Assessment of practice:

Guidance notes for students and mentors

BSc (Hons) Nursing Programme Adult RN / Mental Health RN / Children & Young People’s RN

October 2011
Assessment of Practice – Guidance Notes

Welcome to the guide for the Practice Assessment Document (PAD). This guide has been developed to help students and mentors to complete the documentation for the Assessment of Practice.

The pages have been divided into 4 sections:

Section 1: Guidance for students
Section 2: Guidance for mentors
Section 3: Glossary of Terms
Section 4: Grading system and indicators for achievement of Competences

However it may be of benefit for students and mentors to read all sections and not just focus on their own section.

Assessment of practice represents 50% of the pre registration nursing programme assessment requirements. In keeping with the NMC requirements, the Assessment of Practice document acts as the student’s proforma to enter the register at the end of training.

The mentor’s assessment of practice is fundamental to maintaining professional standards in nursing so mentors need to be reminded to read these pages.

The PAD assessment is a three year document broken into parts to reflect practice learning across each year and each progression point. Assessment is continuous in nature and students are expected to evidence achievement throughout each practice learning experience across the three years.

This is a generic practice assessment document designed and approved by University of Salford, Manchester Metropolitan University and Manchester University and Providers for practice learning areas and will be utilised by all pre registration nursing programmes from September 2011. However as each University curriculum structure and academic regulations are slightly different there may be additional page inserts, or omissions, which will reflect those differences and mentors need to be aware of this.

Please note that the Essential Skills Clusters have been incorporated into the Competencies and Practice Based Assessments.

NMC (2010) Competencies for Progression Point 1, 2 and Entry to the register for generic and Adult, Mental Health and Children & Young People’s fields of practice can be found at the end of the document.
<table>
<thead>
<tr>
<th>Item</th>
<th>University of Salford</th>
<th>Manchester Metropolitan University</th>
<th>University of Manchester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudinal assessment scale</td>
<td>Included</td>
<td>Included</td>
<td>Attitude assessed through NMC outcomes additional scale not used</td>
</tr>
<tr>
<td>Reasonable adjustments</td>
<td>Included</td>
<td>Included</td>
<td>Reasonable adjustment documentation will be provided separately</td>
</tr>
<tr>
<td>Competencies (PP1 the same for all 3 HEI’s)</td>
<td>The minimum as outlined by the NMC</td>
<td>The minimum as outlined by the NMC</td>
<td>The minimum as outlined by the NMC plus additional competencies for progression to register in adult and child fields to ensure parity with the mental health field</td>
</tr>
<tr>
<td>Competencies</td>
<td>Written from the perspective of the person assessing the student</td>
<td>Written from the perspective of the person assessing the student</td>
<td>Written from the perspective of the student</td>
</tr>
<tr>
<td>Competencies</td>
<td>Asks the mentor only to pass or fail</td>
<td>Asks the mentor only to pass or fail</td>
<td>Asks the student and mentor to evaluate progression at mid-point and for final assessment asks the mentor to pass or fail</td>
</tr>
<tr>
<td>Practice based assessments (formerly OSCE)</td>
<td>Included as summative assessments within certain placements</td>
<td>Included</td>
<td>Not included</td>
</tr>
<tr>
<td>The document</td>
<td>All three years and Ongoing Record of Achievement (ORA) in one</td>
<td>All three years and ORA in one</td>
<td>Separate for each year and ORA included</td>
</tr>
</tbody>
</table>
The Standards for Competence for year 1, year 2 and year 3 identify the generic and fields of practice competencies to be achieved at each progression point. The four domains

1. Professional values
2. Communication and interpersonal skills
3. Nursing practice and decision-making
4. Leadership, management and team working

have been mapped to each competence rather than segregate the competencies into a domain. The Essential Skills Clusters for each progression point have also been mapped to the competencies unless indicated as a separate assessment by use of a practice based assessment (formerly known as an OSCE).

Attitudinal assessment (UoS and MMU only)
It is important to give feedback to students on their attitude, and within the PAD there is the opportunity for mentors to give feedback at the mid-point interview and at the final interview.

This assessment is formative and is designed so that mentors can guide the students with their future development. The NMC require all nurses to be of good health and good character and this attitudinal assessment will assist with this.

