

# The Proficiency Guide



**BSc (Hons) Nursing  
MSc Nursing  
Return to Practice  
RNDA**

**Faculty of Health and Social Sciences**

**2023-24**

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## 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)

This guide has been developed to clarify: -

- The assessment criteria for proficiency
- Individual roles and responsibilities
- The support available

## Glossary

### OPAL2

This is the second generation of the Bournemouth University Nursing Portfolio.

### Part

The practice portfolio is divided into 'parts' which may not be concurrent with the year of the programme.

Students completing the Return to Practice Programme are required to achieve the proficiencies from Parts 1, 2, and 3

| Programme                                    | Length of programme   | OPAL2<br>Part 1 | OPAL 2<br>Part 2 | OPAL2<br>Part 3 |
|--|---|-----------------|------------------|-----------------|
| Masters                                      | This is a 2-year programme. Students have met the programme entry requirements to commence at PART 2. | N/A             | Year 1           | Year 2          |
| BSc (Hons)                                   | This is a 3-year programme combining theory and practice  | Year 1          | Year 2           | Year 3          |
| Registered Nurse Degree<br>Apprentice (RNDA) | This is a 3.5-year programme combining theory, practice and work-based experience.                    | Year 1          | Year 2           | Year 3/4        |

### Formative Feedback and Assessment

An opportunity to provide you with feedback and feedforward to support your practice learning.

### Summative Feedback and Assessment

Your proficiencies become a summative (final) at midday on the submission date which can be found on your assessment schedule.

### Proficiency

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

### Fail

The outcome when a summative element of OPAL2 has not been achieved/ not passed. Ordinarily, and if appropriate, one further attempt to successfully retrieve the referral will be offered.

### Extension

The completed portfolio must be achieved by the submission date as per the assessment schedule. If there is a concern that this will not be achieved, you **must** apply for an extension in accordance with the policy.

### Submission

The point at which an assessment must be submitted as per the assessment schedule.

### Non-submission

Non-submission and/ or incomplete submission of any summative element is a fail of the part, thus requiring a retrieval placement.

### Assessment board

This is a university process where assessments are presented to the Chair of the Board and outcomes ratified. In the case of failure, they will confirm the opportunity for resubmission and/or repeating of units as appropriate.

### Resubmission

Following a 'fail' of the part the assessment will be moderated and presented to the assessment board. Students are ordinarily offered one resubmission opportunity for the part and this will be completed in a retrieval placement

### Reflective practice hours

This time, allocated by the university, is to help you complete your portfolio and is added to your student account on Placements on the Web (POW) after placement completion.

### Retrieval Placement

In each academic year, a retrieval placement period is available following the assessment board. You are provided with the year plan at the start of each academic year. Annual leave cannot be taken during theory, study and placement periods without programme approval.

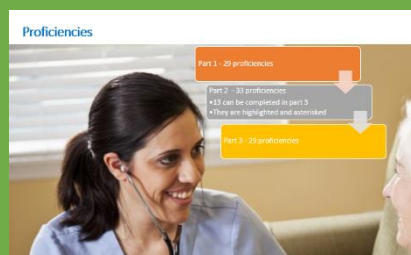
## Support for placement

Challenges can arise in a variety of ways and often when least expected. In managing your placements, there is a range of support available for you, your practice supervisors and practice assessors.

