

Achievement of Proficiencies – Adult

PART 1,2, & 3 field specific examples & mapping

These proficiencies ***“apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice”***. (NMC, *Future Nurse*, 2018, p22, 26)

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the Part. If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the Practice Assessor’s discretion.

The Grade Descriptors are ‘Yes’ (this proficiency has been achieved), ‘No’ (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

The Practice Supervisor can contribute to the assessment of some of these proficiencies (in discussion with the Practice Assessor). The Practice Supervisor at this stage must be a registered nurse with a minimum of six months experience and working within their scope of practice.

Some of the proficiencies may be met within simulated learning as per the individual University’s policy.

Key to Abbreviation with this mapping document.

All reference are to the Future nurse: Standards of proficiency for registered nurses 2018

Please note that the examples given are generic particular provider's might have their examples where proficiencies will be meet

Abbreviation used	Refers to this section of the Standards
1BAP	Platform 1 Being an accountable professional
2PHPIH	Platform 2 Promoting health and preventing ill health
3ANPC	Platform 3 Assessing needs and planning care
4PEC	Platform 4 Providing and evaluating care
5LMNCWIT	Platform 5 Leading and managing nursing care and working in teams
6ISQC	Platform 6 Improving safety and quality of care
7CC	Platform 7 Coordinating care
A	Annexe A: Communication and relationship management skills
B	Annexe B: Nursing procedures

PART/YEAR 1

Part 1 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

Participates in assessing needs and planning person-centred care	
<p>1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.</p> <p>Proficiency 3ANPC 3.3.</p>	<ul style="list-style-type: none"> • Be proactive and develop knowledge and skills specific to the relevant clinical setting e.g acute medicine, acute surgery, rehabilitation, emergency department, primary care etc. • Research some of the common conditions that may present in the relevant clinical setting, understanding the underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment on the patient. • Consider how psychological and sociological factors can influence the health and well-being of the patient and the carers when undertaking nursing assessments. • Be aware of the role of the carer in relationship to the assessment and treatment of the patient • Understand and demonstrate the importance of relationship building with the patient and their carer. Negotiate care with the patient and/or the carer taking into account wishes/culture/religion.
<p>2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.</p> <p>Proficiency 3ANPC 3.1</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of individual development through the lifespan (Physical, intellectual, language, emotional and social development.) And take this into account when undertaking any assessment. • Demonstrate an ability to communicate that takes into account the patients age and developmental stage. • Demonstrate appropriate verbal and non-verbal communication skills to all patients and their carers . • Understand and demonstrate the importance of building relationships familys/carers. • Demonstrate the therapeutic importance of work and leisure in terms of assessing the patient's present and future care needs.



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.

Proficiencies

1BAP1.1,1BAP1.15,1IBAP1.16,
3ANPC 3.2, 3.5, A 1.8

- Observe and undertake holistic admissions and assessments of patients that inform care planning and delivery e.g. admission documentation, NEWS, Mini Mental Assessment, Falls risks
- With assistance, plan, implement, evaluate and document daily care needs for patients.
- Keep accurate records that adhere to NMC record keeping guidance and local policy; across both written and electronic formats e.g. e-obs, fluid balance, medical notes, nursing paperwork.
- Work in partnership with the patient and carers in order to negotiate and individualise care.

Participates in providing and evaluating person-centred care

4. Work in partnership with people, families and carers to encourage shared decision-making to manage their own care when appropriate.

Proficiencies

1BAP 1.9, 3ANPC 3.4, 3.15

- Understand and apply the principles of person centred care at all times.
- Wherever possible empower patients to make choices to participate in care and decision making where appropriate.
- Observe, undertake and lead admissions and assessments that employ an ethos of patients and carers/family as partners.
- Understand the impact that illness can have upon the whole family and the patient's social network.
- Act as advocate on behalf of the patient when necessary
- Recognise the role of the nurse in supporting the patient and their carers/family in difficult situations such as diagnosis and palliative care.

Participates in providing and evaluating person-centred care	
<p>5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.</p> <p>Proficiencies 4PEC 4.4, B1.1.1, B1.1.2, B1.1.3</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships. • Discuss and demonstrate the importance of professional boundaries. • Ensure the patient and or carer and family are aware of the potential formal and voluntary agencies which may provide support. • Recognise the role of the nurse in supporting the patient and family in difficult situations such as diagnosis and palliative care and where there may be safeguarding concerns • Recognise and act upon situations where communication may be more challenging e.g. patients and or family with cognitive loss for example dementia, as the result of long term drug or alcohol abuse. • Adhere to and apply the NMC Code of Conduct (2018) to practice.
<p>6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.</p> <p>Proficiencies 4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1</p>	<ul style="list-style-type: none"> • Understand the importance of, and utilise, techniques such as distraction to reduce stress and anxiety • Understand and demonstrate the importance of building relationships with the patient. Be aware of the needs and desires • Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter. • Where possible offer choices to the patient • Be aware of and recognise the potential for patients to show emotional withdrawal and or distress. Provide support for the family /carers
<p>7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.</p> <p>Proficiencies 1BAP 1.12, 4PEC 4.8, B1.1.1 – 1.1.5, B1.2.1, B1.2.2, B10.1</p>	<ul style="list-style-type: none"> • Safely carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. • Have an awareness of the critical care outreach team and their role in the care of the deteriorating patient • Recognise and respond to the needs of patients that may have cognitive impairment as a result of their condition. • Inform patient and family/carers of the opportunity to access support for their emotional well-being and mental health, such as youth services, primary care, support groups and psychologists. • Work alongside the MDT to make best care decisions in conjunction with the patient and their family.



8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.

Proficiencies
4PEC 4.1, B.3.1

- Observe and undertake holistic admissions and assessments of patients that inform care planning and delivery including sleep and rest patterns. With assistance, plan, implement, evaluate and document daily care needs for patients.
- Utilise evidence based assessment tools as appropriate and in accordance with local policy such as pain assessment tools, comfort and sedation scoring tools, Pressure Ulcer Risk Assessment Tool and other standard risk assessment tools

Participates in providing and evaluating person-centred care	
<p>9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.</p> <p>Proficiencies 4PEC 4.1, B3.6</p>	<ul style="list-style-type: none"> • Take measures to effectively maintain a patient’s privacy, comfort and dignity giving consideration to gender or sexual orientation, and sex appropriate accommodation, in accordance with local policy. • Acknowledge, discuss and act upon issues of privacy and dignity for all patients, appreciating the dilemma of providing same sex accommodation within some acute/critical care Hospital settings. • Encourage self-care where appropriate. • Provide care in a non-judgemental manner in accordance with the NMC code (2018)
<p>10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.</p> <p>Proficiencies 4PEC 4.7, B4.1</p>	<ul style="list-style-type: none"> • Ascertain the patient’s cognitive state in terms of the provision of self-care. • 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. • Assess and observe for any culture-specific variations in practice. • Assess skin integrity demonstrating an awareness of appropriate risk assessment tools such as SKIN bundles, Pressure Ulcer Risk Assessment Tool. • Seek necessary intervention/treatment according to pressure risk assessment. Be aware of the type of pressure relieving devices that are available and how they are obtained • Demonstrate an awareness of the MDT and the availability of pressure relieving devices. • Ensure careful documentation and reporting of all pressure ulcer in accordance to Trust policy
<p>11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques.</p> <p>Proficiencies B 3.2, B4.3</p>	<ul style="list-style-type: none"> • Assess and document a patient’s ability to effectively attend to his or her own hygiene needs. • Promote the maintenance of a patient’s normal hygiene routines, using their own belongings where appropriate • Safely and effectively, attend to a dependent patient’s hygiene needs for example: assisted wash/shower/bath; hair care; nail care; dental care; hygiene needs prior to surgery/procedure. • Recognise the need for oral hygiene/mouth care including use of assessment tool; safely and effectively providing care. • Demonstrate ability to prepare a comfortable bed appropriate to the location • At all times to into consider the patients cultural and or religious requirements in terms of meeting hygiene needs.