Service user/carer involvement
The input of service users and carers is of paramount importance. An important part of the students’ development is the feedback that can be ascertained from those who are receiving care. Within the PAD there is the opportunity for students to receive feedback from service users/carers.

In order to maintain confidentiality, this form is to be **completed by the mentor only, after seeking permission from the service user/carer**. This form is optional for UoS and MMU but not UoM and it is anticipated that service user/carer input will be of great benefit to the students.

24-hour cycle of care
For the University of Salford students only – it is a requirement for the student to complete a minimum of 150 hours of night duty. It is not expected that students will undertake night duty on their first placement, though a student can work night duty from placement 2.

All students have to experience the 24-hour cycle of care.
Section 1: Guidance for Students

Before commencing practice learning experience in year 1 the student must have obtained Criminal Records Bureau (CRB) and Occupational Health clearance. This must be verified by a University member of staff who will sign in the practice assessment documentation to say they have seen this. If this is not verified the student can take the CRB and occupational health clearance paperwork on their first day into practice and their mentor can verify and sign to say they have seen proof of this.

Remember this is YOUR assessment and you must accept responsibility to ensure accurate completion:

- Prior to the start of each practice experience make an initial identification of your learning needs and complete the student self assessment
- If you have an assessment of need/support plan, identify any reasonable adjustments with your mentor
- Actively participate in initial, interim and final interviews with your mentor
- Identify and affirm learning needs with your mentor
- Agree an action plan with your mentor for every practice experience
- Take advantage of every opportunity to work with your mentor / supervising practitioner
- Take advantage of all the learning opportunities available
- Maintain your assessment of practice document
- Provide your mentor with examples and evidence from practice to demonstrate how the competencies have been achieved
- Co-operate with your mentor to ensure the assessment is completed by the date(s) specified
- Make the assessment of practice document available to mentors or academic staff on request
- Submit the assessment of practice documentation to university by the date specified
- Complete the evaluation of each practice experience
- Arrange to meet your personal tutor to discuss your placement experience, and to verify your document ready for submission.

Falsification or incorrect completion of any elements of this document – in connection with programmes leading to a professional qualification, falsely claiming to have completed practice requirements such as hours in practice or achievement of professional competencies or falsification of signatures are seen to be a breach of academic integrity and will result in disciplinary action and possible removal from the programme.

On the statement of achievement page you will be asked to sign to confirm that there has been no falsification of evidence within the practice assessment document.
Section 2: Guidance for Mentors

All team members, mentors, and registrants (associate mentors if utilised) may be involved in facilitating the student’s learning. However it is you the mentor who is accountable for the final assessment (judgement) and completion of the assessment documentation.

A fundamental role of every registered nurse is to support and facilitate students in meeting their learning needs during practice experience. You must remember that as a registered practitioner you are responsible for the assessment process and you need to have confidence in your judgement. Please be certain that the student has achieved a competency level, before awarding a pass. If you are concerned that the student may not be able to achieve the required level, you must alert the University so that appropriate support can be offered to both the student and you. It is important that the student is not given ‘the benefit of the doubt’ when assessing competency.

The overall aim of the practice assessment process is to ensure that students can demonstrate that they are fit to practice. These documents are designed to help mentors make judgements about the student’s achievement of NMC Standards of Proficiency for Pre Registration Nursing. Essential Skills Cluster (ESC) statements have been mapped to the NMC Standards of Proficiency for year 1, year 2 and year 3. Where they have not been mapped a practice based assessment in practice will be used to assess competency.

Key Assessment Information
In each practice learning experience there must be three progress interviews with the student - initial, interim and final.

Initial/preliminary interview
Here the mentor and the student will identify learning needs, drawing on either previous experience or previous practice assessment. They will also identify the learning opportunities that are available on the practice learning area to meet NMC Standards and ESC requirements. Practice Learning Experience checklist and initial interview pages will need to be completed at this point.

Record of Preliminary Interview
This initial interview will be conducted by the student’s mentor (or, where not available, another mentor/registrant), and will take place by the end of the first week of the practice learning experience.

Issues to be discussed include:

- A review of the ongoing record of achievement from previous placements
- Learning opportunities and resources available
- Any learning support needs that the student may have, such as dyslexia support in practice. Reasonable adjustment will need to be discussed.
• Practice learning competencies and how these may be achieved
• Mutual expectations
• Agreement to work together for a minimum of 40% of the time (direct/indirect supervision)
• Requirements and arrangements for support and supervision involving other members of the team including Allied Health Professional

A record of the interview will normally be written by the mentor, and signed by both parties. Where total or partial agreement is not possible, parties may comment separately.

