

Achievement of Proficiencies – Learning Disability Nursing

This document advises on mapping of NMC Proficiencies, as presented in the MYE PAD and how students studying the learning disability field of nursing could meet these in a practice placement learning setting. These are examples of activities you could plan, to demonstrate your achievement of proficiencies. You are not limited to the examples shown.

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 in the MYEPAD](#) for further details.

Dependent on which university the student is at, some theory will be taught at different stages of the programme, and as such not all activities will clearly link into each part / year as suggested here.

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.

Achievement may also be demonstrated through reflective conversation with a practice supervisor/assessor, which may revolve around a person the student has worked with or a pre-prepared case study.

Opportunities for achievement will be dependent on individual service users' clinical needs. Placement allocation within specific Learning Disability services, or in other care areas may be required.

ACKNOWLEDGEMENTS.

This document was originally developed by Sian Adcock and colleagues at the University of Nottingham. It has been peer reviewed by staff in HEI’s who are part of the Midlands, Yorkshire, and East Practice Learning Group. See more of our resources and work at www.myeweb.ac.uk

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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.

In **Part one** the assessment criteria in the MYEPAD is:

Guided participation in care and performing with increasing confidence and competence.

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 style="list-style-type: none"> • Research some common conditions that may exist for patients within the clinical setting. Take into consideration people’s varying ways of communicating especially if in pain/ distress. • Demonstrate knowledge on the underlying anatomy and physiology, pathophysiology of conditions as well as treatment, and effects of this treatment on the patient. • Have an awareness of commonly used documents that record presentations and person-centred plans- consider if these need to be adapted to support person centred nursing care.
2. Demonstrates understanding of a person’s age and development in undertaking an accurate nursing assessment. (3ANPC 3.1)	<ul style="list-style-type: none"> • Considerations to the whole life span of patients/ service users and development milestones. • Knowledge of appropriate verbal and non-verbal communication skills to all patients. • Think about who knows the patient – themselves, carer, family. • Have an awareness of capacity and how that links to patients / service users in relation to LD.
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)	<ul style="list-style-type: none"> • Observe and with support undertake holistic assessments of patients that inform care planning and delivery e.g. admission/ discharge documentation, HoNOS LD, PBS, ADL’s, ABC charts. • Keep accurate records that adhere to NMC record keeping guidance and local policy; across both written and electronic formats e.g., fluid balance, food chart, medical notes, nursing paperwork.

	<ul style="list-style-type: none"> • Demonstrate an ability to use information from assessments to document care needs. For example, using ABC charts to write a person centred positive behavioural support plan.
<p>Participates in providing and evaluating person-centred care</p>	
<p>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)</p>	<ul style="list-style-type: none"> • Observing and taking part in an MDT, Tribunal or CTR which includes the patient and/or carer/family member. • Empower people with a learning disability to make decisions about their care where they can, discussing with the person their care plans and risk assessments in a named nurse session. (1:1) • Demonstrate knowledge on capacity and the nursing role. • Understand the responsibility to act as an advocate for people with a learning disability and make a referral when needed. • Understanding of reasonable adjustments for people with LD e.g., easy read documents, Augmentative and Alternative Communication (AAC).

<p>Participates in providing and evaluating person-centred care</p>	
<p>5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive, and learning challenges. (4PEC 4.4, B1.1.1, B1.1.2, B1.1.3)</p>	<ul style="list-style-type: none"> • Observe others and then spend time engaging in meaningful activity with the patient. • Consider the value of ‘everyday’ interactions with people with a learning disability, their families, and carers. • Discuss and demonstrate the importance of professional boundaries. • Recognise when communication needs adapting to suit the needs of people with a learning disability and how not doing so can impact care.
<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. (4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1)</p>	<ul style="list-style-type: none"> • Knowledge of what documents to refer to and what plans are already in place for the patient – consider importance of following these. • Observations of interactions between someone who knows the patient well and the patient • Ensure individual needs are taken account of and reduce barriers to communication including environmental factors • Give examples of de-escalation and validation techniques. Consider your own actions e.g., body language, tone of voice.

