**For Bsc (Hons) Learning Disability Nursing students in…………. settings**

**Mapping of Interprofessional Learning Opportunities**

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**Guidance Notes for Nursing Students, Mentors and Tutors**

This document has been designed to provide information on the practice progress of nursing students in accordance with the Nursing and Midwifery Council Standards for Pre-Registration Education (2010).

This booklet contains the NMC stated Standards for Competence for Pre-Registration Nursing Education against which the student’s nursing practice and competence1 will be assessed and recorded. Each Standard for Competence to be achieved for entry to the NMC Register requires supporting evidence. It is the nursing student’s responsibility to provide evidence of achievement of the Standards for Competence. The nursing student should indicate against the Standard for Competence, within the four domains in this document, the type of evidence and where it is to be found. The nursing student should present their evidence along with this document to their mentors for the purpose of assessment.

**Evidence of achievement of Standards for Competence must be retained in the nursing student’s   
portfolio and can be provided through:**

**Part One: Essential Care Pathway**

**Domain 1: Professional Values**

**Domain 2: Communication and Interpersonal skills**

**Domain 3: Nursing Practice and Decision Making**

**Domain 4: Leadership, Management and Team Working**

**Part Two: Integrated Care Pathway/Elective**

**Domain 1: Professional Values**

**Domain 2: Communication and Interpersonal skills**

**Domain 3: Nursing Practice and Decision Making**

**Domain 4: Leadership, Management and Team Working**

**Part Three: Leadership and Management Pathway**

**Domain 1: Professional Values**

**Domain 2: Communication and Interpersonal skills**

**Domain 3: Nursing Practice and Decision Making**

**Domain 4: Leadership, Management and Team Working**

**Evidence of achievement of Standards for Competence must be retained in the nursing student’s portfolio and can be provided through:**

**Direct observation** (DO) of the nursing student whilst they are working under supervision. More than one observation of the activity/skill may be appropriate for a mentor to satisfy himself or herself that the nursing student is able to sustain an acceptable level of performance and competence. These observations should take place as part of the normal working role of the student, rather than being contrived for the purpose of assessment. Dates, name of mentor or if appropriate allied professional and location of evidence, including clinical skills document if indicated, should be recorded against the identified Standard for Competence in this document.

**Question and answer session** (QA) between an appropriate member of placement staff and nursing student. To assess underpinning knowledge the student should demonstrate understanding and applications. Dates, name of mentor or if appropriate allied professional, activities/skills undertaken and location of evidence must be recorded by the nursing student against the identified Standard for Competence in this document.

**Reflective discussion** (RD) between the mentor and the nursing student regarding the progress in relation to knowledge, understanding and application. Dates, name of mentor or if appropriate allied professional, activities/skills undertaken and location of evidence must be recorded by the student against the identified Standard for Competence in this document.

**Reflective writing** (RW) demonstrating knowledge and understanding as applied to specific placement experiences supported by sources of evidence. This must be retained in the nursing student’s portfolio and location of evidence must be recorded by the nursing student against the identified Standard for Competence in this document. The use of a reflective model would enhance the process of reflection and underpin critical learning.

**Insight visit/record of observed learning statement** (OL). An Observed Learning statement can be obtained from a member of health and social care staff (other than mentor) that the nursing student has worked with as evidence of their observed performance and skills. Patients in exceptional circumstances may be approached, but only after initial discussion with the mentor. All Observed Learning Records/Insight Visit statements must provide sources of evidence in support of achieving Standards for Competence and the nursing student must write a statement and the witness sign it. The insight visit record is a statement of learning with the supporting evidence experienced outside of the hub or spoke placement should link directly to the NMC Standards for Competence that the student is working towards; the aims for the experience should be agreed beforehand and recorded.

**Interprofessional learning in practice** (IPL) is when learning takes place with professions other than your own. Best opportunities for interprofessional learning arise from working together in solving patient/client problems and in planning and evaluating the delivery of quality health and social care. The nursing student should complete a ‘Centre for Interprofessional Education and Learning’ form in support of achieving Standards for Competence.

**Work product** (WP) a development by the nursing student such as anonymised care plan, risk assessment, fluid balance records.

**Other** (O) any other form of evidence which provides verification of a nursing student’s achievement, for example: certificates, patient narratives, inclusion/critiques of articles.

**Standards for Competence to be Achieved for Entry to the Register 1**

**Domain 1: Professional Values**

**Generic Standard for Competence**

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

**Field Standard for Competence**

**Learning disabilities nurses** must promote the individuality, independence, rights, choice and social inclusion of people with

learning disabilities and highlight their strengths and abilities at all times while encouraging others do the same. They must

facilitate the active participation of families and carers.

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| **Competence** | **Learning opportunities** | **Examples of evidence** |
| 1. All nurses must practise with confidence according to **The code: Standards of conduct, performance and ethics for nurses and midwives** (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relatingto people’s choices and decision-making about their care, and act within the law to help them and their families andcarers find acceptable solutions. |  |  |
| 1.1. **Learning disabilities 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. All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where  necessary, they must challenge inequality, discrimination and exclusion from access to care. |  |  |
| 2.1. **Learning disabilities nurses** must always promote the autonomy, rights and choices of people with learning disabilities and support and involve their families and carers, ensuring that each person’s rights are upheld  according to policy and the law. |  |  |
| 3. All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, ageing, death and dying. Nurses must understand how these activities influence public health. |  |  |
| 3.1. **Learning disabilities nurses** must use their knowledge and skills to exercise professional advocacy, and recognise when it is appropriate to refer to independent advocacy services to safeguard dignity and human rights. |  |  |
| 4. All nurses must work in partnership with service users, carers, families, groups, communities and organisations.  They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety. |  |  |
| 4.1. **Learning disabilities nurses** must recognise that people with learning disabilities are full and equal citizens, and must promote their health and wellbeing by focusing on and developing their strengths and abilities |  |  |
| 5. All nurses must fully understand the nurse’s various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations. |  |  |
| 6. All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who  need care. |  |  |