**Interim/Mid-point Interview**
Here the mentor and student reviews and identifies further learning opportunities that are available. The following issues should also be reviewed:

• Students progress – review action plan from initial interview. Identify areas where the student has achieved and where support is needed. In the event where a student’s progress is of concern clear documentation of the student’s action plan is required.

Record of Interim/Mid-point Interview
This interview will be conducted by the student’s mentor (or, where not available, another mentor). The interview will take place in the middle week of the practice learning experience. Supplementary interviews may be arranged if required and documented on the Student / Mentor contact sheet.

Issues to be discussed include:
• A review of the student’s progress to date, including specific strengths and weaknesses; reference should be made to the learning competencies and attitudinal assessment.
• A review of mutual expectations and arrangements for support and supervision involving other members of the team including AHP
• A review of work in progress towards supporting evidence of learning and achievement.

A record of the interview will be signed by both parties and retained in the practice assessment document. Where total or partial agreement is not possible, parties may comment separately. The decision of the mentor will be final.

At this stage and if not already addressed, the student’s progress is giving cause for concern, the mentor should notify the personal tutor / academic tutor / university link lecturer as appropriate who may wish to be invited to attend the interview.

**Final interview**
Here the mentor and the student discuss the learning achieved on the placement and complete all relevant documentation.
Record of Final Interview
This interview will be conducted by the student’s mentor (or, where not available, another mentor). The interview will take place towards the end of the practice learning experience unless otherwise stated by the university (e.g. if submission for exam board dates requires the documentation to be completed earlier).

The purpose of the interview is for the mentor and the student to discuss and seek agreement on the achievement of the learning competencies and the attitudinal assessment. Where total or partial agreement is not possible, parties may comment separately. The decision of the mentor will be final.

All learning competencies must be achieved in order for an overall pass to be recorded. Assessment is on a pass/fail basis. The student will be permitted one further attempt (retrieval) at any failed competency.

Second attempt
Re-assessment will take place as indicated by the University.

The student will be reassessed only in the practice based assessment and/or the competencies that he or she has failed. The sections in the documentation marked second attempt are to be completed by the mentor if the student is retrieving a second attempt in practice. This may be done alongside the next practice learning experience competencies that have to be achieved.

Assessing a Students Achievement
The mentor should be aware that they remain accountable for delegating tasks / duties to the student and must:

- be able to justify their decision to allow the student to undertake Essential Skills by taking account of the student’s level of education and their experience in the practice learning area.
- Supervise the student as appropriate to their level of education.

Mentors should use a team approach to assess the student by gathering views from colleagues about the student’s performance. The student should be encouraged to do the same and record this in the student / mentor contact sheet or in the record of practice learning opportunities.

Each competency must be graded as Achieving by demonstrating the knowledge, skills and attitudes defined by the NMC in each individual competency statement. The mentor should sign the appropriate section of the assessment document to authenticate the assessment of each competency.

Fraudulent entry of assessment competencies or signatures by the student in any document is a serious disciplinary matter that will be investigated by the University and may result in exclusion of the student from the programme.
Any mentor signature used in the practice assessment document including registrants and other healthcare professionals must be added to the signature sheet at the front of each practice learning experience.

**Student Self Assessment**
Student self assessment is an important part of the practice learning process; students should make comment on this on the student self assessment page. This must be discussed with the mentor at the initial interview by the student.

**Record of Attendance**
The NMC requires students to complete 2300 hours of practice throughout the programme. Students should document the hours worked and the total should exclude breaks. All student absence / sickness must be clearly recorded on the attendance sheet and verified by the mentor. A cumulative total of hours worked on night duty should also be recorded and verified. When on placement, students do not work bank holidays, these are included in the weekly hours as reading days. Unless the practice learning area is advised by the University, students do not have study days whilst on placement. Students may not change the dates of their annual leave. Students must not make arrangements directly with placements to make up time e.g. by swapping shifts to avoid sickness / absence being recorded or by working additional hours either within the allocation period or during their annual leave without the expressed permission of the University. Procedures are in place to enable students to make up time.