<p>7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive, and behavioural health. (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"> • With support, safely carry out clinical observations and The National Early Warning Score (NEWS2), recognising and responding to the deteriorating patient. • Shows some knowledge of protocols/ action to take when a patient declines in both physical and mental health. • Shows knowledge of strategies to comfort and reassure people who are showing signs of distress.
<p>8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for. (4PEC 4.1, B.3.1)</p>	<ul style="list-style-type: none"> • Completion of a sleep chart. • Demonstrate importance of sleep hygiene. • Give examples of encouraging sleep hygiene techniques (person-centred). • Under guidance plan, implement, evaluate, and document daily care needs for patients.

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. (4PEC 4.1, B3.6)</p>	<ul style="list-style-type: none"> • Understand how to take measures to effectively maintain a patient’s privacy, comfort and dignity considering age and sex appropriate accommodation, in accordance with local policy. • Consider any changes in environment and the impact this may have on the patient / service user. •
<p>10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible. (4PEC 4.7, B4.1)</p>	<ul style="list-style-type: none"> • Encourage a service user to attend to personal hygiene needs- education package. • With consent, observe or undertake a Braden Scale Assessment, and discuss the need for further intervention where appropriate- next steps? • Complete a body map and other relevant paperwork in line with trust policy, with support. • Insight visit with the tissue viability team.
<p>11. Assists with washing, bathing, shaving, and dressing and uses appropriate bed making techniques. (B 3.2, B4.3)</p>	<ul style="list-style-type: none"> • Think consent, privacy, dignity, and respect and promote independence. • Consider the patient’s anxiety and the nurse’s responsibility in reducing this. Follow person centred plans.

<p>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)</p>	<ul style="list-style-type: none"> • Promote and educate people with a learning disability and parents/carers regarding optimum nutrition. • Accurately record nutritional/food intake if required. • Knowledge of peg feeds and how to set the equipment up, • Completion of a choking risk assessment with support. • Completing a MUST assessment with support. • Adapting food choices to include cultural practice e.g., Halal meat. • Recognise limits to competence and when to refer to other professionals for example referring to SLT.
<p>13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. (4PEC 4.6, B5.4)</p>	<ul style="list-style-type: none"> • Fluid input and output chart with support. • Consider challenges linked with gaining accurate input and urinary output in people with a learning disability. • Effective handover and documentation of information. • Awareness of reduced urine output link to wider illness including sepsis.
<p>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)</p>	<ul style="list-style-type: none"> • Education around side effects of medication in relation to incontinence, constipation etc. • Supporting services users to voice concerns with medical practitioners. • Maintain dignity and respect when supporting anyone. • Assessing and monitoring of continence in relation to medical conditions: including signs and symptoms of UTI, constipation.
<p>Participates in providing and evaluating person-centred care</p>	
<p>15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths, and appliances as appropriate. (B6.2)</p>	<ul style="list-style-type: none"> • Knowledge on how to provide education when needed around continence and hygiene to the patient, family, or carers. • Understanding the need to provide accessible information and communication in a format the person can understand. • Assess any needs in relation to continence or hygiene with support and can acknowledge when to refer to specialists. • Engaging with the patient about their choices around appropriate products. • Insight visits with continence nurses to understand the role.
<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. (4PEC 4.7, B7.1)</p>	<ul style="list-style-type: none"> • Observe discussions with patient and MDT regarding appropriate aids for safe mobilising to improve independence. • Completion of a falls risk assessment under guidance. • Demonstrate understanding and participate in moving and handling risk assessments. • Recognise limits to competence and when to refer to other professionals.
<p>Participates in procedures for the planning, provision, and management of person-centred care</p>	

<p>17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. (B7.2, B7.3)</p>	<ul style="list-style-type: none"> • Has studied underpinning theory (University syllabus or self-directed learning) • Demonstrate appropriate skills and knowledge related to the safe use and maintenance of a variety of manual handling equipment e.g., slide sheets, hoists, beds/cot, and the use of positioning aids. • Demonstrate ways of optimising independence for someone with impaired mobility.
<p>18. Consistently utilises evidence-based hand washing techniques. (B9.6)</p>	<ul style="list-style-type: none"> • Can demonstrate appropriate use of Personal Protective Equipment (PPE). • Washes hands before and after completing physical observations. • Completes the seven steps to hand hygiene process.
<p>19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately. (B9.1, B9.4)</p>	<ul style="list-style-type: none"> • Using the correct PPE when carrying out personal care with a Service User who has a known virus. • Accurately assesses risk in relation to potential infection and acts accordingly. • Modification of care practices in response to potentially high-risk infection situations. • Contribute to infection control risk assessment and reporting e.g., MRSA screen, ward audit, CDIFF.
<p>20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry, and sharps. (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, toys, and maintenance of a clean environment. • Safe disposal of needles and other clinical waste.

