opportunities of exposure, within the learners allocated placement area.

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](https://www.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; [clinicalskills.net](https://www.clinicalskills.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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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 – 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)

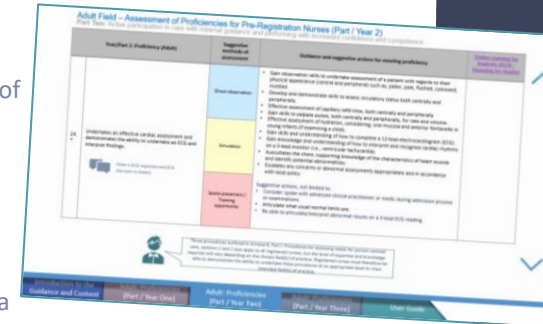
 Lily shares her experience of having a NGT (click icon to listen).

 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.

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

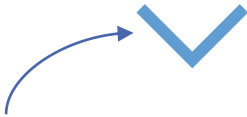
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| Year/Part 1: Proficiency (Adult) | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
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| 1. 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 | <ul style="list-style-type: none"> Engage with learning opportunities across acute, community or social care settings. This could include admissions, care-planning and discharge processes. Access supporting literature, such as; policies, procedures and care pathways within the organisation/placement area to develop knowledge of treatment and nursing interventions, regarding commonly seen conditions and the processes that utilise evidenced-based practice. Learners should consider how person-centred care is achieved and what physical, psycho-social impact is experienced by the patient and those around them, utilising the service user's voice. Refer to research, to gain understanding and insight into commonly encountered conditions that present in the placement area whilst considering/discussing the underlying anatomy and physiology and pathophysiology. 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> 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 and enhance learning. | |



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| 2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment. | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placements / Training opportunity</p> <p>Feedback</p> | <ul style="list-style-type: none"> • Demonstrate an understanding of a person's development across the lifespan and recognise how needs change in relation to aging. • Gain skills and demonstrate ability to adapt communication skills, including verbal and non-verbal, to assess the needs of patients, families and carers. This could be achieved through care-planning, ward rounds, admissions, discharges, as well as informal communication with patients, families and carers. • 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). <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placements / Training opportunity</p> | <ul style="list-style-type: none"> • Observe and support the delivery of a holistic nursing admission and assessment which will inform care delivery (Falls risk assessment, mobility assessment etc) • Document clinic observations correctly, utilising the correct monitoring document. • Gain understanding of the 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 regarding daily care needs of patients and their caregivers. • Gain knowledge and skills 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> • Participates in the completion a holistic care plan and can identify and discuss the requisite nursing interventions. | <p>Person Centred approaches</p> <p>Breaking down barriers programme</p> |



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| <p>4. Work in partnership with people, families, and carers to encourage shared decision-making to manage their own care when appropriate.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Feedback</p> | <ul style="list-style-type: none"> Encourage independence with activities of daily living and identify areas for support or signposting to the MDT e.g., physiotherapists/occupational therapists. Participating in best-interest meetings, discharge planning and social care assessments. Learners are encouraged to engage with service users regarding their care, this could be gaining feedback about services. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Shared decision making</p> <p>Decision making and growing up</p> <p>Making every contact count (MECC)</p> |
| <p>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.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Demonstrate communication skills which are adapted to fit the needs of the person and the situation. Gain knowledge and understanding regarding the key principles of the Mental Capacity Act, and how this applies to nursing practice. Gain knowledge and understanding of how best interest decisions enable professionals to make decisions regarding care. Demonstrate awareness of the importance of professional boundaries. Develop strategies in order to support patients and families through difficult decisions, breaking bad news, palliative care, safeguarding. Understand potential barriers to communication and gain understanding of strategies that could be utilised to reduce the impact e.g., bereavement. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrates evidence-based communication skills which are adapted to fit the needs of the person and the situation. Observed engaging in therapeutic conversation with service users in a mental health environment or with a patient who lacks capacity e.g., dementia or receives feedback on therapeutic encounters from service users and/or carers | <p>Mental Capacity Act (MCA)</p> <p>Communication skills for the mental health practitioner (MCB).</p> <p>Introduction to Mindfulness (MDL),</p> |



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| <p>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.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • Develop communication skills which are adapted to fit the needs of the person and the situation. • Demonstrate the ability to build effective professional relationships with patients that promote trust and openness. Where appropriate remove barriers to communications e.g., the use of an interpreter. • Provide support to patients and carers experiencing distress, emotional withdrawal, anxiety. • Understand the importance of pain management e.g., the use of pain scoring. • Develop understanding and skills in selecting the correct assessment tool. • Utilise risk assessment regarding falls. • Develop knowledge of the importance of distraction and the positive implications that distraction and engagement can have on health. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Person Centred approaches</p> <p>Breaking down barriers programme</p> |



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| 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 | <ul style="list-style-type: none"> Gain skills and able to document vital signs, recognise normal/abnormal parameters whilst escalating appropriately. Safely carry out clinical observations and complete early warning score documentation, recognising and responding to the deteriorating patient. Understands 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). Utilises key assessment such as Glasgow Coma Scale and risk assessments (falls risk etc). Gain understanding of the importance of effective signposting to services, such as, primary care, support groups and psychologists to access support for patients' emotional wellbeing and mental health. Gain understanding of the MDT and how the generation of a team around the service user and their caregivers can support care delivery and care outcomes. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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.



