Guidance for the Assessment of Proficiencies for Pre-Registration Nurses: Mental Health (MH) Field

Version: 2.0

UNIVERSITY OF LIVERPOOL

LIVERPOOL JOHN MOORES UNIVERSITY

Practice Learning
Faculty of Health and Social Care | University of Chester

Edge Hill University

NHS

Private Independent Voluntary

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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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

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 |

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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Introduction to the Guidance and Contents

MH: Proficiencies (Part / Year One)

MH: Proficiencies (Part / Year Two)

MH: Proficiencies (Part / Year Three)

User Guide

NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
Four fields impact	Registered nurses in all fields of practice must demonstrate the ability to provide nursing intervention and support for people of all ages who require nursing procedures during the processes of assessment, diagnosis, care and treatment for mental, physical, cognitive and behavioural health challenges.	Acknowledgement and understanding that although nursing students all have to demonstrate (see above) the ability to provide nursing interventions, the level of this ability will differ depending on their chosen field(s) of study.

Therefore, consideration must be made by Practice Supervisors/Assessor and adapt their learning and assessment criteria. |
	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.	
Proficiency	What does proficiency mean in this context	The ability to demonstrate the knowledge, skills and professional values required for safe practice in accordance with the Part of programme and assessment criteria whilst practicing within the clinical governance requirement of the learning environment and organisation.
Part	Relates to the year the learner is studying in.	A recommendation for progression should be made when the student comes to point at which they will progress from one Part of the course to the next.

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NMC Key Statements

NMC Key Statements	Considerations	Cheshire and Merseyside Outcome Focussed Approach
Scope of Practice	What does scope of practice mean in this context?	Does the learning environment /experience deliver nursing care to a spectrum of patients and their needs, if so then scope of practice can be applied, for example: a Registered Nurse (adult field) working on a frailty unit in an acute hospital dealing regularly with dementia patients as well, would have a scope of practice to support a learner studying a nursing mental health pathway. The mental health learner could even bring their knowledge and experience to the environment to enhance patient's experience/care.
Learning experiences and opportunities	What are learning opportunities for learning in, and for, practice.	There are a number of different learning experiences that can be delivered within learning environments, using different methods such as group learning, one to one learning, peer to peer learning, classroom learning, simulation and direct patient care. Learning experiences do not need to be confined within a particular environment, or to a particular episode of care. A learning experience can follow a person's episode or experience of care and can involve a leaner being assigned to a service user throughout their treatment or care, across environments. Learning can be organised in lots of different ways. For example, group or one to one supervised learning, providing direct care, simulated activity, or independent or self-directed learning. Simulation is another way of creating a learning experience and it can and should be used in learning and assessment strategies. Simulation should not be used as an end in itself but should be appropriately integrated in a blended approach to learning, and implemented to address specific learning or clinical needs.

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NMC Key Statements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Students' Responsibility

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

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

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

5. Seconded and Apprentice Students

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

6. Competency

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

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

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

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

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

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

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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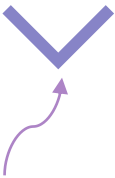- Myth Busters
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Utilising Spoke Opportunities and Useful Links for Learners.

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Utilising Spoke Opportunities and Useful Links for Learners

Spoke / Short Visit Opportunities.

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

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

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

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

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

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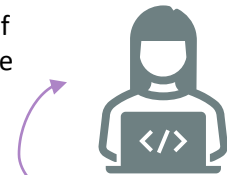
Click here for further eLearning opportunities; geekymedics.com. Including penile catheterisation and blood glucose measurement.

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

Click here for further eLearning opportunities; clincalskills.net

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

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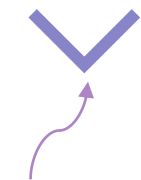- Utilising Spoke Opportunities
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Myth Busting

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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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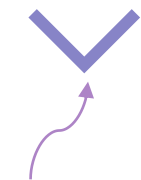- Utilising Spoke Opportunities
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Proficiency Clustering

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Proficiencies Clustering

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

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

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

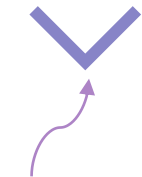|	Nursing Discharge
Part Two: P1	Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques
Part Two: P2	Apply the principles underpinning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

Embedded Videos Relating to Skills

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Embed Videos Relating to Skills

Click icons below to navigate to the required section;

Service User Videos

Clinical Skills Videos

COMING SOON!

Embed Videos Relating to Skills – Service User Videos

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

Venepuncture

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

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

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

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

Blood Transfusion

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

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

ECG

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

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

Cannulation

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

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

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

Nasogastric Tube (NGT)

💬 A patients experience of Nasogastric tubes (click the icon to listen)

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

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

Catheterisation

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

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

Mental Health: Year One

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

Mental Health 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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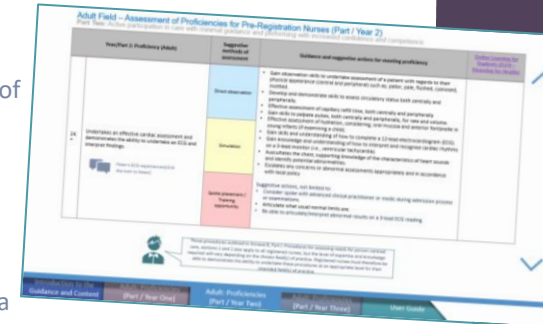| Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
1.	Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placements / Training opportunity	• Access supporting literature, such as; policies, procedures and care pathways within the organisation/ placement area to develop knowledge of treatment and nursing intervention regarding commonly seen conditions and the processes that utilise evidenced-based practice in line with the patient's presentation. • Gain knowledge of the relevant nursing care plan documentation in the placement area, relating to commonly seen conditions and utilise them to generate and inform care planning. • Understand and demonstrate, skills which support the development of professional relationships with service users and their care givers. Understand and utilise the concept of the patient / service users voice in nursing assessments and care delivery. • Utilise research, ICD-11 or DSM-V and NICE Guidance to gain understanding and insight into common conditions that present in the placement area. Suggestive actions, not limited to: • Participating in the completion of a patient admission assessment including physical observations and completion of a social history, or completing a daily risk review of observations and patient presentation with opportunity to discuss the findings • Participates in completion of a patient discharge or accompanies a community Registered mental health Nurse on a home visit. • Discusses the significant impact of cultural values and beliefs. • Consider a range of different types of distress and how this may present with different groups of people. • Show an understanding of drug culture and what norms and behaviours are prominent for members of this cultural group. • Work with MDT, such as OT, Psychologist • Participating in the completion of a patient assessment including psychological and physical observations and completion of a social history, or completing a daily risk review of observations and patient presentation with opportunity to discuss the findings	

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	Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
2.	Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placements / Training opportunity Feedback	• Learners should demonstrate an understanding of a person's development across the lifespan and recognise how needs change in relation to age/ageing. Also, consider the effect this may have on their condition. Consider the differences of patient's involvement in their care planning depending on their age. • Demonstrate an ability to communicate (verbally and non-verbally) that considers the patient / services ability to understand. • Gain knowledge and skills in identifying possible barriers to communication and potential tools that can be utilised to reduce this. This could be achieved through care-planning, ward rounds, admissions, discharges, additional to informal communication with patients, families and carers. • Consider the need for advocates to support the assessment process Suggestive actions, not limited to: • Participates in an assessment of an older adult/child and demonstrates an understanding how communication and assessment skills may have to adjusted when caring for people across the lifespan. • Could arrange spokes to Children and Young Peoples Mental Health services or an older adult ward to gain exposure.	Person Centred approaches

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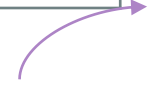
Mental Health Field – Assessment of Proficiencies for Pre-Registration Nurses (Part / Year 1)

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

	Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
3.	Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Observe and support the delivery of a holistic nursing admission and assessment which will inform care delivery. • Document clinical observations correctly, utilising the correct monitoring document. Gain understanding of EWS escalation policy in the placement area and how to raise concerns. • Assist the named nurse in planning, implementing, and evaluating nursing interventions and document effectively. • Utilising care plans and document effectively daily care needs of patients and their caregivers. • Consider the importance of observation levels increase/decrease and the links between mental health act sections. What is the reason for patient's admission, the aim of their care plan and the links to their future outcomes. • Gain knowledge and skill in keeping accurate records that adhere to NMC record keeping guidance and local policy; across both written and electronic formats e.g., risk assessments, care plans, fluid balance, food charts, safety plans, daily notes, medical notes, nursing documentation. Suggestive actions not limited to: • Participates in the completion a holistic care plan and can identify and discuss the requisite nursing interventions. • Prepare a draft of a daily note for a patient, take notes during care reviews multi-disciplinary meetings. • Help with serving lunch/dinner and gain understanding why fluid or food charts are important for some patients, learn how to enter these on their care notes.	Person Centred approaches Breaking down barriers programme

