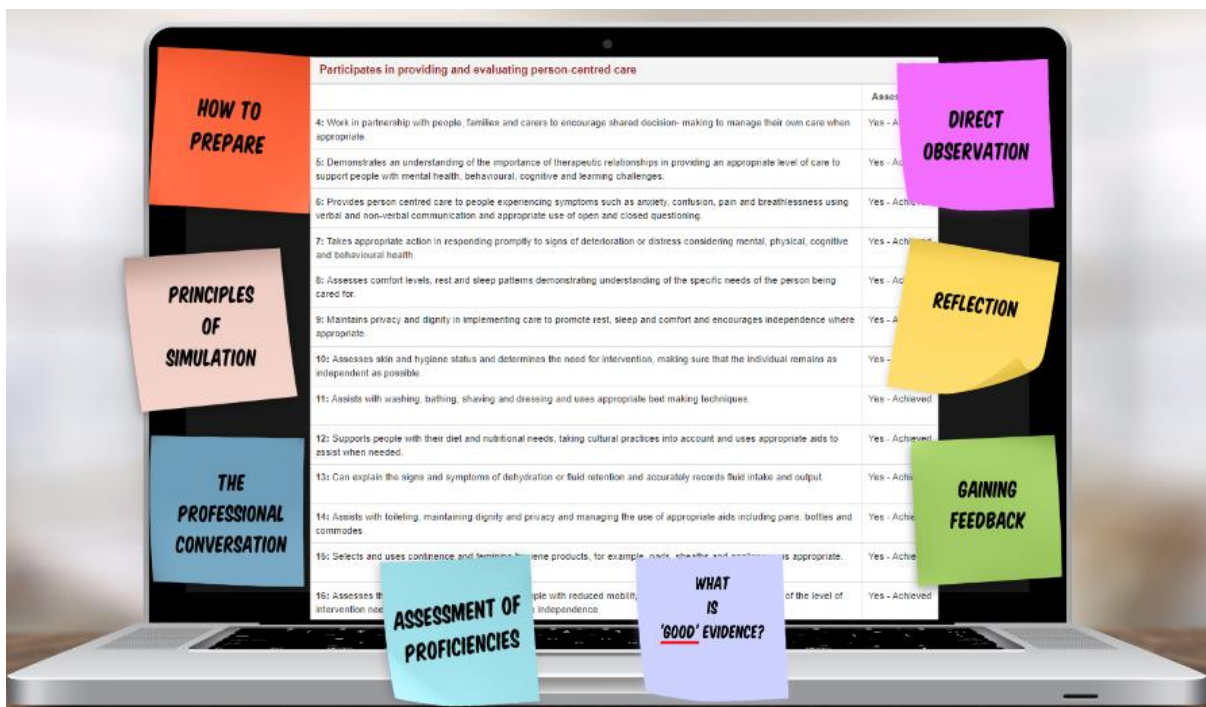


A Guide to the Assessment of Proficiency



BSc (Hons) Nursing
MSc Nursing
RNDA

Faculty of Health and Social Sciences

Table of Contents

Introduction	3
Glossary	3
Support for placement	3
Getting Started	4
Roles and Responsibilities	4
Criteria for Assessment in Practice	4
Defining Proficiency in relation to the NMC (2018) standards	5
What evidence is needed?	5
The Professional Conversation	6
How is the assessment completed?	7
Proficiency assessment using simulation as supporting evidence	7
How to complete the reflection of key learning from the simulated opportunity	7
Assessment Challenges	8
Part 1 Proficiencies	9
Part 2 Proficiencies	11
Part 3 Proficiencies	13
Appendix A: Clinical skills syllabus	15
Appendix B: Planning for your placement	19
Appendix C: Record of professional conversation proforma	20
Appendix D: Example of a professional conversation	21

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Materials written and prepared by Paula Shepherd University Practice Learning Adviser

Introduction

The NMC state:

'Registered Nurses must be able to meet the person-centred, holistic needs of the people they encounter in their Practice who may be at any stage of their life and who may have a range of mental, physical, cognitive or behavioural health challenges.'

(NMC, 2018, P.2)

The proficiencies are comprised of the 7 Platforms of practice, Annexe A: communication and relationship management skills and Annexe B: nursing procedures ([NMC 2018](#)). This guide has been developed to clarify:-

- The expectation for practice in accordance with the stage of programme
- The assessment criteria for proficiency
- Individual roles and responsibilities
- Identify the nature of evidence that can be used to 'confirm' assessment
- Define key terms
- The support available when the assessment criteria is not being achieved

Glossary

Part

A part is the stage of programme being completed. At Bournemouth University, the part is the same as the academic year, e.g., Part 1 is completed in year 1 of the programme. (Year 1: Part 1; Year 2:Part 2; Year 3:Part 3)

Proficiency

The statement of knowledge and skills against which practice is assessed in accordance with the assessment criteria

Formative

An opportunity to provide feedback and feedforward to help a student develop their knowledge, skills and confidence. By identifying opportunities to Practice prior to a summative assessment, a student is able to undertake further reading and Practice to help them develop their level of proficiency. The assessment criteria can be used as a framework for feedback.

Summative

An evaluation of knowledge and skills as a final assessment. This is a final decision and must be completed by the submission date. The assessment criteria are used by the Practice supervisor and Practice assessor to clarify their decision.

Achieved

The proficiency has been achieved following a review of agreed evidence. The practice supervisor and practice assessor agree that the assessment criteria for the part have been met.

Not Achieved

Despite opportunity, feedback and guidance the Practice supervisor and Practice assessor are unable to confirm that the assessment criteria have not been met. This means that the student is not meeting the programme requirements.

Support for placement

It is appreciated that learning and assessment in practice is complex. Knowing where to get help and guidance is essential. You cannot know everything all of the time, we are all here to help.

Personal Academic Advisor – At Bournemouth University, this is the academic responsible for the pastoral support and programme guidance for the duration of the programme, they are able to signpost to support services, e.g. OH, Finance etc

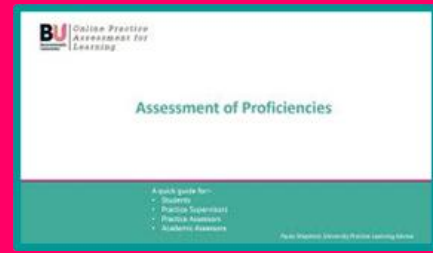
Academic Assessor – Supports the assessment process over a part; this role is completed by a different person in each part. They monitor progress across the programme and confirm the practice assessment decision. They provide support when a student needs additional guidance for practice or is not achieving the practice learning outcomes including liaison with the Personal Academic Advisor.

