



# Achievement of Proficiencies – Mental Health PART 1,2,3 field specific examples

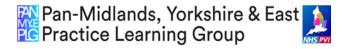
These proficiencies "apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice". (NMC, Future Nurse, 2018, p22, 26)

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.





### 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	
1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs. (3ANPC 3.3)	<ul> <li>Visiting a service user and their family/carer in their home with another member of staff</li> <li>Considering a range of different types of distress and how this might present with different groups of people.</li> <li>Show an understanding of drug culture and what norms and behaviours are prominent for members of this cultural group</li> </ul>
2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment. (3ANPC 3.1)	<ul> <li>Observing and discussing an initial assessment of an older adult</li> <li>Show an understanding of how language might have to modified when dealing with people from different age groups and levels of development or education.</li> <li>Awareness of childhood development when assessing young person</li> <li>Show an understanding that people from different age groups will have different points of reference for what is seen as normal or acceptable behaviour</li> </ul>



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.
(1BAP 1.16, 3ANPC 3.2, 3.5, A 1.8)

- Development of a Care Plan
- Show evidence of accurate note keeping
- Show knowledge of data protection policies for record keeping

#### 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. (1BAP 1.9, 3ANPC 3.4, 3.15)
- Observing an MDT on an older adult ward, which includes a carer/family member
- Give examples of psycho-education that has helped inform people, carers and families to make informed decisions
- Consider what values underpin shared decision making
- Reflect on literature on shared decision making in mental health.

#### Participates in providing and evaluating person-centred care

- 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. (4PEC 4.4, B1.1.1, B1.1.2, B1.1.3)
- Spending times engaging in conversation with service users in a Mental Health environment
- Feedback on therapeutic encounters from service users and/or carers
- Consider the value of 'everyday' interactions with mental health service users, their families and carers.



6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and	<ul> <li>Observe and reflect on a 1:1/home visit between an RMN and a Service User</li> <li>An example of an Assessment of a person's individual experience of symptoms</li> <li>An example of an individually tailored care plan completed in collaboration with a service user</li> <li>Give an example of assisting in development of self-management skills</li> </ul>
breathlessness using verbal and	- Give examples of using mindfulness techniques
non-verbal communication and appropriate use of open and closed questioning.(4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1)	<ul> <li>Give examples of anxiety reduction strategies used.</li> <li>Give examples of de-escalation techniques</li> </ul>
7. Takes appropriate action in	- Inform the Nurse in Charge about a change in a Service Users presentation
responding promptly to signs of	- Examples of reporting results of recordings such as temp. pulse, BP or BM
deterioration or distress	- Examples of reporting observations of changes in behaviour to nurse in charge
considering mental, physical,	- Demonstrates action taken to escalate concerns/incidents following standard procedures
cognitive and behavioural	
health. (1BAP 1.12, 4PEC 4.8, B1.1.1 – 1.1.5, B1.2.1, B1.2.2, B10.1)	
8. Assesses comfort levels, rest	<ul> <li>Offering to change the environment of a Service User where appropriate to improve their comfort</li> </ul>
and sleep patterns	i.e. getting them another blanket
demonstrating understanding of	- Completion of a sleep chart
the specific needs of the person	- Explain the importance of sleep hygiene
being cared	- Give examples of encouraging sleep hygiene techniques
for. (4PEC 4.1, B.3.1)	



Participates in providing and evaluation	ating person-centred care
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate. (4PEC 4.1, B3.6)  10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.	<ul> <li>Encourage a service user to attend to personal hygiene needs</li> <li>Any examples of working with a service user to become more independent</li> <li>Examples of Demonstrating cultural awareness and supporting a service user to express / attend to cultural needs</li> <li>Observe the completion of the Braden Scale Assessment, and discuss the need for further intervention where appropriate</li> <li>Completing a body map</li> <li>Examples of completed food and fluid charts</li> <li>Example of assessment of fluid intake via assessment interview</li> </ul>
(4PEC 4.7, B4.1)  11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques. (B 3.2, B4.3)	<ul> <li>Encouraging and supporting a Service User who struggles with personal hygiene, by running a bath, collecting toiletries etc.</li> <li>Examples/reflections on assisting with washing, bathing etc.</li> </ul>
12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed. (4PEC 4.6, B5.3)	<ul> <li>Requesting that the kitchen provide a specialist menu for a Service User who has confirmed that they require a Halal meal</li> <li>Shows an understanding of the role of the Speech and Language Therapist</li> <li>Completion of a choking risk assessment</li> <li>Working with people to encourage healthy eating</li> <li>Education on side effects of medication relating to weight gain and heart disease</li> <li>Consider if dietitian input is needed, seeking this.</li> </ul>
13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. (4PEC 4.6, B5.4)	<ul> <li>Completes a MESU which is concentrated, informs Nurse In Charge and commences a fluid chart if required</li> <li>Considers over hydration and dehydration in mental health settings</li> <li>Consider the challenges of accurately measuring output in a range of settings</li> </ul>