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| 8. | Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for. | Direct observation | <ul style="list-style-type: none"> Completes a range of assessment tools to assess comfort such as; pain assessment tools, completion of care rounds, repositioning charts and escalates concerns in line with organisational procedures. Accurately assess pain using pain score tools available. 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. <p>Suggested actions, not limited:</p> <ul style="list-style-type: none"> Pain assessment, completion of care rounds, completion of a repositioning chart or 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 |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |
| 9. | Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate. | Direct observation | <ul style="list-style-type: none"> Gain skills to complete an appropriate pain assessment, completion of care rounds, repositioning charts. Develop skills to accurately assess pain using pain score tools and escalate in accordance with local procedures. Understand individual pain management plans that also consider patients' concerns and expectations. Promote self-care where appropriate. Gain understanding of appropriate bed space allocation (bay / cubicle) based on needs of the patient / service user. Promote privacy by closing doors and curtains. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> 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 |
| | | Demonstration of proficiency through discussion | | |
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| 10. | Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible. | Direct observation | <ul style="list-style-type: none"> Familiar with pressure area risk assessments and tools such as Waterlow, Braden, aSSKING framework Understands the effects of incontinence, moisture and surface on the skin. Understands the importance of nutrition and hydration assessment in skin assessment. Understands and completes (with support from the registered nurse) a skin inspection/= assessment, documentation and interventions. Ascertain the patient’s developmental level in relation to skin and hygiene needs, discussing possible nursing interventions that could be employed to support patients. Assess and document the patient’s normal routine to incorporate this into care as much as possible e.g., use of prescribed medications such as emollients or creams, allergies or sensitivities. 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). <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Completes a pressure sore risk assessment chart. Completes a body map and/or completing a wound assessment chart. | <p>Essentials of Wound Care Education for the Health and Care Workforce,</p> <p>Edermatology</p> <p>Also see aSSKING Framework</p> |
| | | Demonstration of proficiency through discussion | | |
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| 11. | Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques. | Direct observation | <ul style="list-style-type: none"> Participates in care rounds. Assess and document the patient’s ability to meet their own hygiene needs. Safely and effectively provide care for patients who are dependant e.g., oral hygiene/mouth care, assisting to wash/bath/shower, continence care. At all times show an awareness of holistic patient care, considering cultural or religious beliefs as well as empowering patients. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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) |
| | | Simulation | | |
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| <p>12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.</p> | Direct observation | <ul style="list-style-type: none"> Gain necessary skills to complete a Body Mass Index (BMI) or Malnutrition Universal Screening Tool (MUST), completing meal choices with individuals and identifying dietary requirements. Serves meals and assisting with feeding when needed. Identifies individuals who may need additional support including supplementation, dysphagia support. Understand the need for adequate nutrition and hydration to support rehabilitation and healing. Gain knowledge and skills to be able to recognise the importance of accurately recorded nutritional/food intake and complete documents in accordance 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. Promoting and educating patients and carers regarding optimum nutrition. <p>Suggested actions. not limited to:</p> <ul style="list-style-type: none"> Observed supporting a service user with their dietary needs, completing meal choices with individuals and identifying dietary requirements or assisting a patient to eat their meal. 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. | <p>Dysphagia Guide.</p> <p>Nutrition & Obesity (PWP),</p> <p>Obesity (BMI)</p> |
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| 13. | Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. | Direct observation | <ul style="list-style-type: none"> • Completes fluid balance charts, monitor urinary output including catheter/ urostomy output. • Learner can identify other signs of dehydration such as Acute Kidney Injury (AKI) skin changes and cognitive changes. • Develop skills to identify patients at risk of fluid retention and when fluid restriction is required. • Follow fluid restriction/ fluid targets for example in patients with renal dysfunction. • Gain awareness of the impact of dehydration, how impacts clinical observations, completes early warning score and escalates according to local policy. • Understand care pathways with regards to dehydration and nursing interventions. • Recognise opportunities to support and educate patients and their care givers. <p>Suggested actions. not limited to</p> <ul style="list-style-type: none"> • 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 |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 14. | Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. | Direct observation | <ul style="list-style-type: none"> • Identifies individuals who require support with toileting and continence needs. • Assists in care rounds. • Follows the correct refuse disposal process for the relevant area. • Aware of risks to safe toileting such as mobility issues, falls risks, self-harm and how to mitigate these. • Assesses and monitors a patient's continence needs in relation to their development and medical conditions including urinary continence, signs and symptoms of urinary tract infection, faecal continence, constipation and diarrhoea. • Measurement of urine output using a variety of methods e.g., daily weight and fluid balance charts. • Collection and management of samples such as urine and stool. • Provision of holistic care for patients requiring continence aids. <p>Suggested actions. not limited to;</p> <ul style="list-style-type: none"> • Observed supporting a service user with their toileting needs. • Observed using equipment such as; macerat or machine for disposal of bedpans or urine bottles. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
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| 15. | Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate. | Direct observation | <ul style="list-style-type: none"> Develop skills to identify individuals who require support with toileting, continence needs. Assist in care rounds. Follows the correct refuse disposal process for the relevant area. Observes and/or participates in catheter care. Working to support patients and be respectful of hygiene product requirements. Appropriately selects products suitable for service user's needs e.g., products for menstrual needs and/or urinary/faecal incontinence. Considers service user preference for these needs where possible. Respectful of people with hygiene needs and sensitive to gender identification. <p>Suggested actions. not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> Documents a mobility assessment and review. Learner familiarises themselves with mobility equipment e.g., walking frames, wheelchairs, hoists. Understands the importance of skin assessments for those with reduced mobility. Attends manual handling updates as per organisational/university policy. Advocates for service user and implements appropriate mobility aids to promote service user independence. <p>Suggested actions. not limited to:</p> <ul style="list-style-type: none"> Demonstrates increased confidence in the appropriate use of mobility aids e.g., hoists, slide sheets, pat slides, stand aids, 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) |
| | | Demonstration of proficiency through discussion | | |
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| 17. | Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. | Direct observation | <ul style="list-style-type: none"> Develop skills to be able to document a mobility assessment and review. Competent in a variety of manual handling techniques. Such as manual lifting, log rolling, lifting on to and off commode or chair. Be able to safety check equipment and troubleshoot any issues. Use equipment as per manufacturers guidelines. Ability to use equipment such as hoists, slings, pat slides. Use equipment as per manufacturers guidelines, ensure that it is clean and understand where it is stored after use. Gain understanding of single patient use equipment. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Observed using correct moving and handling techniques 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. Consider a spoke placement with a physiotherapist to enhance knowledge of additional moving and handling techniques. | Frailty (FTY) Preventing Falls in Hospitals Supporting Self Care (SSC) |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 18. | Consistently utilises evidence-based hand washing techniques. | Direct observation | <ul style="list-style-type: none"> Demonstrates handwashing in adherence to local Infection Prevention and Control guidance. Involvement in infection control audits in clinical settings. Utilises the 5 moments for hand hygiene. Practices complete hand washing steps as per the World Health Organisation. Understands the different levels of hand hygiene required for different procedures e.g., Aseptic procedures and non-aseptic procedures such as medicines administration. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Being observed decontaminating hands using appropriate hand hygiene techniques, encourages and promotes hand washing amongst patients. | |



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Adult 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 (Adult) | 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 | <ul style="list-style-type: none"> Develop understanding of adherence to local Infection Prevention and Control guidance. Understand the infection risks medical devices pose such as cannula's, open wounds, tracheostomy etc. Shadow infection control team, infection control procedures across a range of settings and clinical procedures. Understands Face Fit testing. Can effectively don and doff personal protective equipment (PPE). Can select appropriate level of PPE for a range of procedures. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Observed upholding and maintaining infection control measures, including effective handwashing. Observed to utilise PPE correctly, in line with the local policy. Including the removal and disposal of PPE. Consider a spoke with an 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 | <ul style="list-style-type: none"> Follows the correct refuse disposal process for the relevant area. 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Observed to uphold and maintain infection control measures, in line with local policy. | |
| | Demonstration of proficiency through discussion | | |
| | Spoke placement / Training opportunity | | |

Adult 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 (Adult) | | 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 | <ul style="list-style-type: none"> Undertakes manual/electronic blood pressure, pulse, temperature and oxygen saturation (SpO2) to record vital signs. Able to document observations correctly, utilising relevant systems to record vital signs. Can safely and accurately use manual and electronic medical equipment such as pulse oximetry to measure oxygen saturations, sphygmomanometers and stethoscope to manually measure patients' blood pressure and different thermometers (digital) to assess patients' temperature. Understands different ranges of high and low vital signs to recognise patient deterioration. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 22. | Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings. | Direct observation | <ul style="list-style-type: none"> Measures a patient's weight as part of a nutritional assessment or fluid balance monitoring. Can identify equipment and accurately measure weight and height of a service user using different equipment such as scales, hoist scales, weighing hoist. Aware of World Health Organisation growth charts. Accurately calculates body mass index and identifies patients with an unhealthy body weight. Understands the implications of socio-economic factors e.g., access to food, financial situation, access to exercise, health education etc on health. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. Consider a spoke with a dietician or weight management clinic/social prescribing initiative to enhance knowledge. | Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI) |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