<p>Participates in procedures for the planning, provision, and management of person-centred care</p>	
<p>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)</p>	<ul style="list-style-type: none"> • Consent from the patient to complete physical observations of a patient when they are feeling unwell and when policy/ care plans state to do so. • Accurate recording of physical observations- TPRBP and blood glucose levels with support. • Escalation of results and communication using SBAR.
<p>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)</p>	<ul style="list-style-type: none"> • Observe and help to complete an initial Physical Healthcare Assessment or MUST Assessment. • Assess BMI and discuss clinical significance with service user and MDT under guidance. • Records on correct documentation. • Consider how people who are underweight and overweight might need support in your area. • Education packages on healthy eating. • Some knowledge of when to refer to specialist.

<p>23. Collect and observe sputum, urine, and stool specimens, undertaking routine analysis and interpreting findings. (3ANPC 3.11, 3.12, B2.9)</p>	<ul style="list-style-type: none"> Assesses monitors and records chest secretions, urine, and stools under guidance. Recognises when microbial samples are required. Identifies equipment to take samples Obtains specimen collections, urine, stool, nasopharyngeal aspirate (NPA)/sputum sample in accordance with local policy. Stores and transports specimens in accordance with local policy. Knowledge of documentation needed.
<p>Participates in improving safety and quality of person-centred care</p>	
<p>24. Accurately undertakes person centred risk assessments proactively using a range of evidence-based assessment and improvement tools. (6ISQC 6.5, B7.1)</p>	<ul style="list-style-type: none"> Demonstrate knowledge of positive risk taking and clinical decision making. Discussion of risk with service user/family/carers. Understand what least restrictive practices are and what it means for people with a learning disability. With guidance complete the risk assessment process.
<p>25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards. (6ISQC 6.1, 6ISQC 6.6)</p>	<p>Demonstrates ability to apply skills and knowledge of:</p> <ul style="list-style-type: none"> MHRA regulations, COSHH regulations, RIDDOR regulations and 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 sharp's injury; understanding of management of a sharps injury and action to be taken following exposure to a potentially hazardous substance e.g., needle stick injury, blood spillage.

<p>Participates in the coordination of person-centred care</p>	
<p>26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care. (3ANPC 3.15, 7CC 7.1)</p>	<ul style="list-style-type: none"> Observe MDT, CPA's, risk formulations and CTR's. Have an insight day with another professional, i.e., OT, psychology, SLT etc – Writing a referral document for referral to another service e.g., physiotherapy, continence specialist. Demonstrate the need for transparency in care as well as effective information sharing between the patient, family/ carers, and professionals.
<p>27. Demonstrate an understanding of the challenges of providing safe nursing care for people with comorbidities including physical, psychological, and socio-cultural needs. (3 PEC 3.13, 7CC 7.5)</p>	<ul style="list-style-type: none"> Promoting and providing holistic and individualised care. Consider adapting practice to support the understanding of complex comorbidities to people with a learning disability. Appropriate referrals for assessment and management of co-morbid physical and mental health problems for example, impact referrals for individual displaying significant harm to self or others.

<p>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)</p>	<ul style="list-style-type: none"> • Supporting the patient when exploring and expressing their needs and beliefs- initial assessments, care planning. • Advocate, promote and create the opportunity so that people with a learning disability have choices. • Advocate referrals. • Knowledge of capacity in relation to Best Interest decisions.
<p>29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. (A 1.8, A1.9, A1.11)</p>	<ul style="list-style-type: none"> • Examples of care note entries, assessments, handover sheets. • CPA, MDT, CTR and tribunal reports. • Observing handover at the end of the shift. • Collaboration with external professionals, consider information governance and consent.

PART/YEAR 2

Part 2 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/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.