14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. (4PEC 4.6, B6.1)	<ul> <li>Examples of helping services users with toileting needs</li> <li>Giving education around side effects of medication in relation to incontinence, constipation etc.</li> <li>Supporting services users to voice concerns with medical practitioners</li> <li>Administer and advise on medication in relation to these aspects</li> </ul>

Participates in providing and evaluat	ing person-centred care
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate. (B6.2) 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	<ul> <li>Provide education when needed around continence and hygiene</li> <li>Assess any needs in relation to continence or hygiene</li> <li>Supporting service users to discuss issues around continence or related hygiene issues</li> <li>Completion of a falls risk assessment</li> <li>Discussion regarding appropriate aids for safe mobilising to improve independence</li> <li>Supporting a service user to ensure their aids are with them in hospital if needed</li> <li>Consider the role of the physiotherapist and occupational therapist in maintaining independence</li> </ul>
independence. (4PEC 4.7, B7.1)  Participates in procedures for the pla	Inning, provision and management of person-centred care
17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. (B7.2, B7.3)	<ul> <li>Example of using any mobility equipment within a ward setting</li> <li>Assessing mobility needs</li> <li>Show awareness of the importance of safe moving and handing techniques</li> </ul>



18. Consistently utilises evidence based hand washing techniques. (B9.6)	<ul> <li>Washes hands before and after completing physical observations</li> <li>Completes the seven steps to hand hygiene process.</li> </ul>
19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately. (B9.1, B9.4)	<ul> <li>Using the correct PPE when carrying out personal care with a Service User who has a known blood born virus.</li> <li>Accurately assesses risk in relation to potential infection and acts accordingly.</li> <li>Modification of care practices in response to potentially high risk infection situations.</li> </ul>
20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps. (B9.7, B9.8)	<ul> <li>Weekly bed changing rota, using correct PPE and disposal of soiled linen</li> <li>Depot injection and safe disposal of needles.</li> </ul>

Participates in procedures for the planning, provision and management of person-centred care		
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate. (3ANPC 3.11, 3.12, B2.1, B4.8)	<ul> <li>Complete physical observations of a patient when they are feeling unwell, and inform nurse in charge.</li> <li>Accurate completion of TPRBP and blood glucose levels.</li> </ul>	
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings. (3ANPC 3.11, 3.12, B2.6)	<ul> <li>Observe and help to complete an initial Physical Healthcare Assessment or MUST Assessment</li> <li>Complete BMI and discuss clinical significance with service user and MDT.</li> <li>Consider how people who are underweight and overweight might need support in your area</li> </ul>	



23. Collect and observe sputum,	- Complete an MESU and escalate concerns
urine and stool specimens,	<ul> <li>Collect samples using appropriate infection control procedures.</li> </ul>
undertaking routine analysis and	- Urine samples for drug screens.
interpreting	- Urine screening for UTI
findings. (3ANPC 3.11, 3.12, B2.9)	<ul> <li>Supporting service users to undertake pregnancy tests.</li> </ul>
Participates in improving safety and	l quality of person-centred care
24. Accurately undertakes person	<ul> <li>Observe the use of the Becks Depression Scale and discuss this with mentor/healthcare professional</li> </ul>
centred risk assessments	- Completion of an admission document
proactively using a range of	<ul> <li>Complete a risk assessment and consider why we do these in mental healthcare</li> </ul>
evidence based assessment and	- Discussion of risk with service user/family/carers.
improvement	
tools. (6ISQC 6.5, B7.1)	
25. Applies the principles of	- Finding a spill on the floor, acting on this to clean but placing a 'wet floor sign' to avoid accidents and injuries
health and safety regulations to	- Lone working for community working.
maintain safe work and care	- Thinking about safe staffing implications
environments and proactively	<ul> <li>Follows correct moving and handling policies.</li> </ul>
responds to potential hazards.	
(6ISQC 6.1, 6ISQC 6.6)	