<p>12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed. Proficiencies 4PEC 4.6, B5.3</p>	<ul style="list-style-type: none"> • Perform an assessment of nutritional status i.e. MUST Scoring. Hence be able to calculate and accurate BMI for both the mobile and bed bound patient • Identifies needs in accordance with cultural requirements/patients request and plan care. • Communicate the level of risk to appropriate professionals. • Accurately record nutritional/food intake • Assisting with feeding a patient ; with a variety of needs, both safely and with dignity • Applies the principles of food hygiene. • Promoting and educating patient's and family/carers regarding optimum nutrition.
<p>13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. Proficiencies 4PEC 4.6, B5.4</p>	<ul style="list-style-type: none"> • Performs a comprehensive assessment of hydration status, identifies needs and plans care. • Communicates the level of risk to appropriate professionals. • Accurately records fluid intake and output over a one hour and 24 hour period and is able to recognise fluid imbalance. • Be aware of and follow fluid restriction/ fluid targets for example in renal patients. • -Be aware of acceptable parameters (e.g. in relation to fluid balance/ BP) and take appropriate and timely action if observations fall outside of the agreed acceptable parameters. • Communicates to patient how to monitor fluid intake and output in a home setting
<p>14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. Proficiencies 4PEC 4.6, B6.1</p>	<ul style="list-style-type: none"> • Assessing and monitoring of continence in relation to the patient's age, cognitive state and medical conditions: Urinary, including signs and symptoms of UTI Faecal, including constipation and diarrhoea • Measurement of urine output using a variety of methods e.g. direct measurement, weighing continence pads and daily weight. • Performance, interpretation and documentation of routine urinalysis. • Collection and management of a sample of urine in accordance with local policy. • Provision of holistic care for patient requiring continence aids. • Promoting and educating patient/family/carers about maintain continence

Participates in providing and evaluating person-centred care	
<p>15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.</p> <p>Proficiencies B6.2</p>	<ul style="list-style-type: none"> • Promote continuation of a patient’s normal routine and where necessary take appropriate actions to manage urinary problems; faecal problems with continence aids. • Maintain patient privacy, dignity and safety when using continence aids and feminine hygiene products. • In relation to the patients assessment be aware of additional service continence advisors etc.
<p>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.</p> <p>Proficiencies 4PEC 4.7, B7.1</p>	<ul style="list-style-type: none"> • Demonstrate understanding and participate in moving and handling risk assessments. • In accordance with local policy utilise evidence based reduced mobility risk assessment tools such as Pressure Ulcer Risk Assessment Tool.

Participates in procedures for the planning, provision and management of person-centred care	
<p>17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. Proficiencies B7.2, B7.3</p>	<ul style="list-style-type: none"> • Demonstrate appropriate skills and knowledge related to the safe use and maintenance of a variety of moving and handling equipment e.g. slide sheets, hoists, beds and the use of positioning aids • Demonstrate appropriate skills and knowledge related to the safe transfer of patient from floor to chair; bed to chair/; from bed to trolley/bed; using a hoist.
<p>18. Consistently utilises evidence-based hand washing techniques. Proficiencies B9.6</p>	<ul style="list-style-type: none"> • Demonstrate appropriate, knowledge skills and attitudes ensuring effective hand hygiene when using <ul style="list-style-type: none"> ○ Soap ○ Alcohol ○ Appropriate use of Personal Protective Equipment (PPE) • Can teach carers/visitors about the need for effective hand hygiene and handwashing techniques both in clinical and home settings • Be prepared to be challenged by patients/ visitors about their own handwashing status •
<p>19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately. Proficiencies B9.1, B9.4</p>	<ul style="list-style-type: none"> • Recognise the importance of adhering to and promoting excellent infection control practices <ul style="list-style-type: none"> ○ Appropriate use of personal protective equipment. • Recognise the link between hand hygiene and certain medical conditions e.g. Clostridium difficile • Contribute to infection control risk assessment e.g. MRSA screen, ward audit. • Demonstrate an awareness of how to access specialist advice from the infection control team. • Demonstrates an understanding of different infection risks between home and clinical environment
<p>20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps. Proficiencies B9.7, B9.8</p>	<ul style="list-style-type: none"> • Demonstrate understanding of safe disposal of waste and linen in accordance with local policy. • Demonstrate understanding of decontamination/cleaning of multi-use equipment e.g. beds, lockers and maintenance of a clean environment. • Be aware of materials and or equipment that can be use only once or for a single patient.

Participates in procedures for the planning, provision and management of person-centred care	
<p>21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.</p> <p>Proficiencies 3ANPC 3.11, 3.12, B2.1, B4.8</p>	<ul style="list-style-type: none"> • Gains informed consent of patient to undertake an assessment • Demonstrates a structured approach to assessment for example ABCDE <ul style="list-style-type: none"> ○ Observe, record and interpret respiratory rate, efficacy, depth and rhythm, recognising abnormal respiratory measurements and responding appropriately. ○ Measure and interprets oxygen saturation levels using pulse oximetry. Responds to measurements in accordance with local protocols including oxygen therapy and airway support with the support of a accountable practitioner ○ Effectively measures and records rate and rhythm of pulse both centrally and peripherally, recognising abnormal pulse measurements ○ Effectively measure and record BP manually and electronically, recognising abnormal BP measurements ○ Undertaking and interpreting capillary refill tests, central and peripheral • Recognises the importance of observations made on Patient , interprets correctly and escalates accordingly <ul style="list-style-type: none"> ○ Effective use of the NeW Early Warning Score NEWS ○ Effective use of the ABCDE algorithm ○ Ensures vital signs are documented either using electronic methods or on observation charts. ○ Escalation of results and communication using SBAR ○ Adjusts the level of monitoring as appropriate.
<p>22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.</p> <p>Proficiencies 3ANPC 3.11, 3.12, B2.6</p>	<ul style="list-style-type: none"> • Accurately measures a height and weight. • Calculates body mass index • Identifies normal BMI • Communicates any readings outside of normal parameters to appropriate professionals. • Records on correct documentation • Has an awareness of the alternative methods of assessing BMI for the non-mobile patient



23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.

Proficiencies
3ANPC 3.11, 3.12, B2.9

- Assesses monitors and records chest secretions, urine and stools.
- Recognises when microbial samples are required
- Identifies equipment to take samples
- Obtains specimen collections, urine, stool, sputum sample in accordance with local policy
- Stores and transports specimens in accordance with local policy.
- Performance, interpretation and documentation of routine urinalysis.