University Practice Learning Adviser Team (UPLA) – A university-based practice education team that support the management of placement including quality assurance, assessment processes and development of the Practice educator roles. They are able to deputise for the Academic Assessor. Please contact upla@bournemouth.ac.uk for any queries or support you may require.

Within Organisations - There are practice education teams who are able to offer support and will liaise with the university.

Getting Started

This guide has a lot of detail. To get started, view this [15-minute presentation, a quick guide to the proficiencies](#) to supplement this information.



Roles and Responsibilities

Student	Practice Supervisor	Practice Assessor	Academic Assessor
<ul style="list-style-type: none"> • Confirms submission date for summative assessment when completing orientation section • Clarifies the assessment requirements for the placement period • Is proactive in identifying learning opportunities • Prepares agreed evidence in readiness for mid-point and final review • Where a formative proficiency is marked as 'not achieved' a plan is agreed to help develop this element in future placements. 	<ul style="list-style-type: none"> • Liaises with Practice Assessor to review progress • Provides verbal and written feedback • If there is a concern about how proficiencies can be met this will be escalated to the Practice assessor • Facilitates relevant learning opportunities • Uses the assessment criteria to provide feedback/ feed forward 	<ul style="list-style-type: none"> • Liaises and agrees the learning plan with Practice Supervisor and student • If there is a concern about how proficiencies can be met this must be escalated to the Academic Assessor • Creates a development plan when proficiencies are marked as 'not achieved' • Reviews the agreed evidence in readiness for the final interview in order to 'confirm' the assessment 	<ul style="list-style-type: none"> • Is available for queries • Attends tripartite meetings when requested • Clarifies university processes • Supports in creating development plans • Reviews and confirms the assessment at the end of placement • Signposts to additional support

Criteria for Assessment in Practice

The Practice Assessment Document is a tool to help students, practice supervisors and practice assessors plan relevant learning and document a developing level of proficiency. The three levels of performance (Table 1) are to be met by the end of each part.

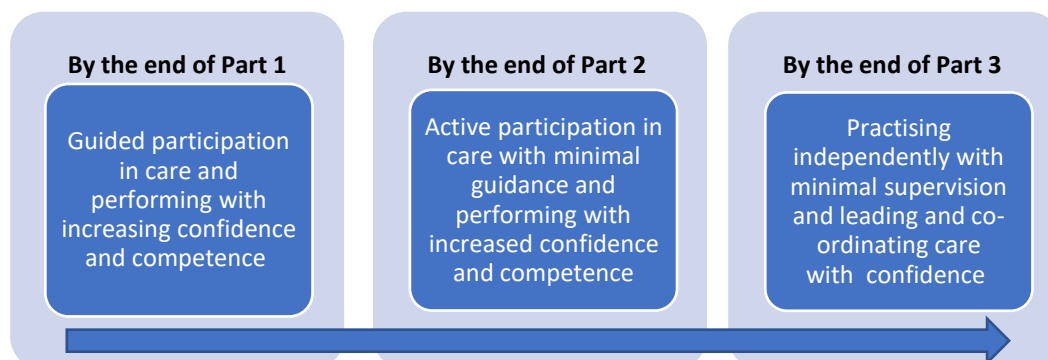


Table 1: Level of performance

In addition to achieving the required level of performance, practice is assessed against a specified set of criteria related to **knowledge**, **skills** and **professional attitude and values**. The criteria are used to assess practice on different placements across the part as a student works towards the overall performance level. When viewing the proficiencies, the assessment criteria can be viewed by clicking on the further guidance tab within the portfolio. The criteria alongside the proficiencies can be used to help students, practice supervisors and practice assessors to plan learning and identify the evidence that will be needed to confirm assessment.

Defining Proficiency in relation to the [NMC \(2018\) standards](#)

Assessment of practice is complex as:

- Each field of practice requires specific development of different proficiencies to varying levels
- The opportunities to practice skills vary in placement areas
- We learn and develop practice differently e.g., due to past experience, levels of confidence
- Organisation Policy may preclude opportunity to engage in skills.

The proficiencies are generic and the level of knowledge and skills will vary dependent upon the student's field of practice. The guidance for Annexe B requires an ability to **safely perform and demonstrate the ability to undertake these procedures at an appropriate level for their intended field(s) of practice.** The NMC intention is that they:-

'Will provide new graduates into the profession with the knowledge and skills they need at the point of registration which they will build upon as they gain experience in practice and fulfil their professional responsibility to continuously update their knowledge and skills.'

(NMC 2018, P.4)

The [NMC Guidance](#) states:-

'An objective and fair assessment should assure that the student is safe and competent to enter the register or continue on a course, and that they have been given a reasonable opportunity to do so'

The contribution of simulation for proficiency has been recognised as :

- Providing a 'safe space' to practice skills; the anxiety of practicing in the real world is lessened.
- Facilitating learning at the student's pace; less worry about taking up others time.
- Enabling replication with different scenarios to develop critical thinking.
- Repetitive and consistent; not dependent on placement opportunity.

The challenge is that it can be viewed as 'not real practice' causing apprehension about ability when in the practice arena. Where possible, practice supervisors and practice assessors are asked to facilitate appropriate opportunities to apply learning in practice. The clinical skills syllabus (**Appendix A**) supports students in meeting the required level of proficiency in accordance with the field of practice. Within this guide, the proficiencies have been identified as to whether assessment can be completed through simulation, practice or a combination of both.

For the purposes of pre-registration nursing assessment, proficiency is deemed as:-

'The ability to demonstrate the knowledge, skills and professional values required for safe practice in accordance with the stage of programme and assessment criteria whilst practicing within the clinical governance requirement of the organisation.'

What evidence is needed?

One challenge is in applying the proficiencies to the stage of the programme. Students enter their programme with a range of life experiences that can influence their development in Practice. To help practice supervisors and practice assessors support meaningful learning, students are required to prepare for their initial interview by completing:

The orientation section – this needs to be completed before placement starts and will include aspirations, assessment requirement and support needs. Please see the user guides at www.opalbu.com for more information about how this section can be completed.

The Initial interview – the student will need to identify initial goals to help the Practice Supervisor and Practice Assessor establish relevant learning opportunities. Please see the user guides at www.opalbu.com for more information about how this section can be completed

Planning learning - reasonable expectations for practice

Year or Part 1	In Part 1, a student develops skills to manage themselves ably in practice by participating in activities closely supervised by relevant team members.
Year or Part 2	In Part 2, continue to develop their practice within the team, use problem solving skills. Increasing level off independence and able to implement care more readily with less direct supervision.
Year or Part 3	In Part 3, able to plan and deliver care effectively with increasing autonomy, demonstrating an ability to independently manage a relevant caseload. Supervision at this stage would be increasingly indirect.