Participates in the coordination of person-centred care	
26. Demonstrate an understanding	- Observe an MDT review
of the principles of partnership,	<ul> <li>Have an insight day with another professional, i.e. OT, Peer Support Worker etc</li> </ul>
collaboration and multi-agency	<ul> <li>Attending a ward round, discharge meeting, CPA meeting</li> </ul>
working across all sectors of health	<ul> <li>Writing a referral document for referral to another service e.g. physiotherapy, housing, GP</li> </ul>
and social care. (3ANPC 3.15, 7CC	
7.1)	
27. Demonstrate an understanding	- Working with a Service User who has alcohol dependency issues
of the challenges of providing safe	- Construct a care plan for a person with co-morbidities
nursing care for people with co-	<ul> <li>Consider the interaction/care plan for people with multiple long term conditions.</li> </ul>
morbidities including physical,	- Appropriate referrals for assessment and management of co-morbid physical and mental health problems.
psychological and socio-cultural	
needs. (3 PEC 3.13, 7CC 7.5)	



28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible. (3ANPC 3.15, 4PEC 4.2, 7CC 7.8)	<ul> <li>Observing a discussion around a patient detained under the MHA, have some escorted leave from the ward with family members</li> <li>Reasonable adjustments to the environment to maintain the independence of people with dementia.</li> <li>Supporting a service user within a ward round to negotiate leave.</li> </ul>
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. (A 1.8, A1.9, A1.11)	- Observing an effective shift handover - Examples of care note entries, assessments, handover sheets



## 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 pl	anning person-centred care with increased confidence	
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. (2PHPIH 2.8, 2.9, 2.10, A2.7, A 3.6)	<ul> <li>Discussing with a Service User how they can reduce their level of distress by the use of various distraction techniques</li> <li>Completing Recovery Plans with service users</li> <li>Exploring health promotion opportunities related to healthy lifestyles, for example smoking cessation, exercise, diet</li> <li>Employing interpersonal skills to discuss substance use.</li> </ul>	
2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision- making and goal setting. (1BAP 1.9, 2PHPIH 2.9, 3ANPC 3.4, 4 PEC 4.2)	<ul> <li>Observing a Service Users CPA review, and helping to complete further care plan with the support of an RMN</li> <li>Reviewing care plan with service user</li> <li>Working with service user to plan the agenda for their ward round or CPA review</li> <li>Critically evaluate the role of shared decision making, coproduction of care plans and barriers to service user involvement in their care</li> </ul>	
* 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. (3ANPC 3.9, 3.10, 4PEC 4.11)	<ul> <li>Observing an initial assessment, completing some of the Risk Assessment under the supervision of an RMN, before further discussion</li> <li>Completed risk assessment document</li> <li>Safety plans completed with service user</li> </ul>	



#### 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. (3ANPC 3.14, 4PEC 4.9, B10.3, B 10.6)

Could be achieved in simulation or "out of field area" placement experiences or insight visits

However could have reflective discussion with a nurse regarding a patient and their families about how they may articulate their needs and preferences – with a life limiting diagnosis

Reflective discussion with a nurse regarding how sudden or unexpected death may impact professionals and partners in care, along with other service users

#### Participates in delivering and evaluating person centred care with increased confidence

- 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. (4PEC 4.3 A1.2, A2.8, A1.12, A2.6)
- Observing and contributing to a 1:1 session, in which the RMN provides a Service User who their MHA rights in their own language, and speaks to the Service User and family with an interpreter
- Utilise leaflets in own language for section rights
- Use of language line (phone services)

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. (3ANPC 3.15, 4PEC 4.2,

A3.9)

- Discussing a care plan around dietary intake with a Service User, and then reviewing this with the Service User, highlighting the Service Users efforts to improve their intake
- Discuss a care plan relating to self harm or suicidality with a service user, reviewing their goals, aims and successes along with areas to work with them on further
- Consider the role of strengths based working in contemporary mental health care.