In **Part 2** the assessment criteria in the MYEPAD is:

Active participation in care with minimal guidance and performing with increased confidence and competence

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. (2PHPIH 2.8, 2.9, 2.10, A2.7, A 3.6)</p>	<ul style="list-style-type: none"> • Evidence of involving people with a learning disability to make choices about their treatment pathways - think capacity. • Evidence of involving people who know the patient well, including MDT where the patient lacks capacity, may need a best interest meeting. • Provide patients and families with advice and support. • Demonstrate ability to be involved in providing accessible information in a format the person understands so they can make informed choices
<p>2. Apply the principles underpinning partnerships in care</p>	<ul style="list-style-type: none"> • Observing a Service Users CPA review and helping to complete further care plan with the support of an RNLD.

<p>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)</p>	<ul style="list-style-type: none"> • Named Nurse sessions to review care plans and risk assessments with the patient. • Demonstrates open and honest communication. • Work with the patient to set goals and requests for their ward rounds/ CPA’s and CTR’s.
<p>* 3. Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person centred evidence-based practice using appropriate risk assessment tools as needed. (3ANPC 3.9, 3.10, 4PEC 4.11)</p>	<ul style="list-style-type: none"> • Observing an initial assessment, completing some of the Risk Assessment under the supervision of an RN (LD) with discussion. • Take initiative to read relevant documents that give information about potential triggers of self-harm and steps to reduce risk. • With supervision take part in the development of such documents with the patient and the nurse.
<p>Participates in assessing needs and planning person-centred care with increased confidence</p>	
<p>* 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)</p>	<ul style="list-style-type: none"> • Could be achieved in simulation or reflective discussion. • Insight visits- Spend time with specialist teams to gain knowledge and insight into end-of-life care. • 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.

<p>Participates in delivering and evaluating person centred care with increased confidence</p>	
<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. (4PEC 4.3 A1.2, A2.8, A1.12, A2.6)</p>	<ul style="list-style-type: none"> • Observing and contributing to a 1:1 session with the nurse and patient. • Observe and contribute to MDT, CPA’s and CTR’s where all treatment plans are reviewed with the patients and the family. • Take part in feedback to the patient if not present in their meetings. • Take into consideration communication needs- easy read documents, signs and symbols, processing time. • Can identify barriers to partnership working, both individual and institutional.
<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</p>	<ul style="list-style-type: none"> • Observe and contribute to MDT, CPA’s and CTR’s where all treatment plans are reviewed with the patients and the family. • Create a safe space for patients, family, and carers to give their thoughts and views.

<p>and assets. (3ANPC 3.15, 4PEC 4.2, A3.9)</p>	<ul style="list-style-type: none"> • Involve the patient in all stages of evaluation (adapt practice to do so) and further plans around their care in a manner aids their understanding and communication. • Demonstrate a strength-based approach when working in partnership with people and families/carers.
<p>7. Maintains accurate, clear, and legible documentation of all aspects of care delivery, using digital technologies where required. (5LMNLWIT 5.11, A1.8, A10)</p>	<ul style="list-style-type: none"> • Writing a Service Users progress notes, supervised by an RN (LD). • To take part in ensuring that all people with a learning disability have care plans/ risk assessments that are accessible to them. • Writing accurate hand over sheets. • With guidance completing care plans, risk assessments, nursing reports and effectively hand this over to other members of the team. • Completes documents held by the person (e.g., health passport/ hospital passport etc.) in a format which is accessible to the person.

Participates in delivering and evaluating person centred care with increased confidence

<p>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)</p>	<ul style="list-style-type: none"> • Use of accredited tools for assessment. • Examples of clinical judgements about when to withhold medication or use as and when required medication. • Contributes to risk assessing decisions e.g., S17 leave and associated risks. • Demonstrate an ability to identify common medical conditions in the allocated placement area, as well as the evidence base behind the care provided.
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Participates in the procedures for the planning, provision, and management of person-centred care with increased confidence

<p>9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. (B4.1, B4.2, B4.4)</p>	<ul style="list-style-type: none"> • To assess an injury and be able to discuss with an RN (LD) possible management option. • Completion of a body map where concerns about non accidental injury are present. • Maintains appropriate infection control procedures in care. • Utilise appropriate products to maintain skin integrity, e.g. when feeding tube or urinary catheter is in-situ. • Identify products used in the clinical area to promote skin integrity. • Have an awareness of moisture lesions and associated preventative measures. •
<p>* 10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including</p>	<ul style="list-style-type: none"> • Observing RN (LD) managing a wound – i.e., Reviewing for infection, changing bandaging, applying steristrips, etc. • Opportunity to arrange insight visit in this area. • Could utilise simulation.

