

Guidance Document

**ASSESSING AND SUPERVISING NMC STANDARDS OF PROFICIENCY (2018)**

Pre-Registration Nursing Students in Mental Health, inpatient and community settings.

NMC Proficiencies:- Year 2 students



**UNIVERSITY OF PLYMOUTH**

	<b>PROFICIENCY</b>	<b>EXAMPLES OF SKILL/ACTIVITY</b>	<b>SUGGESTED EVIDENCE</b>
<b>Participates in assessing needs and planning person-centred care with increased confidence</b>			
1.	Support people to make informed choices to promote their wellbeing and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions e.g. cognitive behavioural therapy techniques.	<ul style="list-style-type: none"> <li>• Understanding of psycho education and health promotion</li> <li>• Person centred assessment and care planning</li> <li>• Ward activity groups and OT</li> <li>• Referrals to relevant services</li> <li>• Health prevention advice</li> </ul>	Patient's documentation. Results/Reports. Staff and/or Service User Feedback. Practice protocols and policies.
2.	Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting.	<ul style="list-style-type: none"> <li>• .Understanding of Mental capacity Act 2005</li> <li>• Communication styles (verbal &amp; non-verbal).</li> <li>• Understanding and engagement in MDTs and professional meetings</li> <li>• Verbal/written consent for procedures</li> <li>• Informed Consent</li> <li>• Person centred assessment and care planning</li> </ul>	Patient's documentation. Staff and/or Service User feedback. Reflection.
*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.	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Safeguarding</li> <li>• Risk assessment</li> <li>• I Cared and shared</li> <li>• Safety planning</li> </ul>	Staff and/or Service User feedback. Reflection. Observe I cared and shared assessment and planning
*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	<ul style="list-style-type: none"> <li>• .Understanding of TEPS</li> <li>• Care provision – regular visits, planned</li> </ul>	Evidence of understanding from training through Q&A. Staff and/or Service User

	and care preferences.	6	care . <ul style="list-style-type: none"> <li>• Liaise with Palliative Community services</li> <li>• Liaise with GP</li> <li>• Understanding of Advanced care planning conversations</li> <li>• Link with local hospice</li> </ul>	feedback. Reflection. Pathway reflections.
<b>Participates in delivering and evaluating person centred care with increased confidence</b>				
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.		<ul style="list-style-type: none"> <li>• Consultation activity.</li> <li>• Information Boards.</li> <li>• Additional information (i.e. leaflets etc)</li> <li>• Access to Braille, Large print etc.</li> <li>• Awareness of Language line.</li> <li>• Liaison with Learning disability services.</li> <li>• Speech and language therapists</li> </ul>	Example of leaflet/info board etc. Staff and/or Service User feedback. Q&A. Practice website/social media/Apps.
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 drawing on the person's strengths and assets.		<ul style="list-style-type: none"> <li>• Holistic person centred care plans</li> <li>• Discharge planning</li> <li>• Social inclusion.</li> <li>• Handover</li> <li>• MDT ward rounds</li> </ul>	Patient's documentation. Notes from patient reviews. Staff and/or Service User feedback.
7.	Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.		<ul style="list-style-type: none"> <li>• Patient records and other clinical documentation</li> <li>• Audits, Stocktaking, Ordering.</li> <li>• Equipment calibration recording.</li> <li>• Results.</li> <li>• Recording of online consultations/teleph one consultations with informed consent.</li> </ul>	Patients documentation. Meeting minutes. Audit results etc. Interpretation and location of data required.
8.	Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations.		<ul style="list-style-type: none"> <li>• Initial assessment and admission assessments</li> <li>• ,Care planning and risk assessment tools</li> </ul>	Staff and/or Service User feedback. Q&A. Theory/Evidence documentation. Action Plan.