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

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

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|----------------------------------|---|---|---|--|
| 23. | Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings. | Direct observation | <ul style="list-style-type: none"> 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 clinical reasons these tests may be needed, and results may direct diagnosis and care. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 24. | Accurately undertakes person centred risk assessments proactively using a range of evidence-based assessment and improvement tools. | Direct observation | <ul style="list-style-type: none"> Admission documentation, pressure area assessment, mobility assessment, nutritional assessments, falls risk assessments. Documenting care plans including daily assessment summary and handover. Keeps the service user at the centre of decisions. Understand the importance of adapting 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Supporting Self Care (SSC)</p> <p>Person Centred approaches</p> <p>Breaking down barriers programme</p> |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



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

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

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|----------------------------------|---|---|---|--|
| 25. | Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards. | Direct observation | <ul style="list-style-type: none"> Complete orientation to the clinical area e.g., fire safety, COSHH regulations. Demonstrates an understanding of acuity and safe staffing levels 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Observed completing an 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 26. | Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care. | Direct observation | <ul style="list-style-type: none"> Observes and participates in Multi-disciplinary team (MDT) meetings, ward rounds and safeguarding meetings. Participate in ward rounds and retains/hands over the information being given. Learners familiarise themselves with referral and assessment pathways to the wider health and social care team e.g., dietician, physiotherapist, occupational therapist, social care, creative therapies. Can interact with other professions to follow the entire patient journey. For example, liaising with physiotherapists, dieticians etc. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |

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

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

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|----------------------------------|--|---|--|--|
| 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 | <ul style="list-style-type: none"> Learners should engage with learning opportunities across acute, community or social care settings. This could include admissions, care-planning and discharge. Develop understanding of common conditions with which patients present in the placement area. Develop skills to deliver person-centred care is achieved and what physical, psycho-social impact is experienced by the patient and those around them. Understand the impact mental health issues can have on care. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Participates in the care planning of a patient who may have co-morbidity mental and physical health issue, 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> Demonstrate an understanding of a person's development across the lifespan and recognise how needs change in relation to aging. Demonstrate ability to adapt their communication skills, verbal and non-verbal, to assess the needs of patients, families and carers. Understanding health education and how this is different for all service users. Can be inclusive of all service users 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Attending social care planning meeting, gaining knowledge about various independent or supported living arrangements, care visits, safeguarding issues. | |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |



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

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

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|----------------------------------|---|---|--|--|
| 29. | Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. | Direct observation | <ul style="list-style-type: none"> Observe and participate in delegation of tasks, handover, demonstrating that they can identify and prioritise patient needs. This could also include documenting care, completing referrals, managing queries as they arise. 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. Participates in meetings. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | IT Skills pathway |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



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Adult Field: Year Two

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



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Introduction to the
Guidance and Content

Adult: Proficiencies
(Part / Year One)

Adult: Proficiencies
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User Guide

Adult 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.

[Click for link](#)

| Year/Part 2: Proficiency (Adult) | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
|---|---|--|--|
| <p>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</p> | Direct observation | <ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs. • Identify and understand cultural expectations with patients, family and carers. • Contribute to health promotion or rehabilitation group i.e., cardiac rehabilitation. • Provide culturally appropriate opportunities to promote self-worth i.e., expert patient programmes. | Cognitive Behavioural Therapies for Psychosis (CBT) |
| | Demonstration of proficiency through discussion | <ul style="list-style-type: none"> • Provide patients and families with appropriate health promotion advice e.g., smoking cessation, safe sleeping, and healthy eating. • Provide patients and families with advice and support in managing their chronic condition e.g., referral for social prescription/voluntary support. • Contributes to health promotion or rehabilitation. Demonstration of motivational interviewing or brief interventions related to life-style choices in a range of settings and across the patient life span. | Communication skills for the mental health practitioner (MCB). |
| | Simulation | <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | Introduction to Mindfulness (MDL), |
| | Spoke placement / Training opportunity | <ul style="list-style-type: none"> • 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. | Mental Health Crisis Breathing Space |
| | Feedback | <ul style="list-style-type: none"> • 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. • Consider spokes to Private/independent/third sector/voluntary organisations | |



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Adult 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.

| Year/Part 2: Proficiency (Adult) | 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. | <div data-bbox="848 232 1090 382" style="background-color: #ADD8E6; padding: 5px;">Direct observation</div> <div data-bbox="848 382 1090 532" style="background-color: #90EE90; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 532 1090 682" style="background-color: #FFFF99; padding: 5px;">Simulation</div> <div data-bbox="848 682 1090 848" style="background-color: #FFC0CB; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> Assessing patient capacity in line with the Mental Capacity Act, neuro diversity, organ transplant guidelines, preferred place, tailoring information to patient: across life span, age, level of cognition, ability, DOLs, rehabilitation. Learners to engage in discussion with patients/service users about their needs allowing them to make informed decisions surrounding their care. Able to empathise and communicate with people to best support family/carers and patient. Understand the Mental Capacity Act including the 5 key principles – when capacity assessment may be appropriate. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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). | <p>Deprivation of Liberty Safeguards;</p> <p>Mental Capacity Act (MCA)</p> <p>Person Centred approaches</p> |

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|---|---|--|--|
| <p>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.</p> | Direct observation | <ul style="list-style-type: none"> Assessment skills and tools, Mental Health First Aid, knowledge of appropriate referral pathways. Observe and contribute to risk assessments for self-harm and suicide in a range of settings. Utilise appropriate communicative and therapeutic skills. Able to show understanding of mental health conditions including risks and how to identify them. Understands the local guidance/policies surrounding referral processes. Demonstrate understanding and knowledge how to ask questions of service users around suicidal ideation or self-injurious behaviours. Demonstrate understanding and knowledge of relevant risk assessment tools to support identification of risks to self and complete same under supervision if deemed appropriate. Demonstrate understanding of current risk factors from sources such as National Patient Safety Agency and National Confidential Enquiries Reports. Demonstrate knowledge and understanding of how identified risks can be mitigated within Care Plans. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. Consider a spoke to an Accident and Emergency department or mental health placement/organisation. | <p>MindEd Suicide and Self-harm Prevention.</p> <p>Suicide Prevention</p> |
| | Demonstration of proficiency through discussion | | |
| | Simulation | | |
| | Spoke placement / Training opportunity | | |