|  |   |
|--|---|
| <p><b>Opal support</b></p> <p>For OPAL 2 related queries such as:</p> <ul style="list-style-type: none"> <li>• Forgotten passwords/ username</li> <li>• Unlocking portfolios</li> <li>• Practice supervisor / assessor access</li> </ul> <p><b>OPALBU.com</b></p> <p>The user guides for your portfolio are accessible via the home page. <a href="#">User Guides</a></p> <p>Contact: <a href="mailto:opalsupport@bournemouth.ac.uk">opalsupport@bournemouth.ac.uk</a></p> | <p><b>Practice Education Teams/ Student Link</b></p> <p>NHS and some of the private providers have practice education team to support learning in practice. They are led by practice education leads</p> <p>In smaller organisations they have a student link.</p> <p>They can help with queries and work closely with the UPLA team.</p>   |
| <p><b>University Practice Learning Adviser (UPLA) Team*</b></p> <p>A university-based practice education team who can advise and guide about:</p> <ul style="list-style-type: none"> <li>• Practice assessment</li> <li>• Managing concerns</li> <li>• Support strategies</li> <li>• Academic assessor role</li> </ul> <p>Contact: <a href="mailto:UPLA@bournemouth.ac.uk">UPLA@bournemouth.ac.uk</a></p>  | <p><b>Personal Tutor</b></p> <p>The personal tutor role is pastoral in nature. They can support students in managing their programme and refer to other services such as occupational health.</p> <p>They can support the academic assessor and student when welfare needs may impact upon the practice element of the programme.</p>   |
| <p><b>Student support services</b></p> <p>There are a range of <a href="#">support services</a> that can support a student during their programme. Students should be encouraged to speak to their personal tutor who can also support them to access services.</p> <p><a href="mailto:Askbu@bournemouth.ac.uk">Askbu@bournemouth.ac.uk</a></p> <p>01202 969696</p>  | <p><b>Additional support</b></p> <p><a href="mailto:HSSplacements@bournemouth.ac.uk">HSSplacements@bournemouth.ac.uk</a> . The placements team are able to assist with timesheets and contacting placement areas if needed.</p> <p>Organisations provide regular student forums to help support and offer additional learning opportunities</p> <p>Freedom to speak up guardians and champions</p> <p>Placement manager</p> <p>Student Peers – Set reps</p> |

## Getting started

To get started, view this 7.5-minute presentation,  
A [quick guide to the proficiencies](#)



## Roles and responsibilities

| Student  | Practice Supervisor  | Practice Assessor   | Academic Assessor  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Confirm <b>submission</b> date</li> <li>Clarify the assessment requirements</li> <li>Be proactive in identifying learning opportunities</li> <li>Prepare agreed evidence in readiness for mid-point and final review</li> <li>Where a formative proficiency is marked as 'not achieved' agree a plan to develop this element in future placements.</li> </ul> | <ul style="list-style-type: none"> <li>Liaise with practice assessor to review progress</li> <li>Escalate to practice assessor if there is a concern about achievement of proficiencies</li> <li>Facilitate relevant learning opportunities</li> <li>Provide feedback/ feed forward</li> </ul> | <ul style="list-style-type: none"> <li>Agree the learning plan</li> <li>Escalate to academic assessor if there is a concern about achievement of proficiencies</li> <li>Create a development plan as needed</li> <li>Review evidence prior to the final interview and 'confirmation' of assessment</li> </ul> | <ul style="list-style-type: none"> <li>Attend tripartite meetings when requested</li> <li>Clarify university processes</li> <li>Support development plans</li> <li>Review and confirm assessments</li> <li>Signpost to additional support</li> </ul> |

## Criteria for assessment in practice

The practice assessment document (OPAL2) is a tool to help plan relevant learning and confirm proficiency. The three levels of performance (Table 1) are to be met by the end of each part.