7. Maintains accurate, clear and
legible documentation of all
aspects of care delivery, using
digital technologies where
required. (5LMNLWIT 5.11, A1.8, A10)

- Writing a Service Users progress notes, supervised by an RMN
- Utilising the host organsiation's relevant electronic documentation system to record assessments, care plans, risk assessments/ safety plans and ongoing records.

#### Participates in delivering and evaluating person centred care with increased confidence

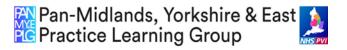
- 8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations.
  (4PEC 4.4, 4PEC 4.5, B1.1.1, B1.2.2)
- Identify a Service User that may benefit from some mindfulness activities, and carry out this activities under the agreement of the nurse in charge, taking into account risk and safety
- Use of accredited tools for assessment
- Examples of judgements about when to withhold medication or use as required medication
- Consider the role of evidence based approaches to reducing restrictive interventions across mental health care

#### 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)
- To assess a non-accidental injury, and be able to discuss with an RMN possible management options
- Completion of a body map where concerns about non accidental injury are present
- Consideration of the management of wounds, dressings or skin deterioration in self harm or non accidental injury
- \* 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)
- Support and demonstrate knowledge of aseptic technique when observing an RMN change a pressure ulcer bandage
- Observing RMN managing a non-accidental injury wound ie. Reviewing for infection, changing bandaging, applying steristrips, etc.

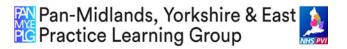


11. Effectively uses evidence	- To complete and review the use of a Food and Fluid chart, and to discuss the need to escalate with an RMN
based nutritional assessment	- Referral to dietitians – based on evidence collected and rationale as to why their input is needed
tools to determine the need for	
intervention. (B5.1, B5.2)	
12. Demonstrates understanding of	Could be achieved in simulation or "out of field area" placement experiences or insight visits
artificial nutrition and hydration and	
is able to insert, manage and remove	May have some exposure to this on placement at CAMHS eating disorder unit/ community ED teams (CAMHS or Adult)
oral/nasal gastric tubes	but likely to be a discussion with professionals regarding this. Unlikely to have opportunity to insert / manage /
where appropriate. (B5.6, B5.7)	remove tubes.





Participates in the procedures for th	e planning, provision and management of person-centred care with increased confidence
13. Assess level of urinary and	Discussion with service user regarding their continence – reflecting on how to manage this
bowel continence to determine the	Consider how dignity is maintained in relation to continence needs when a person is on close observations
need for support, intervention and	
the person's potential for	
self-management. (B6.1, 6.2,	
2PHPIH 2.8)	
* 14. Insert, manage and remove	Could be achieved in simulation or "out of field area" placement experiences or insight visits
urinary catheters for all genders and	
assist with clean, intermittent	
self-catheterisation where	
appropriate. (B6.2)	
* 15. Undertakes, responds to and	Assess level of consciousness, escalating concerns to RMN and consideration of additional neurological observations as
interprets neurological	needed.
observations and assessments and	Alerting additional staff if needed and appropriate when seizure if found, undertaking suitable physical observations
can recognise and manage	following this to monitor wellbeing.
seizures (where appropriate).	Show awareness of the role of neurological observations in medication side effects (eg NMS)
(B2.12, B2.16)	
16. Uses contemporary risk	Pressure area risk assessments – mobility
assessment tools to determine	Referrals to physio – physio sessions – ordering equipment? within ward setting
need for support and intervention	Consider capacity and consent in relation to moving and handing in a mental health setting
with mobilising and the person's	
potential for self-management.	
(2PHPIH 2.8, B3.3, B7.1)  17. Effectively manages the risk of	Particularly with older persons placements – awareness of polypharmacy and potential impact this has on falls risk
falls using best practice	a dictionary with order persons placements — awareness of polypharmacy and potential impact this has on falls risk
approaches. (B7.1, B7.2, B 7.3)	
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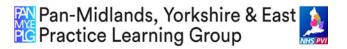
Participates in the procedures for t	the planning, provision and management of person-centred care with increased confidence
18. Uses appropriate safety techniques and devices when	Consider appropriate manual handling techniques when assisting with mobilising individuals.
meeting a person's needs and support with mobility providing evidence based rationale to	Reflect on how prevention and management of violence techniques differ from M&H techniques
support decision making. (B7.4)	
* 19. Undertakes a comprehensive respiratory assessment including chest	- Recordings before during and after ECT involve oxygen use and pulse oximetry
auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes (B8.1, B8.2, B8.3, B8.6)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques. (B8.4)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. (B9.2, B9.5)	Rarity - however could discuss with infection control team based on acute wards as isolation due to infection may occasionally be required.