Participates in improving safety and quality of person-centred care	
<p>24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools.</p> <p>Proficiencies 6ISQC 6.5, B7.1</p>	<ul style="list-style-type: none"> • Accurately uses and interprets specific person centred risk assessments including: <ul style="list-style-type: none"> ○ NEW Early Warning Scores ○ ABCDE algorithm ○ Pain assessment tools in accordance with local policy ○ Mini Mental Assessment ○ Pressure Ulcer Risk Assessment Tool ○ Skin Bundles ○ Escalation of results and communication using SBAR
<p>25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.</p> <p>Proficiencies 6ISQC 6.1, 6ISQC 6.6</p>	<ul style="list-style-type: none"> • Demonstrates ability to apply skills and knowledge of: <ul style="list-style-type: none"> ○ MHRA regulations ○ COSHH regulations ○ RIDDOR regulations ○ Safeguarding procedures: including location of policies, referral processes, documentation, and how to seek specialist support ○ Safe use and disposal of sharps and management of a sharps injury; understanding of management of a sharps injury ○ Action to be taken following exposure to a potentially hazardous substance e.g. needle stick injury, blood spillage

Participates in the coordination of person-centred care	
<p>26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.</p> <p>Proficiencies 3ANPC 3.15, 7CC 7.1</p>	<ul style="list-style-type: none"> • Acts in accordance with Values and Behaviours record in MYEPAD • Identification of the roles and responsibilities of the inter-disciplinary team members including nursing personnel, allied health care professionals including therapists, medical staff, portering staff, administrative staff, social workers (this is not an exclusive list) • Communication with members of the MDT including information sharing • Participation in clinical handover • Contribute to the assessment of the patient with additional needs i.e. cognitive loss, learning disabilities.
<p>27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co- morbidities including physical, psychological and socio-cultural needs.</p> <p>Proficiencies 3 PEC 3.13, 7CC 7.5</p>	<ul style="list-style-type: none"> • Promoting and providing holistic and individualised care • Demonstrates an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships. • Collaborating with and involving other disciplines where appropriate e.g. members of MDT, faith personnel
<p>28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.</p> <p>Proficiencies 3ANPC 3.15, 4PEC 4.2, 7CC 7.8</p>	<ul style="list-style-type: none"> • Promote and provide holistic and individualised care. • Support a patient, family/carer when exploring and expressing their needs and beliefs. • Being sensitive to the patient and their place within a family unit • Be aware of the potential for social isolation. Show awareness of voluntary groups that might assist in reducing this • Being available as someone with whom the patient, family/carer can share their hopes and fears • Assist in the provision of culturally appropriate support and information • Directs families to support services whilst respecting their autonomy • Be able to detect and appropriately report signs of carer fatigue.

29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.

Proficiencies

A 1.8, A1.9, A1.11

- In accordance with NMC guidance:
 - ensure records are factual, accurate and clearly documented
 - Written/recorded consecutively and as soon as possible after an event has occurred, providing current information on the condition of the child and care given/action taken
 - All charts/documentation are completed accurately
 - Records are dated, timed and signed
 - An appropriate accountable practitioner countersigns student records.
 - Demonstrates understanding of information governance.
 - Ensures patient confidentiality is maintained at all times
 - Be aware of and demonstrate the principles of Information Governance.

PART/YEAR 2

Part 2 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills.

Those marked with an * can be assessed in Part 2 or Part 3. Please record in OAR as well.

Participates in assessing needs and planning person-centred care with increased confidence

<p>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.</p> <p>Proficiencies 2PHPIH 2.8, 2.9, 2.10, A2.7, A 3.6</p>	<ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs • Identify and understand cultural expectations with patient, family and their carers • Contribute to health promotion or rehabilitation group i.e. cardiac rehabilitation • Provide culturally opportunities to promote self-worth i.e. expert patient programs • Provide patients and families with appropriate health promotion advice e.g. smoking cessation, safe sleeping, and healthy eating • Provide patients and families with advice and support in managing their chronic condition
<p>2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting.</p> <p>Proficiencies 1BAP 1.9, 2PHPIH 2.9, 3ANPC 3.4, 4 PEC 4.2</p>	<ul style="list-style-type: none"> • Demonstrates open and honest communication • Explore the feelings or patients. Family and carers to enable holistic assessment of needs focus on patient self-empowerment. • Enable patients to recognise their own strength, ensure that this is support by family and carers • Understand and apply the ethos of patient centred care • Demonstrate understanding and determine when mental capacity needs to be considered as defined by the Mental Capacity ACT • Develop a plan of care in partnership patient and their families/carers



* 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.

Proficiencies

3ANPC 3.9, 3.10, 4PEC 4.11

- Observe and contribute to risk assessments for self-harm and suicide in the acute paediatric setting.
- Utilise appropriate communicative and therapeutic skills when caring for a child/young person admitted with self-harm and/or suicide

Participates in assessing needs and planning person-centred care with increased confidence

* 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.

Proficiencies

3ANPC 3.14, 4PEC 4.9, B10.3, B 10.6

- Spend time with specialist teams to gain knowledge and insight into end of life care.
- Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team.
- Demonstrates an awareness or participates in the on-going care of a family after a sudden unexpected death
- Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team
- Contribute to the assessment, planning, implementation and evaluation of end of life care

Participates in delivering and evaluating person centred care with increased confidence	
<p>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.</p> <p>Proficiencies 4PEEC 4.3 A1.2, A2.8, A1.12, A2.6</p>	<ul style="list-style-type: none"> • Is able to refer a Patient to an appropriate professional in line with Trust policy • Identifies barriers to partnership working, both individual and institutional • Refer to translator services as required • Provide discharge information, with a consideration of different communication methods that may be needed e.g. verbal, written • Communicate effectively the plan of care through different methods such as ward round, care planning, written patient information.
<p>6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate drawing on the person's strengths and assets.</p> <p>Proficiencies 3ANPC 3.15, 4PEEC 4.2, A3.9</p>	<ul style="list-style-type: none"> • Promote positive collaboration, listen to family/carers and encourage them to find solutions themselves • Communicate effectively with members of the multidisciplinary team • Attends and participates in core group, review and strategy meetings • Devise and evaluate nursing care plans in partnership with children, young people and families • Complete 'About Me' documentation in conjunction with families where appropriate. i.e. Learning Disabilities and reduced cognitive abilities.
<p>7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.</p> <p>Proficiencies 5LMNLWIT 5.11, A1.8, A10</p>	<ul style="list-style-type: none"> • Complete documentation in accordance with NMC guidance • Ensures records are factual, accurate, legible, contemporaneous, dated and signed/countersigned • Wherever possible these are shared with the patient and family/carers • The principles of information governance are adhered to • Uses digital technologies such as e-observations and electronic medical notes • Comply with Trust Information Governance and GDPR regulations

Participates in delivering and evaluating person centred care with increased confidence

8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations. (4PEC 4.4, 4PEC 4.5, B1.1.1, B1.2.2)