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|----------------------------------|---|---|---|---|
| 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 | <ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and skills related to the provision of holistic end of life care for a dying patient. • Participates in or demonstrates awareness of symptom control, assessing patients' religious and cultural needs and supporting families and carers in a range of settings. • Understand local policy and guidance for patients at the end of their life - Adults in the Last Days of Life. Understand Do not attempt cardiopulmonary resuscitation (DNACPR) decision making. • Experience the multi-disciplinary team approach to holistic end of life care. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Consider a spoke with palliative care team, Macmillan Team or hospice to observe communication skills used such as breaking bad news, symptom control. • Explore resources available in the placement area, that can be utilised in the event of death, such as; memory books / boxes, hand and footprints, 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. | <p>End of Life Care (e-ELCA)</p> <p>National Bereavement Care Pathway (NBC)</p> <p>Communicating with Empathy</p> |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> • Able to refer a patient to an appropriate person in line with local policy. • Demonstrates understanding how to access Interpreting and Translation Services across organisations and make a referral. • Learner to be able to communicate effectively with patient and family/carers. • Provides people with accurate information in a timely manner. • Able to demonstrate knowledge and understanding about information governance and sharing information / confidentiality. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Making Every Contact Count (MECC).</p> <p>Breaking down barriers programme</p> |
| | | Demonstration of proficiency through discussion | | |
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| <p>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.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Feedback</p> | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Person Centred approaches.</p> <p>Personal Health budgets.</p> <p>Population wellbeing portal.</p> |
| <p>7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.</p> | <p>Direct observation</p> | <ul style="list-style-type: none"> • Ensure records are factual, accurate, legible, contemporaneous, dated and signed in accordance with NMC guidance. Comply with Trust Information, record keeping governance and General Data Protection Regulations (GDPR). Utilise digital technology as required. • Able to demonstrate an awareness and understanding of trust policies surrounding information governance and GDPR. • Able to complete documentation in line with the Nursing and Midwifery Code. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Observed to complete relevant care plan / observation monitoring documents correctly. • Observed to maintain accurate and clear nursing notes. | <p>IT Skills pathway</p> |

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|---|---|--|--|
| <p>8. Makes informed judgements and initiates appropriate evidence-based interventions in managing a range of commonly encountered presentations.</p> | Direct observation | <ul style="list-style-type: none"> Follows local and national guidelines, frameworks and nursing procedures to provide evidence-based care/treatment. Identifies and understands a range of commonly encountered conditions in the allocated placement area, including the evidence base behind the care provision. e.g., a patient with a Visual Infusion Phlebitis (VIP) score of 1. Demonstrates ability to identify commonly seen conditions in the placement area. Can assess and make recommendations for nursing care based on evidence in research and local policy (such as; care pathways). Records details of initiated intervention effectively in appropriate documentation. Demonstrates knowledge of a recent evidence-based guideline and applies this to patient care delivery. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Undertakes a physical patient assessment i.e., cardio metabolic assessment and takes appropriate actions as per care pathways/guidance. Demonstrate appropriate knowledge and understanding of referral processes. Complete admission and assessment paperwork and able to translate into a care plan. | <p>Persistent Physical Symptoms,</p> <p>Breaking Down the Barriers</p> |
| | Demonstration of proficiency through discussion | | |
| | Simulation | | |
| | Spoke placement / Training opportunity | | |



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| 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 | <ul style="list-style-type: none"> • Use and refer to national and local frameworks and guidance to perform skin assessments (aSSKING). • Demonstrate awareness of the risk factors and health conditions for impaired skin integrity and breakdown and when to perform a skin assessment • Assess patients holistically, taking into consideration health status, medication, social and psychological history • Identify products available within placement area/ local formularies and their specific use. • Able to complete and calculate a risk assessment to support clinical judgement; e.g., Braden scale, Waterlow score or Norton Risk assessment scale • Maintain accurate, clear and legible documentation in accordance with local policy • Able to refer to relevant specialist where required e.g., Tissue Viability services. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. • Consider a spoke opportunity with a community nurse, tissue viability specialist nurse or dermatology service/nurse. | Essentials of Wound Care Education for the Health and Care Workforce, E-dermatology |

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| Year/Part 2: Proficiency (Adult) | | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
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| 10. * | Utilises aseptic techniques when understanding wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Learners should engage where possible to demonstrate suture and vacuum removal, but achievement can be demonstrated using simulation in a practice learning or AEI environment. Able to demonstrate principles of aseptic non touch technique (ANTT) within placement area and rationale for these principles . Can remove sutures and stitches, where appropriate, in line with local policies and under supervision. Understand vacuum removal process and situations when vacuum removal is appropriate. Demonstrates removal of drains under close supervision. Documents assessment of the wound. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Completion of a Malnutrition Universal Screening Tool (MUST) score/tool to assess nutritional status. 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, Percutaneous endoscopic gastrostomy (PEG) nurse as appropriate. | <p>Dysphagia Guide.</p> <p>Nutrition & Obesity (PWP),</p> <p>Obesity (BMI)</p> <p>https://www.bapen.org.uk/e-learning-portal</p> |

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

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| <p>12</p> <p>Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate.</p> <p> A patients experience of Nasogastric tubes (click the icon to listen)</p> <p> Lily shares her experience of having a NGT (click icon to listen).</p> <p> Jodie shares her experience of having a NGT (click icon to listen).</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Learners should engage where possible to demonstrate the skill of oral/naso gastric tube (NGT) insertion and removal, but achievement can be demonstrated using simulation in a practice learning or Approved Education Institute/university environment. Understand situations where artificial nutrition and hydration may be needed within practice area. Complete nasogastric tube/enteral feeding training if available and in accordance with local policy. Observe the insertion and removal of oral/nasal gastric tubes Insert/remove a nasogastric tube under supervision as per local hospital policy and guidance - simulation may be required to demonstrate this. Feed a patient via a nasogastric tube following local hospital policy. Prepare and deliver feed via a percutaneous endoscopic gastrostomy tube or alternative route using safe practice. Undertake assessment of enteral feeding pump programming. Complete ongoing assessment of the NGT to ensure maintenance of tissue viability. 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Arranging a spoke to another practice environment/service may be required to achieve this proficiency. 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. | <p>I. V Therapy Passport,</p> |



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| <p>13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person’s potential for self-management.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • Demonstrates understanding of a normal urinary and bowel function and control and types of urinary and bowel problems. • Identify the causes of, and factors contributing to, urinary and faecal symptoms. • Assess and monitor urinary and bowel continence to determine a need for intervention and the person's ability for self-management. • Be aware of the need for and demonstrates tactful communication to maintain patients' dignity when discussing continence with the patient. • Demonstrates awareness of the appropriate continence products according to local policy and formularies. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. • Consider a spoke to a continence team or community nursing team. | <p>Continence and Catheter Care</p> <p>https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource</p> |



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| <p>14. *</p> <p>Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate.</p> <p> Phil's experience of having a urinary catheter (click the icon to listen)</p> <p> Jodie's experience of having a urinary catheter (click the icon to listen)</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Learners should engage where possible, to demonstrate insertion/removal of urinary catheterisation for all genders, but achievement can be demonstrated using simulation in a practice learning workshop or Approved Education Institute/university environment. Demonstrate a factual knowledge of local/national policies and guidelines relating to urethral catheterisation, supra-pubic and intermittent catheterisation and catheter management. Demonstrate awareness of the anatomy of genitourinary system for all genders. Be aware of and understand the indications/contraindications for urinary catheterisation, e.g., the need to protect skin integrity or to accurately measure urinary output versus the possibility of contracting UTI, or falls risk etc. Demonstrate safe use of catheter care equipment/products across a range of settings. Demonstrates knowledge and understanding to: Safely assist/perform catheterisation under supervision as per local policy. Effectively provide evidence-based holistic care for a person with a catheter in situ. Remove a catheter under supervision. Identify the different types of catheterisation and the subsequent care required e.g., supra-pubic, intermittent. Identify and escalate potential problems associated with indwelling catheters and evidence-based solutions. Maintain accurate, clear and legible documentation in accordance with local policy. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrate 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. Consider a spoke visit with a continence team or community nursing team. | <p>Continence and Catheter Care</p> |