A range of evidence is required to assess proficiency and so it is important that the student and practice assessor confirm what evidence will be needed to confirm the proficiency. This should be reviewed as early in the placement as possible so that additional guidance is sought. In preparing for placement, a student will need to review the proficiencies, identify any concerns at the initial interview so that they can contact their academic assessor in the early stages of the placement.



Figure 1: The arenas of evidence for assessment

If the opportunity will not be available in practice, simulated learning activities can be used as part of the evidence. All the proficiencies must be assessed by the summative submission date. If they are not completed, it will be considered a refer. It is important that any concerns about the achievement of proficiencies are made known to the academic assessor at the earliest opportunity. It is helpful to prepare a plan for discussion at the initial interview (**Appendix B**)

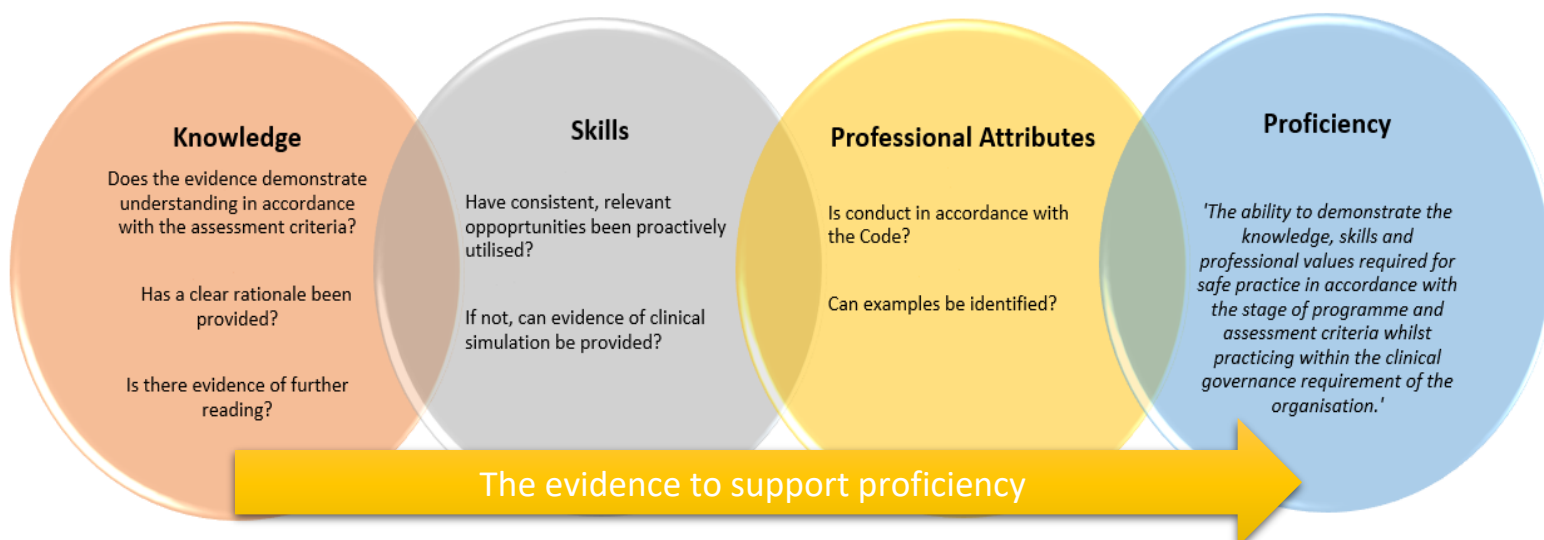
A range of evidence should be used to confirm a proficiency and can include:-

- Evidence of attendance at clinical skills and simulation sessions
- Feedback from practice supervisors
- Reflection on skills and knowledge
- Direct observation
- Peer evaluations
- Feedback from ‘spoke’ learning opportunities (Students are encouraged to access external learning opportunities to support placement learning where appropriate)
- Project work e.g., creating a poster for the placement teaching board
- Evidence of key learning from educational events e.g., specialist practitioner workshops/ seminars
- Examples of further reading / learning
- A review of evidence using the professional conversation framework.

There are 12 proficiencies in Part 2 that can be completed in Part 3. These are asterisked *. Any of the 12 proficiencies not assessed in Part 2 will appear in Part 3. There will be an opportunity in Part 3 to complete outstanding proficiencies through clinical simulation.

The Professional Conversation

The ‘Professional Conversation’ is a framework that can be used throughout the placement to help plan, review and confirm the assessment of proficiencies. **Appendix C** provides a suggested framework that Practice Supervisors, Practice Assessors and Students can use to help identify how proficiency has been achieved and provide feed forward for future development. The template can be pasted into the additional comments, or you can record the discussion into the portfolio directly. In 2017, the NMC published [‘Enabling Professionalism’](#) supporting professionals to manage discussions about proficiency, governance and quality using The Code (2018) as a framework. This framework can be used to confirm current levels of proficiency and provide feedforward as to how practice can be developed including additional support that can be utilised. An example of a professional conversation is available in **Appendix D**.



How is the assessment completed?

The proficiencies are **formative** until the date of submission. This means that the proficiency can be reassessed in future placements. The mark becomes **summative** upon the submission date. This will provide opportunities to review the proficiencies in later placements. Students are responsible for ensuring they submit their practice assessment on time.

All students are provided with an assessment schedule. Submission of OPAL 2 is **submitted** electronically at **midday** of the submission date. There is no need to physically submit the portfolio.

Please note:- if relevant opportunity has not been identified, the proficiency should not be graded. The student must contact their Academic Assessor to plan opportunities to meet the proficiency as soon as possible.

Example,

Part or Year 1 Proficiency (Submission date July 23rd)

7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive, and behavioural health.

Placement 1 (Jan – Feb): Due to the nature of the placement, the opportunity to demonstrate year 1 proficiency has been limited. Feedback advises reading a specific article.

(Proficiency not assessed)

Placement 2 (April-May): Encouraged to develop this skill but unable to demonstrate knowledge and skills despite additional support. Recommended reading not completed. Proficiency is marked as not achieved. Academic Assessor supports Practice Assessor and student to create a development plan.

(Formative assessment)

Placement 3 (June- July): Skill consistently demonstrated, decreased supervision required, able to provide rationale for care and able to identify strategies to manage care. Proficiency marked as achieved.

To complete the assessment:

- Log in to OPAL, click on the proficiencies.
- Select achieved/ not achieved.
- There is no requirement to record a rationale. Providing feedback, in the interview or additional comments, especially if some of the assessment has been based upon a professional conversation, can help future placement planning.