- Demonstrates knowledge of recent guideline including NICE, DOH
- Records assessment of planned care
- Follows local trust guidelines and nursing procedures to provide evidence based care
- Demonstrate an ability to identify common medical conditions in the allocated placement area, as well as the evidence base behind the care provided.
- Show an awareness of leading systematic platforms i.e. Cochrane Database.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. (B4.1, B4.2, B4.4)	<ul style="list-style-type: none"> • Maintains appropriate infection control procedures in care of the neonate; including care of the eyes, mouth and sacral area • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed • Utilise appropriate products to maintain skin integrity, for example when an NG tube is in-situ • Identify products used in the clinical area to promote skin integrity • Have an awareness of moisture lesions and associated preventative measures
* 10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). (B4.6, B4.7)	<ul style="list-style-type: none"> • Apply principles of ANTT and asepsis • Removal of stitches and sutures under supervision • Removal of drains under close supervision
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention. (B5.1, B5.2)	<ul style="list-style-type: none"> • Use an appropriate nutritional assessment tool, and take action as required • Work with the MDT to provide additional nutrition supplementation as record • Demonstrate the ability to complete and assess food charts. • Be aware of potential issues that surround poor dentation and the effect on nutritional input. Be aware of potential resources to resource/ease these issues
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. (B5.6, B5.7)	<ul style="list-style-type: none"> • Safely calculate the frequency and volume of infant feeds • Complete a nasogastric tube/enteral feeding package where available in the clinical area • Insert a nasogastric tube under supervision and as per hospital policy • Feed an patient via a nasogastric tube following local hospital policy and where allowed • Undertake assessment of enteral feeding pump programming • Prepare and delivery feed via a PEG tube or alternative route. Be aware of the potential complication of this as a process and safe practice including patency and position of the tube.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
<p>13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. Proficiencies B6.1, 6.2, 2PHPIH 2.8</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of normal bladder and bowel control • Assess and monitor continence in relation to the patient's medical condition and cognitive abilities • Identify signs and management of common urinary and bowel conditions e.g. UTI, constipation, diarrhoea • Promote the continuation of the patients normal elimination pattern when appropriate.
<p>* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Proficiencies B6.2</p>	<ul style="list-style-type: none"> • Safely assist/perform catheterisation under supervision as per local policy • Effectively provide holistic care for a child/young 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
<p>* 15. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). Proficiencies B2.12, B2.16</p>	<ul style="list-style-type: none"> • Recognises absence seizures in home or primary health care setting • Assesses a child/young person using AVPU system and respond appropriately • Undertakes neurological observations including assessment and recording of: <ul style="list-style-type: none"> ○ Glasgow Coma Scale ○ Pupil responses ○ Vital signs ○ Motor function ○ Recognition of abnormal neurological observations & initiation of appropriate response • Effectively cares for an unconscious Patient including: <ul style="list-style-type: none"> ○ Safe positioning ○ Airway management • Adjusting frequency of neurological observations as per local protocol • Provision of advice and education to Patient and familys/carers about discharge following a head injury • Safe and effective care of a Patient who has a seizure including: <ul style="list-style-type: none"> ○ Immediate assessment and stabilisation – ABCDE ○ Seizure control and management as prescribed/ local protocol/algorithm via PR, buccal and IV routes ○ Documentation of seizure activity and care given



<p>16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. Proficiencies 2PHPIH 2.8, B3.3, B7.1</p>	<ul style="list-style-type: none"> • Complete a moving and handling risk assessment tool especially in special circumstances e.g. in preparation for safe transfer to theatre • Be aware of the management and treatment of patients at risk
<p>17. Effectively manages the risk of falls using best practice approaches. Proficiencies B7.1, B7.2, B 7.3</p>	<ul style="list-style-type: none"> • Apply moving and handling principles to the adult setting • Assess the ambulation capabilities of the patient , taking into account medical diagnosis, mental state, toileting needs and medications. • Demonstrate understanding of the use of cot assessment tools and when cot sides are appropriate to use • Document any falls using local incident reporting policy

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
<p>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. Proficiencies B7.4</p>	<ul style="list-style-type: none"> • Assess using an appropriate assessment tool the Moving and Handling needs of the patient and also their risk of falls • Maintain a safe environment to ensure the risk of injury/accident is minimised e.g. declutter floor areas to allow safe mobilisation • Safely use mobility equipment in the area e.g. wheelchairs, hoists, crutches • Refer to and liaise with the multi-professional team in regard to mobility needs
<p>* 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 Proficiencies B8.1, B8.2, B8.3, B8.6</p>	<ul style="list-style-type: none"> • Assesses patency of an airway; maintain an open airway using head tilt, chin lift/jaw thrust • Assesses the need for and insert of an appropriately sized oropharyngeal airway. • Able to observe, record and interpret respiratory rate, depth and rhythm • Recognises abnormal respiratory measurements and responds appropriately • Evaluates the efficacy of a Patient 's breathing and oxygenation <ul style="list-style-type: none"> ○ Auscultates the Patient 's chest ○ Measures and interprets oxygen saturations using pulse oximetry ○ Records and interprets peak expiratory flow rate ○ Responds to measurements in accordance with local protocols including oxygen therapy and airway support ○ Accurately assigns early warning scores and responds appropriately • Assess and interpret cough and sputum and respond appropriately • Prepare and administer oxygen equipment as prescribed using: nasal cannula, venturi mask; high flow nasal cannula, non re-breathe mask; simple face mask; head box; humidification. Records oxygen flow and percentage and provide appropriate care. • Administers nebuliser as prescribed: air compressor; oxygen driven • Demonstrates how to use an inhaler and can assess the Patient s technique • Teaches and assesses a Patient and family/carer in the effective use of an inhaler device
<p>* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques. Proficiencies B8.4</p>	<ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods <ul style="list-style-type: none"> ○ Oral via yankeur

	<ul style="list-style-type: none"> ○ Oropharyngeal via catheter ○ Nasopharyngeal ○ Endotracheal under strict supervision and utilising the Trust Guidelines ○ Tracheostomy under supervision
<p>21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. Proficiencies B9.2, B9.5</p>	<ul style="list-style-type: none"> ● Demonstrate an ability to adhere to standard precautions in the clinical area ● Is able to apply the principles of infection control to: <ul style="list-style-type: none"> ○ Source isolation ○ Protective isolation ○ Cohort nursing ○ General care environment ○ Patient with an infection in a general clinical area. ● Can teach visitors/families/carers/Patient /staff about infection control risks, prevention and management
<p>22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. Proficiencies A 2.1, A2.8</p>	<ul style="list-style-type: none"> ● Ensures records are written wherever possible with the involvement of the patient and family /carer using language that can be understood easily ● Effectively initiate, maintain and terminate communication with Patient and their families/carers concerning their treatment and holistic care ● Consideration of providing information in range of formats e.g. written, verbal ● Provision of culturally appropriate support and information to Patient /family and carers ● Collaborate with the multi-professional team where appropriate

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
<p>23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. Proficiencies 3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10</p>	<ul style="list-style-type: none"> • Identify why a blood glucose measurement might be required • Undertake correct blood glucose monitoring procedure, documenting results accurately • Correctly interpret blood glucose results and take action as required
<p>* 24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. Proficiencies 3ANPC 3.11, 3.12, PEC 4.12, B2.3</p>	<ul style="list-style-type: none"> • Undertakes an examination of the Patient 's physical features and behaviours including assessment of the Patient 's general appearance, including <ul style="list-style-type: none"> ○ Colour, central and peripheral: pink, flushed, pale, mottled, cyanosed, diaphoresis ○ Examine circulatory status of upper and lower extremities including abnormal shapes to the thorax and/or fingers or toes, distended neck vein, visible pulsations ○ Capillary refill time (CRT) ○ Presence of oedema, central and peripheral ○ Hydration status; skin turgor, oral mucosa and anterior fontanelle in infants. ○ temperature, respiration, oedema, skin colour, visible pulsations, toes or fingers, . • Palpates central and peripheral pulses for rate rhythm and volume. • Auscultate the apical pulse and compare peripheral pulse and apical pulse for consistency (rate and rhythm) • Auscultate the chest for heart sounds and murmurs detect characteristics and abnormalities in heart sounds, heart rate and rhythm • Recognise cardiac rhythms on a 3 lead monitor: sinus rhythm; ventricular fibrillation; ventricular tachycardia; asystole. • Demonstrate knowledge and ability to undertake a 12 lead ECG recording • Escalates any concerns or abnormal assessments appropriately and in accordance with local policy

Participates in improving safety and quality of person-centred care with increased confidence	
<p>* 25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. Proficiencies B2.2</p>	<ul style="list-style-type: none"> • Identify why blood profiles and venepuncture may be required • Interpret and document normal and abnormal blood results • Assess the select an appropriate site for venepuncture • Demonstrate correct, safe and effective technique in accordance with local policy • Ensure the Patient is appropriately positioned and supported, considering the use of distraction therapy and play specialists
<p>* 26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. Proficiencies B2.2</p>	<ul style="list-style-type: none"> • Identify why cannulation may be required • Assess the select an appropriate site for cannulation • Demonstrate correct, safe and effective technique in accordance with local policy • Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion, instigation of VIPs • Demonstrate effective care of a cannulation site, with use of appropriate documentation e.g. VIPs • Demonstrate safe and effective removal of a cannula • Ensure the Patient is appropriately positioned and supported, considering the use of distraction therapy and play specialists • Ensure Patient /family • are effectively educated and supported about cannulation and subsequent care
<p>* 27. Manage and monitor blood component transfusions in line with local policy and evidence based practice. Proficiencies 4PEC 4.12, B2.4</p>	<ul style="list-style-type: none"> • Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines. • Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline. • Show awareness of complications that could arise during a blood transfusion.
<p>* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. Proficiencies (B1.2.3, B2.13) (B 1.2.3, B2.13)</p>	<ul style="list-style-type: none"> • Aware of local sepsis guidelines and treatment protocol • Able to recognises a deteriorating patient and escalate appropriately using the relevant hospital systems. • Demonstrates an A-E assessment and can identify parameters outside of the normal ranges. • Utilise SBAR to communicate patient assessment to other team members.