management of sutures and vacuum removal where appropriate). (B4.6, B4.7)	
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention. (B5.1, B5.2)	<ul style="list-style-type: none"> To complete and review the use of a Food and Fluid chart, and to discuss the need to escalate with an RN (LD). Referral to dietitians – based on evidence collected and rationale as to why their input is needed. MUST Assessments.
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"> Could be achieved in simulation or “out of field area” placement experiences or insight visits. Possible online packages to aid understanding.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
13. Assess level of urinary and bowel continence to determine the need for support, intervention, and the person’s potential for self-management. (B6.1, 6.2, 2PHPIH 2.8)	<ul style="list-style-type: none"> Discussion with service user regarding their continence – reflecting on how to manage this. Consider how dignity is maintained in relation to continence needs when a person is on close observations. Identify signs and management of common urinary and bowel conditions e.g., UTI, constipation, diarrhoea. Recognise when to refer to other healthcare professionals.
* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. (B6.2)	<ul style="list-style-type: none"> Could be achieved in simulation or “out of field area” placement experiences or insight visits. Student can complete reading around subject area and have a reflective discussion with the nurse. On-line learning followed by reflection.
* 15. Undertakes, responds to, and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). (B2.12, B2.16)	<ul style="list-style-type: none"> Understanding what signs are associated with pre seizure activity (general and person specific). Alerting additional staff if needed and appropriate when seizure if found, undertaking suitable physical observations following this to monitor wellbeing. Knowledge of neurological observations including assessment and recording of: Glasgow Coma Scale and Pupil responses. Documentation of seizure activity and care given.
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person’s potential for self-management. (2PHPIH 2.8, B3.3, B7.1)	<ul style="list-style-type: none"> Complete moving and handling risk assessment tool. Use appropriate risk assessment tools related to mobilisation e.g., Glamorgan Pressure Ulcer Risk Assessment Tool, SKKIN bundles.

<p>17. Effectively manages the risk of falls using best practice approaches. (B7.1, B7.2, B 7.3)</p>	<ul style="list-style-type: none"> • Complete a falls risk assessment. • Discussion with other related professionals around falls management. • Understand the nursing role when falls occur- policy and procedure.
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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. (B7.4)</p>	<ul style="list-style-type: none"> • Consider appropriate manual handling techniques when assisting with mobilising individuals • Maintain a safe environment to ensure the risk of injury/accident is minimised e.g., declutter floor areas • Refer to and liaise with the multi-professional team regarding 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 (B8.1, B8.2, B8.3, B8.6)</p>	<ul style="list-style-type: none"> • Able to observe, record and interpret respiratory rate, depth, and rhythm • Recognises abnormal respiratory measurements and responds appropriately • Could be achieved in simulation or “out of field area” placement experiences or insight visits. • Reflective discussion with mentors in practice •
<p>* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques. (B8.4)</p>	<ul style="list-style-type: none"> • Accurately assess the need for suctioning, and identify any contraindications • Under supervision suction using the correct procedure and equipment via range of methods • Could be achieved in simulation or “out of field area” placement experiences or insight visits. • Reflective discussion with practice mentor
<p>21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. (B9.2, B9.5)</p>	<ul style="list-style-type: none"> • Demonstrate an ability or knowledge on adhering to standard precautions in the clinical area • Discussion with IPC team/ lead around isolation procedures • Research relevant trust policy and discuss with RNLD the nursing role
<p>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)</p>	<ul style="list-style-type: none"> • Adapt easy read information on diagnosis, medications, care plans, risk assessments and other treatment pathways. Liaise with SLT where needed • Create opportunities for named nurse sessions, attending MDT CTR’s and CPA’s

	<ul style="list-style-type: none"> • Examples of responding to questions and how you tailor communication and knowledge level to service users and families/carers needs.
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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. (3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10)</p>	<ul style="list-style-type: none"> • Consider consent in people with a learning disability and how to make informed decisions – education, explaining the process • Carries out routine BM check on admissions and when full physical observations are required/ care planned and communicates the findings to the NIC • Demonstrate knowledge on how we know if equipment is working e.g., calibration process
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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. (B2.2)</p>	<ul style="list-style-type: none"> • Has studied underpinning theory (University syllabus or self-directed learning) • Could be achieved in simulation or “out of field area” placement experiences or insight visits. • In-trust training session attendance and reflection. • Achieved through reflective discussion.
<p>* 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"> • Has studied underpinning theory (University syllabus or self-directed learning) • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<p>* 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"> • Has studied underpinning theory (University syllabus or self-directed learning) • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion]
<p>* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. (B1.2.3 B2.13) (B 1.2.3, B2.13)</p>	<ul style="list-style-type: none"> • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion • Discussion with RNLD around signs and protocol if sepsis is identified within a patient • Health promotion activity around sepsis and LD.