Proficiency assessment using simulation as supporting evidence

The proficiencies have a 'completed in simulation' column. This enables students to check the skills sessions they have completed, providing an 'at a glance' view for Practice Supervisor and Practice Assessors. Students are encouraged to complete a reflective account of their clinical skills learning in 'Record of working with and learning from others/interprofessional working' as supporting evidence for skills that are challenging to realise in practice.

Example, this is a Part 2 proficiency. The criteria require a student to demonstrate developing problem-solving skills and confidence in implementing care with less direct supervision.

The Practice Supervisor is able to see that a clinical simulation opportunity has been completed. There is an opportunity to complete the assessment using a professional conversation (Annexes C and D)

12: Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate.



Yes - Achieved



How to complete the reflection of key learning from the simulated opportunity

Completing a reflection of simulated learning	
Student	Practice Supervisor/ Practice Assessor
On the home page click on 'Record of working with and learning from others/interprofessional working'.	
Complete the guided reflection, click save and log out	Review the reflection and provide feedback and feedforward
Once reviewed by the Practice Supervisor or Practice Assessor, you can sign the reflection	Once the student has signed your review, you can sign to close the episode

Example of evidence of clinical simulation to support assessment of year or part 2, proficiency 12.

This example is taken from the Adult Field. The NMC recognise that there will be a variation in accordance with the field of practice. If there is a query, please contact upla@bournemouth.ac.uk.

Student Reflection: Reflect on your learning in outreach/short placement or with members of the multi-disciplinary team who are supervising your learning and summarise below.

Example of a spoke visit

I attended a clinical skills session to develop my knowledge and skills of caring for a person with a nasogastric tube.

Objective

1. To be able to practice through simulation how to insert and remove a nasogastric tube
2. To demonstrate understanding of the care of a person with a nasogastric tube
3. To understand potential risks and how to assess a person's needs
4. To be aware of the psychological implications for the person receiving care

What happened

Prior to the session I had watched some video clips and felt quite nervous about having to demonstrate the skills. We were provided with a demonstration and the theory reviewed. We then completed a Q&A session to clarify the procedure, potential risks and patient care.

We practiced inserting and removing the tubes prior to being assessed. We had to demonstrate effective communication, planning, infection control, risk awareness and documentation skills.

Key Learning

The session has made me appreciate the psychological impact of having an invasive procedure. Even though it was a simulated experience, I was very aware of the discomfort it can cause. I had not previously thought about the importance of skin care and will be mindful to monitor this in the future. Since the session I have revised the relevant anatomy and physiology and completed a spoke visit with the dietetic service. I have also revised the different types of tubes that can be used.

For my future practice, I will be more aware of the psychological impact of nasogastric tubes both whilst in situ and after removal. I will ask to be more involved in caring for someone with a nasogastric tube as I have always been rather nervous. I now understand the potential risks and how to assess effectively.

Practice Supervisor's Comments:

Feedback: Sam provided the handouts from the clinical skills session and we used this as a basis for a professional discussion. Sam is aware that he is not able to practice insertion and removal of nasogastric tube due to trust policy. Sam was able to discuss care and risks associated with NG tubes and elaborated upon the psychological care aspects. Sam used his knowledge when admitting a patient who had recently had an NG tube. This made the assessment much more informed and helped to plan relevant care.

Feedforward: Sam has demonstrated the knowledge and skills regarding NG insertion and removal; proficiency in caring for a patient has been demonstrated through discussion and reflection. To help develop confidence, I would encourage Sam to continue to be proactive in taking up further relevant opportunities. Sam is also keeping a record of skills for development to share with his preceptor post-registration. This is good practice and will be helpful when starting the preceptorship programme in 18 months time, it may feel a long way but it will arrive quickly!

Assessment Challenges

There may be occasions where there is a concern about meeting the practice assessment. The sooner advice and support are accessed, the greater the opportunity to ensure a successful outcome.

Issue	Impact for assessment	Who to contact
No opportunity to meet the proficiency	Concern for the veracity of the assessment, proficiencies should not be assessed as 'not achieved'	Practice education link UPLA Academic Assessor
Unable to complete assessment due to limited/inconsistent attendance	There is a risk that proficiency cannot be demonstrated and place student at risk of referral.	Academic Practice education link UPLA Personal Academic Adviser (pastoral)
Not being proactive in learning opportunities and developing evidence for assessment	Unable to evidence ability to meet the assessment criteria and the student is at risk of referral.	Academic Assessor to help develop a plan to aid progression Practice education link UPLA
Student does not know submission date.	Student risks referral of the practice unit as has not completed the portfolio on time. Submission is automatic at midday of the submission date.	Academic Assessor If submission date has not passed they could discuss the possibility for an extension to practice with their academic assessor

Part 1 Proficiencies

Please note:- if relevant opportunity has not been identified, the proficiency should not be graded. The student must contact their Academic Assessor to plan opportunities to meet the proficiency as soon as possible.

Achieved	Knowledge	Skills	Attitude and values
YES	Is able to identify the appropriate knowledge base required to deliver safe, person-centred care under with some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person-centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.
NO	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor Practice.	Under direct supervision is not able to demonstrate safe Practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.

All proficiencies **must** be assessed by the submission date

If there is a cause for concern at the mid-point interview or at any point during the experience feedback must be given and a development plan written to enable the student to address this prior to the final interview.

The Practice Assessor must communicate with and involve the Academic Assessor in this process.

Assessment of NMC proficiencies and Fields of Practice: Practice, Practice/simulation, simulation only.

Part	No	Proficiency	CYP Field	MH Field	Adult Field
1	1	Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological, and socio-cultural needs.	Practice	Practice	Practice
1	2	Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.	Practice	Practice	Practice
1	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.	Practice	Practice	Practice
1	4	Work in partnership with people, families and carers to encourage shared decision- making to manage their own care when appropriate.	Practice	Practice	Practice
1	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.	Practice	Practice	Practice
1	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.	Practice	Practice	Practice
1	7	Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive, and behavioural health.	Practice	Practice	Practice
1	8	Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.	Practice	Practice	Practice
1	9	Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.	Practice	Practice	Practice
1	10	Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.	Practice	Practice	Practice
1	11	Assists with washing, bathing, shaving, and dressing and uses appropriate bed making techniques.	Practice	Practice/ Simulation	Practice
1	12	Supports people with their diet and nutritional needs, taking cultural Practices into account and uses appropriate aids to assist when needed.	Practice	Practice	Practice
1	13	Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.	Practice	Practice	Practice