**Concerns about student progress**
The mentor and student should formally meet to discuss any concerns expressed about the students progress as soon as these arise. The mentor should inform the Personal Tutor / Academic Tutor / University Link Lecturer as appropriate as soon as possible so that additional support may be offered. The student should also contact their personal tutor / academic tutor for additional support and guidance. Any concerns identified must be documented in the practice assessment document to provide written evidence of discussions and action taken.

If concerns are unresolved, comments documented in the interim / final interviews should identify this. Detailed comments should be recorded in the appropriate sections of the practice assessment document.

**Storage of Practice Assessment Documents**
The practice assessment document provides evidence of the student’s achievements throughout the programme. These documents are the students responsibility and although they must be made available on request to mentors and tutors, the documents must remain in the students possession at all times. Replacement of completed documentation / evidence of progression will be extremely difficult to obtain which will make it difficult for the sign off mentor to make a judgement at final progression point in year 3.
Checklist of Indicative Criteria
These are guidelines to help you identify how the student will achieve the practice competencies. It is not an exhaustive list but can be used as needed and applied to your practice area.

- Prior to or at commencement of each practice learning experience the student must be allocated a named mentor
- If you, the mentor, are not available on the students first day you must ensure a member of staff provides an induction to placement and completes the induction to placement form
- Complete the checklist of mentor responsibilities
- Complete the mentor signature sheet and ensure any other mentors / registrants/ AHP’s contributing to the assessment document also sign this sheet
- Undertake the initial interview with the student within the first week
- If appropriate complete the reasonable adjustments form
- Identify practice learning opportunities and discuss student self assessment, recommending any additions or amendments as appropriate
- Agree an action plan with your student for the practice experience
- Discuss whether there are any specific learning or health needs and complete risk assessment as appropriate
- Check the date of submission of the practice assessment documentation and plan the interim and final interviews accordingly
- Supervise and support students learning in relation to achieving the NMC competencies
- Co-ordinate the students learning experiences with others
- Complete interim interview in conjunction with the NMC competencies, discussing progress to date
- Complete the attitudinal questionnaire and use this to inform your discussion
- Complete the interim development action plan with the student
- Utilise student / mentor contact sheet to record any discussion / feedback outside of the 3 formal interviews
- Advise other mentors in the team to document any feedback on student / mentor contact sheet
- Undertake the final interview and make sure all relevant pages are complete. Every competency must be signed and dated to indicate whether the student has achieved or not achieved. Provide feedback and complete end of placement page alongside the attitudinal questionnaire
- If the assessment process has been followed, regular feedback provided and support to achieve learning competencies given throughout the practice experience, there should be no surprises should the student not achieve
- Complete ongoing record of achievement and statement of achievement after checking all pages in the document are signed and record of attendance has been filled in correctly
Section 3: Glossary of Terms

Mentor
A registrant who has successfully completed an NMC approved mentor preparation programme. This term will also be used for Allied Health Professionals who may be involved in assessing student’s progression in year 1 and who meet NMC Standards to Support Learning and Assessment in Practice (2006).

Sign off mentor
A mentor who has met additional criteria and may sign-off proficiency at the end of a final period of practice learning in year 3.

Registrant
A qualified nurse who has not undertaken an approved mentor preparation programme.

University Link Lecturer
Academic staff from HEI who link to the practice placement area in a supporting role.

Practice Education Facilitator
A Trust employee whose role is to facilitate learning in practice for all undergraduate healthcare students, with a particular focus on quality assurance and inter-professional learning.

Placement Development Manager
A NHS Northwest employee who identifies and develops new placements, across a range of professions, in order to increase capacity and breadth of learning experience

Placement Educational Lead
A designated individual in a practice learning setting who facilitates the maintenance of a quality learning environment.

Practice Learning Providers
NHS Trusts / Non NHS organisations

Essential Skills Clusters
Skills that support the NMC standards, and that must be achieved by the student nurse.

Practice Based Assessment (formerly known as OSCE)
An assessment carried out by the student that is assessed summatively by the mentor.

Summative assessment
An assessment of learning, whereby a mark is awarded
Formative assessment
An assessment for learning, where the student is not given a mark, but is given guidance for improvement

Programme requirement
Essential components that the student must attain before they can be registered as a qualified practitioner. This includes the 24-hour cycle of care, attendance of 4600 hours, Personal Development Planning,

Higher Education Institute (HEI)
The University from which the student is registered with to complete a pre registration nursing programme.
Section 4: Grading System and Indicators for Achievement of Competencies.