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| 15. * | Undertakes, responds to and interpret neurological observations and assessments and can recognise and manage seizures (where appropriate). | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Accurately assesses a patients neurological status using a recognised tool such as the Glasgow Coma Scale/AVPU (Alert, Voice, Pain, Unresponsive) scale in the assessment. tool in addition to limb assessment and vital signs in any setting. 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, considering any concerns. Documents neurological observations accurately on an observation chart. Demonstrates effective care for an unconscious person (such as; airway management and repositioning). Gains understanding of different classification of seizures (such as: generalised seizures, absence seizures and tonic-clonic seizures). Demonstrates first aid/safe care of a patient experiencing a seizure. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> 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. | Epilepsy (EPS) |
| 16. | Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> Be aware of the management and treatment of patients at risk i.e., falls risk assessment tools, moving and handling risk assessment. Aware of safe patient handling policies and risk management processes. Encourage independence where safe to do so following risk assessment/professional guidance. Holistically assesses patients' handling and mobility needs considering cognitive and physical function and utilising a mobility assessment tool in line with local policy. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Frailty (FTY)</p> <p>Preventing Falls in Hospitals</p> <p>https://geekymedics.com/falls/</p> |

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| 17. Effectively manage the risk of falls using best practice approaches. | <div data-bbox="848 229 1090 415" style="background-color: #ADD8E6; padding: 5px;">Direct observation</div> <div data-bbox="848 415 1090 601" style="background-color: #90EE90; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 601 1090 786" style="background-color: #FFFF00; padding: 5px;">Simulation</div> <div data-bbox="848 786 1090 975" style="background-color: #FFB6C1; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> • Work with the MDT, service users and their caregivers, to development effective care plan to meet the needs of the patient (such as; physiotherapists). • Apply moving and handling principles to the adult setting. • Holistically assess the ambulation capabilities of the patient, considering medical diagnosis, mental/cognitive state, social needs, toileting needs and medications. • Develops understanding of safe interventions to reduce risks of falls such as; medication reviews, environmental modifications, physiotherapy evaluation. for range of movement, strength, balance and/or gait exercises. • Utilises understanding for the service users cognitive and physical needs to inform care planning, to support the avoidance of potential risks and hazards. • Identify different equipment used to manage the risk of falls such as falls alarms, crash mats, and safe use of bed rails in accordance with local policy. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Frailty (FTY)</p> <p>Preventing Falls in Hospitals</p> <p>https://geekymedics.com/falls/</p> <p>Frailty (FTY)</p> <p>Preventing Falls in Hospitals</p> |



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| 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 | <ul style="list-style-type: none"> • Demonstrates safe, holistic and person-centred assessment of an individual prior to carrying out a task to establish e.g., medical condition, mental and cognitive state, what the person can perform themselves, what assistance is required, ability to understand and cooperate. • Conducts risks assessment before moving or handling a person to include ergonomic factors relating to the task, the individual, the load, the environment and any other factors. • Liaise with the multi-disciplinary team and make referral where appropriate e.g., falls team, occupational therapist, voluntary and third sector organisations etc. Suggestive actions, not limited to: <ul style="list-style-type: none"> • Demonstrate safe use of equipment to support mobility (such as; wheelchairs and hoists) in accordance with local policies and procedures. | |



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| <p>19. *</p> <p>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.</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • 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. • Undertakes and records a comprehensive holistic respiratory assessment including respiratory rate, depth and rhythm and recognises abnormal measurements utilising knowledge of NEWS and the escalation policy to monitor and raise concerns. • Gains understanding and develops skills regarding the assessment of an individual's breathing and oxygenation. Using skills such as; chest auscultation and utilising key pieces of equipment such as pulse oximetry to obtain oxygen saturations. • Demonstrates general observations e.g., skin pallor, extremities e.g. nail bed for signs of cyanosis, finger clubbing, breath odour, inspection for deformities in the chest. • Assesses and interprets cough and sputum and respond appropriately. • Able to prepare and administer oxygen equipment as prescribed including nasal cannula, venturi mask; high flow nasal cannula, non-re-breathe mask; simple face mask; head box; humidification. Records oxygen flow and percentage. • Gain understanding of the rationale for the implementation for humidified / high flow oxygen. • Gain exposure to devices available in the placement area, such as CPAP, Develops skills in administering prescribed nebulisers. • Demonstrates how to use an inhaler and can assess the Patient's technique/teaches and assesses a Patient and family/carer in the effective use of an inhaler device. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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). | <p>Asthma,</p> <p>Acute NIV (NIV)</p> |

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| 20. * | Uses best practice approaches to undertake nasal and oral suctioning techniques. | Direct observation | <ul style="list-style-type: none"> 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 and risks to undertaking suction. 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. Explains procedure, seeks consent and ensures patient is positioned for the procedure. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Observed performing safe nasal and oral suctioning techniques in accordance with local policy. (Consider spoke placement or use of simulation, if not practicable in the placement area). Attend appropriate local training and Basic Life Support, follow appropriate clinical care pathway. | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 21. | Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. | Direct observation | <ul style="list-style-type: none"> Demonstrate knowledge and skill, to ensure the implementation and maintenance of effective infection and control measures across a range of settings Understands key principles with regards to infection control with regards to, source isolation, cohort nursing, protective isolation. Understands policies and procedures within the placement/practice learning area, to respond to evidence of potential infection control risk. Understand reportable conditions and how these are reported to Public Health England. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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, Antimicrobial Resistance and Infections |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



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| 22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. | <div data-bbox="848 248 1090 444" style="background-color: #ADD8E6; padding: 5px;">Direct observation</div> <div data-bbox="848 444 1090 639" style="background-color: #90EE90; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 639 1090 835" style="background-color: #FFFF99; padding: 5px;">Simulation</div> <div data-bbox="848 835 1090 1022" style="background-color: #FFB6C1; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> • Develops and demonstrates skills with regards to obtaining the individual voice and documenting this effectively. • Utilise a range of methods to support communication as appropriate (i.e., translation services, voluntary and third sector organisations). • Be able to utilise communications skill, both verbal and written to ensure information provided to individuals and their families/carers is accessible and easy to understand. • Be able to effectively communicate with individuals and their families/carers. 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 Multi-disciplinary Team and external services to support individuals and their families/carers with regards to access to information and support understanding. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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 |

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.