		<ul style="list-style-type: none"> <li>• .Sexual safety tool</li> </ul>	
<b>Participates in the procedures for the planning, provision and management of person-centred care with increased confidence</b>			
9.	Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. <span style="float: right;">3</span>	<ul style="list-style-type: none"> <li>• Infection Prevention/Control.</li> <li>• Handwashing preparation.</li> <li>• Diabetes monitoring</li> <li>• Shadow physical health link nurses</li> </ul>	Patients documentation. Staff and/or Service User feedback. Q&A of potential treatments. E learning
*10.	Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). <span style="float: right;">3</span>	<ul style="list-style-type: none"> <li>• Handwashing.</li> <li>• Pathway to tissue viability nurses or physical health wards</li> </ul>	Patient's care plan. Knowledge of treatments/dressings. E learning and training sessions from physical health link nurses
11.	Effectively uses evidence based nutritional assessment tools to determine the need for intervention. <span style="float: right;">5</span>	<ul style="list-style-type: none"> <li>• Patient consultation observations.</li> <li>• History taking in conjunction with appropriate assessment tools.</li> <li>• Food and fluid monitoring tool and observations</li> <li>• MUST tool</li> </ul>	Patients documentation. Staff and/or Service User feedback. Completed assessment tool.
12.	Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. <span style="float: right;">4</span>	Consider pathway experience if appropriate	External Assessor/Supervisor feedback. Q&A E learning or other appropriate training
13.	Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. <span style="float: right;">6</span>	<ul style="list-style-type: none"> <li>• Patient History taking.</li> <li>• Appropriate referrals to continence specialist nurses.</li> <li>•</li> </ul>	Q&A Staff/Service User Feedback.
*14.	Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. <span style="float: right;">4</span>	<ul style="list-style-type: none"> <li>• Referral to continence specialist nurses</li> <li>• Shadow physical health link ward nurses</li> </ul>	External Assessor/Supervisor feedback. Q&A Documentation. E learning or other appropriate training
*15.	Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). <span style="float: right;">5</span>	<ul style="list-style-type: none"> <li>• Neuro observation tool and policy</li> <li>• GCS tool</li> <li>• Shadow physical health link ward nurses</li> </ul>	Completed Assessment Tool. Q&A. Staff/Service User Feedback. E learning or appropriate training
16.	Uses contemporary risk assessment tools to determine need for support and	<ul style="list-style-type: none"> <li>• Intentional rounding</li> <li>• Consultation activity.</li> </ul>	Completed assessment tool.

	intervention with mobilising and the person's potential for self-management.	<ul style="list-style-type: none"> <li>Falls Risk Assessment.</li> <li>Patient History taking.</li> <li>Referral for support.</li> <li>Shadow OT assessment</li> <li>MDT meetings</li> </ul>	Patient notes. Referral copy. Q&A.
17.	Effectively manages the risk of falls using best practice approaches.	<ul style="list-style-type: none"> <li>Intentional rounding</li> <li>Consider OT / Physio collaboration.</li> <li>Ongoing assessment.</li> <li>Online MDT meetings</li> </ul>	Q&A Staff/Service User Feedback.
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.	<ul style="list-style-type: none"> <li>Moving and handling policy.</li> <li>MDT meetings and ward rounds</li> <li>Liase with Moving and handling specialists</li> </ul>	Q&A Staff/Service User Feedback.
*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. <b>1</b>	<ul style="list-style-type: none"> <li>Consider external pathway to Respiratory Clinics and specialist teams demonstrating techniques.</li> <li>Observe/shadow medical assessment during admissions</li> </ul>	Staff/Service User feedback. Q&A Reflection/Research of emergency protocol.
*20.	Uses best practice approaches to undertake nasal and oral suctioning techniques. <b>1</b>	<ul style="list-style-type: none"> <li>Consider external pathway with local Trust</li> </ul>	Staff feedback. Q&A Demonstrating correct use of equipment.
21.	Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. <b>2</b>	<ul style="list-style-type: none"> <li>Patients with Compromised Immunity.</li> <li>Understanding of local Isolation protocols.</li> <li>Understanding of infection control policy and application in MH settings</li> <li>Liase with infection control specialist nurses</li> </ul>	Q&A. Correct PPE . Local isolation protocol explained (referring to policy).
22.	Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.	<ul style="list-style-type: none"> <li>Understanding of confidentiality and consent to sharing of information</li> <li>MDT meetings with</li> </ul>	Staff/Service User feedback. Q&A Research notes.