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

	Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
4.	Work in partnership with people, families, and carers to encourage shared decision-making to manage their own care when appropriate.	Direct observation Demonstration of proficiency through discussion Feedback	• Gain skills regarding collaborative care planning. Utilising the patient / service users voice and views of care givers to inform decisions regarding care needs and delivery. • Encourage independence with activities of daily living and identify areas for support or signposting to the multi-disciplinary team (MDT) • Gain understanding of the principles of self-care and what values underpin shared decision making and the importance of consent before sharing information, safeguarding and where to find this information on patient's record. • Consider the role of advocacy in supporting decision making. Suggestive actions, not limited to: • Participates in a best-interest meetings, discharge planning, social care assessments, observes a multi-disciplinary team meeting. • Participates in health and wellbeing education and promotion to support people, carers and families to make informed decisions and set goals. • 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.	Shared decision making Decision making and growing up Making every contact count (MECC)

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

Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates an understanding how a therapeutic relationship can be fostered such as introducing self, ensuring privacy and respect, using active listening skills, eye contact and therapeutic touch where appropriate. • Utilise interpersonal skills and available information appropriately in order to develop and maintain therapeutic relationships • Gain understanding of tools utilised in the placement area to support patients and service users' express feelings and wishes. Develop knowledge of key care documents such as; patient passports, advanced care plans. • Recognise and act upon situations where communication may be more challenging • Discuss and demonstrate the importance of professional boundaries. • Demonstrate an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes in family and friend relationships. Suggestive actions, not limited to, • Demonstrates evidence-based communication skills which are adapted to fit the needs of the person and the situation. (Consider potential ethical dilemmas e.g., challenging delusional beliefs, auditory hallucinations, correcting someone diagnosed with Dementia,). • Observed by supervisor/assessor engaging in therapeutic conversation with service users in a Mental Health environment including or receives feedback on therapeutic encounters from service users and/or carers, engage with a patient in creating one page patient profile	Mental Capacity Act (MCA) Communication skills for the mental health practitioner (MCB). Introduction to Mindfulness (MDL),

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Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
6.	Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop communication skills which are adapted to fit the needs of the person, the situation and consider the role of the environment. • 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 and anxiety • Understand the importance of pain management e.g., the use of pain scoring. • Utilise mental health assessment paperwork alongside appropriate communication and interpersonal skills. Suggestive actions, not limited to: • Discusses examples of open and closed questioning, therapeutic touch or is observed applying these during a therapeutic encounter with a service user. • Participates in supporting a service user with self-management skills such as relaxation, diaphragmatic breathing or mindfulness techniques. • Assist patients with filling their safety plan or creating one page profile. • Discusses pharmacological management of anxiety, confusion, pain and breathlessness and evidence base. • Observed by supervisor/assessor engaging in empathic questioning to elicit information sensitively from a patient expressing symptoms/distress	Person Centred approaches Breaking down barriers programme

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Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Safely carry out vital signs and complete documentation, recognising and responding to the deteriorating patient. Able to recognise normal/abnormal parameters and respond appropriately by raising concerns. • Recognise and respond to the needs of patients that may have cognitive impairment and utilises risk assessments such as; Falls Risk. • Gain understanding of the importance of effective signposting. • Gain understanding of the MDT and how the generation of a team around the service user and understand the importance of the active role patients plays in their care. Suggestive actions, not limited to: • Participates in a service user assessment and can report variances from baseline information and escalates appropriately. • Completes and enters on patient's records physical observations. • Complete charts such as a mini mental state examination scale or Dynamic Appraisal of Situational Aggression (DASA). Escalate as appropriate. • Observes and reports on signs of patient emotional distress to other team members, or is observed recognising and responding to patient distress in an empathetic manner.	Recognising and managing deterioration Sepsis (SEP),

Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Recognises how mental health problems may affect sleep and treatment options i.e. sleep diary, talking therapies, medication, sleep clinic to help with sleep problems, consider any barriers in the surrounding environment. • Utilise evidence-based assessment tools as appropriate and in accordance with local policy. • Recognise the needs of caregivers to support sleep routines and be aware of further sources of help or services who carers can access to assist the patient Suggestive actions, not limited to: • The completion of; Pain assessment, completion of care rounds, completion of a repositioning chart, sleep chart, • Observed encouraging practical sleep hygiene techniques or completes a referral to multi-disciplinary team/service where appropriate to support sleep patterns. • observe how the ward environment and changes in patient's daily routine affects their comfort levels and sleep pattern. • Assists a patient with completion of a leave-17 forms and gain their feedback on how time away from the ward affected their wellbeing.	Person Centred Approaches
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.	Direct observation / Demonstration of proficiency through discussion / Spoke placement / Training opportunity	• Promote patient involvement in all care discussions and decisions where possible. • Gain skills to complete an appropriate pain assessment, completion of care rounds, repositioning charts. • Develop skills to assess and escalate pain in line with local policy and accurately assess pain using pain score tools available. • Understand individual pain management plans that also consider service users' concerns and expectations. • Gain understanding of appropriate bed space allocation (bay / cubicle) based on individual needs of the patient / service user. Suggestive actions, not limited to: • Supporting a service user to make their sleeping area/environment more comfortable. • Promote and assist with their personal care. • Be observed to maintain privacy when collecting personal information. • Observed by supervisor/assessor using a collaborative questioning style with a patient to encourage engagement/self-care, rather than being directive.	Person Centred Approaches

Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Understand and complete (with support from the registered nurse) documentation and interventions regarding tissue viability. • Ascertain the patient's developmental level in relation to skin and hygiene needs, discussing possible nursing interventions. • Assess and document the patient's normal routine in order 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. Suggestive actions, not limited to: • Completing a pressure sore risk assessment chart, a body map and/or completing a wound assessment chart. • Encourage patients to independently wash their clothes, make their bed and attend to their personal hygiene,	Essentials of Wound Care Education for the Health and Care Workforce, E-dermatology
11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques.	Direct observation / Simulation / Spoke placement / Training opportunity	• Assess the patient's ability to manage their own needs regarding washing and bathing etc. • Gain knowledge and skills to be able to deliver safe support and care to dependent patients / service users (including toileting, pad care, assisted bathing, oral healthcare). • Attain knowledge regarding the importance of accessible hygiene products for menstruating patients and ensure these patients are being supported. • Recognise opportunities to provide education to patients or their caregivers regarding good hygiene practices or meeting these needs. • Be able to correctly clean and prepare bed spaces. Following infection control measures effectively. Being able to appropriately make up a bed Suggestive actions, not limited to: • Participation in care rounds/personal care, being observed supporting a service user who maybe dependent with personal hygiene needs. Assist staff with a room preparation before new admission.	Supporting Self Care (SSC)

Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
12.	Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Gain knowledge and skills to recognise the importance of accurately recorded nutritional/food intake and complete documents in-line 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. • Assisting with feeding a patient; with a variety of needs, both safely and with dignity • Promoting and educating patients and carers regarding optimum nutrition. • Acknowledge the impact of beliefs around food and/or eating disorders Suggestive actions, not limited to: • Observed supporting a service user with their dietary needs, completing meal choices with individuals and identifying dietary requirements or feeding a patient. • Identifies individuals who may need additional support including supplementation, dysphagia 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. • Completion of a choking risk assessment. • Be observed providing health education and advice to encourage healthy eating and support service users to make healthy choices • Consider spoke placements to gain exposure with dieticians, speech and language therapist, pharmacists	Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI)

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Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
13.	Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Be aware of and follow fluid restriction/ fluid targets. • Gain awareness of the impact of dehydration, how impacts clinical observations, be able to utilise escalation policies. • Be able to correctly weight and height patients / service users. Utilising the correct equipment. • Understand care pathways with regards to dehydration and nursing interventions to support and escalate appropriately. • Recognise opportunities to support and educate patients and their care givers re intake. Suggestive actions, not limited to: • Completes a fluid balance chart, enter the values to patient note, gain understanding why the patient is required to have fluid intake monitored and what are the consequences if the intake is too low or high regarding their medication or health. and communicate the results or observed educating a patient regarding fluid intake/output.	Continence and Catheter Care
14.	Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Correctly assesses and identifies individuals who may require support with toileting and/or continence needs. • Aware of risks to safe toileting such as mobility issues,. • Ensures that privacy and dignity are maintained when assisting a service user with toileting • Familiar with various aids to support toileting needs and how to dispose waste in accordance with infection control principles and organisational policies. • Assessment and monitoring of continence in relation to the patient's care plan. • Measurement of urine output using a variety of methods. • Provision of holistic care for patients requiring continence aids. Suggestive actions, not limited to: • Observed supporting a service user with their toileting needs. If there are no patients that need support seek a half day spoke visit to another placement area.	

Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Working to support patients and be respectful of hygiene product requirements. • Familiar with a range of continence products and aids • Appropriately selects products suitable for service user's needs e.g., pads for menstrual needs and for urinary continence. • Gain knowledge where these products are stored, and guidance regarding the safe distribution to patients considering risk of self-harm (suffocation) and the safe process of waste disposal. • Considers service user preference for these needs where possible. • Respectful of people with hygiene needs and sensitive to gender identification. Suggestive actions, not limited to: • Participates in a baseline continence assessment and chooses the correct continence products for a service user, observed supporting a service user to discuss issues around continence. • Consider a spoke placement with a community continence team.	
16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Participates in a mobility assessment and review. • Can assist a service user with reduced mobility. • Familiar with mobility equipment e.g., walking frames, wheelchairs, hoists and safe use to promote independence. • Understands the importance of skin assessments for those with reduced mobility. • Attends manual handling updates as per organisational and AEI policy. • Advocates for service user and implements appropriate mobility aids to promote service user independence. Suggestive actions, not limited to: • Demonstrating increased confidence in the appropriate use of mobility aids e.g., hoists, slide sheets, pat slides, wheelchair under direct supervision. Participates in a mobility or falls risk assessment. • Consider a spoke placement with a physiotherapist, occupational therapist or ECT (electroconvulsive therapy), • Attend social care assessment, discharge planning meeting to understand roles of the multidisciplinary team in person centred care.	Frailty (FTY) Preventing Falls in Hospitals Supporting Self Care (SSC)

Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
17.	Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Competent in a variety of manual handling techniques. • Ability to use equipment such as hoists, slings, pat slides in a safe manner • Be able to safety check equipment and troubleshoot/escalate any issues. • 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. Suggestive actions, not limited to: • Observed to assist a patient to move safely to and from bed and/or wheelchair whilst promoting their independence. • Explore how deconditioning syndrome can develop and how to prevent it. If there are no patients requiring support, ask your PA for a day spoke on a different ward and consider which other proficiencies could you get signed off there.	Frailty (FTY) Preventing Falls in Hospitals Supporting Self Care (SSC)
18.	Consistently utilises evidence-based hand washing techniques.	Direct observation	• Is aware of the latest infection control policies and procedures. • Involvement in infection control audits in clinical settings to monitor effective hand washing. • Utilises the 5 moments for hand hygiene. • Practises complete hand washing steps as per the World Health Organisation. • Understands the different levels of hand hygiene required for different procedures e.g., Aseptic IV procedures and non-aseptic procedures such as medicines administration. • Can identify patients vulnerable to infection. Suggestive actions, not limited to: • Being observed decontaminating hands using appropriate hand hygiene techniques, encourages and promotes hand washing amongst patients.	

Year/Part 1: Proficiency (Mental Health)		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 Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Understanding any infection controls risks relevant to the placement area, such as open wounds. • Practicing safely guided by local, regional and national infection control policies and guidelines. • Understands face fit testing. • Can effectively don and doff personal protective equipment (PPE). • Can select appropriate level of PPE for procedure. Suggestive actions, not limited to: • Being observed selecting the correct PPE for a procedure, or demonstrating safe principles, disposal of waste to specific bins, or maintaining a clean environment and understanding the infection risks whilst doing so (disposable mops etc). • Consider arranging a spoke with the infection control team or wider MDT to observe infection control procedures across a range of specialities/environments.	Management, Cleaning for confidence, Antimicrobial Resistance and Infections
20.	Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• 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. Suggestive actions, not limited to: • Being observed correctly disposing of waste according to local policy or safe handling and disposal of sharps following administration of an injection.	

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

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

Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
23.	Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.	Direct observation / Simulation / Spoke placement / Training opportunity	• Identifies the difference between different specimen pots for blood, urine and faecal matter. • Can use urine dip stick to test urine and can send urine off for culture. • Understands different blood tests and can select appropriate blood bottle for these such as FBC, U&E, LFT etc. • Understands clinical reasons why these tests may be needed, and how results may direct diagnosis and care. • Demonstrates appropriate infection control principles in the collection of samples/specimens. Suggestive actions, not limited to: • Participate in the collection of a specimen, demonstrating correct and safe principles, procedure and disposal. • Can articulate why a test is required and interpret the findings - considering the consequences regarding medication and patient's condition.	
24.	Accurately undertakes person centred risk assessments proactively using a range of evidence-based assessment and improvement tools.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Keeps the service user at the centre of decisions. • Understands the principles of a risk assessment and why and how risks can be mitigated. • Participates in the completion of risk assessments tools applicable to the area. • Recognises the importance of continuously assessing risk and its impact on care. • Documenting care plans including daily assessment summary and handover. • 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. Suggestive actions, not limited to: • Participation in the completion of a risk assessment such as a suicide risk assessment, assessment of risk from/to others Dynamic Appraisal of Situational Aggression (DASA), risk management plan, safety plan, falls risk assessment, MUST • Able to documents findings in a care plan accordingly and discusses the nursing interventions necessary to mitigate any risks. • Attend admission/discharge planning meeting or a safety huddle	Supporting Self Care (SSC) Person Centred approaches Breaking down barriers programme

Mental Health 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 (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
25.	Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Can find local health and safety policies. • Observe formal and dynamic risk assessments. • Can identify hazards pertinent to the learning environment including types of hazards (chemical, biological, physical, and psychosocial 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. Suggestive action, not limited to: • Read the trusts policies and procedures regarding safety regulations, show understanding how to raise concerns or report an incident, discuss how any risks could be mitigated with your Practice Assessor.	
26.	Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Can interact with other professions to follow the entire patient journey. • For example, liaising with physiotherapists, dieticians, ply therapists in a hospital setting. • Observing MDT's or attending safeguarding meetings with social services, police etc. • Can participate in MDT / ward rounds and retain the information being given. • Can contribute ideas to the multidisciplinary team. Suggestive actions, not limited to: • Discuss the outcomes of an MDT, participate in a patient handover, complete a transfer of care document, attend discharge planning meeting, best interest meeting or care planning review. • Follow a particular patient through various assessments and appointments to gain understanding how information is shared and the influence the findings are having on the holistic care planning and how patient and/or their family can influence their care. • Participate in a referral to another service or member of the multi-disciplinary team	

Year/Part 1: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
27.	Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.	Direct observation	• Have insight of the holistic assessment of a patient • Insight into social circumstance/ finances and how these can affect a service user' health outcome. • Aware of the prevalence and treatment challenges in co-morbidities • Understands the role that health and social care professionals can play in preventing co-morbidities • Display an awareness of multi-agency working • Understand the bio-psycho-social model of care for patients with co-morbidities. Suggestive actions, not limited to: • Participates in the care planning of a patient who may have co-morbidity, mental and physical health issues, gain knowledge about the effects the influences between the conditions are having on the patient and their family/carers, identify the challenges this may present such as lone working, peer influences or the role of supported living. • Consider arranging a spoke placement to a social care placement to further understand how wider social care organisations can support patient outcomes/wellbeing • Participates in the completion of a referral for assessment and management of co-morbid physical and mental health problems.	
		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	• Understanding health education and how this is different for all service users. • Demonstrates inclusivity of all service users and provides care that takes into consideration their social, cultural, psychological and physical needs. • Shows an awareness of different cultures and knows how to accommodate cultural needs into care. • Shows awareness of advocacy as appropriate. Suggestive actions, not limited to: • attending social care planning meeting, gaining knowledge about various independent or supported living arrangements, care visits, safeguarding issues. • Prepare an outline for discharge meeting – what are the risks and how to mitigate them, how to support the patient in the community and how to engage the family, what will follow the discharge, who needs to be notified and why.	
		Demonstration of proficiency through discussion		
		Spoke placement / Training opportunity		

Year/Part 1: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Shows awareness of the organisations record keeping requirements. • 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. • Effectively participates in ward rounds, handovers, clinical reviews. • Recognises own development needs and support needed to communicate effectively within the team. Suggestive actions, not limited to: • Participate and take notes during handovers or MDT meetings, attend a care review meeting and explore how any changes or new findings affect the holistic care planning, if subsequent referrals are needed. • 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 note for a patient.	