22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. (A 2.1, A2.8)

Arrange 1:1 with service user prior to MDT meeting or review coming up and discuss their care, current care plans.

Examples of responding to questions and how you tailor communication and knowledge level to service users and families/carers needs.





Participates in the procedures for the	planning, provision and management of person-centred care with increased confidence
23. Undertakes assessments using	- Carries out routine BM check on admission to a MH ward, and communicates the findings to an RMN
appropriate diagnostic equipment in	- Consider how medication commonly used in mental health can affect BM readings and offer understanding of the
particular blood glucose monitors and	need to accurately assess risks of hyper and hypoglycaemia
can interpret	
findings. (3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10)	
* 24. Undertakes an effective	
cardiac assessment and	- Explore possible relationship between ECG results and medication that the person may already be on or is considering
demonstrates the ability to	
undertake an ECG and interpret	Could be achieved in simulation or "out of field area" placement experiences or insight visits
findings. (3ANPC 3.11, 3.12, PEC 4.12, B2.3)	
Participates in improving safety and	quality of person-centred care with increased confidence
* 25. Demonstrates knowledge	Observe venepuncture as part of admission bloods, monitoring bloods
and skills related to safe and	
effective venepuncture and can	Review results – discussing implications within MDT discussions
interpret normal and abnormal	
blood profiles. (B2.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 26. Demonstrates knowledge and	Could be achieved in simulation or "out of field area" placement experiences or insight visits
skills related to safe and	
effective cannulation in line with	
local policy. (B2.2)	
* 27. Manage and monitor blood	Could be achieved in simulation or "out of field area" placement experiences or insight visits
component transfusions in line	
with local policy and evidence	
based practice. (4PEC 4.12, B2.4)	
* 28. Can identify signs and	Reflective discussion with RMN regarding signs of sepsis and what steps would be taken to address these concerns if
symptoms of deterioration and	arising.
sepsis and initiate appropriate	
interventions as required.(B1.2.3,	



B2.13) (B 1.2.3, B2.13)		



Participates in improving safety and o	quality of person-centred care with increased confidence
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. (6ISQC 6.10)  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. (6ISQC 6.11, A	<ul> <li>Engages in a discussion and the care planning of positive risk taking in allowing Service Users who are an occasional risk of harm to themselves to utilise unescorted leave to the community</li> <li>Completion of risk assessment</li> <li>Explaining how levels of observation are determined</li> <li>Allocating observations to staff</li> <li>Discuses and reflects on an incident of aggression in practice, and demonstrates ways in which the student is able to relax following this i.e. using mindfulness before bed</li> <li>Critically consider barriers to resilience and strengths focused work in someone experiencing depression or withdrawal or low self esteem</li> </ul>
3.2, 3.4)	erson-centred care with increased confidence
31. Participates in the coordination of personal participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. (4 PEC4.18,7CC 7.10)	<ul> <li>Observe and contribute to a discharge planning meeting, ensuring that jobs are completed to provide a safe discharge into the community</li> <li>Allocation / referral meetings in community teams – if not accepting into the service where else is provision of care being provided?</li> <li>Allocating cases based on professionals capacity – implications of safe staffing in community as well as on the ward</li> </ul>
32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care. (BAP 1.12, 7CC 7.9)	<ul> <li>Has a 1:1 session with a Service User before their MDT review</li> <li>Feedback the Service Users concerns to the MDT</li> <li>Review the role of the nurse in advocating for service users in line with the MHA and MCA</li> </ul>



33. Demonstrates effective
persons and team managemen
approaches in dealing with
concerns and anxieties using
appropriate de-escalation
strategies when dealing with
conflict. (A 4.2.1 – 4.2.5)

- Contribute to group psychological supervision, in which staff discuss Service Users that they are findings to be challenging, and reflect on the techniques used with the supervision to calm down staff
- Critically evaluate how different mental health environments can be challenging for people receiving care to be in

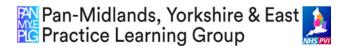
The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR

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.