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| 23. Undertakes assessment using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. | <div data-bbox="848 248 1090 594" style="background-color: #ADD8E6; padding: 5px;">Direct observation</div> <div data-bbox="848 594 1090 939" style="background-color: #FFFF00; padding: 5px;">Simulation</div> <div data-bbox="848 939 1090 1278" style="background-color: #FFC0CB; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> Demonstrate knowledge and understanding of the indications for blood glucose monitoring. Gain knowledge of the significance of blood glucose and ketones levels in the assessment of an unwell patient. To consider an appropriate site to obtain a blood sample using a lancet Demonstrate knowledge and understanding of correct method to obtain a blood sample and undertakes procedure correctly including skin preparation, operating the meter, test strip expiry dates. Disposes of sharps and waste according to local policy. Understands rationale for calibrating meter and knowledge of the internal Quality Control and External Quality Assurance processes to ensure accuracy of the blood glucose meter. Demonstrate knowledge and understanding of the significance of test result, how to interpret the findings and escalate as appropriate. Interprets and records blood glucose monitoring results correctly and escalates as appropriate. Maintains accurate, clear and legible documentation of the results and any actions taken. Demonstrate knowledge and understanding of management of a needle stick injury in line with local policy. Demonstrates awareness as to when it is necessary to refer to a registered nurse, GP or the diabetes nurse specialist. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. Consider spoke to a diabetic ward or specialist nurse/clinic or community nursing team. | Safe Use of Insulin (SUI) |



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| 24. * | Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. | <ul style="list-style-type: none"> Gain observation skills to undertake assessment of a patient with regards to their physical appearance (central and peripheral) such as; pallor, pale, flushed, cyanosed, mottled. Develop and demonstrate skills to assess circulatory status both centrally and peripherally. Effective assessment of capillary refill time, both centrally and peripherally Gain skills to palpate pulses, both centrally and peripherally, for rate and volume. Effective assessment of hydration, considering; oral mucosa and anterior fontanelle in young infants (if examining a child). Gain skills and understanding of how to complete a 12-lead electrocardiogram (ECG). Gain knowledge and understanding of how to interpret and recognise cardiac rhythms on a 3-lead monitor (i.e., ventricular tachycardia). Auscultates the chest; supporting knowledge of the characteristics of heart sounds and identify potential abnormalities. Escalates any concerns or abnormal assessments appropriately and in accordance with local policy <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Consider spoke with advanced clinical practitioner or medic during admission process or examinations. Articulate what usual normal limits are. Be able to articulate/interpret abnormal results on a 3-lead ECG reading. | |



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| <p>25. * Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.</p> <p> Carole’s experience of venepuncture (click icon to listen)</p> <p> Daniel (age 11), talks about how he feels before he has his bloods taken (click icon to listen)</p> <p> Daniel (age 11), talks about how he feels after he has his bloods taken (click icon to listen)</p> <p> Mark, talks about his experience of venepuncture (Click icon to listen).</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • Learners should engage where possible to demonstrate the skill of venepuncture, but achievement can be demonstrated using simulation in a practice learning or AEI environment . • Be able to interpret normal and abnormal blood profiles. • Demonstrate a safe and effective technique for venepuncture selecting the correct equipment, use of Aseptic Non-Touch Technique (ANTT) and selection of an appropriate site as per local policy/evidence base. • Demonstrate effective communication skills ensuring the patient understands and consents to the procedure e.g., appropriate action if patient reports anxiety, fear, pain. • All waste disposed of in accordance with local policies. • Document patient details on the collection tubes/forms according to local policy. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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 area. • Document as appropriate, in line with local policy. • Recognise abnormal results and articulate what action is required whilst considering alternative factors such as medication and the potential impact on blood results. • Access training opportunities with the organisation, if available. | |

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| Year/Part 2: Proficiency (Adult) | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
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| <p>26. * Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.</p> <p> Lily's experience of cannulation(click icon to listen)</p> <p> Harriet's experience of cannulation(click icon to listen)</p> <p> Jodie's experience of cannulation(click icon to listen)</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Documents the procedure accurately including; Visual Infusion Phlebitis (VIP) scores, failed and successful attempts, equipment used (size of cannula etc). • Demonstrate understanding of the effective management and maintenance of sited cannulas and discusses considerations in the assessment of a sited cannula. • Demonstrate / support safe cannulation technique (consider use of simulation to demonstrate skill if limited exposure). • Demonstrate ability to safely remove a cannula. • Access training opportunities within the organisation, if available. | |
| <p>27. * Manage and monitor blood component transfusions in line with local policy and evidence-based practice.</p> <p> Audrey's experience of having a blood transfusion (click icon to listen)</p> <p> Andrew's experience of having a blood transfusion (click icon to listen)</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • Gain knowledge and understanding of considerations and principles of safe collection and 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> • Access organisational training, if available. • Consider spoke placement to wider teams 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 |

Adult 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.

| Year/Part 2: Proficiency (Adult) | | 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 | <ul style="list-style-type: none"> Learners should be able to demonstrate in practice, but achievement can be made using simulation. Demonstrate awareness of sepsis, including national and local guidance, such as the golden hour. Be able to recognise the deteriorating patient e.g., demonstrates A-E assessment utilising observation skills and the interpretation of clinical observations. Able to document effectively and utilise local escalation policy considering any concerns. Utilise communication skills, via the use of SBAR (Situation, Background, Assessment, Recommendation) reporting to escalate information and concerns effectively to senior / relevant staff. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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 |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> Demonstrates understanding when risk assessments should be used, how they should inform care delivery and if appropriate, reporting procedures. Able to utilise and complete relevant risk assessment in the placement area, such as; falls, pressure sore risk assessment, use of bed rails, manual handling assessment, Learners to be able to identify a high risk and escalate as appropriate. Able to discuss and document effectively, situations that may require working outside the prescribed risk assessment, it ensure patient safety and wellbeing. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Understanding the use of visual infusion phlebitis (VIP) scoring in a patient with difficult intravenous access or understanding - identify and manage risk or escalating concerns regarding a patient with a low National Early Warning Score (NEWS) due to nursing concerns. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



Adult 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.

| Year/Part 2: Proficiency (Adult) | | 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 | <ul style="list-style-type: none"> Understanding of the importance of clinical supervision and demonstrates knowledge how this can be accessed within the practice learning area. Demonstrates skills required to be a reflective practitioner and 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 and how to access this. Gain skills 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 to assess patient and / or caregivers who may potentially be struggling with low mood and be able to signpost effectively to ensure support is provided (e.g., Mental health service). <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Supports a patient with substance abuse/addiction, anxiety or depression or supports a person who is experiencing job-related stress and sign-posting/referring them to support services including statutory and voluntary organisations. Has knowledge of available resources and support mechanisms. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 31. | Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. | Direct observation | <ul style="list-style-type: none"> Demonstrates understanding of the importance of effective person-centred discharge planning and patient/family/carer involvement in the discharge planning process. Recognises the common elements of the discharge planning process. Aware of the breadth of alternative services aimed at increasing the pace of discharge or transfer. Learners should be able to identify the roles and communicate effectively with the multi-disciplinary team. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



Adult 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.

| Year/Part 2: Proficiency (Adult) | | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Learning 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 | <ul style="list-style-type: none"> Works proactively to obtain the service user’s voice. Acts as advocate the service user when communicating with the MDT and in the care planning process. Develop and demonstrates communication skills to promote collaborative working within the multi-disciplinary team, to assess and implement care decisions. Including the service users and their caregivers where possible. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrate understanding of the principles of Gillick Competence and understand how this applies to decision making. Uphold the principles of the Duty of Candour. Acts as an advocate, understands what reasonable adjustments are. Consider arranging spokes with multi-disciplinary team (MDT). | Shared Decision Making (SDM), Social Prescribing - Learning for Link Workers (SPL), Supporting Self Care (SSC) |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| | | Feedback | | |
| 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 | <ul style="list-style-type: none"> 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 / matron. 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; lone worker policy, an awareness of the support available by member of the MDT (matron, team manager, security) and how these individuals can be accessed (bleep, radio, fast-bleep, mobile). <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrates knowledge and understanding of complaints process PALS etc. Complete local courageous conversations training if available. Delegate therapeutic observations, 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) |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



Adult Field: Year Three

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



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Introduction to the
Guidance and Content

Adult: Proficiencies
(Part / Year One)

Adult: Proficiencies
(Part / Year Two)

Adult: Proficiencies
(Part / Year Three)

User Guide

Adult 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.