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Mental Health: Year Two

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

Click for link

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
1.	Support people to make informed choices to promote their well-being and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions, e.g. cognitive behavioural therapy techniques	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity Feedback	• Develop and Demonstrate understanding of the mental health, physical heath and social factors that impact on patient motivation. Demonstrate understanding of the importance of therapeutic interventions and the impact these can have on emotional, mental and physical health. • Develop and demonstrate ability to provide health promotion interventions, such as; stop smoking, healthy eating and wellbeing strategies. Demonstrate understanding of the importance of effective signposting. • Gain skills, in order to support and give advice to service users and their carers, regarding their condition, condition management and self-care. Including advice and support at discharge. • Understand and recognise the importance of early help interventions, supported by the knowledge of relevant services and how these can be assessed (specialist nurses, early help organisations). Suggestive actions, not limited to: • 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. • Support and/or design a teaching session with Recovery Colleges or Education Groups for service users, carers or family. • Appropriately complete documentation of service user visits/discussion in relation to health promotion and capacity. • 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. • Observed to use appropriate questioning to elicit/assess patient's thoughts, emotions and behaviours in relation to management of their symptoms.	Cognitive Behavioural Therapies for Psychosis (CBT) Communication skills for the mental health practitioner (MCB). Introduction to Mindfulness (MDL), Mental Health Crisis Breathing Space

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Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
2.	Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal settings.	Direct observation	• Demonstration effective communication skills, both verbal and non-verbal. • Understand and effectively operate in line with the 'Duty of Candour'. • Demonstrate skills and understanding regarding the importance of family-centred care. • Being able to explore the feelings of caregivers and utilise this information in the generation of care planning and interventions. Including but not limited to, supporting caregivers to explore solutions for themselves, promote self-care and build resilience.	Deprivation of Liberty Safeguards; Mental Capacity Act (MCA) Person Centred approaches
		Demonstration of proficiency through discussion	• Gain skill to enable them to work proactively to empower service users and their caregivers to be contributors to care planning. • Demonstrating listening skills and active attainment of feelings and wishes to support a well-rounded, holistic approach. • Demonstrates appropriate skills with regards documentation of the voice of the service user and care givers and how this has been utilised and informed decision making.	
		Simulation	Suggestive actions, not limited too: • Complete ward review preparation documentation with the service user prior to ward rounds. • Demonstrate understanding and apply person centred approach utilising associated templates to aid co-production of care plans, goal setting,	
		Spoke placement / Training opportunity	• Demonstrate understanding of situations where information sharing with the service user or carer may not be appropriate and associated legal requirements for this, such as the preparation of MHA reports or service user requests for information regarding their notes. • 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.	

Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
3.*	Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.	**Direct observation** **Demonstration of proficiency through discussion** **Simulation** **Spoke placement / Training opportunity**	• Demonstrate skills in terms of the attainment of the service user's voice with regards to feelings, regarding their emotional and mental wellbeing. • Recognise the importance of risk assessments in response to concerns regarding a person's ability to keep themselves safe. Utilising this information as part of care plans (e.g., recognising the need to admitted or relocated to an observable bed, environmental risk assessments etc). • Be able to escalate appropriately, concerns to senior staff. • Consider additional documentation and assessment required in the support of service users at risk of self-harm and/ or suicidal idealisation. Utilising key documents and risk assessments relating to safeguarding concerns (such as; Exploitation). • Utilise effective communications skills, to ensure sensitivity and dignity are maintained for the service users and their caregivers. • Considers the emotional and mental wellbeing of caregivers. • Develop understanding of the role of the nurse in supporting caregivers and effective signposting and referrals. Suggestive actions, not limited to: • Demonstrate knowledge and understanding and complete appropriate risk review forms in preparation for ward rounds or observational review meetings. • Updates risk alerts, risk history on appropriate patient electronic notes. • 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 knowledge and understanding and complete therapeutic observations and relay to supervisor what you should be observing for. • 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. • Spoke placement with relevant agencies / professionals, such as mental health support teams. • Engages in a simulation, carrying out a risk assessment for suicide with a patient experiencing depression, or an assessment of risk to others/from others. Discusses learning from simulation with practice assessor.	MindEd Suicide and Self-harm Prevention. Suicide Prevention,

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

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Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
5	Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Develop skills to be able communicate the plan of care to service users and /or their care givers and staff. This could be during; handover, ward round and within written documentation. • Develops and demonstrates knowledge of key services and how to refer service users appropriately and effectively. Utilising important principles regarding data protection and consent. • Demonstrates under supervision, ability to deliver a safe and effective discharge. Detailing care planning, signposting information and if appropriate information regarding take home medication (including; administration, storage, dose and times). • Identifies potential barriers for the service users or their caregivers in obtaining / understanding required information and works to reduce these barriers effectively (such as; utilising translator services). Suggestive actions, not limited to: • Able to discuss MHA section rights with service users as per legal information within the leaflets provided by the MHA Office. • Able to demonstrate knowledge and understanding about information governance and sharing information/confidentiality – evidence this when speaking on the phone. • Develop and deliver education sessions for service users, Carers, families as deemed appropriate – Recovery College spokes. • Source appropriate information on treatment and interventions. • Observed providing clear information to patients/relatives/carers about their treatment using language tailored to the individual and eliciting feedback on understanding/questions.	Making Every Contact Count (MECC). Breaking down barriers programme

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

Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence-based care plans and readjust goals as appropriate, utilising appropriate negotiation strategies, drawing on the person's strengths and assets.	Direct observation / Demonstration of proficiency through discussion / Feedback	• Promote positive working relations between the service users, their caregivers and the MDT. • Understands the importance of MDT working and can communicate effectively with relevant staff. • Develop care plans, which work to obtain and utilise the voice of the service user and their caregivers. Work collaboratively, to assess and evaluate the plan of care. • Altering or adding to the plan in line with needs and feedback. • Attend key MDT meetings regarding the care of service users, such as; strategy meetings. • Develop and demonstrate an understanding of how to use outcome data, measures and ratings to inform/review collaborative care plans with patients. Suggestive actions, not limited to: • Able to utilise screening tools such as HoNos to monitor symptoms etc. • 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. • Support co-production of person centred templates to support the service user journey. For example, use of WRAP plans and toolkits. • Observed by assessor/supervisor using appropriate collaborative questioning style with a patient in negotiating/agreeing goals and steps towards them.	Person Centred approaches. Personal Health budgets. Population wellbeing portal.

	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
7.	Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.	Direct observation	• Gains skills with regards to documenting effectively. This being in line with local policy and NMC guidelines. • Able to articulate clear, factual and relevant information in written documentation. • Understands and operates effectively in terms of information governance. • Is familiar with and utilises effectively, methods of documentation used in the placement area (such as; paper medical notes, online systems). Suggestive actions, not limited to • Observed to complete relevant care plan / observation monitoring documents correctly. • Observed to maintain accurate and clear nursing notes. • Observed by assessor/supervisor to correctly enter appropriate patient information onto the clinical IT system, following information governance requirements.	IT Skills pathway

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8.	Makes informed judgements and initiates appropriate evidence-based interventions in managing a range of commonly encountered presentations.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates ability to identify commonly seen conditions in the placement area. Can assess and make recommendations for nursing care. This being based on evidence in research and local policy (such as; care pathways). • Records details of initiate intervention effectively in appropriate documentation. Suggestive actions, not limited to: • Undertake Cardio metabolic assessment and take appropriate actions as per care pathways. • Demonstrate appropriate knowledge and understanding of referral processes. • Complete admission and assessment paperwork and able to translate into a care plan. • In discussion with assessor/supervisor, demonstrates the ability to recognise specific commonly encountered mental health problems, and the NICE guideline recommended approach/treatment for them.	Persistent Physical Symptoms, Breaking Down the Barriers

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Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Understands and demonstrates effective infection control procedures. • Demonstrates ability to maintain the principles of infection control when delivering person care. This to include; eyes, mouth and pad care. • Understand and complete documentation and interventions regarding tissue viability. • Ascertain the service users' level of understanding in relation to hygiene needs, discussing possible nursing interventions that could be employed to support the services. • Assess, evaluate and document the use of prescribed medications such as emollients or creams. Including assessment of any potential allergies or sensitivities. • Develop understanding of the potential of issues that can arise for service users should good hygiene practices not be observed and how these can impact health. (Example, impacts for tissue viability) • Provide education and support to service users as how to effectively protect skin from breakdown, with effective hygiene practices and treatments. Suggestive actions, not limited to: • Completion of Waterlow or Braden assessment and/or assessment of a self-injury site – able to articulate what you are looking for e.g., bleeding, infection risk, whether it is a superficial injury, need for referral, who to refer to. • Demonstrate knowledge of risks associated with certain medications such as Lithium and associated higher risk of eczema and appropriate medicated shampoos and moisturiser used. • Access spoke placement opportunities with relevant members of the MDT (i.e., Tissue Viability Nurse Specialists).	Essentials of Wound Care Education for the Health and Care Workforce, Edermatology

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
10. *	Utilises aseptic techniques when understanding wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gains understanding and develop skills with regards ANTT and aseptic techniques. • Demonstrates ability to apply ANTT and aseptic techniques to nursing interventions, such as: changing a dressing. • Gain understanding and demonstrate knowledge of management of sutures and clips. If appropriate, demonstrate removal under supervision. • If available, access trust / ward training or consider a spoke placement. • Gain understanding and demonstrate knowledge of management of drains and its function. If appropriate, demonstrate removal under supervision. Suggestive actions, not limited to: • Shadow Advanced Clinical Practitioner or wider team when attending to wounds. • Demonstrate knowledge and understanding of potential issues/challenges associated with Aseptic Non-Touch Technique (ANTT) in a community setting. What equipment is required and how do you manage in a non-clinical environment.	