- Examples of reporting results of physical assessments pulse, temp, BP, BM
- 1:1 sessions with service users which discuss any triggers or signs of low mood / suicidal thoughts and plans around what to do when these occur
- Evidence of using distraction techniques with a service user
- Reflection on the role, limitations and problems of positive behavioural therapy interventions in mental health care

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.

Could be achieved in simulation or "out of field area" placement experiences or insight visits





## **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	
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 (3ANPC 3.2,3.3)	<ul> <li>Examples of completed assessments and admission documents</li> <li>Effective demonstration of skills needed for basic recordings</li> <li>Examples of scales and assessments commonly used in mental health settings</li> </ul>
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. (1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7)	<ul> <li>Completion of a CPA assessment</li> <li>Ensuring capacity is taken into account in ward rounds or reviews when decisions about treatment are being made</li> <li>Reflect on the use of the MHA and MCA in mental health care, showing awareness of the role of the nurse in supporting the most rights based approaches to least restrictive care</li> </ul>



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.
(3ANPC 3.16, A 3.4, A3.6)

- Example of referral letter to community services, specialist services, social work, dietitians, etc.
- Example of encouraging a person to self refer to talking therapies

Confidently delivers and evaluates person-centred care	
* 4. Recognises signs of	- Recognise when someone is distressed and has self-harmed. Encourage 1:1 time, and encourage distraction
deterioration (mental	techniques.
distress/emotional	Assessing mental state, and subsequent risk.
vulnerability/physical symptoms)	Discuss with team members whether observations need to be reviewed and implement a care plan reflecting
and takes prompt and appropriate	changing level of risk
action to prevent or reduce risk of	
harm to the person and others using	
for example positive behavioural	
support or distraction and diversion	
strategies. (1BAP	
1.12, 4PEC 4.10, 3ANPC 3.9, 3.10, A3.8,	
A3.9, B1.1.1-B1.1.5, B10.1)	
5. Accurately and legibly records	- Example of notes entries
care, with the use of available	- Tribunal Report completion example
digital technologies where	<ul> <li>Example of recording of physical assessments from ward etc</li> </ul>
appropriate, in a timely manner. (5LMNWIT 5.11, A1.8, A1.10)	



6. Works in partnership with
people, families and carers using
therapeutic use of self to support
shared decision making in managing
their own care. (4PEC 4.2, 4.3, 4PEC
4.10)

Supporting a service user with no advocates / carers / family to articulate and express their views in MDT meetings

Offering carers assessments – to best support carers which in turn best supports our service users

Ensuring carers / etc are invited to ward reviews, MDT meetings, arranging additional meetings to discuss care as needed

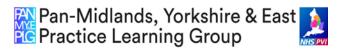
#### Confidently delivers and evaluates person-centred care

- 7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. (4PEC4.4, 4.5, 4.8, A1.10)
- Has a 1:1 discussion with a Service User regarding their pain. Speaks about location, onset, and intensity of pain. Considers both physical and psychiatric causes of pain. Completes physical observations where necessary, administers pain relief (under supervision) where necessary. Reviews pain. Escalates to medical staff when necessary.
- Recognise anxiety spend 1:1 with service user to understand potential causes / triggers and consider what support is best to aid with this.
- 8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. (A1.1, A2.5, A2.6, A3.6, 3.8, 3.9)
- Has a discussion with a Service User regarding their rights under the MHA. Delivers the information in a way that is understandable to the Service User.
- Engage in a discussion about the events leading up to the detention, and how the Service User feels about this.
- Assesses the Service Users understanding of their rights under the MHA
- 9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions. (B1.1.1)
- Considers different ways of supporting the individual.
- Encourages the Service User to try being in a quiet room as to not become overwhelmed by noise, or try listening to music as a way of distraction from the voices. Understanding that in this acute period of distress, trying to speak to the Service User might not always be productive. Consider PRN medication with RMN.