Participates in improving safety and quality of person-centred care with increased confidence	
<p>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. Proficiencies 6ISQC 6.10</p>	<ul style="list-style-type: none"> • Able to utilise and implement relevant risk assessment tools within the clinical area • Have an understanding of why risk assessments are completed and what action should be taken when a risk is identified. • Be able to articulate when we may need to work outside of a prescribed risk assessment to promote quality care and health outcomes– for example family concerns with a child with low NEWS score.
<p>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. Proficiencies 6ISQC 6.11, A 3.2, 3.4</p>	<ul style="list-style-type: none"> • Demonstrates knowledge of typical emotional regulation in Patient and communicates strategies to support dysregulation and signposts to available services • Able to signpost to different methods of developing resilience and what support mechanisms are available to them and patients. • Utilise clinical supervisions • Show understanding of reflective practice and actively engage in reflection • Have an awareness of which members of the multi-disciplinary team are there to support them and where appropriate be involved in debrief following clinical situations

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR

Participates in the coordination of person-centred care with increased confidence	
<p>31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. Proficiencies 4 PEC4.18,7CC 7.10</p>	<ul style="list-style-type: none"> Recognises the roles and responsibilities of inter-disciplinary team members to ensure appropriate referral of Patient to facilitate safe discharge and transition across services. Communication with members of the multi-disciplinary team to include information sharing Participates in inter-disciplinary review and documentation including attendance at a discharge and/or transition planning meeting Participation in clinical review and handover. Understands need for accurate electronic recording e.g SystemOne for records transferred between authorities or between services Primary Care etc.
<p>32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care. Proficiencies BAP 1.12, 7CC 7.9</p>	<ul style="list-style-type: none"> Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. Wherever possible and appropriate offer and advocate for Patient to have choices in their care and treatment. Understand, and where appropriate, apply the principles of the Mental Capacity Act Work alongside the MDT to make best care decisions in conjunction with the Patient and their family Ensure good communication between all professionals and services involved with the Patient and that information provided is clear and easily understood. Relay information in an open and honest way to Patient ,family/carers
<p>33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. Proficiencies A 4.2.1 – 4.2.5</p>	<ul style="list-style-type: none"> Able to delegate care appropriately and identify when care may need to be delegated Utilise and support other team members to ensure the best outcomes for patients and families. Show awareness of the wide multi professional team and support structure when dealing with conflict e.g. site matron, security. Demonstrate skills in communicating with families under distressing and challenging situations Escalate appropriately in situations of conflict that have not been resolved. Have awareness of duty of candour and when and how it applies. Identifies and responds appropriately to expressed safeguarding concerns

<p>Part 3, No. 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 therapy or distraction and diversion strategies.</p>	<ul style="list-style-type: none"> • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Make effective use of strategies to reduce the risk of harm e.g. distraction, play therapy, hospital play, relaxation techniques, Guided imagery. • Inform Patient of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists. Assist young people to access such support as necessary • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Undertake mental health related risk assessments as appropriate
<p>Part 3, No. 13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.</p>	<ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of Patient, and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. <ul style="list-style-type: none"> ○ Insertion and/or management of peripherally inserted vascular device ○ Central venous access devices ○ Enteral feeding: <ul style="list-style-type: none"> ▪ nasogastric ▪ gastrostomy ○ Has knowledge and understanding of the principles of total familial nutrition • Undertakes accurate assessment of peripherally inserted IV cannula and central line site using VIPS scoring tool and escalates any concerns appropriately. • Undertakes safe and accurate assessment of NG tube position in accordance with local policy. • Ensures pressure limit defaults on infusion pumps are programmed in accordance with local policy and manufacturer requirements. • Access support and advice from practice supervisor/practice assessor in relation to safe and appropriate use of medical devices. • Assesses and correctly documents infused volumes of intravenous infusions or enteral/familial feeds hourly to determine effective delivery of prescribed fluids and medications. • Ensures dressings are appropriately clean, dry and secured, and if used limb splints are not too tight or restrictive.

PART/YEAR 3

Part 3 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values in co-ordinating high quality person/family centred care, ensuring all care is underpinned by effective communication skills. **Those marked with an * may have been met in Part 2. Record achievement of Part 3 proficiencies marked * 3 in OAR as well.**

Confidently assesses needs and plans person-centred care

<p>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 Proficiencies 3ANPC 3.2,3.3</p>	<ul style="list-style-type: none"> • Undertake a comprehensive ABCDE assessment using appropriate equipment e.g. saturation monitors, dinamap, Blood glucose monitoring, and take appropriate action. Do this across a range of patients with differing conditions. • Articulate the evidence base behind decisions made. • Demonstrate ability to provide this care whilst taking account of holistic needs, and adopt a child and family centred care approach.
<p>2. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity. Proficiencies 1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7</p>	<ul style="list-style-type: none"> • Assess barriers to a person's capacity to make best interest decisions e.g. comprehension, use of language, transitional difficulties, permanent or degenerative alterations in neurological functioning, family responsibility, Mental Capacity Act • Advocate, as appropriate for patients wishes, this may include a consideration of the needs and wants of those close to the patient. If a person is assessed to lack capacity work with the MDT to make choices ensuring that these are made in the best interests of the individual. • Work together with clinicians, patients and their families in order to clarify treatment, management or self-management goals with the aim of reaching mutual agreement on the best course of action. • Understand and, as appropriate, work to promote the core principles of the Mental Capacity Act e.g. assume that with the right information everyone can be empowered to make a choice, do everything you can to help people make choices about their lives.



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.