University of Salford students

YEAR 1 - NOVICE LEVEL

Novice Level Descriptor adapted from Benner (1984).

It is acknowledged that the student may have an array of life experiences which may support their learning experience. However, the student at this stage may have limited previous healthcare and nursing knowledge and limited exposure to different clinical practice situations. Students therefore need to be guided by simple, general rules, which can be learned and applied to different situations and tasks.

The student’s knowledge base at this level will enable them to describe, identify, discuss, explain, practise, contribute, participate, select and choose experiences.

At this stage the student requires help, support and supervision to guide their practice.

YEAR 2 - BECOMING AN ADVANCED BEGINNER

Becoming an Advanced Beginner Level adapted from Benner (1984).

The student nurse at this stage is able to demonstrate acceptable performance in clinical practice and uses their previous experience to guide actions. They are able to focus on individuals and their needs but they still require to be guided by general rules. The student's knowledge base at this stage will enable them to engage, differentiate, formulate, combine, compare, contrast, defend, apply, plan and produce and initiate care activities.

At this stage the student will still require help, support and supervision to guide their practice.

YEAR 3 – BECOMING COMPETENT

Becoming Competent Level adapted from Benner (1984).

The student is able to plan both current and future nursing actions. They are able to prioritise the care they provide and decide if some aspects of care can be provided at a later time. An increasing level of efficiency demonstrates the becoming competent stage.
At this stage the student will still require help, support and supervision to guide their practice.

**Reference**

For University of Manchester Students - Assessing Level of Competence

As the student moves through the three year programme they are required to move from being a dependent practitioner to one that is competent and can practice independently in caring for patients in year three. This progression is guided by the NMC generic and field standards for competence, Progression Criteria and Essential Skills Clusters. By achieving the competency of independence, students will also meet the required criteria for The University of Manchester Graduate Attributes. The framework used to assess competence will be an adaptation of the work of Bondy (1983). Bondy developed a ‘skills escalator’ scale with five levels of competence for undergraduate nurses. Five levels of competency within three major domains were identified: professional standards, qualitative aspects of a performance and the level of assistance needed to perform. This has similarities to Bloom’s taxonomies of cognitive, affective and psychomotor education objectives.

**Bondy’s (1983) Five-Point Scale for Measuring Student Nurses’ Clinical Performance** (Reproduced from Bondy (1983) page 379)

<table>
<thead>
<tr>
<th>Scale Label (competency)</th>
<th>Standard Procedure</th>
<th>Quality of Performance</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>Safe</td>
<td>Accurate</td>
<td>Effect</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Supervised (semi-independent)</td>
<td>Safe</td>
<td>Accurate</td>
<td>Effect</td>
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<td></td>
<td></td>
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<tr>
<td>Assisted</td>
<td>Safe</td>
<td>Accurate – Each time</td>
<td>Effect</td>
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<tr>
<td>Marginal (semi-dependent)</td>
<td>Safe but not alone</td>
<td>Performs at risk</td>
<td>Accurate – Not always</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Dependent</td>
<td>Unsafe</td>
<td>Unable to demonstrate behaviour</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>Not observed</td>
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</tbody>
</table>
Bondy’s five-point model has been adapted as a four-point scale to support and guide assessment ensuring NMC progressions points and entry to the Nursing Register is achieved.

**Application of Bondy’s (1983) Model for Measuring Students’ Overall Clinical Performance for Bachelor of Nursing (Hons) 2011**