		<ul style="list-style-type: none"> <li>family involvement</li> <li>• Home visits/ward visits</li> </ul>	
23.	Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. <b>6</b>	<ul style="list-style-type: none"> <li>• Demonstrates accuracy with:- Blood Glucose Meters, Pulse Oximeter, Temperature Probe, BP, Peak Flow and other equipment.</li> </ul>	Q&A Results/documentation. Staff feedback.
24.	Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. <b>2</b>	<ul style="list-style-type: none"> <li>• Observe medical assessment on admission</li> <li>• Pathway to cardiac clinics, physical health clinics</li> </ul>	Q&A. Documentation. Normal ECG trace understood, and abnormal trace identified. Staff feedback.
<b>Participates in improving safety and quality of person-centred care with increased confidence</b>			
25.	Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. <b>6</b>	<ul style="list-style-type: none"> <li>• Phlebotomy Clinics.</li> <li>• Observed venepuncture (phlebotomist/nurse).</li> <li>• Venepuncture activity if appropriate.</li> <li>• Results analysis and follow up.</li> <li>•</li> </ul>	Attendance at Theory training if available Sign Off of observed practice (phlebotomist/nurse). Q&A Staff/Service User feedback.
*26.	Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. <b>6</b>	<ul style="list-style-type: none"> <li>• <b>Consider omitting</b> or arrange external pathway .</li> <li>• Or, if applicable, Phlebotomy Clinic.</li> <li>• Observed cannulation.</li> </ul>	Sign Off of observed practice. Q&A. Staff/Service User feedback. External Assessor.
*27.	Manage and monitor blood component blood transfusions in line with local policy and evidence-based practice. <b>2</b>	<ul style="list-style-type: none"> <li>• <b>Consider omitting</b> or arranging external pathway</li> <li>•</li> </ul>	Assessor/Supervisor feedback. Q&A.
*28.	Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. <b>3</b>	<ul style="list-style-type: none"> <li>• Knowledge of NEWS scoring.</li> <li>• Sepsis 6 pathway.</li> <li>• Escalation to appropriate services</li> <li>• SBAR to other clinicians</li> <li>• Effective telephone triage and management</li> </ul>	Assessment Tool. Q&A. Staff Feedback.
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.	<ul style="list-style-type: none"> <li>• MDT meetings.</li> <li>• Understanding of therapeutic observation policy</li> <li>• Professionals meetings.</li> </ul>	Meeting Minutes. Review Notes. Assessment Tool explained. Staff Feedback.

		<ul style="list-style-type: none"> <li>• Therapeutic risk taking</li> </ul>	
30.	Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice..(eg. solution focused therapies or talking therapies).	<ul style="list-style-type: none"> <li>• Understanding of evidence base for specific talking therapies, ie CBT, DBT, solution focus</li> <li>• Group work and individual sessions.</li> <li>• CBT techniques</li> <li>•</li> </ul>	Q&A Staff/Service User Feedback. Documentation. Reflection.
<b>Participates in the coordination of person-centred care with increased confidence</b>			
31.	Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.	<ul style="list-style-type: none"> <li>• MDT ward rounds and meetings</li> <li>• Discharge planning and CPA.</li> <li>• Referrals.</li> <li>• Social inclusion</li> <li>• Discharge process and discharge care plans</li> </ul>	Referral/Discharge/F/U documentation. Q&A Staff/Service User Feedback.
32.	Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care.	<ul style="list-style-type: none"> <li>• Documentation.</li> <li>• Simulated activity or Case Load.</li> <li>• Safeguarding.</li> <li>• Liaison with other services, including care co ordinators,voluntary and private services.</li> <li>• Person centred care planning</li> <li>• MDT and professionals meetings</li> <li>• Effective telephone consultations</li> </ul>	Discussion of patient history/care with staff. Competent reviewing of existing patient care pathways. Local policy/guidelines explained.
33.	Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict.	<ul style="list-style-type: none"> <li>• Communication with staff, patients, family and external HCP's.</li> <li>• Understanding of individualised care planning</li> <li>•</li> <li>• MDT meetings</li> <li>• Effective telephone consultations</li> </ul>	Demonstrates professional, calm approach. Attend MAV core or equivalent training Understanding of local MAV policy Reflection and debriefs

Proficiencies marked with an \* can be assessed in Year 2 or Year 3.

Proficiencies with a green numbered dot indicates that the subject is covered in Clinical Skills. This does not confirm proficiency. The skills need to be assessed in practice placement.

There are 90 proficiencies that will need to be completed by the end of the programme. Depending where the student is placed depends on the opportunities for them to demonstrate the proficiency.

If a student has been assessed as proficient but does not maintain proficiency in subsequent years relevant plans can be drawn up and they can be reassessed. Proficiency can be assessed by Practice Supervisors or Assessors, or anyone occupationally competent (such as phlebotomists).

Practice Assessors will be verifying proficiency at the end of placement assessment.