Proficiencies

3ANPC 3.16, A 3.4, A3.6

- Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats
- Demonstrate the principles of Information Governance within all communication with and between other professional services.
- Make appropriate referrals and liaise with other agencies and professionals where necessary
- Attend, and where appropriate contribute to, MDT meetings.
- Signpost Patient and their families to appropriate mental health services



Confidently delivers and evaluates person-centred care	
<p>* 4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies. Proficiencies 1BAP 1.12, 4PEC 4.10, 3ANPC 3.9, 3.10, A3.8, A3.9, B1.1.1-B1.1.5, B10.1</p>	<ul style="list-style-type: none"> • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Make effective use of strategies to reduce the risk of harm e.g. distraction, play therapy, hospital play, relaxation techniques, Guided imagery. • Inform Patient of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists. Assist young people to access such support as necessary • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Undertake mental health related risk assessments as appropriate
<p>5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. Proficiencies 5LMNWIT 5.11, A1.8, A1.10</p>	<ul style="list-style-type: none"> • Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats • Demonstrate the principles of Information Governance within all communication with and between other professional services. • Adhere to principles of patient confidentiality e.g. ensure patient notes are filed away, log off computers, utilise confidential waste
<p>6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care. Proficiencies 4PEC 4.2, 4.3, 4PEC 4.10</p>	<ul style="list-style-type: none"> • Promotes and provides holistic and individualised care • Use tools for assessment e.g. Needs Analysis • Appropriate condition and cognitive ability communication • Promote patient centred care and shared decision making, when appropriate, for example when making decisions about care and treatment options

Confidentially delivers and evaluates person-centred care	
<p>7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. Proficiencies 4PEC4.4, 4.5, 4.8, A1.10</p>	<ul style="list-style-type: none"> • Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Appropriately utilise mental health capacity assessments. • Work alongside the multi-disciplinary team to provide holistic care. • Make referrals when required to colleagues such as dieticians, pain team. • Consider reasons for non-compliance e.g. within the renal setting the link between medications such as steroids and weight gain. • Understand how services are co-ordinated to support the patient in primary care setting • Wherever possible empower Patients to make choices to encourage self-care
<p>8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. Proficiencies A1.1, A2.5, A2.6, A3.6, 3.8, 3.9)</p>	<ul style="list-style-type: none"> • Employ appropriate communication techniques that take into account the patient's capacity, physical condition and knowledge. • Demonstrate the ability to build relationships with Patient and family/carers. • Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter. • Where possible include young people in discussions about their care, promote their independence and ability to self-care. • Use a range of therapeutic communication techniques as require for example, active listening, SOLER, play, distraction, relaxation, guided imagery where appropriate. • Recognise and act upon situations where communication may be more challenging e.g. a family who has a learning disability • Effectively use therapeutic communication skills when caring for a with a mental health problem – both verbal and alternative methods e.g. written, art



9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.
Proficiencies
B1.1.1

- Recognise and respond appropriately to both Patient and their family/carers who may have a mental health diagnosis.
- Effectively utilise mental health capacity assessments and mental health risk assessment tools.
- Demonstrate knowledge of referral pathways to mental health service.
- Support Patients to access appropriate support for their emotional well-being and mental health including referral to support services.
- Utilise appropriate communicative and therapeutic skills when caring for a person who is hearing voices or experiencing distressing thoughts/ perceptions.

Confidently manages the procedures in assessing, providing and evaluating care	
<p>10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist). Proficiencies B4.1, B4.3, B4.5</p>	<ul style="list-style-type: none"> • Maintain the privacy, dignity and safety of the Patient at all times during the delivery of personal hygiene care. • Assess, document and facilitate a Patient's ability to effectively attend to their own hygiene needs. • Promote the maintenance of a Patients normal hygiene routines, using their own belongings where appropriate • Complete appropriate risk assessment tools and refer to relevant specialist teams where necessary. • Safely and effectively manage all aspects of personal hygiene for a dependent Patient for example: assisted wash/shower/bath; hair care; nail care; dental care; hygiene needs prior to surgery/procedure. • Recognise opportunities to educate family/carers re all aspect of personal hygiene as appropriate • Observe, assess and recognise any issues pertinent to hygiene needs and refer to the appropriate specialist services e.g. dentist, optician, audiologist.
<p>11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. Proficiencies 4PEC 4.6, 5LMNCWIT 5.4</p>	<ul style="list-style-type: none"> • Critique and utilise evidence-based assessment tools such as MUST. • Research some of the common conditions that may result in the presentation of specific nutrition or hydration needs demonstrating an understanding of underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment upon the patient. For example, explore and discuss the effects of renal treatment such as haemodialysis/ peritoneal dialysis/ transplant. • Liaise with the MDT as appropriate e.g. dietician, SALT • Be aware of, and follow, fluid restriction/ fluid targets as appropriate • Monitor and record accurate fluid balance charts, escalating concerns regarding positive and negative balances where necessary. • Demonstrate knowledge of the principles of Total Parenteral Nutrition.

Confidently manages the procedures in assessing, providing and evaluating care	
<p>12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications. Proficiencies B5.4, 5.8</p>	<ul style="list-style-type: none"> • Monitor and record accurate fluid balance charts, escalating concerns regarding positive and negative balances where necessary. • Be aware of and follow fluid restriction/ fluid targets as appropriate e.g. in renal patients understanding the implications if these are exceeded or not met • Discuss the rationale and care for PICC's, porta-caths and central venous lines, demonstrating an understanding of associated anatomy and physiology. • Be aware of acceptable parameters (e.g. in relation to fluid balance/ BP) and take appropriate and timely action if observations fall outside of the agreed acceptable parameters. • Demonstrate understanding of rationale for IV fluids and associated complications
<p>* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. Proficiencies B5.9</p>	<ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of Patient , and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. <ul style="list-style-type: none"> ○ Insertion and management of peripherally inserted vascular device ○ Central venous access devices ○ Enteral feeding <ul style="list-style-type: none"> ▪ naso-gastric ▪ gastrostomy ○ Has knowledge and understanding of the principles of total familyal nutrition • Undertakes accurate assessment of peripherally inserted IV cannula and central line site using VIPS scoring tool and escalates any concerns appropriately. • Undertakes safe and accurate assessment of NG tube position in accordance with local policy. • Ensures pressure limit defaults on infusion pumps are programmed in accordance with local policy and manufacturer requirements. • Access support and advice from practice supervisor/practice assessor in relation to safe and appropriate use of medical devices. • Assesses and correctly documents infused volumes of intravenous infusions or enteral/familyal feeds hourly to determine effective delivery of prescribed fluids and medications. • Ensures dressings are appropriately clean, dry and secured, and if used limb splints are not too tight or

	<p>restrictive.</p> <ul style="list-style-type: none"> • Recognises the importance of and be involved with, in accordance with local policy, labelling of infusions; fluid bag and infusion changes, giving set and extension set changes; removal of NG tube.
<p>14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. Proficiencies B10.2</p>	<ul style="list-style-type: none"> • Observe and be involved in the correct checking and administration of medication, adhering to local policy at all time. • Assess, manage and evaluate symptom relief • Be aware of the variety of infusion devices that are available including <ul style="list-style-type: none"> ○ Including Volumetric Infusion Pump ○ Syringe drivers both IV and SC ○ PCA • Be aware of standard fault finding with these device • Be aware of their availability and prescribed levels of maintenance and how to detect this has taken place • Demonstrates knowledge, understanding and safe practice to be able to manage the care of the Patient where medications is administered via infusion pumps and devices in hospital, outpatient or home setting.
<p>15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. Proficiencies 4PEC 4.6, B6.4, B6.6</p>	<ul style="list-style-type: none"> • Demonstrate underlying knowledge of some of the common conditions that may present in the clinical setting, understanding the underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment upon the patient e.g. A&P of the bowel and urinary tract, stoma formation, causes and impact of urinary/ faecal incontinence including psychosocial impact. • Appreciate and where appropriate, engage appropriate teaching and health promotion activities aimed to enhance patient's confidence, independence and skills in relation to self-care in relation to the specific elimination needs of individuals specifically in relation to continence/ continence aids/ continence care e.g. continence aids, intermittent catheterisation, indwelling catheterisation, stoma care etc. • Spend time with the gastro specialist team; discuss the care needs of patients in their own homes. Recognise the importance of their role in co-ordinating care and assisting Patient to be able to stay at home. • Work in partnership with patient/family/carers and members of the wider MDT in order to come to best care decisions relating to continuing care at home.