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>Standard</th>
<th>Level of assistance</th>
<th>Quality of Performance</th>
<th>To be achieved by</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Independent</strong></td>
<td>Safe</td>
<td>No support cues required</td>
<td>-Competent</td>
<td>End of final Year 3 semester 2 Practice Placement</td>
</tr>
<tr>
<td><em>meets all NMC outcomes for entry to the Nursing Register</em></td>
<td>Accurate</td>
<td></td>
<td>-Confident</td>
<td></td>
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<tr>
<td></td>
<td>Can achieve all intended outcomes independently</td>
<td></td>
<td>-Expedient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance is appropriate to context</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semi-independent</strong></td>
<td>Safe</td>
<td>Requires occasional supportive cues</td>
<td>-Competent</td>
<td>End of each Year 2 and semester 1 Year 3 Practice Placements</td>
</tr>
<tr>
<td><em>meets the NMC 2nd progression point criteria by end of year two</em></td>
<td>Accurate</td>
<td></td>
<td>-Reasonably confident</td>
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</tr>
<tr>
<td></td>
<td>Can achieve most objectives for intended outcomes independently</td>
<td></td>
<td>-Reasonably expedient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance is appropriate to context</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Semi-dependent</strong></td>
<td>Safe with level of assistance stated</td>
<td>Requires regular verbal &amp; physical directive and supportive cues</td>
<td>Competent through performance when assisted</td>
<td>End of each Year 1 Practice Placements</td>
</tr>
<tr>
<td><em>meets the NMC 1st progression point criteria</em></td>
<td>Accurate with level of assistance stated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Achievement of intended outcomes under supervision</td>
<td></td>
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</tr>
<tr>
<td><strong>Dependent</strong></td>
<td>Unsafe to work alone</td>
<td>Requires frequent verbal &amp; physical directive and supportive cues</td>
<td>-Unskilled</td>
<td>Not achieved expected level of performance for progression point</td>
</tr>
<tr>
<td></td>
<td>Able to demonstrate performance with level of assistance stated</td>
<td></td>
<td>-Able to demonstrate partial performance under direct supervision</td>
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<tr>
<td></td>
<td>Some insight into behaviour appropriate to context</td>
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(Adapted from Bondy (1983) page 379 and the National Education Framework for Cancer Nursing {Australia} [accessed 17th January 2011])
Example

- A first year student nurse may be able to demonstrate semi-independence or even independence in performing a specific skills such as manual blood pressure however, they will only be able to function to the level of semi-dependence because they will still lack the knowledge, experience, wider skills, level of self-efficacy and metacognition to attend to whole situations, such as the overall care of a patient/client.

- A second year student nurse may be able to demonstrate semi-independence or even independence in performing a patient assessment and consequently plan care however; they will only be able to function to the level of semi-independence, as they will still require the occasional supportive cues.

- A third year student nurse may be able to demonstrate independence in some competences early in year 3 and others not until later. However it is important to note that any early achievement of independence must be sustained through to completion of year 3.

For further information regarding the University of Manchester’s curriculum then please access the website http://www.nursing.manchester.ac.uk/
**NMC Competencies to be achieved:**

<table>
<thead>
<tr>
<th>Progression Point 1 Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates safe, basic, person-centred care, under supervision, for people who are unable to meet their own physical and emotional needs.</td>
</tr>
<tr>
<td>2. Meets people’s essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times.</td>
</tr>
<tr>
<td>3. Seeks help where people’s needs are not being met, or they are at risk.</td>
</tr>
<tr>
<td>4. Is able to recognise when a person’s physical or psychological condition is deteriorating, demonstrating how to act in an emergency and administer essential first aid</td>
</tr>
<tr>
<td>5. Demonstrates an understanding of how to work within legal and professional frameworks and local policies to safeguard and protect people, particularly children, young people, and vulnerable adults.</td>
</tr>
<tr>
<td>6. Is able to recognise, and work within, the limitations of their own knowledge and skills and professional boundaries, understanding that they are responsible for their own actions.</td>
</tr>
<tr>
<td>7. Demonstrates the ability to listen, seek clarity, and carry out instructions safely, and records information clearly and accurately on the basis of observation and communication.</td>
</tr>
<tr>
<td>8. Uses and disposes of medical devices safely under supervision according to local and national policy, reporting any incidents or near misses.</td>
</tr>
<tr>
<td>9. Understands and works within the laws governing health and safety at work. Demonstrates safe manual handling techniques, and understands how nurses can help reduce the risk of infection, including effective hand washing.</td>
</tr>
<tr>
<td>10. Recognises signs of aggression and takes appropriate action to keep themselves and others safe.</td>
</tr>
<tr>
<td>11. Safely and accurately carries out basic medicines calculations.</td>
</tr>
<tr>
<td>12. Demonstrates safe and effective communication skills, both orally and in writing.</td>
</tr>
<tr>
<td>13. Displays a professional image in their behaviour and appearance, showing respect for diversity and individual preferences.</td>
</tr>
<tr>
<td>14. Demonstrates respect for people’s rights and choices, and effectively communicates people’s stated needs and wishes to other professionals.</td>
</tr>
<tr>
<td>15. Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries.</td>
</tr>
<tr>
<td>16. Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.</td>
</tr>
<tr>
<td>17. Practises honestly and with integrity, applying the principles of <em>The code: Standards of conduct, performance and ethics for nurses and midwives</em> (2008) and the <em>Guidance on professional conduct for nursing and midwifery students</em> (2010).</td>
</tr>
<tr>
<td>18. Acts in a way that values the roles and responsibilities of others in the team and interacts appropriately.</td>
</tr>
<tr>
<td>19. Is able to engage and disengage with people and build caring professional relationships.</td>
</tr>
<tr>
<td>20. Uses support systems to recognise, manage and deal with own emotions.</td>
</tr>
</tbody>
</table>
### Progression Point 2 Competencies (GENERIC)