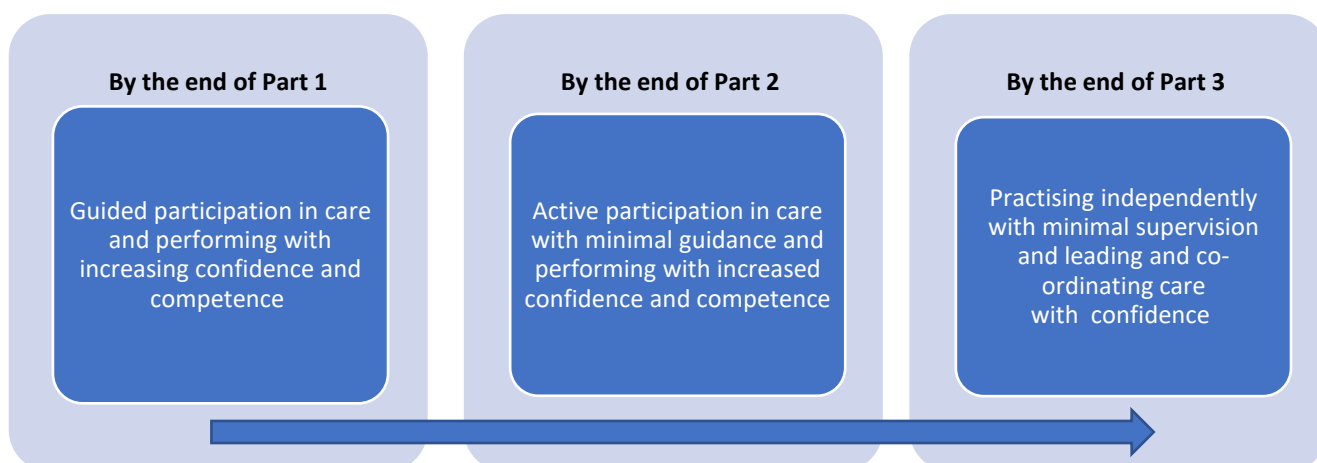


Table 1: Level of performance

In each part of the programme, your practice is assessed against a specified set of criteria related to **knowledge, skills and professional attitude and values**. When viewing the proficiencies, the assessment criteria can be viewed by clicking on the further guidance tab within the portfolio. You can use the criteria to help you:

- Clarify expectations
- Plan learning opportunities
- Agree evidence requirements

As you progress through your programme, the level of supervision will become more indirect as you develop your confidence. Table 2 illustrates 'reasonable expectation' for each part of practice.

### Planning learning - reasonable expectations for practice

- 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.
- Part 2** In Part 2, continue to develop their practice within the team, use problem solving skills. Increasing level of independence and able to **implement** care more readily with less direct supervision.
- 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.

Table2: Reasonable expectation

## 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 your field of practice.

You will need 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)

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.’***

Figure 1 illustrates the considerations when planning the assessment of proficiency. When preparing for placement, you can use this to identify your learning objectives for the placement.

- What opportunities are there to learn the requisite knowledge and skills?
- What do I need to know about the proficiency in relation to my field of practice?
- How does it relate to my stage of programme?
- What does the policy say?
- Have I completed a relevant clinical skills session to support the assessment?

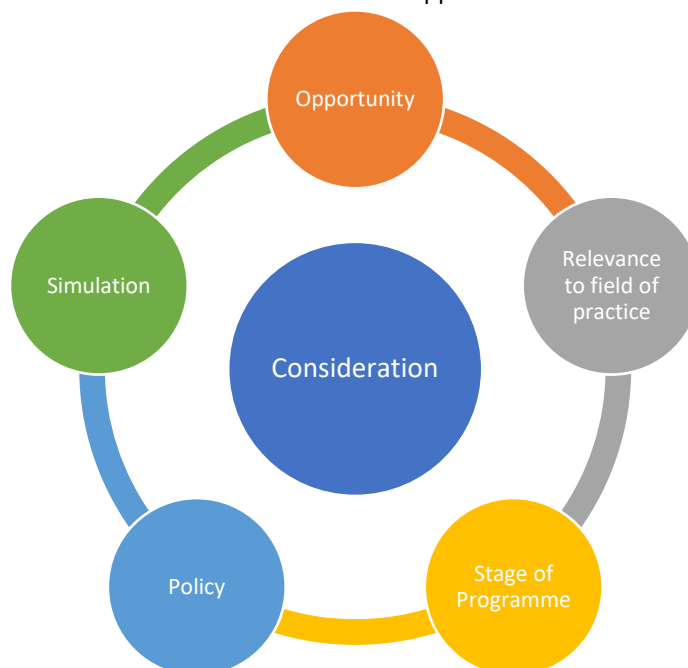


Figure 1: Considerations in planning learning.

## Clinical Simulation

The [NMC Guidance \(2018\)](#) 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.

If the opportunity will not be available in practice, simulated learning activities can be used as part of the evidence. The clinical skills syllabus (**Appendix A**) supports you 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.

### Proficiency assessment using simulation as supporting evidence

The proficiencies have a ‘*completed in simulation*’ column, add your completed clinical skills sessions to provide an ‘at a glance’ view for your practice supervisors and practice assessor. This provides an opportunity for you to share the theory you have completed with your practice supervisors.

**Example**, this is a Part 2 proficiency.

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

The criteria requires you to demonstrate developing problem-solving skills and confidence in implementing care with less direct supervision.