Participates in improving safety and 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)	<ul style="list-style-type: none"> Engages in a discussion and the care planning of positive risk taking with nurses and patients Work within the MDT to complete risk assessments and management plans when positive risk taking Understand why risk assessments are completed and what action should be taken when a risk is identified. Demonstrates different ways in how this can be communicated to patients.
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 3.2, 3.4)	<ul style="list-style-type: none"> Reflective discussion and de-briefs- seek these out, offer to patients and staff or family/ carers Utilise clinical supervisions with UoN staff and clinical staff Critically consider barriers to resilience and strengths focused work in someone experiencing depression or withdrawal or low self esteem Able to signpost to different methods of developing resilience and what support mechanisms are available to them and patients.
Participates in the coordination of person-centred care with increased confidence	
31. 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 style="list-style-type: none"> Attend discharge meetings ensuring that jobs are completed to provide a safe discharge into the community Involvement in developing and training new care team Act as a role model of best practice when new staff are shadowing how to work with a patient Take part in writing discharge reports
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 style="list-style-type: none"> Has a 1:1 session with a Service User before their MDT review Effectively communicate person centred plan to non-LD services – prepare documents that support this for example hospital passports for mainstream hospitals Insight visits with advocacy team
33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. (A 4.2.1 – 4.2.5)	<ul style="list-style-type: none"> Contribute to group psychological supervision, in which staff discuss Service Users that they are finding to be challenging, and reflect on the techniques used with the supervision (reflective practice) Know when competence limit has been reached and who to refer to if staff need further assistance Contribute to PBS plans

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 against the part 3 proficiencies and in the OAR

<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"> • 1:1 session with service users and/or carer(s) 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 • Have knowledge of PBS plans and what techniques can be used with individuals • Escalate any concerns regarding signs of deterioration as appropriate • Take active steps to use techniques with a patient to prevent further harm or incident
<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 Enteral feeding: <ul style="list-style-type: none"> ♣ nasogastric ♣ orogastric ♣ Naso-jejunal ♣ gastrostomy • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion

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.**

In Part 3 the assessment criteria in the MYEPAD is:

Practising independently with minimal supervision and leading and coordinating care with confidence

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-</p>	<ul style="list-style-type: none"> • Examples of completed assessments and admission documents • Effective demonstration of skills needed for basic recordings • Accurately complete relevant documentation- NEWS2

<p>body assessment to plan and prioritise evidence-based person-centred care (3ANPC 3.2,3.3)</p>	
<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. (1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7)</p>	<ul style="list-style-type: none"> • Take part in capacity assessment meetings with other professionals • Take part in best interest meetings • Take part in developing material for capacity meetings alongside SLT
<p>3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate. (3ANPC 3.16, A 3.4, A3.6)</p>	<ul style="list-style-type: none"> • Example of referral letter/ reports to community services, specialist services, podiatry, dietitians, etc • Take part in referral meetings, transition meetings

<p>Confidently delivers and evaluates person-centred care</p>	
<p>4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies. (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"> • Recognise when someone is distressed and use person centred techniques to reduce risk of harm to themselves or others – think PBS • Assessing mental state, and subsequent risk and how this will be minimised. • Completing a patients PBS plan with patient involvement • Understanding sections of the mental health act and nursing role and responsibilities.
<p>5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. (5LMNWIT 5.11, A1.8, A1.10)</p>	<ul style="list-style-type: none"> • Example of notes entries • Tribunal Report • Example of recording of physical assessments • MDT, CPA or CTR reports
<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. (4PEC 4.2, 4.3, 4PEC 4.10)</p>	<ul style="list-style-type: none"> • Supporting a service user with or without advocates / carers / family to articulate and express their views in MDT meetings • Ensuring carers / etc are invited to ward reviews, MDT meetings, arranging additional meetings to discuss care as needed • Demonstrates examples of reasonable adjustments made to ensure partnership with service users is achievable.