Part	No	Proficiency	CYP Field	MH Field	Adult Field
1	14	Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles, and commodes	Practice	Practice/ Simulation	Practice
1	15	Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.	Practice	Practice/ Simulation	Practice
1	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.	Practice	Practice	Practice
1	17	Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.	Practice	Practice/ Simulation	Practice
1	18	Consistently utilises evidence-based hand washing techniques	Practice	Practice	Practice
1	19	Identifies potential infection risks and responds appropriately using best Practice guidelines and utilises personal protection equipment appropriately.	Practice	Practice	Practice
1	20	Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.	Practice	Practice	Practice
1	21	Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.	Practice	Practice	Practice
1	22	Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.	Practice	Practice	Practice
1		Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.	Practice	Practice/ Simulation	Practice
1	24	Accurately undertakes person centred risk assessments proactively using a range of evidence-based assessment and improvement tools.	Practice	Practice	Practice
1	25	Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.	Practice	Practice	Practice
1	26	Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.	Practice	Practice	Practice
1	28	Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.	Practice	Practice	Practice
1	28	Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.	Practice	Practice	Practice
1	29	Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.	Practice	Practice	Practice

Part 2 Proficiencies

Please note:- if relevant opportunity has not been identified, the proficiency should not be graded. The student must contact their Academic Assessor to plan opportunities to meet the proficiency as soon as possible.

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a sound knowledge base to support safe and effective Practice and provide the rationale to support decision making.	Utilises a range of skills to deliver safe, person centred and evidence-based care with increased confidence and in a range of contexts.	Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge.
NO	Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe Practice	With supervision is not able to demonstrate safe Practice and is unable to perform the activity and/or follow instructions despite repeated guidance	Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning.

If there is a cause for concern at the mid-point interview or at any point during the experience feedback must be given and a development plan written to enable the student to address this prior to the final interview.

The Practice Assessor must communicate with and involve the Academic Assessor in this process.

In Part 2, there are certain proficiencies that can be completed in either Part 2 or Part 3. These are asterisked. If they are not assessed, they will reappear when Part 3 commences. All previous assessments can be seen in the logbook by click on 'view/print'.

All other proficiencies **must** be assessed in Part 2 by the submission date

Assessment of NMC proficiencies and Fields of Practice: Practice, Practice/simulation, simulation only.

Part	No	Proficiency	CYP Field	MH Field	Adult Field
2	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.	Practice	Practice	Practice
2	2	Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision- making and goal setting.	Practice	Practice	Practice
2 or 3	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.	Practice	Practice	Practice
2 or 3	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.	Practice	Practice	Practice
2	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.	Practice	Practice	Practice
2	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.	Practice	Practice	Practice
2	7	Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.	Practice	Practice	Practice
2	8	Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations.	Practice	Practice	Practice
2	9	Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown.	Practice	Practice	Practice
2 or 3	10*	Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	Practice	Practice/ Simulation	Practice
2	11	Effectively uses evidence based nutritional assessment tools to determine the need for intervention.	Practice	Practice/ Simulation	Practice

Part	No	Proficiency	CYP Field	MH Field	Adult Field
2	12	Demonstrates understanding of artificial nutrition and hydration and can insert, manage, and remove oral/nasal gastric tubes where appropriate.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2	13	Assess level of urinary and bowel continence to determine the need for support, intervention, and the person's potential for self-management.	Practice	Practice	Practice
2 or 3	14*	Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Manage bladder drainage where appropriate.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2 or 3	15*	Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2	16	Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.	Practice	Practice	Practice
2	17	Effectively manages the risk of falls using best practice approaches.	Practice	Practice	Practice
2	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.	Practice	Practice	Practice
2 or 3	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	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2 or 3	20*	Uses best practice approaches to undertake nasal and oral suctioning techniques.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2	21	Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale.	Practice	Practice	Practice
2	22	Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.	Practice	Practice	Practice
2	23	Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.	Practice	Practice	Practice
2 or 3	24*	Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
2 or 3	25*	Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles	Simulation	Simulation	Simulation
2 or 3	26*	Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.	Simulation	Simulation	Simulation
2 or 3	27*	Manage and monitor blood component transfusions in line with local policy and evidence-based practice.	Practice/ Simulation	Simulation	Practice/ Simulation
2 or 3	28*	Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.	Practice	Simulation	Practice
2	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.	Practice	Practice	Practice
2	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	Practice	Practice	Practice
2	31	Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.	Practice	Practice	Practice
2	32	Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care.	Practice	Practice	Practice
2	33	Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict.	Practice	Practice	Practice

Part 3 Proficiencies

Please note:- if relevant opportunity has not been identified, the proficiency should not be graded. The student must contact their Academic Assessor to plan opportunities to meet the proficiency as soon as possible.

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a comprehensive knowledge-base to support safe and effective Practice and can critically justify decisions and actions using an appropriate evidence-base.	Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence-based skills.	Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.
NO	Is only able to identify the essential knowledge-base with poor understanding of rationale for care. Is unable to justify decisions made leading to unsafe Practice.	With minimal supervision is not able to demonstrate safe Practice despite guidance.	Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning.

If there is a cause for concern at the mid-point interview or at any point during the experience feedback must be given and a development plan written to enable the student to address this prior to the final interview.

The Practice Assessor must communicate with and involve the Academic Assessor in this process.

The unassessed proficiencies from Part 2 will reappear when Part 3 commences. Within the portfolio, they will be listed beneath the Part 3 proficiencies. All previous assessments can be seen in the logbook, by clicking on 'view/print'
All outstanding proficiencies **must** be assessed in Part 3 by the submission date

Assessment of NMC proficiencies and Fields of Practice: Practice, Practice/Simulation, Simulation only.

Part	Proficiency	CYP Field	MH Field	Adult Field	
3	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.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice
3	5	Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.	Practice	Practice	Practice
3	6	Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care.	Practice	Practice	Practice
3	7	Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion.	Practice	Practice	Practice
3	8	Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required.	Practice	Practice	Practice
3	9	Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.	Practice	Practice	Practice
3	10	Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g., dentist, optician, audiologist).	Practice	Practice	Practice
3	11	Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team.	Practice	Practice	Practice

Part		Proficiency	CYP Field	MH Field	Adult Field
3	12	Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
3	13	Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
3	14	Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
3	15	Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
3	16	Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate.	Practice/ Simulation	Practice/ Simulation	Practice/ Simulation
3	17	Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g., immunisation and vaccination policies	Practice	Practice	Practice
3	18	Understands roles, responsibilities and scope of Practice of all members of the multidisciplinary team and interacts confidently when working with these members.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice
3	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).	Practice	Practice	Practice
3	21	Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies	Practice	Practice	Practice
3	22	Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks	Practice	Practice	Practice
3	23	Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.	Practice	Practice	Practice
3	24	Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice
3	26	Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle.	Practice	Practice	Practice
3	27	Engages in difficult conversations including breaking bad news with compassion and sensitivity.	Practice	Practice	Practice
3	28	Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required.	Practice	Practice	Practice
3	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.	Practice	Practice	Practice

Appendix A: Clinical skills syllabus

Due to the complex nature of practice learning, it is recognised that some students may not be able to realise some of the proficiencies in practice, for example, venepuncture and cannulation. To support achievement, a clinical simulation assessment opportunity will be provided in the summer term of Part 2 and 3. Students are encouraged to plan their placement assessments and to make their academic assessor aware of any particular challenges.