To achieve the proficiency:

- You could undertake an additional spoke and complete a reflection to illustrate your understanding of the proficiency.
- Your practice supervisor could complete the assessment using a professional conversation (Annex C) building on your clinical skills session and additional learning.

### 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.

There is no need to physically submit the portfolio as OPAL 2 is **submitted** electronically at **midday** of the submission date as per your assessment schedule. All the proficiencies must be assessed by the summative submission date. If they are not completed, it will be considered a ‘fail’. 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**)

Example,

#### **Part or Year 1 Proficiency (Submission date July 23<sup>rd</sup>)**

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

**Placement 1** (Jan – Feb): 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. (**Summative Assessment**)

## What evidence is needed?

To help practice supervisors and practice assessors support meaningful learning, you are required to prepare for your initial interview by completing:

**The orientation section** – this needs to be completed before placement starts and will include your aspirations, assessment requirement and support needs.

**The Initial interview** – you will need to identify initial goals to help your practice supervisors and practice assessor establish relevant learning opportunities and agree the evidence that you will need to provide.

Please access the handbook in the help section at [www.opalbu.com](http://www.opalbu.com) for more information about how these sections can be completed

It can be daunting to view the number of proficiencies. It is suggested that focussing on the episodes of care may be a helpful approach to evidencing the proficiencies. Take a moment to review figure 2 to appreciate how they can provide substantive evidence in meeting the proficiencies.

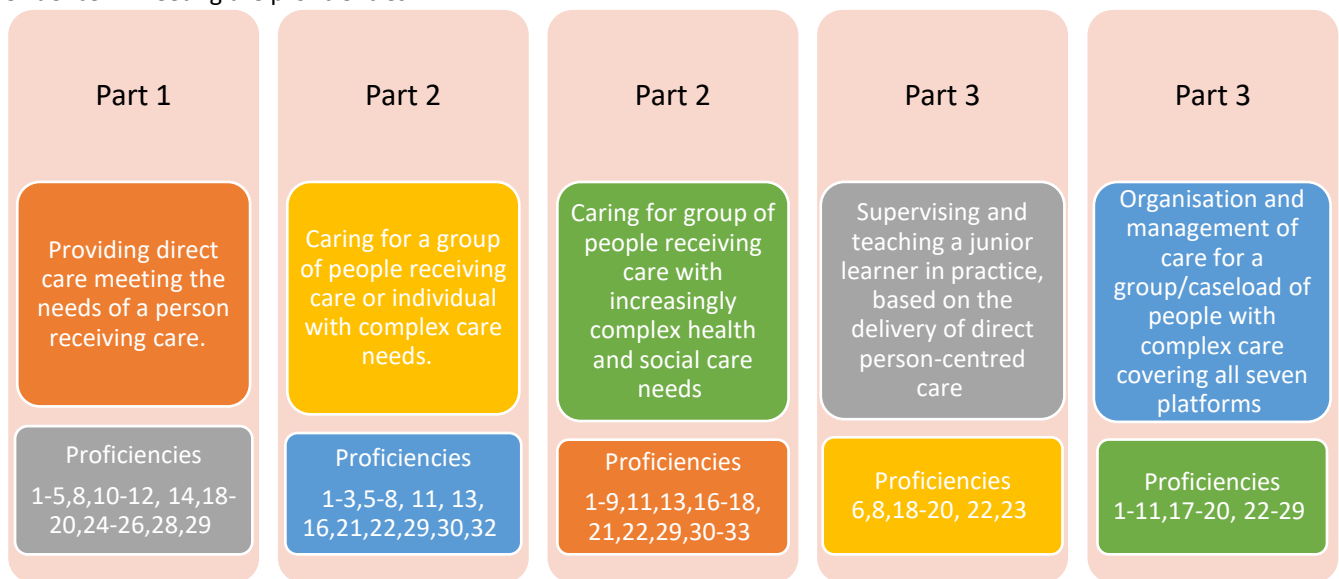


Figure 2: Mapping of episodes of care as supporting evidence for proficiencies

In preparing for placement, review the proficiencies, identify any concerns at the initial interview so that you can clarify with your academic assessor in the early stages of the placement.