Confidently delivers and evaluates person-centred care	
<p>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)</p>	<ul style="list-style-type: none"> • Can effectively use a range of pain and distress assessment tools and be able to act on their findings • Considers both physical and psychiatric causes of pain. • Responds to pain for people with a learning disability understanding the need to challenge potential diagnostic overshadowing • Recognise anxiety – spend 1:1 with service user to understand potential causes / triggers and consider what support is best to aid with this.
<p>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)</p>	<ul style="list-style-type: none"> • Adapt communications skills to suits individuals (accessible information, reasonable adjustments) • Include family and carers • Report findings to MDT
<p>9. Can support people distressed by hearing voices or experiencing distressing thoughts or perceptions. (B1.1.1)</p>	<ul style="list-style-type: none"> • Utilise strategies/ distractions set out in person centred plans to try and support patient to remain calm- validation • Know when to involve other professionals -MDT • Demonstrate knowledge of referral pathways to mental health service • Show awareness of PRN medication that can be utilised to support people in severe distress.
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). (B4.1, B4.3, B4.5)</p>	<ul style="list-style-type: none"> • Support and encourage attendance to GP appointments, particularly for community-based patients, often will have an annual physical health review • Know when patients need to be referred to specialist services. Complete referral documentations and communicate accordingly • Recognise opportunities to educate people with a learning disability with aspects of care • Engage in/develop health promotion activity.
<p>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)</p>	<ul style="list-style-type: none"> • Completion of diet and fluid charts • Examples of specific nutritional assessments. • Showing an understanding of the role of the SALT and dietician in the MDT

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)	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • Achieved through reflective discussion
* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. (B5.9)	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • Achieved through reflective discussion
14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. (B10.2)	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • Achieved through reflective discussion
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)	<ul style="list-style-type: none"> • Demonstrate underlying knowledge of some of the common conditions that may present in the clinical setting, • Appreciate and where appropriate, engage in age-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 • Consider insight visits for discussions with specialist nurses • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • Achieved through reflective discussion
16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. (B6.5)	<ul style="list-style-type: none"> • Recognise when a person with a learning disability may be experiencing constipation – think diagnosis and medications that cause constipation and its prevalence • Safely administer enemas and suppositories under supervision • Insight visits with continence nurses • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • Achieved through reflective discussion
17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control	<ul style="list-style-type: none"> • Identify potential infection prevention and control issues and raise these within MDT meetings (may be related directly to patients or to environment)

<p>and take proactive measures to protect public health e.g., immunisation and vaccination policies (2PHPIH 2.11, 2.12, 7CC 7.11, B9.1)</p>	<ul style="list-style-type: none"> • Education packages around vaccines- covid, flu • Take part in assessing capacity for vaccines • Take part in developing protocols and care plans around illness • Insight visits to vaccination clinics •
<p>Confidently leads and manages person-centred care and working in teams</p>	
<p>18. Understands roles, responsibilities, and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. (5LNCWIT 5.1, 5.2, 5.4)</p>	<ul style="list-style-type: none"> • Attendance at and running of MDT meeting, ward round – ask for feedback • Taking charge of the shift • Able to delegate and recognise expertise of a range of roles such as peer support workers • Adhere to the NMC code of conduct. • Shadow days with different members of the MDT
<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. (5LNCWIT 5.1, 5.5, A1.9, A1.11)</p>	<ul style="list-style-type: none"> • Effective delegation of diary tasks for the day. • Demonstrate delegation to other professionals – i.e., Asking pharmacist to speak to a service user who has medication queries • Gain feedback from NIC/ other staff on shift
<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). (5LNCWIT 5.3, 5.7, 5.10, A4.2.2)</p>	<ul style="list-style-type: none"> • Awareness of what happens when things go wrong – i.e., Medication error is made, what happens next (may be achieved via reflection discussion with practice assessor) • Taking part in completing audits • Review of care plans and risk assessments as part of multi-disciplinary team