The clinical skills syllabus uses a blended approach incorporating online learning, practice skills sessions and self-managed learning. The clinical skills syllabus is flexible and liable to change to accommodate programme management, government guidance and service development. This syllabus is provided to give an overview of the provision during the programme.

Year 1 Clinical Skills and simulation

Mandatory: Basic life support (All FIELDS) + Paediatric Basic Life support for CYP field.

The ABCDE approach to assessment of a deteriorating person

Introduction to the Safety, Response, Airway, Breathing, Cardiopulmonary resuscitation (SRABC) approach following the Resuscitation Council 2021 resources/algorithms for Adult and Child.

- | | |
|---|---|
| ✓ Choking | Demonstrate:- |
| ✓ Recovery position | ✓ Chest compressions using resuscitation and QCPR manikin |
| ✓ CPR | ✓ CPR including use of BVM and use of AED |
| Discussion and demonstration of the use of- | Recovery Position |
| ✓ Bag valve mask (BVM) | |
| ✓ Automatic external defibrillator (AED) | |

Mandatory: Moving and Handling

The principles of safe moving and handling (Including assessment of moving inanimate objects and patient handling)

Introduction to the relevant Manual Handling legislation

Introduction to the risk assessment:-

- ✓ Avoid Assess, Reduce Review (AARR)
- ✓ Environment, Load, Individual, Task, Equipment (ELITE) or (TILEE)

Equipment used in session* to support people with impaired mobility:

- ✓ Stand aid*
- ✓ Rota/return stand*
- ✓ Slide sheets*
- ✓ Inserting a hoist sling*

* The clinical skills sessions provide principles using a range of aids. Students will need to be shown and learn the equipment used on their practice placement areas as part of placement induction.

Discussion and demonstrate:-

- ✓ Base position
- ✓ Safe principles of Moving and Handling
- ✓ Assessment and assisting patient from sit to stand
- ✓ Assisted walking
- ✓ Reposition on the bed using a single slide sheet
- ✓ Removal of slide sheets
- ✓ Lateral transfer of manikin from bed to trolley -using PAT slide and slide sheets
- ✓ Hoist – focus on safety, patient comfort and working together.
- ✓ How to respond when a patient is falling

Infection control

Understanding the importance of Infection Control in a health care environment.

Discussion and demonstration of-

- | | |
|---|--------------------------------------|
| ✓ Identify the standard precautions used to minimise the risk of cross infection. | ✓ Standard precautions including PPE |
| ✓ Correct hand decontamination (correct procedure using soap, water, and alcohol-based gel) | ✓ Applying sterile gloves |
| ✓ Principles of disposal of waste. | ✓ Prepare a sterile field |
| | ✓ Carry out aseptic technique |

Personal Hygiene and Skin integrity online learning (not in clinical simulation labs for year 1)

Discussion surrounding factors that affect personal hygiene:-

- | | |
|---|--|
| ✓ Shower | ✓ Changing a nappy (infant) |
| ✓ Bath | ✓ Nappy area care |
| ✓ Bed bath | ✓ Bathing infant/child |
| ✓ Shaving | Introduction to skin assessment |
| ✓ Hair care | ✓ The Waterlow score (adult and mental health) |
| ✓ Oral hygiene – including the use of toothpaste and toothbrush, care of dentures | ✓ Visual assessment of skin |
| ✓ Oral assessment | ✓ Factors affecting skin integrity |
| ✓ Identify rashes experienced during the lifespan | ✓ Pressure area assessment and management |

Nutrition

Discussion on factors affecting nutrition including psychosocial, cultural factors, metabolic syndrome, obesity, and malnutrition.

Discussion and demonstrate assessment of a patient's nutritional/fluid needs status across the lifespan:-

- ✓ BMI
 - ✓ Accurate weight and height (Adult MH)
 - ✓ Accurate weight and length, head circumference infants and children including plotting on growth centile charts for (CYP)
 - ✓ Malnutrition universal scoring tool (MUST) (online and paper version)
 - ✓ Food charts
 - ✓ Breast feeding assessments and information (signposting information)
 - ✓ Infant feeding assessment
 - ✓ Fluid charts and their accurate recording
- Discuss blood glucose testing and monitoring

Discuss and demonstrate supporting nutritional intake: -

- ✓ Supplements - **experiential opportunity**
- ✓ Thickened feeds
- ✓ Specialised diets
- ✓ Plate guards
- ✓ Adapted cutlery
- ✓ Adapted drinking vessels
- ✓ Infant and toddler nutrition (CYP)
- ✓ Intravenous fluids

Discuss and demonstrate use of Nasogastric Tubes -

- ✓ Indications for use
- ✓ Contraindication/considerations
- ✓ How to measure and insert an NG feeding tube
- ✓ Check positioning and safe use

Elimination

Assessing a patient/client's bowel and bladder function; collection of samples and documentation.

Factors affecting elimination.

Assessing urine output

Discussion on assessing continence

Assist with elimination using:

- ✓ Bedpan
- ✓ Urinal
- ✓ Toilet
- ✓ Commode
- ✓ Convene
- ✓ Incontinence pads
- ✓ Nappies

Discuss care of indwelling urinary catheter-

- ✓ Empty catheter bag
- ✓ Change catheter bag
- ✓ Risk of Infection

Discuss and demonstrate insertion of an indwelling urinary catheter -

- ✓ Female/Male
- ✓ Supra-pubic
- ✓ Intermittent self-catheterisation

Discuss and demonstrate urinalysis -

- ✓ Why and how to complete urinalysis (including PPE)
- ✓ Interpreting the results

Discuss factors and tools that support identification of difficulties associated with elimination of faecal matter across the lifespan-

- ✓ Bowel charts
- ✓ Bristol stool chart
- ✓ Patient positioning for bowel movements
- ✓ Rectal examination (Discussion)
- ✓ Stool changes from birth (visual/discussion)
- ✓ Nappies, potty
- ✓ Bedpan
- ✓ Incontinence pads

Discuss and demonstrate correct use of:

- ✓ Enemas
- ✓ Suppositories (Discussion)
- ✓ Bowel preparation (Discussion)