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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11.	Effectively uses evidence based nutritional assessment tools to determine the need for intervention.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates skills to be able to recognise the importance of accurately recorded nutritional/food intake and complete documents in line with local policy. • Demonstrates understanding 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. • Assisting with feeding a service user; with a variety of needs, both safely and with dignity. Considering method of administration in line with the servicers needs and presentation. Factoring the necessary risk assessments. • Calculating nutritional requirements correctly. Demonstrate ability to escalate concerns if a service user is not meeting requirements. • Promoting and educating services and caregivers regarding optimum nutrition. • Effectively utilise tools within the placement area such as; Nutritional (MUST) tools, Fluid balance etc, to support care planning. Suggestive actions, not limited to: • Shadow Occupational Therapists. • Demonstrate knowledge an ability to complete a referral to Dietician services and when this may be appropriate. • Demonstrate knowledge and understanding of conditions such as refeeding syndrome and who may be at a higher risk of this. • Undertake Therapeutic Observations for service users who have a care plan to monitor and record fluid/diet intake and output, e.g., those with a diagnosis of an eating disorder. • Access spoke placements with relevant members of the MDT, for example; dietitians.	Dysphagia Guide. Nutrition & Obesity (PWP), Obesity (BMI) https://www.bapen.org.uk/e-learning-portal

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	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
12	Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. A patients experience of Nasogastric tubes (click the icon to listen) Lily shares her experience of having a NGT (click icon to listen). Jodie shares her experience of having a NGT (click icon to listen).	**Direct observation** **Simulation** **Spoke placement / Training opportunity**	• Learners should engage where possible to demonstrate the skill of oral/naso-gastric tube 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. • Be able to select the appropriate equipment required for a safe insertion of a Naso-gastric tube (NGT) including selecting the correct size for the patient. • Understand the process of insertion of an oral / nasal gastric tube. Taking into consideration any holistic needs during this intervention, such as the use of distraction. Also, demonstrated knowledge of securing the tube, factoring key principles of tissue viability. • Complete ongoing assessment of the NGT to ensure maintenance of tissue viability post insertion. • Be able to PH test NGT and demonstrate knowledge of when this should be done. Gain understanding of interventions that can be utilised should an aspirate not be achieved, to ensure placement of the NGT prior to feeding (i.e., x-ray, changing service users' position). • Demonstrate ability to, under supervision, deliver a safe feed via NGT. • Document effectively; details of insertion, feeds etc. • Under supervision be able to safely site and remove NGT. Suggestive actions, not limited to: • Attend local training. • Able to demonstrate knowledge and administer sub cutaneous fluids under direct supervision. • Able to articulate legal requirements with regards to artificial feeding and hydration with regards to the MCA and the MHA. • Arranging a spoke to another practice environment/service may be required to achieve this proficiency.	I. V Therapy Passport,

	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
13.	Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develop understanding and demonstrate ability to assess continence in line with service users' development and condition. • Demonstrate the ability to monitor continence and document effectively. Including escalating when concerned. • Demonstrate knowledge in terms of the assessment of urinary and bowel conditions, such as UTI's and constipation. Including signs and symptoms. • Demonstrate ability to collect samples safely (urine, stool) for further investigation (i.e., to confirm UTI etc). Complete ward-based assessment, such a dip test (urinalysis). • Promote dignity and care plan effectively. Suggestive actions, not limited to: • Able to take history during an admission or referral process and translate into an appropriate care plan taking into consideration Mental Capacity Act and MHA. • Demonstrate knowledge and understanding of potential side effects to medications such as constipation and appropriate actions required such as increased fluids, pharmacological interventions. • Assess capacity to recognise when requiring the toilet and use of communication techniques to assist service users with this – e.g., refer to Patient Stories. 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. • Develop an understanding of the brain-gut connection and how bowel and bladder symptoms can affect mental health and vice-versa.	Continence and Catheter Care https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource

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Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
14.*	Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manages bladder drainage where appropriate. Phil's experience of having a urinary catheter (click the icon to listen) Jodie's experience of having a urinary catheter (click the icon to listen)	**Direct observation** **Simulation** **Spoke placement / Training opportunity**	• 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. • Assist or demonstrate (under supervision) safe catheterisation in line with policy within the placement area. • 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. • Gain knowledge and skills of how to manage and maintain catheters. Including monitoring output and disposing of safely. Documenting as appropriate in line with placement policy. . Suggestive actions not limited to: • Short spoke visit to Acute Hospital, community services or specialist nurses. • Demonstrating knowledge and understanding by providing holistic safe catheter care, educating the patient regarding care of their catheter where appropriate, Insert/remove a urinary catheter using safe practice under supervision as per local policy - simulation may be required to demonstrate this. • Assist with intermittent self-catheterisation where able in the acute or community setting.	Continence and Catheter Care

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
15.*	Undertakes, responds to and interpret neurological observations and assessments and can recognise and manage seizures (where appropriate).	Direct observation	• Gains understanding and knowledge of management of seizures. Gains exposure to care pathways and algorithms, to understand treatment. • Gains understanding of different classification of seizures (such as: generalised seizures, absence seizures and tonic-clonic seizures, dissociate seizures) • Effectively utilise AVPU (Alert, Voice, Pain, Unresponsive) scale in the assessment. • Access members of the MDT to increase knowledge, e.g., epilepsy specialist nurse. • Demonstrate / discuss effective management of an unconscious patient (such as; airway management and repositioning).	Epilepsy (EPS)
		Demonstration of proficiency through discussion	• 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. • Gain understanding how neurological observations form part of care planning, adjusting frequency of observations as required. • Demonstrate knowledge in order to support service users and their caregivers with regards to advice at discharge, for a patient who has presented with a head injury.	
		Simulation	• Recognise the impact of a traumatic head injury can have on the patients and / or their caregivers. • Understand, if appropriate, the potential for safeguarding concerns (i.e., an immobile person, presenting with a head injury) and how to escalate concerns. Examples are but not limited to: • Demonstrate knowledge and understanding of appropriate policies and pathways such as how to manage head banging behaviours.	
		Spoke placement / Training opportunity	• Consider spoke or shadow Advanced Clinical Practitioner. Demonstrate awareness of positive behavioural approaches. • In discussion with supervisor/assessor, demonstrates awareness of how to recognise/manage seizures, and how to assess/manage patient anxiety over seizures.	

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
16.	Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Gain understanding and skills regarding to the correct completion of relevant risk assessments utilised in the placement area and utilises these to inform nursing interventions and care. • Empower the service user and the caregivers to be participants in risk assessment and care planning. Utilising the voice of the service user. Suggestive actions, not limited to: • Shadow Occupational Therapists and support assessment in the service users' environment in the community and inpatient settings. • Demonstrate knowledge and understanding of medications and conditions that may impact an individuals' mobility e.g. antipsychotic medications and Older Persons. • Spoke with Physiotherapy services and understanding of referral processes.	Frailty (FTY) Preventing Falls in Hospitals https://geekymedics.com/falls/

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17.	Effectively manage the risk of falls using best practice approaches.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Work with the MDT, service users and their caregivers, to development effective care plan to meet the needs of the patient (such as; physiotherapists). • 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. Suggestive actions, not limited to: • Assessment of a patient in their own home using a Falls Risk Assessment Tool (FRAT) or assessing a potential falls risk such as mobility, environment, medication and making a referral according to local policy • Consider spoke to Falls Clinic/ Intermediate Care , physiotherapist, occupational therapist or charitable organisations such as Age Concern. • Demonstrates knowledge and understanding of appropriate risk assessments such as Falls Risk Assessment Tool (FRAT) and demonstrate how the risk is mitigated in the Care Plan.	Frailty (FTY) Preventing Falls in Hospitals https://geekymedics.com/falls/ Frailty (FTY) Preventing Falls in Hospitals

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Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
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	• Demonstrates safe, holistic and person-centred assessment of an individual prior to carrying out a task to establish e.g., medical condition, mental/cognitive state and 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. • Demonstrates safe use of equipment to support mobility (such as; wheelchairs and hoists) in line with local policies and procedures. • 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: • Demonstration of safe infection control practices such as hand hygiene, personal and protective equipment, waste disposal, safe injection practices and needlestick and sharps injury prevention. • Conducting an individual's moving and handling risk assessment or completing a referral considering a patients mobility needs.	

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Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
19. *	Undertakes a comprehensive respiratory assessment including chest auscultation, e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.	Direct observation	• Gains knowledge and skills with regards airway management. Assessing patency and utilising head-tilt and chin-lift to support maintenance. • Gains knowledge of the use of oropharyngeal airway. Including how to select and measure the correct size and insert safely. • Being able to assess and document clinical observations effectively. Utilising knowledge of early warning scores and the escalation policy to monitor and raise concerns. • Gains understand and develops skills regarding the assessment of breathing and oxygenation. Using skills such as; chest auscultation and utilising key pieces of equipment such as pulse oximetry to obtain oxygen saturations. • Utilising results to inform care planning and nursing intervention, such as frequency of observations and requirement of continuous monitoring. In line with placement areas policy.	Asthma, Acute NIV (NIV)
		Simulation	• Gain knowledge and skills with regards to oxygen therapy. Understand the different equipment available and rationales for selection. (nasal specs, bag and mask, non-rebreathe mask). • Gain understanding of the rationale for the implementation for humidified / high flow oxygen. Gain exposure to devices available in the placement area, such as CPAP, Vapotherm and how these devices are set up and utilised. • Develops skills in administering prescribed nebulisers. • Ability to support and educated service users and their caregivers, regards to an effective inhaler technique and utilised equipment such as spacers in the administration. • Develop an understanding of the effect of anxiety/panic on breathlessness, and how to help patients manage this through breathing control.	
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • 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 a service users requiring oxygen (escalation policy, frequency of observations).	