Figure 3: Types of evidence to support your assessment



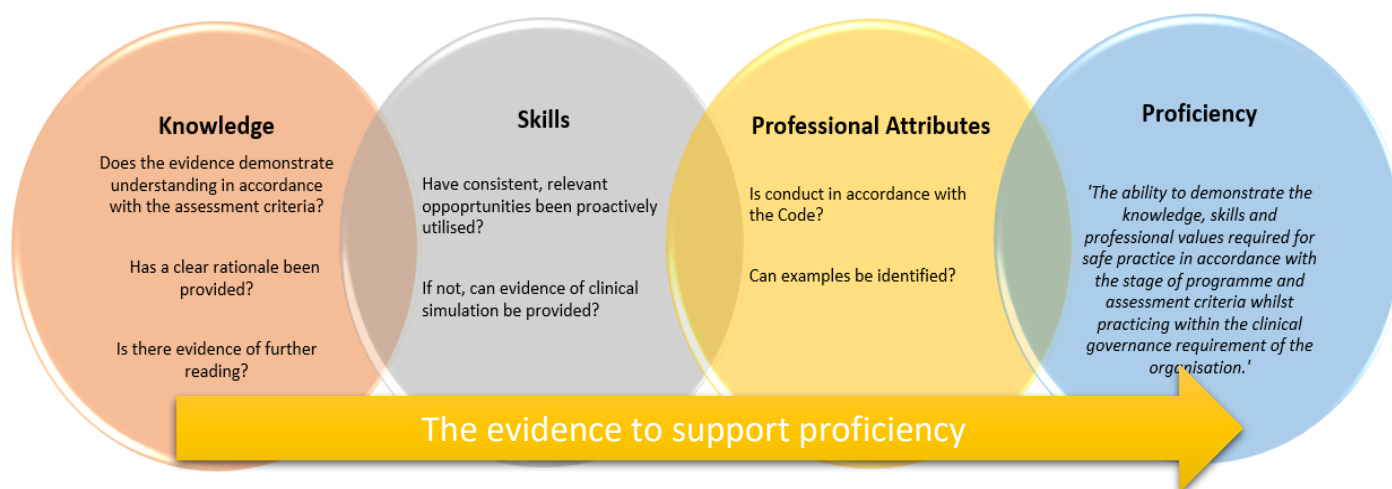
There are 13 proficiencies in part 2 that can be completed in part 3. These are asterisked \*. Any of the 13 proficiencies not assessed in part 2 will appear in part 3.

### The professional conversation

The 'professional conversation' is a framework that you can use to help plan, review and confirm the assessment. In 2017, the NMC published '[Enabling Professionalism](#)' supporting professionals to manage discussions about proficiency, governance and quality using The Code (2018) as a framework. An example of a professional conversation is available in **Appendix C**.

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.



### 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<br>UPLA<br>Academic Assessor  |
| Unable to be assessed due to limited/ inconsistent attendance                        | There is a risk that proficiency cannot be demonstrated and place student at risk of referral.  | Academic assessor<br>Practice education link<br>UPLA<br>Personal tutor (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<br>Practice education link<br>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<br>If submission date has not passed they could discuss the possibility for an extension to practice with their academic assessor |

### Can I practice all the proficiencies in practice?

In part 2, you will see the asterisked proficiencies identify specific skills such as venepuncture and cannulation. In order to be able to practice these on placement, you must:-

- Attend the clinical skills session
- Review the policy to confirm it permits students to practice the skill
- If unsure, verify with the practice education team

## 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   |
|------------|--|---|---|
| <b>YES</b> | 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.     |
| <b>NO</b>  | 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/<br>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/<br>Simulation | Practice    |
| 1    | 15 | Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances, as appropriate.  | Practice  | Practice/<br>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/<br>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/<br>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    | 27 | 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   |
|------------|---|--|---|
| <b>YES</b> | 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.              |
| <b>NO</b>  | 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. |

All non-asterisked 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.**

In Part 2, there are certain proficiencies that can be completed in either Part 2 or Part 3. These are asterisked and highlighted in red. 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'.