Demonstrate an understanding of the care of a person, across the lifespan, with a stoma

- ✓ Apply stoma bag – including colostomy, ileostomy and urostomy
- ✓ Stoma visual aid

Discuss and demonstrate a specimen collection of:

- ✓ Mid-stream specimen of urine
- ✓ Clean catch urine specimen (CYP)
- ✓ Urine collection pads (CYP)
- ✓ Catheter specimen of urine
- ✓ Stool specimen
- ✓ Stoma collection of faeces

Basic first aid (Online Session)

Discuss the action taken when assessing a minor injury:-

- ✓ Causes and effects of sudden injury outside of the healthcare setting
- ✓ Take appropriate action maintaining a professional approach to care

Develop the skills of peer review and feedback

Discuss and demonstrate the management of:-

- ✓ Epistaxis
- ✓ Grazes and minor cuts, splinters
- ✓ Embedded foreign body
- ✓ Burns
- ✓ Fractures
- ✓ Spinal injuries
- ✓ Bleeding wounds
- ✓ Shock

Medicines management

Introduction to medicines management, including legislation, standards, and the processes involved in the administration of medication in differing settings.

Discuss and demonstrate (in a simulated environment) medication administration-

- ✓ Use of drug trolleys (Adults and MH only)
- ✓ Prescription chart
- ✓ Safety and professional checks required to administer medication in a variety of settings
- ✓ Use of the British National Formulary (BNF) – online and paper versions
- ✓ Documentation
- ✓ 8 Rights medication administration
- ✓ Drug Errors

Discuss and demonstrate the administration of IM and SC injections:-

- ✓ Importance of safe use and disposal of sharps
- ✓ Intramuscular injections
- ✓ Subcutaneous injections.
- ✓ Sharps Injuries

Discussion re the use of Safe Medicate (online examination) :

- ✓ Instructions for completion
- ✓ How to complete drug calculations
- ✓ Details of assessments.

Vital signs

The knowledge and use of risk assessment tools and their guidance in recognising the deteriorating patient.

Discuss and demonstrate the use and completion of –

- ✓ National early Warning Score (NEWS2)
- ✓ Paediatric Early Warning Scores/Children's Observation and Severity Tool (COAST)
- ✓ Discuss and demonstrate the correct procedure for:-
- ✓ Assessing and monitoring respiratory rate, including regularity, depth
- ✓ Peak flows
- ✓ Safe administration of nebuliser therapy
- ✓ Cardiovascular: Assessment and interpretation of circulation across the life span
- ✓ Brachial, radial, carotid, temporal, femoral, pedal, apical pulses
- ✓ Capillary refill time
- ✓ Blood pressure (manual and electronic)
- ✓ Temperature assessment - Infants, child, adult oral, axilla, aural/tympanic

Year 2 and 3 Clinical Skills and Simulation

The times of delivery may vary in accordance with programme planning. Please monitor your timetables and communications.

Mandatory: Basic life support

The ABCDE approach to assessment of a deteriorating person

Demonstrate the Safety, Response, Airway, Breathing, Cardiopulmonary resuscitation (SRABC) approach following the Resuscitation Council 2021 resources/algorithms for Adult and Child.

- ✓ Choking
- ✓ Recovery position
- ✓ CPR

Discuss and demonstrate:-

- ✓ Bag valve mask (BVM)
 - ✓ Automatic external defibrillator (AED)
- Airway management adjuncts

AIRWAY

Discuss and demonstrate airway assessment:-

- ✓ The five main airway adjuncts and how they are used
- ✓ Oxygen therapy and administration
- ✓ The care of the patient receiving oxygen therapy
- ✓ The use of oral and long line suctioning
- ✓ Essential understanding of normal /abnormal reference range of the most common blood tests
- ✓ Use of airway adjuncts: Guedel airway, nasopharyngeal airway, tracheostomy (demonstrations and visual aids)

Safe administration of oxygen via:

- ✓ Face mask
- ✓ Nasal cannula
- ✓ Humidifier

Anaphylaxis (this will be covered in airway, breathing and circulation sessions)

BREATHING

Discuss and demonstrate assessment of breathing

Discuss how to:-

- ✓ Identify the deteriorating patient with respiratory illness
- ✓ Recognise common respiratory conditions
- ✓ Basic understanding of interrupting a Chest Xray
- ✓ Identify respiratory failure

Discuss and demonstrate:-

- ✓ Respiratory assessment to include, inspection, auscultation and palpitation
- ✓ Removal of airway ligature

Develop knowledge of:-

- ✓ Arterial and venous blood gas sampling
- ✓ Basic understanding interpreting blood gases

CIRCULATION (Adult and Children and Young People (CYP))

Discuss the assessment of the Circulatory system –

- ✓ Principles of safe blood transfusion

Discuss and demonstrate:-

- ✓ Performing a Cardiovascular assessment
- ✓ Identification of the deteriorating patient with circulatory/cardiovascular complications
- ✓ Recognition and management of sepsis
- ✓ Recognition and management of haemorrhage
- ✓ Understanding an ECG; recognition of normal and abnormal rhythms
- ✓ A basic interpretation of a 12 lead ECG

Demonstrate additional assessment and care skills (Adult and Children and Young People (CYP))

Discuss care needs of people with disability and how assessment may need to be adapted

Discuss:-

- ✓ Assessment of levels of consciousness using Alert, Confusion, Voice, Pain, Unresponsive (ACVPU)/Glasgow Coma Scale (GCS)
- ✓ Blood glucose testing
- ✓ Recognise and manage hypoglycaemia

Discussion and demonstrate:-

- ✓ Insertion a nasogastric tube
 - ✓ Priming an IV fluid line
 - ✓ Insertion/removal of male/ female urinary catheters
- Care of a client with a urinary catheter including supra pubic catheter.

EXPOSURE additional assessment and care skills (Adult and Children and Young People (CYP))

Discuss and develop knowledge of:-

- ✓ Skin assessment, wound assessment,
- ✓ Assessment tools

- ✓ Wound management including dressing selection

Discuss and demonstrate:-

- ✓ Suture removal.