1. Practices with developing confidence in accordance with The Code: standards of conduct performance and ethics for nurses and midwives (NMC, 2008) and within other recognised legal and ethical frameworks.

2. Recognizes the limits of own competence and knowledge, whilst working more independently with less direct supervision.

3. Initiates, maintains and disengages from therapeutic relationships, with support.

4. Uses a range of effective communication methods to be able to respond to individual needs.

5. Participates in maintaining accurate, clear and complete records in line with current legislation.

6. Participates in a comprehensive assessment of an individual within own field of practice.

7. Participates in planning care for an individual within own field of practice.

8. Participates in the delivery of care for an individual within own field of practice.

9. Participates in the evaluation of care for an individual within own field of practice.

### Progression Point 2 Competencies (ADULT)

1. Adult nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2. Adult nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.

3. Adult nurses must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care.
### Progression Point 2 Competencies (CHILDREN & YOUNG PEOPLE)

1. Children’s nurses must ensure that, where possible, children and young people understand their healthcare needs and can make or contribute to informed choices about all aspects of their care.

2. Children's nurses must use negotiation skills to ensure the best interests of children and young people in all decisions, including the continuation or withdrawal of care. Negotiation must include the child or young person, their family and members of the multidisciplinary and interagency team where appropriate.

3. Children’s nurses must understand their central role in preventing maltreatment, and safeguarding children and young people. They must work closely with relevant agencies and professionals, and know when and how to identify and refer those at risk or experiencing harm.

### Progression Point 2 Competencies (MENTAL HEALTH)

1. Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.

2. Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.

3. Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.
## Entry To The Register Competencies (GENERIC)

1. Practices with confidence in accordance with The Code: standards of conduct performance and ethics for nurses and midwives (NMC, 2008) and within other recognised legal and ethical frameworks.

2. Practices in a holistic, non-judgmental, caring and sensitive manner and is able to challenge inequalities and discrimination within health care.

3. Supports and promotes the health, wellbeing, rights and dignity of people, groups, communities and populations.

4. Works in partnership with service users, carers, groups, communities and organizations, and manages risks.

5. Adapts practice to meet the changing needs of individuals within the field of practice, and works collaboratively.

6. Actively engages in continuing professional development.

7. Recognizes the limits of own competence and knowledge, whilst working more independently with minimum direct supervision.