### 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/<br>Simulation | Practice    |
| 2      | 11  | Effectively uses evidence based nutritional assessment tools to determine the need for intervention.  | Practice  | Practice/<br>Simulation | Practice    |

| Part   | No  | Proficiency  | CYP Field               | MH Field                | Adult Field             |
|--------|-----|--|-------------------------|-------------------------|-------------------------|
| 2 or 3 | 12* | Demonstrates understanding of artificial nutrition and hydration and can insert, manage, and remove oral/nasal gastric tubes where appropriate.  | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>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/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 2 or 3 | 15* | Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).  | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>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/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 2 or 3 | 20* | Uses best practice approaches to undertake nasal and oral suctioning techniques.   | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>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/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 2 or 3 | 25* | Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles  | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 2 or 3 | 26* | Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.   | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 2 or 3 | 27* | Manage and monitor blood component transfusions in line with local policy and evidence-based practice. **  | Practice/<br>Simulation | Simulation              | Practice/<br>Simulation |
| 2 or 3 | 28* | Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.  | Practice                | Practice/<br>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                |

\*\*Proficiency 27, Mental health programme – E learning package is on brightspace.

## 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  |
|------------|--|---|--|
| <b>YES</b> | 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. |
| <b>NO</b>  | 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.  |

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.**

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'

**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/<br>Simulation | Practice/<br>Simulation | Practice/<br>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/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 3    | 14 | Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices  | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>Simulation |
| 3    | 15 | Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.   | Practice/<br>Simulation | Practice/<br>Simulation | Practice/<br>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/<br>Simulation | Practice/<br>Simulation | Practice/<br>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 parts 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"><li>• Contact placement area</li><li>• Review learning opportunities</li><li>• Complete orientation / initial interview</li><li>• Check submission date for practice</li><li>• Check study days and personal requests for duties; make requests prior to placement starting</li></ul>   |                            |                 |
| Review Portfolio <ul style="list-style-type: none"><li>• Review the proficiencies</li><li>• Consider:<ul style="list-style-type: none"><li>○ Medication Assessment</li><li>○ Episode of Care Assessment</li></ul></li></ul>   |                            |                 |
| 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.  |                            |                 |
| <b>Additional support – know your links</b><br>University Practice Learning Adviser Team. <a href="mailto:upla@bournemouth.ac.uk">upla@bournemouth.ac.uk</a><br>You will have a link UPLA, make a note of their name and contact details<br><br>Check the contact details of practice education team who can help you in placement<br>For Opal queries:- <a href="mailto:opalsupport@bournemouth.ac.uk">opalsupport@bournemouth.ac.uk</a><br>For Timesheets and placement organisation related queries:- <a href="mailto:hssplacements@bournemouth.ac.uk">hssplacements@bournemouth.ac.uk</a> |                            |                 |

Example,

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

## Appendix C: Example of a professional conversation

For a word version, please visit the help section at [www.opalbu.com](http://www.opalbu.com).

| Student: Sam Brown – Year 2, 2 <sup>nd</sup> placement<br><br>Practice Assessor/ Supervisor: Mike Smith<br><br>Date:  |  |
|---|--|
| Proficiencies being 'confirmed': 12. Demonstrates understanding of artificial nutrition and hydration and can insert, manage, and remove oral/nasal gastric tubes where appropriate.  |  |
| Evidence being considered:<br>Simulation ■                      Reflection ■                      Feedback ■<br>Other: feedback from clinical simulation and session lesson plan.   |  |
| Code Standard   | Feedback   |
| Being Accountable [Practise effectively]<br>Are there examples of: <ul style="list-style-type: none"> <li>• Problem solving?</li> <li>• Ability to question?</li> <li>• Personal reflection?</li> <li>• Evidence base?</li> </ul>   | 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.   |
| Being a leader<br>[Promote professionalism and trust]<br>Are there examples of: <ul style="list-style-type: none"> <li>• Self-directed learning?</li> <li>• Proactive approach to teamworking?</li> </ul>   | 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.   |
| Being an advocate [Prioritise people]<br>Are there examples of: <ul style="list-style-type: none"> <li>• Understanding professional responsibility to others?</li> <li>• Compassion and care?</li> </ul>  | 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.<br>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. |
| Being competent [Preserve safety]<br>Are there examples of: <ul style="list-style-type: none"> <li>• Technical ability through simulation and or practice?</li> <li>• Awareness of limitations?</li> <li>• Understanding of further learning required?</li> </ul>   | 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.   |
| Feedforward:-<br>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. |  |