Venepuncture and cannulation: Theory

Discuss and develop knowledge of:-

- ✓ The structure of the circulatory system and the difference between artery and vein (revision)
- ✓ Cannulation site selection
- ✓ Complications - Local and Systemic

- ✓ Visual Infusion Phlebitis scoring

- ✓ "Order of Draw" when collecting blood samples
- ✓ Cannula sizing
- ✓ Documentation

Venepuncture and cannulation: Practical

Discuss and demonstrate:-

- ✓ Demonstrate knowledge of correct vein selection
- ✓ Preparation of equipment using effective infection control techniques
- ✓ Demonstrate correct technique for venepuncture and cannulation
- ✓ Completion of safe documentation and record keeping

Appendix B: Planning for your placement

Action	Opportunities / Challenges	Further actions
<ul style="list-style-type: none"> • Contact placement area • Review learning opportunities • Complete orientation / initial interview • Check submission date for practice • Check study days and personal requests for duties; make requests prior to placement starting 		
Review Portfolio <ul style="list-style-type: none"> • Review the proficiencies • Consider: <ul style="list-style-type: none"> ○ Medication Assessment ○ Episode of Care Assessment 		
Add Practice supervisors and practice assessor to portfolio in advance if possible		
So that you can prepare your evidence in good time, make a note of your interview dates:		
By organising these at the beginning of the placement, there is time to rearrange if needed.		
Additional support – know your links University Practice Learning Adviser Team. upla@bournemouth.ac.uk You will have a link UPLA, make a note of their name and contact details Check the contact details of practice education team who can help you in placement For Opal queries:- opalsupport@bournemouth.ac.uk For Timesheets and placement organisation related queries:- hssplacements@bournemouth.ac.uk		

Example,

Action	Opportunities / Challenges	Further actions
<ul style="list-style-type: none"> • Contact placement • Review learning opportunities • Complete orientation / initial interview • Check submission date for practice • Check study days and personal requests for duties; make requests prior to placement starting 	The placement team were not able to speak to me on the phone. I completed some reading about the placement speciality. Submission is not after this placement, but I need to be sure that professional values are assessed	I emailed the placement contact and requested my recall day and a weekend off.
Review Portfolio <ul style="list-style-type: none"> • Review the proficiencies • Consider: <ul style="list-style-type: none"> ○ Medication Assessment ○ Episode of Care Assessment 	I would like to complete 10 proficiencies. Venepuncture and IVs are not a possibility in this placement. The episode of care can be completed as well.	Spoke to my Academic Assessor who reminded me that I have a clinical skills session for this and can care for people with I.V's. Have read up on how to care for someone with an I.V.
Add Practice supervisors and practice assessor to portfolio in advance if possible	The placement link emailed me back and I have added 2 names.	
So that you can prepare your evidence in good time, make a note of your interview dates: I am going to check when I start. My practice assessor is on holiday the last week but they are going to sort this with me when I start placement.		
Additional support – know your links University Practice Learning Adviser Team. upla@bournemouth.ac.uk My link UPLA is:- Paula Shepherd pshepherd@bournemouth.ac.uk 07545420730 Check the contact details of practice education team who can help you in placement For Opal queries:- opalsupport@bournemouth.ac.uk For Timesheets and placement organisation related queries:- hssplacements@bournemouth.ac.uk		

Appendix C: Record of professional conversation proforma

In addition to the assessment criteria, the professional conversation can be used to evidence the assessment. If you wish the proforma can be completed and included as evidence in the 'Additional comments' area of the portfolio.

(To paste into the portfolio: Highlight the text; Copy using 'control' and 'C'; Paste into the portfolio using 'Control' and 'V')

Student:	
Practice Assessor/ Supervisor:	
Date:	
Proficiencies being 'confirmed':	
Evidence being considered: Simulation <input type="checkbox"/> Reflection <input type="checkbox"/> Feedback <input type="checkbox"/> Other.....	
Code Standard	Feedback
Being Accountable [Practise effectively] Are there examples of: <ul style="list-style-type: none"> • Problem solving? • Ability to question? • Personal reflection? • Evidence base? 	
Being a leader [Promote professionalism and trust] Are there examples of: <ul style="list-style-type: none"> • Self-directed learning? • Proactive approach to teamworking? 	
Being an advocate [Prioritise people] Are there examples of: <ul style="list-style-type: none"> • Understanding professional responsibility to others? • Compassion and care? 	
Being competent [Preserve safety] Are there examples of: <ul style="list-style-type: none"> • Technical ability through simulation and or practice? • Awareness of limitations? • Understanding of further learning required? 	
Feedforward:-	

Appendix D: Example of a professional conversation

<p>Student: Sam Brown – Year 2, 2nd placement</p> <p>Practice Assessor/ Supervisor: Mike Smith</p> <p>Date:</p>	
<p>Proficiencies being 'confirmed': 12. Demonstrates understanding of artificial nutrition and hydration and can insert, manage, and remove oral/nasal gastric tubes where appropriate.</p>	
<p>Evidence being considered:</p> <p>Simulation ■ Reflection ■ Feedback ■</p> <p>Other: feedback from clinical simulation and session lesson plan.</p>	
Code Standard	Feedback
<p>Being Accountable [Practise effectively]</p> <p>Are there examples of:</p> <ul style="list-style-type: none"> • Problem solving? • Ability to question? • Personal reflection? • Evidence base? 	<p>Sam has provided care for 2 people who required enteral nutrition. Sam has spent time with the dietetics team. His reflection demonstrates an understanding of the nursing implications for care. Sam was able to give examples of potential problems and the action that should be taken.</p>
<p>Being a leader</p> <p>[Promote professionalism and trust]</p> <p>Are there examples of:</p> <ul style="list-style-type: none"> • Self-directed learning? • Proactive approach to teamworking? 	<p>Following discussions and spokes with the dietetic service and endoscopy department, Sam has revised the different types of feeding tubes and the care required. He has made a handout to share with future learners. Sam has taken every opportunity to develop his practice.</p>
<p>Being an advocate [Prioritise people]</p> <p>Are there examples of:</p> <ul style="list-style-type: none"> • Understanding professional responsibility to others? • Compassion and care? 	<p>Sam and I discussed the importance of always working within our scope of practice. His confidence has developed over the placement, and he is very good at asking for additional support. He is supportive of his peers and will quietly encourage them to ask for help.</p> <p>Following the clinical simulation session, Sam is very aware of the discomfort a tube can cause. He was able to discuss how comfort can be promoted.</p>
<p>Being competent [Preserve safety]</p> <p>Are there examples of:</p> <ul style="list-style-type: none"> • Technical ability through simulation and or practice? • Awareness of limitations? • Understanding of further learning required? 	<p>Sam discussed the clinical simulation session. He was able to explain the procedure and identify the risks. He is very aware that he will need to build upon this skill as opportunity arises when qualified as currently students are unable to insert nasogastric tubes due to policy.</p>
<p>Feedforward:-</p> <p>Whilst Sam has not been able to demonstrate all aspects within his placement, he has been able to provide a range of evidence to confirm safe and effective practice in accordance with the year 2 criteria. I would encourage Sam to continue his proactive approach to learning by keeping a record of elements he would like to develop when qualified.</p>	