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
20. *	Uses best practice approaches to undertake nasal and oral suctioning techniques.	Direct observation Simulation Spoke placement / Training opportunity	• Gain knowledge and skills to perform safe suctioning techniques. • Gain knowledge and skills to be able to perform safety checks on suction equipment, prior to use. (Equipment such as; wall suction and portal suction devices). • Be able to assess the need for suction and identify potential contraindications to administering suction, such as conditions. • Gain knowledge and skills regarding the assessment and selection of the correct equipment for suction. This being in relation to a range of methods; orally (yankeur), oropharyngeal (catheter), nasopharyngeal, tracheostomy. • Performs suctioning procedure safely using correct equipment in accordance with local policy. Suggestive actions, not limited to: • observed performing safe nasal and oral suctioning techniques in accordance with local policy • Attend appropriate local training and Basic Life Support, follow appropriate clinical care pathway. • Be observed to perform safe suction techniques – consider the use of simulation if not practicable in the placement area.	

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.

Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate knowledge and skill, to ensure the implementation and maintenance of effective infection and control measures. • Understands key principles with regards to infection control with regards to, source isolation, cohort nursing, protective isolation. • Understands policies and procedures within the placement area, to respond to evidence of potential infection control risk. • Understand reportable conditions and how these are reported to Public Health England. • Can provide education and support to service users, caregivers and visitors regarding infection control measures within the clinic setting. Suggestive actions, not limited to: • Completion of local covid and clinical skills training packages. Demonstrate and understand Mental Health assessment and mental Capacity Act policy and legal requirements with regards to seclusion. • Discuss ethical implications of isolation procedures where capacity or consent is not present. • Utilise spoke opportunities with infection control nurses and teams to support learning and development.	Antimicrobial resistance, Antimicrobial Stewardship, Infection Management, Cleaning for confidence, Antimicrobial Resistance and Infections

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	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
22.	Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Develops and demonstrates skills regarding obtaining the service user's voice and documenting this effectively. • Utilise a range of methods to support communication as appropriate (i.e., translation services). • Be able to utilise communications skill, both verbal and written to ensure information provided to service users and their caregivers is accessible and easy to understand. • Be able to effectively communication with service users and their families. This being to initiate and maintain discussion around conditions and treatment. Utilising listening skills and exploring concerns with support from registered staff. • Demonstrate ability to work with the MDT to support service users and their caregivers with regards to access to information and support understanding. Suggestive actions, not limited to: • Demonstrate knowledge and understanding of information sharing policies and procedures for example where consent is not given. • Learning activity to spend time answering the phone for the team and be able to maintain confidentiality and signpost appropriately. • Develop and deliver teaching sessions regarding education on conditions. Able to discuss MHA rights. Demonstrate knowledge of Duty of Candour in relation to this subject. • Observed providing clear information to patients/relatives/carers about their treatment using language tailored to the individual and eliciting feedback on understanding/questions.	Shared Decision Making

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

	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
23.	Undertakes assessment using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.	**Direct observation** **Simulation** **Spoke placement / Training opportunity**	• 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. • Demonstrate knowledge and understanding of the 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 results, 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. Suggested actions, not limited to: • Demonstrate skill in obtaining a sample and utilising blood glucose monitoring equipment. • Being able to interpret result and escalate as appropriate (consider simulation, if not practicable in the placement area). • Demonstrate ability to document result in line with placement area policy.	Safe Use of Insulin (SUI)

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

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

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	Year/Part 2: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
26.*	Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. Lily's experience of cannulation(click icon to listen) Harriet's experience of cannulation(click icon to listen) Jodie's experience of cannulation(click icon to listen)	Direct observation Simulation Spoke placement / Training opportunity	• Develop knowledge, to identify why a cannula might be required. • Gain ability to select the required equipment to complete cannulation. Including equipment required to fix the cannula into position and protect tissue viability. • Demonstrate ability to document effectively. Such as; VIP scores, failed and successful attempts, equipment used (size of cannula etc). • Demonstrate understanding of the effective management and maintenance of sited cannula. Able to discuss considerations in assessment of a cannula Demonstrate / support safe cannulation technique. • Consider the service user and the benefits of delivering distraction. • Demonstrate ability to safely remove a cannula. Suggestive actions, not limited to: • Consider spoke placement to wider teams, organisations and services • Demonstrate / support safe cannulation technique. • Consider use of simulation to demonstrate skill.	
27.*	Manage and monitor blood component transfusions in line with local policy and evidence-based practice. Audrey's experience of having a blood transfusion (click icon to listen) Andrew's experience of having a blood transfusion (click icon to listen)	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Gain knowledge and understanding of considerations and principles of safe administration of blood. Utilising local policies and procedures. • Gain knowledge and understanding of the role of the nurse and colleagues in the safe administration of blood. Utilise care pathways and evidence base to inform discussion of considerations that must be observed before, during and after the administration of blood (frequency of observations etc). • Gain awareness of the possible complications that can occur during blood administration and how these may present. Suggestive actions, not limited to: • Consider spoke placement to wider teams, organisations and services if limited exposure • Access organisational training, if available. • Demonstrate understanding of local policies regarding the safe transfusion of blood components and nursing considerations. • Consider the use of simulation, if not practicable in the placement area.	Blood Transfusion

Year/Part 2: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
28.*	Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate awareness of sepsis, including national and local guidance, such as; the golden hour. • Be able to recognise the deteriorating patient. Utilising observation skills and the interpretation of clinical observations. • Able to document effectively and utilise local escalation policy considering concerns. • Utilise communication skills, via the use of SBAR to escalate information and concerns effectively to senior / relevant staff. Suggestive actions, not limited to: • Attend local training – if available. • Able to identify sepsis red flags and process. • Able to demonstrate knowledge and understanding of possible legal requirements such as the MHA if transfer of section is required if need to refer and attend acute hospital site for treatment.	Sepsis (SEP), Recognising and managing deterioration
29.	Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Able to utilise and complete relevant risk assessment in the placement area, such as; falls, EWS, Escalation Policy. • Be able to demonstrate understanding of why risk assessments should be used, how they should inform care delivery and if appropriate, reporting procedures. • Able to discuss and document effectively, situations that may require working outside the prescribed risk assessment, in order to ensure patient safety and wellbeing. Example: Escalating concerns regards a service user with an EWS: 0. Due to nursing / carer concerns. Suggestive actions, not limited to: • Be able to discuss principles of Defensive v's Defensible practice. Co-produce positive behavioural support plans. • Undertake local risk management training. Discuss least restrictive options regarding care.	

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

Mental Health 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 (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
31.	Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates understanding of the importance of an effective family-focused discharge planning. • Working collaboratively within the MDT and alongside service users and their caregivers, to ensure a holistic approach to discharge and discharge planning. • Gain skills to communicate effectively with the MDT and the service users and caregivers to ensure that the discharge plan is robust and timely. • Gain and demonstrate skills to deliver a clear and concise handover (between shifts or when transferring between department) and provide information during ward round. • Understands the requirement of accurate and relevant information and documentation when planning for discharge to the care of another service (i.e., transfer of a service user to specialist unit within another trust). • Gains skills to understanding to be able to document regarding discharge and be able to effectively communicate discharge planning with service users and their caregivers. Suggestive actions, not limited to: • Complete under supervision patient discharge. • Complete discharge documentation and provide information to carers / parents as appropriate. • Can be keyworker-participate in discharge meetings, communicates with CCOs	

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

Mental Health: Year Three

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

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

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Mental Health 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 (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
3.	Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate.	Direct observation	• Demonstrates ability to generate and maintain accurate records, in line with local policy and NMC guidance. • Able to demonstrate knowledge and operate within guidance with regards to Information Governance and Data Protection. • Able to assess requirement for specialist support for both the service users and their caregivers. Utilising this information to make appropriate referrals, to agencies (such as; Social Services). While upholding the principles of consent. • Demonstrates ability to identify different mental health disorders and the evidence-based treatments/services appropriate for each in line with NICE guidance. Suggestive actions, but not limited to: • Work holistically to be able to effectively signpost service users and their caregivers to appropriate services and provide support if required. • Participate in MDT meetings, if appropriate and support the MDT in completing actions identified in these meetings. • Demonstrates through discussion with supervisor/assessor knowledge of the different services providing evidence-based psychological therapies (such as IAPT service; provision of CBT for Psychosis; Personality Disorders services) and the disorders suitable for each.	
		Demonstration of proficiency through discussion		
		Spoke placement / Training opportunity		

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Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
4.*	Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies.	Direct observation	• 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, inline with the service's cognitive ability. • Be able to effectively signpost to supporting agencies, services and professionals (i.e., Social Services) and assist and support the Social Services and their caregivers to access support. • Operate as an advocate for service users and their caregivers. • Complete relevant and appropriate risk assessments effectively and utilise results to inform care delivery. • Document effectively in line with local policy and NMC guidance.	MindEd Suicide and Self-harm Prevention. Suicide Prevention, Recognising and managing deterioration Sepsis (SEP),
		Simulation		
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • Demonstrate ability to recognise the deteriorating patient and escalate appropriately utilising the escalation policy within the placement area. Consider the use of simulation, if not practicable in the placement area. • Utilise observation skills and attainment of service users voice to inform assessment of mental, emotional, and physical health.	