[Click for link](#)

| Year/Part 3: Proficiency (Adult) | | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Learning 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 | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Complete an admission, under supervision and complete the relevant care plans and risk assessments. | Person Centred approaches Breaking down barriers programme |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Participate in a multi-disciplinary team meeting or case conference | Deprivation of Liberty Safeguards; Mental Capacity Act (MCA) Person Centred approaches Shared Decision Making |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |

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Adult 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 (Adult) | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
|--|--|---|--|
| <p>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.</p> | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • Demonstrates ability to generate and maintain accurate records, in line with local policy and Nursing and Midwifery Council Standards and Code. • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | <p>Deprivation of Liberty Safeguards;</p> <p>Mental Capacity Act (MCA)</p> <p>Person Centred approaches</p> <p>Shared Decision Making</p> |
| <p>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.</p> | <p>Direct observation</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Completes a relevant and appropriate risk assessments effectively and utilise results to inform care delivery. | <p>MindEd Suicide and Self-harm Prevention.</p> <p>Suicide Prevention,</p> <p>Recognising and managing deterioration</p> <p>Sepsis (SEP)</p> |

Adult 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 (Adult) | | 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 | <ul style="list-style-type: none"> Document effectively in line with local policy and Nursing and Midwifery Council Code and Standards. 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). <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Direct observation</p> <p>Spoke placement / Training opportunity</p> <p>Feedback</p> | <ul style="list-style-type: none"> 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | <p>Person Centred approaches</p> <p>Shared Decision Making</p> |



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.

Adult 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 (Adult) | 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 | <div data-bbox="823 251 1065 446" style="background-color: #e0f2f7; padding: 5px;">Direct observation</div> <div data-bbox="823 446 1065 642" style="background-color: #e0ffe0; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="823 642 1065 838" style="background-color: #fff9c4; padding: 5px;">Simulation</div> <div data-bbox="823 838 1065 1028" style="background-color: #ffe0e0; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> 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). Able to operate effectively within the multi-disciplinary team, to assess and identify care needs and 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 and 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) whilst considering neuro diversity and sensory discomfort. Understand and discuss possible rationale for a service users not engaging or unable to engage effectively in treatment. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Manages a patient case load under supervision. 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). | |

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.



Adult 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.

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|----------------------------------|---|---|--|--|
| 8. | Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. | Direct observation | <ul style="list-style-type: none"> Communicates effectively with service users, demonstrating a range of effective communications strategies and adapting these to meet patients' needs. Through effective communication and listening skills, develops and maintains professional and trusted relationships with service users and their caregivers. Works proactively, through support and education to promote self-care. Through assessment identifies possible barriers to communication and works proactively to reduce these barriers Where appropriate, engages support from translation services (or can demonstrate the process) or provides written information to support or educate service users and their caregivers. Understands how working holistically and utilising other means of communication such as; therapeutic/creative art, can support service users express their feelings and wishes <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Complete a patient assessment under supervision demonstrating effective communication skills | <p>Supporting Self Care (SSC)</p> <p>Person Centred approaches</p> <p>Breaking down barriers programme</p> |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 9. | Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions. | Direct observation | <ul style="list-style-type: none"> Understands services and agencies available to support service users, such as social services. Refer to such services correctly, supporting the service users and their caregivers through the process. Document actions effectively. Undertakes appropriate risk assessments and environmental assessments and makes recommendations or escalates according to local policy. 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. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Complete relevant risk assessment and report any identified actions. Consider a spoke placement within a relevant team or service i.e., child & adolescent mental health services (CAMHS). | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |



Adult 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 (Adult) | | 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 | <ul style="list-style-type: none"> 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Manages, under supervision, a patient case load. | <p>Supporting Self Care (SSC)</p> <p>Person Centred approaches</p> <p>Breaking down barriers programme</p> |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |
| 11. | Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. | Direct observation | <ul style="list-style-type: none"> Able to utilise fluid balance effectively. Documenting appropriately and able to escalate any concerns effectively. Recognise how commonly seen conditions (such as, respiratory conditions) impact the service users' ability to meet nutritional requirements and discusses possible strategies to support nutrition and hydration in these cases (i.e., use of a Naso-gastric tube). Be able to communicate within the multi-disciplinary team to plan and address specific nutrition and needs of a patient and make appropriate referrals, where appropriate i.e., Speech and Language Therapy (SALT) and dietetics. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Observed to utilise fluid balance effectively. Documenting appropriately and able to escalate any concerns effectively. Observed liaising with the multidisciplinary team or making a referral regarding nutritional or hydration needs of a patient (i.e., ward rounds). | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |

Adult 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 (Adult) | | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
|----------------------------------|--|---|---|--|
| 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 | <ul style="list-style-type: none"> • Demonstrates knowledge and discuss regarding rationales for the decision to commence Intravenous fluids. • Accurately calculates fluid maintenance for individual patients. • Demonstrate knowledge regards the care of devices used in the administration of intravenous fluids; such as cannula's and long-lines. • Demonstrates awareness of the potential complications associated with IV fluids and how these should be escalated. • Able to document effectively in line with local policy (including but not limited to); fluid balance charts, Visual Infusion Phlebitis (VIP) charts, Local Safety Standards for Invasive procedures (LocSSIPs-if appropriate) and able to escalate and action concerns. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Under supervision, manages the care of a person in receipt of IV fluids, completing relevant documentation in accordance 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 | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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 | | |

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

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| Year/Part 3: Proficiency (Adult) | | 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 | <ul style="list-style-type: none"> Observe the administration of medications, utilise these opportunities to calculate medications doses, times etc. Utilise appropriate assessment tools and communication to ascertain the service users / caregivers voice regarding effectiveness of medication. Utilises observational skills and appropriate questioning to assess any behavioural or clinical changes during and following administration. Develop an understanding regarding nursing interventions during administration of medication. For example, increased observations or continuous monitoring if required for specific medications, in line with local policy. Able to escalate any concerns appropriate and document effectively. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrate knowledge and skill in terms of assessing and evaluating effects of administered medication, in terms of symptom relief. (i.e., effectiveness of oral paracetamol on pain) Utilises pain appropriate pain assessment tools and escalates any concerns appropriately | I. V Therapy Passport |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 15. | Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. | Direct observation | <ul style="list-style-type: none"> Gain knowledge and skills in order support and educate service users and their caregivers with regards to their specific elimination needs. Access the multi-disciplinary team, such as specialist nurses to gain enhanced knowledge and develop an understanding of their roles in the delivery of care and support to service users/carers. 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 and social impacts these interventions can have on service users and their caregivers. Ensure privacy and dignity are always maintained. <p>Suggested actions, not limited to:</p> <ul style="list-style-type: none"> Consider a spoke placement with continence team or stoma specialist nurses. Under supervision, manage the care of a patient with specific elimination needs. | Continece and Catheter Care https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |

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| Year/Part 3: Proficiency (Adult) | Suggestive methods of assessment | Guidance and suggestive actions for meeting proficiency | Online Learning for Students (ELFH – Elearning for Health) |
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| 16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. | <div data-bbox="848 254 1090 482" style="background-color: #e0ffe0; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 482 1090 711" style="background-color: #ffffe0; padding: 5px;">Simulation</div> <div data-bbox="848 711 1090 935" style="background-color: #ffe0e0; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> Demonstrate understanding of the indications and contraindications for administration of enemas and suppositories. Upholds and promote the principles of privacy and dignity for service users requiring these types of procedures and medications. Refers to 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. Demonstrates appropriate support, for service users who requires such procedures (consider distraction techniques where appropriate). Considers environmental factors, such as allocating a cubicle with a toilet facilities/commode or bed-pan to uphold privacy. Understands what digital rectal evacuation is, when this is used and contraindicated and when 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, dignity and consent are always considered. Demonstrates awareness of organisational policies such as chaperone policy and consent. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Under direct supervision, manage the care of a patient with specific elimination needs. | |



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| 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 | <ul style="list-style-type: none"> • 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 influenza vaccinations and legal frameworks such as patient group directions. <p>Suggested actions. not limited to:</p> <ul style="list-style-type: none"> • Observed to uphold and maintain infection control measures, including effective handwashing. • Observed to utilise personal protective equipment (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 | <ul style="list-style-type: none"> • Demonstrates effective communication, written and verbal when communicating within the multidisciplinary team (MDT). • Works to uphold the Nursing and Midwifery Council 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • Participate and contribute to multidisciplinary team 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 | | |



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| 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 | <ul style="list-style-type: none"> 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 an effective and comprehensive handover. Support the education of junior student nurses, through teaching, peer-assessment and support. Escalates any concerns to assessor/supervisor/manager adhering to guidance and local policy. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> 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. | |
| | | Demonstration of proficiency through discussion | | |
| | | Simulation | | |
| | | Spoke placement / Training opportunity | | |
| 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 | <ul style="list-style-type: none"> 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 multidisciplinary team (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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. To gain exposure to the leadership role. | |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |



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| 21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. | <div data-bbox="848 248 1090 511" style="background-color: #e0f2f7; padding: 5px;">Direct observation</div> <div data-bbox="848 511 1090 775" style="background-color: #ffe0e0; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Under supervision, undertake a local audit within the placement area. Such as, hand hygiene audits. Consider a spoke with the quality enhancement team/role | |
| 22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks. | <div data-bbox="848 775 1090 896" style="background-color: #e0f2f7; padding: 5px;">Direct observation</div> <div data-bbox="848 896 1090 1018" style="background-color: #e0ffe0; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 1018 1090 1146" style="background-color: #fff9c4; padding: 5px;">Simulation</div> <div data-bbox="848 1146 1090 1266" style="background-color: #ffe0e0; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> Able to utilise and complete relevant risk assessment in the placement area, such as; falls, pressure sore, early warning scores and 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 a situation that may require working outside the prescribed risk assessment, to ensure patient safety and wellbeing. Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a datix. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrates understanding of methods of reporting incidents or issues, such as completing an incident report/datix or complete under supervision. | |

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| 23. | Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns. | Direct observation | <ul style="list-style-type: none"> Assist and shadow shift co-ordinator / nurse in charge, to gain understanding of leadership skills required for the role. 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 and escalation processes to Site Managers or enquiries with other organisations regarding patient transfers/bed status. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. Under supervision, gain an opportunity to coordinate the team area/lead a caseload of patients. Gain and develop skills to assess workload, identifying any potential issues in meeting care outcomes (acuity, staffing, skill mix etc). Under supervision and support gain opportunity to co-ordinate in the clinical area. | |
| | | 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 | <ul style="list-style-type: none"> Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a Datix. Also, working within the multi-disciplinary team 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. Aware of organisational policy and procedures in the events of critical incidents or major incidents. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Demonstrates understanding of methods of reporting incidents or issues, such as completing an incident form/datix. | |
| | | Demonstration of proficiency through discussion | | |
| | | Spoke placement / Training opportunity | | |



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| 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. | <div data-bbox="848 258 1090 511" style="background-color: #e0f0ff; padding: 5px;">Direct observation</div> <div data-bbox="848 511 1090 763" style="background-color: #e0ffe0; padding: 5px;">Demonstration of proficiency through discussion</div> <div data-bbox="848 763 1090 1009" style="background-color: #ffe0e0; padding: 5px;">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> • 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> • 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. | |



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.

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| 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 | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 |



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| 27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. | <p>Direct observation</p> <p>Demonstration of proficiency through discussion</p> <p>Simulation</p> <p>Spoke placement / Training opportunity</p> | <ul style="list-style-type: none"> 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. 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. 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. <p>Suggestive actions, not limited to;</p> <ul style="list-style-type: none"> 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. | <p>End of Life Care (e-ELCA);</p> <p>National Bereavement Care Pathway (NBC),</p> <p>Communicating with Empathy"</p> |



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| 28. | Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. | <ul style="list-style-type: none"> 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 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. <p>Suggestive actions, not limited to:</p> <ul style="list-style-type: none"> Under supervision, complete a nursing discharge. Attend and contribute to care planning / strategy meetings. | |

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.



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| 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. | <div data-bbox="848 248 1090 382">Direct observation</div> <div data-bbox="848 382 1090 516">Demonstration of proficiency through discussion</div> <div data-bbox="848 516 1090 651">Simulation</div> <div data-bbox="848 651 1090 773">Spoke placement / Training opportunity</div> | <ul style="list-style-type: none"> • 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). <p>Suggestive actions, not limited to;</p> <ul style="list-style-type: none"> • Consider the use of a spoke placement with Specialist Nurses (i.e. Palliative Care Nurses). • Attend, if appropriate, relevant care planning meetings. | <p>End of Life Care (e-ELCA);</p> <p>National Bereavement Care Pathway (NBC),</p> <p>Communicating with Empathy"</p> |



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Cheshire and Merseyside Practice Learning Glossary of Terms

The glossary of terms has been developed collaboratively across the Cheshire and Merseyside AEs 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 AEs. It can be used by AEs, Students and Practice Learning Partners.



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| Roles in Practice Learning | |
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| Approved education institutions (AEIs) | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes. |
| Learning Environments: | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Any individual enrolled onto an NMC approved education programme whether full time or less than full time. |
| Educators | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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. |

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| Academic Assessor (AA) | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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 AEs, 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Any person, group or organisation that has an interest or concern in the situation in question, and may affect or be 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. |

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| Supervision and Assessment | |
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| Practice Assessment Documents (PAD/MORA) | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> '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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. |

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Supervision and Assessment – Glossary of Terms

Supervision and Assessment

- 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.

Assessment Methods

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.

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| Supervision and Assessment | |
|---|---|
| Equalities and human rights legislation | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Cheshire and Merseyside workstreams and their processes for making sure all AEs and Practice Learning Partners comply with the PSRB standards. |
| Co-produced/Co-production | <ul style="list-style-type: none"> 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

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

Guidance for the Assessment of Proficiencies for Pre-Registration Nurses: Adult Field Version: 2.0

UNIVERSITY OF LIVERPOOL LIVERPOOL JOHN MOORES UNIVERSITY Practice Learning Edge Hill University NHS Practice Independent

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

Click here

Introduction

The guidance for the assessment of proficiencies for pre-registered nurses, has been created by stakeholders across: practice (Practice Education Facilitators), nursing educators (across fields of nursing) and nursing 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 all users of this 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.

Click the tabs below to navigate to the proficiencies, by part / year

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