8. Applies evidence in practice, and an ability to appraise research.

9. Initiates, maintains and disengages from therapeutic relationships, with minimal support.

10. Applies a range of effective communication methods to be able to respond to individual needs.

11. Recognizes when people are anxious or distressed and responds effectively.

12. Maintains accurate, clear and complete records in line with current legislation.

13. Has an in-depth knowledge of common physical and mental health problems and treatments within own field of practice.

14. Undertakes a comprehensive assessment of an individual within own field of practice.

15. Undertakes the planning of care for an individual within own field of practice.

16. Awareness of public health principles, and adapts practice to meet changing needs.

17. Undertakes the delivery of care for an individual within own field of practice.

18. Recognises and interprets signs of normal and deteriorating mental and physical health.

19. Recognises and takes action when an individual is at risk.
<table>
<thead>
<tr>
<th>20.</th>
<th>Undertakes the evaluation of care for an individual within own field of practice.</th>
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<tbody>
<tr>
<td>22.</td>
<td>Ability to identify priorities and manage time effectively.</td>
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<tr>
<td>23.</td>
<td>Facilitates the development of other nursing students</td>
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<tr>
<td>24.</td>
<td>Undertakes the coordination and delegation of care, under minimal supervision.</td>
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<tr>
<td>25.</td>
<td>Awareness of the roles of other professionals and agencies and is able to refer an individual to services.</td>
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### Entry To The Register Competencies (ADULT)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1.</td>
<td>Adult nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.</td>
</tr>
<tr>
<td>2.</td>
<td>Adult nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.</td>
</tr>
<tr>
<td>3.</td>
<td>Adult nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.</td>
</tr>
<tr>
<td>4.</td>
<td>Adult nurses must safely use a range of diagnostic skills, employing appropriate technology, to assess the needs of service users.</td>
</tr>
<tr>
<td>5.</td>
<td>Adult nurses must safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions, where relevant, in medical and surgical nursing practice, providing information and taking account of individual needs and preferences.</td>
</tr>
<tr>
<td>6.</td>
<td>Adult nurses must recognise and respond to the changing needs of adults, families and carers during terminal illness. They must be aware of how treatment goals and service users’ choices may change at different stages of progressive illness, loss and bereavement.</td>
</tr>
<tr>
<td>7.</td>
<td>Adult nurses must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care.</td>
</tr>
<tr>
<td>8.</td>
<td>Adult nurses must understand the normal physiological and psychological processes of pregnancy and childbirth. They must work with the midwife and other professionals and agencies to provide basic nursing care to pregnant women and families during pregnancy and after childbirth. They must be able to respond safely and effectively in an emergency to safeguard the health of mother and baby.</td>
</tr>
<tr>
<td>9.</td>
<td>Adult nurses must work in partnership with people who have long-term conditions that require medical or surgical nursing, and their families and carers, to provide therapeutic nursing interventions, optimise health and wellbeing, facilitate choice and maximise self-care and self-management.</td>
</tr>
</tbody>
</table>
Children’s nurses must understand the laws relating to child and parental consent, including giving and refusing consent, withdrawal of treatment and legal capacity.

Children’s nurses must recognise that all children and young people have the right to be safe, enjoy life and reach their potential. They must practise in a way that recognises, respects and responds to the individuality of every child and young person.

Children’s nurses must act as advocates for the right of all children and young people to lead full and independent lives.

Children’s nurses must understand their central role in preventing maltreatment, and safeguarding children and young people. They must work closely with relevant agencies and professionals, and know when and how to identify and refer those at risk of experiencing harm.

Children’s nurses must work in partnership with children, young people and their families to negotiate, plan and deliver child and family-centred care, education and support. They must recognise the parent’s or carer’s primary role in achieving and maintaining the child’s or young person’s health and wellbeing, and offer advice and support on parenting in health and illness.

Children’s nurses must ensure that, where possible, children and young people understand their healthcare needs and can make or contribute to informed choices about all aspects of their care.

Children’s nurses must be able to recognise and respond to the essential needs of all people who come into their care including babies, pregnant and postnatal women, adults, people with mental health problems, people with physical disabilities, people with learning disabilities, and people with long term problems such as cognitive impairment.

Children’s nurses must use recognised, evidence-based, child-centred frameworks to assess, plan, implement, evaluate and record care, and to underpin clinical judgments and decision-making. Care planning and delivery must be informed by knowledge of pharmacology, anatomy and physiology, pathology, psychology and sociology, from infancy to young adulthood.

Children’s nurses must carry out comprehensive nursing assessments of children and young people, recognising the particular vulnerability of infants and young children to rapid physiological deterioration.
Entry To The Register Competencies (MENTAL HEALTH)

1. Mental health nurses must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2. Mental health nurses must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.

3. Mental health nurses must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.

4. Mental health nurses must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.

5. Mental health nurses must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.

6. Mental health nurses must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.

7. Mental health nurses must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.

8. Mental health nurses must be sensitive to, and take account of, the impact of abuse and trauma on people’s wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.

9. Mental health nurses must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.

10. Mental health nurses must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.
11. Mental health nurses must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.

12. Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.

13. Mental health nurses must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.

14. Mental health nurses must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.

15. Mental health nurses must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.

16. Mental health nurses must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.

17. Mental health nurses must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.

18. Mental health nurses must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.

19. Mental health nurses must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.

20. Mental health nurses must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.

21. Mental health nurses must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.

22. Mental health nurses must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.