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.

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

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Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
5.	Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.	Direct observation	• Document effectively in line with local policy and NMC guidance. • Understands and demonstrates skills with regards to compliance with Information Governance and Data Protection. • Demonstrates understanding of the role of the nurse and their responsibility to keep safe, accurate and timely documentation, in all relevant formats (electronic, written notes etc). Suggestive actions, but not limited to: • Be observed maintaining and completing relevant nursing notes and care plans relating to a service users care.	IT Skills pathway
6.	Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care.	Direct observation Spoke placement / Training opportunity Feedback	• Demonstrates a holistic approach to care delivery and nursing interventions. • Works to empower service users and their caregivers to have input in care planning. Provides education and support to enable service users to understand information regards to their plan of care. • Promotes collaborative care planning amongst the MDT and the service users / caregivers. • Operates as an advocate for service users and their caregivers. Suggestive actions, but not limited to: • Participation in nursing assessments, such as admissions, that includes the attainment of the service users voice and utilising this to form a holistic nursing assessment. • Observed to engage a patient/family/carer in 1:1 time using a collaborative approach to help them identify and work towards goals in their care plan.	Person Centred approaches Shared Decision Making

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Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Utilises appropriate care plans in the assessment of service users. • Utilises appropriate assessment documents in the assessment of service users (i.e., selecting and utilising an appropriate pain tool). • Manages, under supervision, a patient case load. Demonstrates ability to communicate any issues regarding meeting care outcomes and tasks due to acuity or demands, responding appropriately (delegation skills, highlight demand to coordinator). • Able to operate effectively within the MDT, to assess and identify care needs. Communicates these effectively verbally and within documentation. • Able to alter and communicate care planning and intervention, in response to changing / evolving needs of the service users and their caregivers. Documents effectively. • Utilises a holistic approach to assessment and delivery of care. Empowers service users and caregivers to be active participants in care (planning, implementation and evaluation). • Understand and discuss possible rationale for a service users not engaging or unable to engage effectively in treatment. • Utilises a range of effective interpersonal communication skills to elicit complex information; manage distress and communicate complex and sensitive information effectively to patients, relatives/carers and the team. Suggestive actions, not limited to: • Manages, under supervision, a patient case load. • Demonstrates ability to communicate any issues regarding meeting care outcomes and tasks due to acuity or demands, responding appropriately (delegation skills, highlight demand to coordinator). • Observed by supervisor/assessor using interpersonal communication skills to manage distress of a patient with co-morbidities and communicate this to the team. • Participates in University simulation, and in discussion with assessor demonstrates understanding of how to manage the distress of patients with complex co-morbidities and/or symptoms.	

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
8.	Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Able to demonstrate understanding and skills in order to communicate effectively with service user. Altering communication to support this. • Through effective communication and listening skills, can develop and maintain professional and trusted relationships with service users and their caregivers. • Utilises a holistic approach to assessment and delivery of care. Empowering service users and caregivers to be active participants in care. • Works proactively, through support and education to promote self-care. • Through assessment identifies possible barriers to communication and works proactively to reduce these barriers. An example, engaging support from a translator, or providing written information to support education for service users and their caregivers. • Understands how working holistically and utilising other means of communication such as; art, can support service users express their feelings and wishes. Access the support from the MDT. Suggestive actions, not limited to: • Complete under supervision a nursing admission. • Observed by supervisor/assessor using therapeutic communication skills with a patient to elicit information and help them manage or contain their anxiety or distress.	Supporting Self Care (SSC) Person Centred approaches Breaking down barriers programme
9.	Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training	• Demonstrates the appropriate skills to communicate and support those experiencing psychosis. • Understands services and agencies available to support service users, such as Social Services. Can 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. Applies recommendation effectively. • Understands how working holistically and utilising other means of communication such as; art, can support service users express their feelings, experiences and wishes. • Access the support from the MDT (such as; mental health support agencies). • Demonstrates understanding of the appropriate evidence-based psychological interventions for people experiencing symptoms of psychosis, such as Cognitive Behavioural Interventions. Suggestive actions, not limited to: • Complete relevant risk assessment and report any identified actions.	

Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrates the appropriate skills to communicate and support those experiencing psychosis. • Understands services and agencies available to support service users, such as Social Services. Can 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. Applies recommendation effectively. • Understands how working holistically and utilising other means of communication such as; art, can support service users express their feelings, experiences and wishes. • Access the support from the MDT (such as; mental health support agencies). • Demonstrates understanding of the appropriate evidence-based psychological interventions for people experiencing symptoms of psychosis, such as Cognitive Behavioural Interventions. Suggestive actions, not limited to: • Complete relevant risk assessment and report any identified actions. • Demonstrate effective communications skills and a holistic approach to service users experiencing distress using basic psychological interventions such as: Identifying key emotions; Identifying meaning behind symptoms and normalising.	

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

Year/Part 3: Proficiency (Mental Health)		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	• Can demonstrate knowledge and discuss regarding rationales for the decision to commence IV fluids. • Can calculate fluid maintenance for individual patients. • Demonstrate knowledge regard the care of devices used in the administration of IVI fluids; such as cannula's and long-lines. • Able to document effectively in line with local policy. Including but not limited to; fluid balances, VIP charts, Locssips (if appropriate). Able to action concerns. Suggestive actions, not limited to: • Under supervision, manages the care of a person in receipt of IV fluids, completing relevant documentation inline with local policy. • Participates in simulation, and in discussion with assessor demonstrates understanding of how to manage the care of people receiving fluid and nutrition via infusion pumps.	
		Demonstration of proficiency through discussion		
		Simulation		
		Spoke placement / Training opportunity		

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

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
13.*	Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required.	Direct observation	• Discuss and demonstrate knowledge and understanding regards the safe use of devices such as; infusion pumps, syringe drivers and feeding pumps. • Be able to understand and undertake assessment of cannulas and central lines, to ensure the maintenance of safety and be able to documents this effectively with medical notes and on VIP charts. Raising concerns appropriately. Also, being able to ensure that any dressings are kept secure, dry and clean. Can utilise a splint effectively and safely.	I. V Therapy Passport
		Demonstration of proficiency through discussion	• With supervision be able to assess a NGT that is insitu, to confirm it is in the right position, in according with existing policies within the placement area. • Be able to discuss and demonstrate skills in the management of feeding devices, such as; gastrostomy etc. • Gain support and information from registered staff, in terms of the use of devices (such as infusion pumps). In terms of pressure limits and how these are programmed and checked.	
		Simulation	• 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,	
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • Demonstrates understanding of the use of devices (such as infusion pumps). In terms of pressure limits and how these are programmed and checked. • Be able to document infused fluid, in both clinical notes and fluid balance. Including how to document a fluid bag change for example. • Participates in simulation, and in discussion with assessor demonstrates understanding of how to manage the care of people receiving fluid and nutrition via infusion pumps.	

Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	
14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Observe the administration of medications, utilise these opportunities to calculate medications doses, times etc. • Develop knowledge and skill in terms of assessing and evaluating effects of administered medication, in terms of symptom relief. (i.e., IV Paracetamol on pain). • Utilise appropriate assessment tools and communication to ascertain the service users / caregivers voice re evaluation of effectiveness. • Utilises observations skill and appropriate questioning to assess any behavioural or clinical changes during and following administration. • Develop understanding regards nurse interventions during administration. For example, increased observations or continuous monitor if required for specific medications, in line with local policy. • Able to escalate any concerns appropriate and document effectively. Suggestive actions, not limited to: • Demonstrate knowledge and skill in terms of assessing and evaluating effects of administered medication, in terms of symptom relief. (i.e., IV Paracetamol on pain). • Utilising pain appropriate pain assessment tools and escalating any concerns appropriately • Participates in discussion with assessor demonstrates understanding of how to manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps.	I. V Therapy Passport

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
15.	Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• Gain knowledge and skills in order support and educate service users and their caregivers with regards to their specific elimination needs. • Access the MDT, such as specialist nurses to gain enhanced knowledge (such as; Stoma Care Nurses). This being also, develop understanding of the MDT's roles in the delivery of care and support to service users and their caregivers. • Work holistically and collaboratively to empower service users and their caregivers to participant in care planning, delivery, and evaluation. • Develop understanding of the potential psychological impacts these interventions can have on service users and their caregivers. Suggested actions, not limited to: • Consider a spoke placement with Specialist Nurses. • Under supervision, manage the care of a patient with specific elimination needs. • Demonstrate through discussion with supervisor/assessor understanding of how to address the psychological and behavioural aspects of incontinence with patients, such as bowel and bladder control anxiety.	Continence and Catheter Care https://www.rcn.org.uk/clinical-topics/bladder-and-bowel-care/rcn-bladder-and-bowel-learning-resource

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

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

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
17.	Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Demonstrate knowledge and skill, to ensure the implementation and maintenance of effective infection and control measures. • Understands key principles with regards to infection control with regards to, source isolation, cohort nursing, protective isolation. • Understands policies and procedures within the placement area, to respond to evidence of potential infection control risk. • Understand reportable conditions and how these are reported to Public Health England. • Can provide education and support to service users, caregivers and visitors regarding infection control measures within the clinic setting. • Utilise spoke opportunities with infection control nurses and teams to support learning and development. • Understands initiatives such as Flu Vaccinations Suggested actions. not limited to • Observed to uphold and maintain infection control measures, including that of effective handwashing. • Observed to utilise PPE correctly, in line with the local policy. Including the removal and disposal of PPE. • Consider spoke placements, with the Infection Control Team.	Antimicrobial resistance, Antimicrobial Stewardship, Infection Management, Cleaning for confidence, Antimicrobial Resistance and Infections

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

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
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 Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Demonstrates effective communication, written and verbal when communicating within the MDT. • Works to uphold the NMC code of conduct. • Assess opportunities for evaluation and support, such as clinical supervision. • Work proactively and participate in the MDT. In meetings such as; strategy meetings, discharge meetings etc. • Be able recognise own limitations and operate within own scope of practice. Generate action plans, utilise training opportunities to support further development. • Be a reflective practitioner. Suggestive actions, not limited to: • Participate and contribute to multidisciplinary meetings. • Arrange spoke placements with relevant teams, in order to develop understand of their individual roles.	
19.	Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Assist and shadow shift co-ordinator / nurse in charge, to gain understanding of leadership skills required for the role. • Under supervision and support gain opportunity to co-ordinate in the clinical area. • Lead, under supervision, a caseload of patients. Gain and develop skills in order to assess workload, identifying any potential issues in meeting care outcomes (acuity etc). 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. • Develop and demonstrate necessary skills to be able to deliver an effective handover. • Support the education of junior student nurses, through teaching and support. Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. To gain exposure of the leadership role.	

	Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
20.	Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required).	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Demonstrates the skills and understanding, in the attainment of the service users and their caregiver's voice. Empowers service users to be active participants in the delivery, implementation, and evaluation of care. • Works within the MDT, in the development of care planning and decision making. Working holistically, to identify evolving needs of patients and their caregivers and allowing this to inform care planning and ensuring the care plan is amended accordingly. • Actively seeks feedback from service users and their caregivers, utilising different methods of engagement. Gain understanding of how patient feedback informs practice and policies in the placement area. • Gain understanding of quality assurance strategies within the placement area. • Demonstrate through discussion with supervisor/assessor understanding of how to address the psychological and behavioural aspects of constipation with patients, including the need to administer enemas and suppositories. Suggestive actions, not limited to: • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. To gain exposure to the leadership role. • With the supervisor/assessor, examine an aspect of care within the ward/service through use of reports/notes/outcomes.	

Mental Health 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 (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
21.	Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies.	Direct observation	• 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	
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • Under supervision, undertake a local audit within the placement area. Such as, hand hygiene audits, use of outcome measures; patient feedback; family & carer feedback; 1:1 engagement time.	

	Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
22.	Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks.	Direct observation Demonstration of proficiency through discussion Simulation Spoke placement / Training opportunity	• Able to utilise and complete relevant risk assessment in the placement area, such as; falls, EWS, Escalation Policy. • Be able to demonstrate understanding of why risk assessments should be used, how they should inform care delivery and if appropriate, reporting procedures. • Able to discuss and document effectively, situations that may require working outside the prescribed risk assessment, in order to ensure patient safety and wellbeing. Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a datix. Suggestive actions, not limited to: • Demonstrates understanding of methods of reporting incidents or issues, such as completing a datix. • Observed to carry out a suicide risk assessment with a patient and completes all records and follow-up actions under supervision, and in line with relevant policies/regulations.	
23.	Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.	Direct observation Demonstration of proficiency through discussion Spoke placement / Training opportunity	• Assist and shadow shift co-ordinator / nurse in charge, to gain understanding of leadership skills required for the role. • Under supervision and support gain opportunity to co-ordinate in the clinical area. • Lead, under supervision, a caseload of patients. Gain and develop skills in order to assess workload, identifying any potential issues in meeting care outcomes (acuity etc). • Demonstrate team working skills, in order support colleagues meet care objectives. • Gain understanding of policies within the placement area, such as the escalation policy, in response to acuity or staffing levels. Such as escalating to Site Managers and enquiring with other trusts as to bed status. Suggestive actions, not limited to: • Consider a shadowing opportunity, with the nurse in charge / coordinator / senior colleague. • Under supervision and support gain opportunity to co-ordinate in the clinical area. • Lead, under supervision, a caseload of patients.	

Year/Part 3: Proficiency (Mental Health)	Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents.	Direct observation / Demonstration of proficiency through discussion / Spoke placement / Training opportunity	• Gain knowledge and understanding of methods of reporting incidents or issues, such as completing a Datix. Also, working within the MDT to report and address incidents (reporting to Site Managers, Clinical Leads etc). • Gains knowledge and skills to ensure any incident is documented effectively. • Gain understanding of how lessons learned, trends or reports following potential incidents are utilised to inform future practice. Suggestive actions, not limited to: • Demonstrates understanding of methods of reporting incidents or issues, such as completing a datix.	
25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs.	Direct observation / Demonstration of proficiency through discussion / Spoke placement / Training opportunity	• Works proactively to obtain the service user's voice. Act as advocate the service user and their caregivers when communicating with the MDT and in the care planning process. • Develop communication skills in order to promote collaborative working within the MDT, to assess and implement care decisions. Including the service user and their caregivers where possible. • Demonstrate understanding of the principles of Gillick Competence and understand how this applies to decision making. • Uphold the principles of the Duty of Candour. • Works within the MDT, in the development of care planning and decision making. Working holistically, to identify evolving needs of patients and their caregivers and allowing this to inform care planning and ensuring the care plan is amended accordingly. . Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Attend and contribute (if appropriate), in MDT meetings. Such as; strategy meetings. • Reviews a patient with complex co-morbidities and in discussion with supervisor/assessor identifies the relevant partner services/agencies that need to be involved in the care plan.	

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
26.	Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle.	Direct observation	• 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.	Person Centred approaches Breaking down barriers programme
		Demonstration of proficiency through discussion		
		Spoke placement / Training opportunity	Suggestive actions, not limited to: • Under supervision, manage the care of a patient / patients • Attend and contribute (if appropriate), in MDT meetings. Such as; strategy meetings. • Consider a spoke with diversity and inclusion teams/patient experience link nurses/quality enhancement teams. • Participate in a patient experience audit.	

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

Year/Part 3: Proficiency (Mental Health)		Suggestive methods of assessment	Guidance and suggestive actions for meeting proficiency	Online Learning for Students (ELFH – Elearning for Health)
27.	Engages in difficult conversations including breaking bad news with compassion and sensitivity.	Direct observation / Demonstration of proficiency through discussion / Simulation / Spoke placement / Training opportunity	• 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. Suggestive actions, not limited to; • Consider arranging a spoke placement with Specialist Nurses (i.e., Palliative Care nurses or a hospice) to observe communication skills when breaking bad news. • Consider arranging a spoke with an Independent Mental Capacity Advocate to understand their role in supporting people who lack capacity to make decisions. • Attend, if appropriate, relevant care planning meetings. • Practice delivering bad news using simulation/role play.	End of Life Care (e-ELCA); National Bereavement Care Pathway (NBC), Communicating with Empathy"

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

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

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.

Cheshire and Merseyside Practice Learning Glossary of Terms

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

Click for next page

Roles in Practice Learning – Glossary of Terms

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

Content

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Introduction to the Guidance and Contents

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MH: Proficiencies (Part / Year Two)

MH: Proficiencies (Part / Year Three)

User Guide

Roles in Practice Learning – Glossary of Terms

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

Supervision and Assessment – Glossary of Terms

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

Supervision and Assessment – Glossary of Terms

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

Supervision and Assessment – Glossary of Terms

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

Useful Resources

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

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

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

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