<p>16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. Proficiencies B6.5</p>	<ul style="list-style-type: none"> • Understands the need for and is able to demonstrate effective history taking about a Patient's bowel habits including, constipation and diarrhoea. • Assists specialist practitioners and medical staff undertaking physical examination of the Patient ensuring dignity and privacy is maintained. • Is aware of management approaches including behaviour modification, dietary modification, osmotic and lubricant laxatives as prescribed. • Understands that rectal treatment with suppositories or enemas should be avoided. • Demonstrates understanding that DRE is an invasive procedure and should only be undertaken by specialist practitioners • Beware of patient where digital rectal examination needs to be avoided and or sanctioned by the medical team prior to the procedure i.e. patients with known cardiac and /or cardiac valve disease and patient that are immunosuppressed.
<p>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 Proficiencies 2PHPIH 2.11, 2.12, 7CC 7.11, B9.1</p>	<ul style="list-style-type: none"> • Demonstrates ability to apply skills and knowledge of infection prevention and control within hospital, and community home settings. • Can teach familys/carers/Patient /staff/ visitors about managing infection control risks, prevention and management • Aware of local infection control guidelines, treatment protocols and notification process for notifiable illnesses. • Understand and demonstrate the importance of vaccine cold chain hazards • Understand the extended role of the registered nurse in relation to childhood immunisations • Identification of the national child immunisation programme • Demonstrates the ability to be able to respond to familyal concerns

Confidently leads and manages person-centred care and working in teams	
<p>18. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. Proficiencies 5LNCWIT 5.1, 5.2, 5.4</p>	<ul style="list-style-type: none"> • Understand and demonstrate the importance of professional boundaries. • Be aware of guidance on the use of social media as a professional. • Adhere to the NMC code of conduct. • When necessary utilise appropriate de-escalation techniques. • Understand the role of the nurse in a wide range of clinical settings including an understanding of the extended skills required to work within the specialist nursing teams. • Dependant on year of study, seek opportunities to shadow the practice development team. • Develop own action plans and review own progress against these plans. Students should be able to recognise their own limitations, relevant to stage of training and seek support when needed. Students should also be able to devise their own action plans and identify their own learning objectives • Utilise opportunities for evaluation and supervision such as student forums, clinical supervision, service user and carer feedback.
<p>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. Proficiencies 5LNWIT 5.1, 5.5, A1.9, A1.11</p>	<ul style="list-style-type: none"> • Where appropriate, under supervision observe, and undertake the role of nurse in charge on the unit. • Assist with, or lead, the management of a patient caseload, responding to complex clinical decisions and seeking assistance where necessary. • Hand over all information in a respectful non-judgemental manner at all times. • Support fellow nursing students, teaching junior students where appropriate. Depending on stage of training student may act as a 'buddy' for more junior students • Delegate to Clinical Support Workers, with support, adhering to NMC guidance
<p>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). Proficiencies 5LNCWIT 5.3, 5.7, 5.10, A4.2.2</p>	<ul style="list-style-type: none"> • Evaluate care given to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to other members of the team • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Participate in essence of care benchmark assessments, contributing to any action plans. • Recognise and seek any opportunities for service development and liaise with colleagues regarding opportunities to action this e.g. opportunities to shadow the practice development team. • Recognise the importance of, and be involved in, initiatives that seek patient and family feedback on care. • Demonstrates an understanding of how staff may be performance managed within an organisation

Confidently contributes to improving safety and quality of person-centred care	
<p>21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. Proficiencies 6ISQC 6.4, 6.7, 6.9</p>	<ul style="list-style-type: none"> • Participate in benchmarking assessments and audit activities, contributing to any action plans. • Recognise opportunities for service development and liaise with colleagues regarding opportunities to action this. • Recognise the importance of, and be involved, in patient and public involvement initiatives • Take all opportunities to empower and involve children and their families in care decisions • Gain feedback on care provision using service user and carer feedback documents. • Seek opportunities to shadow practice development teams/leads. • Be aware of and involved in current initiatives that seek patient and family feedback on care.
<p>22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks. Proficiencies 6ISQC 6.1, 6.2, 6.3, 6.5</p>	<ul style="list-style-type: none"> • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed • Complete and moving and handling risk assessment tool e.g. in preparation for safe transfer to theatre • Use appropriate adult risk assessment tools related to mobilisation e.g. Pressure Ulcer Risk Assessment Tool • Shadows Practice Development Matrons/Service Managers/Quality Leads to gain insight into wider Trust risk assessments

Confidently contributes to improving safety and quality of person-centred care	
<p>23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.</p> <p>Proficiencies 6ISQC 6.2, A4 2.6.2</p>	<ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local and national guidelines regarding safe staffing levels. • Where available uses a valid and reliable acuity/dependency tool. • Has knowledge of, and understands the governance structure, including reporting of staffing requirements, for determining staffing numbers and skill mix. • Recognises when staffing levels and skill mix need to be escalated using the using the relevant systems.
<p>24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents.</p> <p>Proficiencies 6ISQC 6.8, 6.9, 6.12</p>	<ul style="list-style-type: none"> • Demonstrates an understanding of the governance structure, including reporting involved in managing near misses, critical incidents or major incidents • When necessary documents and records an untoward event, near misses and actual incidents, on incident forms/digital systems. • Has knowledge of how actions, outcomes, trends and lessons learned from incidents are monitored and reviewed.

Confidently coordinates person-centred care	
<p>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. Proficiencies 7CC, 7.1, 7.2, 7.5, 7.6</p>	<ul style="list-style-type: none"> • Coordinates the care Patient including assessment, risk assessment and management, care planning and review of complex physical and/or mental health and/or learning disability needs. • Establish and sustains a professional relationship with the Patient , their family and carers • Endeavours to work in partnership with all health, social care and other agencies involved in supporting the Patient and their family. • Consider the benefits and challenges when long-term patients develop relationships with other patients' e.g. possible challenges to patient confidentiality, patients sharing practices via social media.
<p>26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. Proficiencies 7CC 7.7, 7.8</p>	<ul style="list-style-type: none"> • Where possible include patients in the discussions about their care, promote their independence and ability to self-care. • Where possible individualise care plans to take account of specific needs. • Understand and where possible maintain normality for the patient and their family (this may be especially important for long-term patients). • Evaluate care experienced, as part of MDT, to aid in understanding the wider social implications and challenges for both Patient and family of living with a complex illness • Recognise the importance of social care and external agencies in terms of the long-term support of the patient.
<p>27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. Proficiencies A2.9</p>	<ul style="list-style-type: none"> • Ensures adequate preparation and planning: knowing who is to be involved; how much information is to be given and in what order; that full information about choices and options about the Patient's future management is available where feasible. • Consider any additional requirements that the Patient , family /carers may have in relation to assistance with communication. • Is aware of the ethnic, cultural and, if relevant, faith background of the family and considers any additional requirements or needs. • If the Patient is going to be present, consider their cognitive level and any additional support required. If the Patient is not going to be present, ensure care of the patient is delegated. • Participates in difficult conversations, ensuring that the Patient and family are treated with respect, dignity and privacy. <ul style="list-style-type: none"> ○ Give the information honestly and sensitively

	<ul style="list-style-type: none"> ○ Break the news using small chunks or bitesize pieces of information with regular checks of understanding. ○ Check back by asking what has been understood and correct or reinforce. ○ Answer questions honestly and in the best interests of the child. ○ Ensure the family is aware of who to contact if they have any questions – for example, the specialist nurse. ● Keep and maintain accurate records of the conversation and the information and details exchanged within the multidisciplinary team.
<p>28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. Proficiencies 7CC 7.4, 7.9, 7.10</p>	<ul style="list-style-type: none"> ● Consider the impact of a chronic disease on the patient and their family. ● Liaise with MDT to aid in understanding the wider social implications and challenges of living with a chronic illness. ● Work in partnership with the patient, family and MDT in order to make best care decisions and ensure comprehensive discharge plans are implemented in order to facilitate safe discharge ● Where possible include the patient in discussions about their care, promote their independence and ability to self-care. ● Attend, and where appropriate contribute to, clinics and MDT meetings that seek to manage transition to temporary or long term care. ● Spend time with the MDT and relevant nurse specialists e.g. the transplant coordinator, to understand their role in co-ordinating care and transition across hospital-community services.