	<ul> <li>Able to identify and sign post a range of support or coping strategies for example hearing voices and paranois network.</li> <li>Consider the role of Open Dialogue in contemporary mental health care</li> </ul>
Confidently manages the procedures	in assessing, providing and evaluating care
independence and makes	- Supports a patient to call their dentist themselves in order to book an appointment. Being encouraging as to the important of personal hygiene, as well as the need to maintain independence - Support and encourage attendance to GP appointments, particularly for community based patients, often will have an annual physical health review
11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. (4PEC 4.6, 5LMNCWIT 5.4)	<ul> <li>Completion of diet and fluid charts</li> <li>Examples of specific nutritional assessments.</li> <li>Showing an understanding of the role of the SALT and dietician in the MDT</li> </ul>

Confidently manages the procedures in assessing, providing and evaluating care	
12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications. (B5.4, 5.8)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Fluid input and output may be measured in older people if there are concerns about fluid retention with physical co morbities, but again unlikely to see IV fluids.
* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. (B5.9)	Could be achieved in simulation or "out of field area" placement experiences or insight visits





14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. (B10.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. (4PEC 4.6, B6.4, B6.6)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Support service users who have incontinence to discuss this within MDT meetings. Consider what lifestyle or medication factors could be affecting their incontinence.
16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake	Reflective discussion with RMN or medic to discuss in which situations an enema / suppositories / rectal examination may occur.
rectal examination and digital rectal evacuation as appropriate. (B6.5)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control	Identify potential infection prevention and control issues and raise these within MDT meetings (may be related directly to patients or to environment)
and take proactive measures to protect public health e.g. immunisation and vaccination policies (2PHPIH 2.11, 2.12, 7CC 7.11, B9.1)	Encourage eligible groups to have the annual flu jab (those with long term conditions, health care professionals)
Confidently leads and manages person	-centred care and working in teams
18.Understands roles, responsibilities and scope of practice of all members	<ul> <li>Attendance at and running of MDT meeting, ward round</li> <li>Taking charge of the shift</li> </ul>
of the multidisciplinary team and	- Ask for feedback from MDT members
interacts confidently when working	- Recommends and completes referrals for other MDT members as appropriate
with these members. (5LNCWIT 5.1, 5.2, 5.4)	- Able to delegate and recognise expertise of a range of roles such as peer support workers.



19. Effectively manages and	- Effective delegation of diary tasks for the day.
prioritises the care needs of a group	- Demonstrate delegation to other professionals – i.e. Asking pharmacist to speak to a service user who has
of people demonstrating appropriate	medication queries
communication and leadership skills	
to delegate responsibility for care to	
others in	
the team as required. (5LNWIT 5.1,	
5.5, A1.9, A1.11)	
20. Monitors and evaluates the	- Involvement with audit e.g. notes audit, health and safety audit
quality of care delivery by all	
members of the team to promote	- Awareness of what happens when things go wrong – i.e. Medication error is made, what happens next (may be
improvements in practice and	achieved via reflection discussion with a team leader)
understand the process for	
performance management of staff	
(if required). (5LNCWIT 5.3, 5.7,	
5.10, A4.2.2)	
Confidently contributes to improving	safety and quality of person-centred care
21.Actively participates in audit	- Involvement with audit e.g. notes audit, health and safety audit
activity and demonstrates	
understanding of appropriate	<ul> <li>Consider the role of the CQC and other bodies in monitoring care settings and care provision</li> </ul>
quality improvement strategies.	
(6ISQC 6.4, 6.7, 6.9)	
22. Undertakes accurate risk	- Oversees and demonstrates awareness of the use of the MHA
assessments and demonstrates an	
understanding of relevant	Completion and review of risk assessments
frameworks, legislation and	
regulations for managing and	Show awareness of the role of therapeutic risk taking in mental health settings
reporting risks. (6ISQC 6.1,6.2, 6.3,	, , , , , , , , , , , , , , , , , , ,
6.5)	In forensic settings supporting RMN to complete ministry of justice reports for those under sections which require
	them.
	safety and quality of person-centred care