<p>Confidently contributes to improving safety and quality of person-centred care</p>	
<p>21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. (6ISQC 6.4, 6.7, 6.9)</p>	<ul style="list-style-type: none"> • Involvement with audit e.g., notes audit, medication card audit, health, and safety audit • Consider the role of the CQC and other bodies in monitoring care settings and care provision
<p>22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation, and regulations for managing and reporting risks. (6ISQC 6.1, 6.2, 6.3, 6.5)</p>	<ul style="list-style-type: none"> • Oversees and demonstrates awareness of the use of the MHA • Completion and review of risk assessments evidence of involving the patient and or family where appropriate, communicates effectively to the rest of the team • Show awareness of the role of therapeutic risk taking • Role under whistleblowing
<p>23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix</p>	<ul style="list-style-type: none"> • Undertakes the role of NIC, coordinates the day and delegates to the team • Calls staff, or calls the Nurse Bank/Senior Nurse if necessary

and understands process for escalating concerns. (6ISQC 6.2, A4 2.6.2)	<ul style="list-style-type: none"> • Take part in meeting regarding safe staffing. • Reflective discussion with processes with mentor
24. Demonstrates understanding of processes involved in managing near misses, critical incidents, or major incidents. (6ISQC 6.8, 6.9, 6.12)	<ul style="list-style-type: none"> • Knowledge of incident reporting systems used within clinical areas • Can report safeguarding concerns appropriately and in a timely manner • Informs the relevant professionals in a timely manner
Confidently coordinates person-centred care	
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. (7CC, 7.1, 7.2, 7.5, 7.6)	<ul style="list-style-type: none"> • Attendance at MDT, completion of MDT notes and action plans • Reflection on the barriers to healthcare for people with a learning disability • Discuss the role of care co-ordinator/ name nurse role with the Nurse in Charge • Undertake tasks relevant to the above roles
26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. (7CC 7.7, 7.8)	<ul style="list-style-type: none"> • Review a care plan for a complex service user and consider what adjustments could be made to support their independence • Consider least restrictive practices and the role of RN (LD).
27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. (A2.9)	<ul style="list-style-type: none"> • Ensuring information has been provided in a format the person can understand, e.g., as per communication passport. • Consider environment and level of risk associated • Consider documents that document how to relieve anxiety and distress for people with a learning disability
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)	<ul style="list-style-type: none"> • Attend discharge meeting • Complete discharge reports • Support staff training for new staff • Knowledge of what is needed for safe discharge including legal requirements.

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)	<ul style="list-style-type: none"> • Could be achieved in simulation or "out of field area" placement experiences or insight visits. • Discuss with the RN (LD) care plans that detail preferences for end-of-life care. • Reflect on capacity and legal frameworks associated with end-of-life care.

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 in part 2 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"> • Completion of risk assessment tool • Completion of safety planning • Be aware of steps taken if an incident occurred • Know when to seek advice from senior staff • Demonstrates knowledge of individualised PBS plans
<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"> • 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
<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"> • Management of wounds – self harm • Referral or discussion with tissue viability nurses • Research best practice and discuss with RNLD • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<p>Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self- catheterisation where appropriate</p>	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • Reflect on the emergency response in your area to a seizure or specific care plans for individual • Undertakes neurological observations including assessment and recording of: Glasgow Coma Scale, Pupil responses, Vital signs • Insight visits for exposure to this • Has studied underpinning theory (University syllabus or self-directed learning)

	<ul style="list-style-type: none"> • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • When undertaking FULL physical observations as per trust policy or patient specific care plan • Support a patient with smoking cessation and / or management of asthma • Demonstrate knowledge/ discuss with RNLD or specific respiratory nurse • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<p>Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.</p>	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Can show the use of equipment safely and provide rationale on why such techniques are needed- reflective discussion with mentor • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • Undertake assessments with the nurse for a patient on admission or when requested by a doctor • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<p>Part 2 No, 26 Demonstrates knowledge and skills related to safe</p>	<ul style="list-style-type: none"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits

<p>and effective cannulation in line with local policy. (B2.2)</p>	<ul style="list-style-type: none"> • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • Could be achieved in simulation or “out of field area” placement experiences or insight visits • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion
<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"> • To recognise ill health in a Service User, complete physical observations, inform necessary professionals and act on necessary advice • Know the sepsis protocol if you were to suspect a patient has sepsis • Has studied underpinning theory (University syllabus or self-directed learning) • Research best practice • In-trust training session attendance and reflection. • Achieved through reflective discussion