Confidently coordinates person-centred care

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.
 Proficiencies
 ANPC 3.14, 4PEC 4.9, B10.3, B10.6

- Demonstrates skills of assessment, planning, implementation and evaluation of care relating to a palliative care pathway
- Where appropriate participates in the review of a personal resuscitation plan in conjunction with patient, family and or carers and the multi professional team
- Participates in the provision of culturally appropriate support and information to carers and family.
- Referral of the family/carers to the bereavement team.
- Collaborates with and involves other disciplines e.g. social workers, faith personnel and external organisations such as hospices where appropriate.
- Undertakes contemporaneous records and documentation in the care of the dying or deceased patient

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The Practice Assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part

2. If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR

<p>Part 2, No. 3 Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.</p>	<ul style="list-style-type: none"> • Observe and contribute to assessments for post-natal mental health using the EPND screening tool or Whoolley questions • Observe and contribute to risk assessments for self-harm and suicide in the acute adult setting. • Utilise appropriate communicative and therapeutic skills when caring for patient admitted with self-harm and/or suicide
<p>Part 2, No. 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.</p>	<ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and insight into end of life care. • Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team. • Contribute to the assessment, planning, implementation and evaluation of end of life care • Demonstrates an awareness of or assists in the on-going care of a child/young person and their family after a sudden unexpected death. • Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team
<p>Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).</p>	<ul style="list-style-type: none"> • Apply principles of ANTT and asepsis • Removal of stitches and sutures under supervision • Removal of drains under close supervision



Part 2, No. 14

Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.

- Safely assist/perform catheterisation under supervision as per local policy
- Effectively provide holistic care for a child/young 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

<p>Part 2, No. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).</p>	<ul style="list-style-type: none"> • Recognises absence/presence seizures in home or primary health care setting • Assesses a patient using AVPU system and respond appropriately • Undertakes neurological observations including assessment and recording of: <ul style="list-style-type: none"> ○ Glasgow Coma Scale ○ Pupil responses ○ Vital signs ○ Motor function ○ Recognition of abnormal neurological observations & initiation of appropriate response • Effectively cares for an unconscious Patient including: <ul style="list-style-type: none"> ○ Safe positioning ○ Airway management • Adjusting frequency of neurological observations as per local protocol • Provision of advice and education to Patient and familys/carers about discharge following a head injury • Safe and effective care of a Patient who has a seizure including: <ul style="list-style-type: none"> ○ Immediate assessment and stabilisation – ABCDE ○ Seizure control and management as prescribed/ local protocol/algorithm via PR, buccal and IV routes ○ Documentation of seizure activity and care given
<p>Part 2, No. 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.</p>	<ul style="list-style-type: none"> • Is aware of the need for rapid whole body assessment before airway management techniques are selected i.e. determining the risk of spinal injury • Assesses patency of an airway; maintain an open airway using head tilt, chin lift/jaw thrust • Assesses the need for and insert of an appropriately sized oropharyngeal airway. • Able to observe, record and interpret respiratory rate, depth and rhythm • Recognises abnormal respiratory measurements and responds appropriately • Evaluates the efficacy of a Patient 's breathing and oxygenation <ul style="list-style-type: none"> ○ Auscultates the Patient 's chest ○ Measures and interprets oxygen saturations using pulse oximetry ○ Records and interprets peak expiratory flow rate ○ Responds to measurements in accordance with local protocols including oxygen therapy and airway support ○ Accurately assigns early warning scores and responds appropriately • Assess and interpret cough and sputum and respond appropriately

	<ul style="list-style-type: none"> • Prepare and administer oxygen equipment as prescribed using: nasal cannula, venturi mask; high flow nasal cannula, non re-breathe mask; simple face mask; head box; humidification. Records oxygen flow and percentage and provide appropriate care. • Administers a nebuliser as prescribed: air compressor; oxygen driven • Demonstrates how to use an inhaler and can assess the Patient's technique • Teaches and assesses a Patient and family/carer, if appropriate, in the effective use of an inhaler devices
<p>Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.</p>	<ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods <ul style="list-style-type: none"> ○ Oral via yankeur ○ Oropharyngeal via catheter ○ Nasopharyngeal ○ Endotracheal (strictly adhering to local Trust policy and under supervision) ○ Tracheostomy
<p>Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.</p>	<ul style="list-style-type: none"> • Undertakes an examination of the Patient's physical features and behaviours including assessment of the Patient's general appearance, including <ul style="list-style-type: none"> ○ Colour, central and peripheral: pink, flushed, pale, mottled, cyanosed, diaphoresis ○ Examine circulatory status of upper and lower extremities including abnormal shapes to the thorax and/or fingers or toes, distended neck vein, visible pulsations ○ Capillary refill time (CRT) ○ Presence of oedema, central and peripheral ○ Hydration status; skin turgor, oral mucosa and anterior fontanelle in infants. ○ temperature, respiration, oedema, skin colour, visible pulsations, toes or fingers, . • Palpates central and peripheral pulses for rate rhythm and volume. • Auscultate the apical pulse and compare peripheral pulse and apical pulse for consistency (rate and rhythm) • Auscultate the chest for heart sounds and murmurs detect characteristics and abnormalities in heart sounds, heart rate and rhythm • Recognise cardiac rhythms on a 3/5 lead monitor: sinus rhythm; ventricular fibrillation; ventricular tachycardia; asystole.



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| | <ul style="list-style-type: none">• Demonstrate knowledge and ability to undertake a 12 lead ECG recording under supervision• Escalates any concerns or abnormal assessments appropriately and in accordance with local policy |
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<p>Part 2 No, 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)</p>	<ul style="list-style-type: none"> • Under appropriate supervision <ul style="list-style-type: none"> ○ Identify why blood profiles and venepuncture may be required Interpret and document normal and abnormal blood results ○ Assess the select an appropriate site for venepuncture ○ Demonstrate correct, safe and effective technique in accordance with local policy ○ Ensure the Patient is appropriately positioned and supported, considering the use of distraction therapy and play specialists
<p>Part 2 No, 26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. (B2.2)</p>	<ul style="list-style-type: none"> • Under appropriate supervision <ul style="list-style-type: none"> ○ Identify why cannulation may be required ○ Assess the select an appropriate site for cannulation ○ Demonstrate correct, safe and effective technique in accordance with local policy ○ Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion, instigation of VIPs ○ Demonstrate effective care of a cannulation site, with use of appropriate documentation e.g. VIPs ○ Demonstrate safe and effective removal of a cannula ○ Ensure the Patient is appropriately positioned and supported, considering the use of distraction therapy ○ Ensure Patient is effectively educated and supported about cannulation and subsequent care
<p>Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)</p>	<ul style="list-style-type: none"> • Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines. • Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline. • Show awareness of complications that could arise during a blood transfusion.
<p>Part 2 No, 28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. (B 1.2.3, B2.13)</p>	<ul style="list-style-type: none"> • Aware of local sepsis guidelines and treatment protocol • Able to recognises a deteriorating patient and escalate appropriately using the relevant hospital systems. • Demonstrates an A-E assessment and can identify parameters outside of the normal ranges. • Utilise SBAR to communicate patient assessment to other team members.