23. Participates in appropriate	- Takes charge of the ward, and discusses whether there is a requirement to increase staffing levels.
decision making regarding safe	- Calls staff, or calls the Nurse Bank/Senior Nurse if necessary
staffing levels, appropriate skill mix	
and understands process for	
escalating concerns. (6ISQC 6.2, A4	
2.6.2)	
24.Demonstrates understanding of	- Examples of completed documentation for incidents
processes involved in managing near	- Review the local CQC report and reflect on their findings
misses, critical incidents or major	
incidents. (6ISQC 6.8, 6.9,	
6.12)  Confidently coordinates person-centre	nd care
25. Co-ordinates the care for people	- Attendance at MDT, completion of MDT nots and action plans
1	
with complex co-morbidities and	- Reflection on the barriers and enablers of people with mental health difficulties receiving care for other
understands the principles of	comorbidities, including diagnostic overshadowing and stigma
partnership collaboration and	
interagency working in managing	
multiple care needs.	
(7CC, 7.1, 7.2, 7.5, 7.6)	Davious care plan for a complex comics user and consider what adjustments could be made to support their
26. Evaluates the quality of	- Review a care plan for a complex service user and consider what adjustments could be made to support their
peoples' experience of complex	independence
care, maintains optimal	- Participate in a CTO review
independence and avoids	- Participate in MDT discussion regarding if a person needs a MHA assessment (particularly from 2 – 3)
unnecessary interventions and	- Observe and reflect on a MHA assessment
disruptions to their lifestyle.	
(7CC 7.7, 7.8)	Information a complex consists the consists the consists of the basis leaves from the consists of the first section 4.7 status
27. Engages in difficult	- Informing a service user that they are not able to have leave from the ward due to their section 17 status,
conversations including breaking	taking into account their level of risk when informing them of this.
bad news with compassion and sensitivity. (A2.9)	<ul> <li>Discuss waiting times for desired evidence based interventions (psychological therapies etc)</li> </ul>



28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. (7CC 7.4, 7.9, 7.10)

- Examples of participation in discharge meetings
- Organising ongoing community support which may include 117 aftercare
- Reflect on the role of rehabilitation placements

#### 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. (ANPC 3.14, 4PEC 4.9, B10.3, B10.6)

Could be achieved in simulation or "out of field area" placement experiences or insight visits

Using a service user and their family as case study have a reflective discussion with a professional regarding cultural requirements and needs at end of life.

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

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.

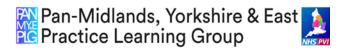
- Completion of risk assessment tool
- Completion of safety planning
- Utilise safety plan ie. Distraction with a service user, alternative coping skills



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.	Using a service user and their family as case study have a reflective discussion with a professional regarding needs at end of life.  Could be achieved in simulation or "out of field area" placement experiences or insight visits  Using a service user and their family as case study have a reflective discussion with a professional regarding cultural requirements and needs at end of life.
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).	<ul> <li>Management of wounds – self harm, or diabetic ulcers</li> <li>Referral or discussion with tissue viability nurses</li> <li>Education around infection control and self-management of wounds following self harm where the person has the capacity to undertake this</li> </ul>
Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Part 2, No. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	Full neurological observations unlikely to be undertaken within MH, may see in acquired brain injury setting  Reflect on the emergency response in your area to a seizure  Reflect on the signs and symptoms of neuroleptic malignant syndrome



Part 2, No. 19	- Recovery from ECT involves oxygen and pulse oximetry
Undertakes a comprehensive	- Support a patient with smoking cessation and / or management of asthma using pulse oximetry
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.	
Part 2, No. 20	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Uses best practice approaches to	
undertake nasal and oral	
suctioning techniques.	
Part 2, No. 24	Cardiac assessments taken on admission to inpatient unit – including bloods and ECGs, (again likely to need medical
Undertakes an effective cardiac	colleague support)
assessment and demonstrates the	
ability to undertake an ECG and interpret findings.	
interpret inlumgs.	
Part 2 No, 25	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Demonstrates knowledge and	
skills related to safe and effective	Blood profiles may be explored within in-patient care including blood monitoring for individuals on specific medications
venepuncture and can interpret	
normal and abnormal	
blood profiles. (B2.2)	
Part 2 No, 26	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Demonstrates knowledge and skills	
related to safe and	
effective cannulation in line with	
local policy. (B2.2)	





Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
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)	To recognise ill health in a Service User, complete physical observations, inform necessary professionals and act on necessary advice