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| 7. All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal. |  |  |
| 8. All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary. |  |  |
| 9. All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation. |  |  |

**Standards for Competence to be Achieved for Entry to the Register**

**Domain 2: Communication and Interpersonal skills**

**Generic Standard for Competence**

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

**Field Standard for Competence**

**Learning disabilities nurses** must use complex communication and interpersonal skills and strategies to work with people of all

ages who have learning disabilities and help them to express themselves. They must also be able to communicate and negotiate

effectively with other professionals, services and agencies, and ensure that people with learning disabilities, their families and

carers, are fully involved in decision-making

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| **Competence** | **Learning opportunities** | **Suggested Evidence** |
| 1. All nurses must build partnerships and therapeutic relationships through safe, effective and nondiscriminatory  communication. They must take account of  individual differences, capabilities and needs. |  |  |
| 1.1. **Learning disabilities nurses** must use the full range of  person-centred alternative and augmentative  communication strategies and skills to build partnerships and therapeutic relationships with people with learning  disabilities  2. All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain |  |  |
| 2.1. **Learning disabilities nurses** must be able to make all relevant information accessible to and understandable by people with learning disabilities, including adaptation of format, presentation and delivery. |  |  |
| 3. All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people’s needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take  account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate. |  |  |
| 3.1. **Learning disabilities nurses** must use a structured approach to assess, communicate with, interpret and respond therapeutically to people with learning disabilities who have complex physical and psychological  health needs or those in behavioural distress. |  |  |
| 4. All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective  communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration. |  |  |
| 4.1. **Learning disabilities nurses** must recognise and respond therapeutically to the complex behaviour that people with learning disabilities may use as a means of  communication. |  |  |
| 5. All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.  6. All nurses must take every opportunity to encourage health promoting behaviour through education, role modelling and effective communication. |  |  |
| 7. All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language. |  |  |
| 8. All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of  safety and protection override the need for confidentiality. |  |  |

**Standards for Competence to be Achieved for Entry to the Register**

**Domain 3: Nursing Practice and Decision Making**

**Generic Standard for Competence**

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

**Field Standard for Competence**

**Learning disabilities nurses** must have an enhanced knowledge of the health and developmental needs of all people with learning

disabilities, and the factors that might influence them. They must aim to improve and maintain their health and independence through skilled direct and indirect nursing care. They must also be able to provide direct care to meet the essential and complex physical and mental health needs of people with learning disabilities

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| **Competence** | **Learning opportunities** | **Suggested Evidence** |
| 1. All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others  involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and  expertise, and consult or refer accordingly.  1.1 **Learning disability 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 health problems and disabilities, older  people and people with long term problems such as cognitive impairment. |  |  |
| 2. All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing  and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including comorbidity and physiological and psychological vulnerability. |  |  |
| 3. All nurses must carry out comprehensive,  systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.  3.1. **Learning disabilities nurses** must use a structured, person-centred approach to assess, interpret and respond therapeutically to people with learning disabilities, and  their often complex, pre-existing physical and  psychological health needs. They must work in partnership with service users, carers and other professionals, services and agencies to agree and implement individual care plans  and ensure continuity of care. |  |  |
| 4. All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities.  They must then plan, deliver and evaluate person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and  bereavement. |  |  |
| 5. All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness  and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health,  wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.  5.1. **Learning disabilities nurses** must lead the development, implementation and review of individual plans for all people with learning disabilities, to promote their optimum health  and wellbeing and facilitate their equal access to all health, social care and specialist services. |  |  |
| 6. All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions,  including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through  appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes. |  |  |
| 7. All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe. |  |  |
| 8. All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and  management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care  for themselves. |  |  |
| 8.1. **Learning disabilities nurses** must work in partnership with people with learning disabilities and their families and carers to facilitate choice and maximise self-care and self management and co-ordinate the transition between different services and agencies. |  |  |
| 9. All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse. |  |  |
| 10. All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others. |  |  |

**Standards for Competence to be Achieved for Entry to the Register**

**Domain 4: Leadership, Management and Team Working**

**Generic Standard for Competence**

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

**Field Standard for Competence**

**Learning disabilities nurses** must exercise collaborative management, delegation and supervision skills to create, manage and

support therapeutic environments for people with learning disabilities.

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| **Competence** | **Learning opportunities** | **Suggested Evidence** |
| 1. All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people’s wellbeing and  experiences of healthcare. |  |  |
| 1.1. **Learning disabilities nurses** must take the lead in ensuring that people with learning disabilities receive support that creatively addresses their physical, social, economic, psychological, spiritual and other needs, when assessing, planning and delivering care. |  |  |
| 1.2. **Learning disabilities nurses** must provide direction through leadership and education to ensure that their unique contribution is recognised in service design and  provision |  |  |
| 2. All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people’s experience and care outcomes and to shape future services. |  |  |
| 2.1. **Learning disabilities nurses** must use data and research findings on the health of people with learning disabilities to help improve people’s experiences and care outcomes, and shape of future services. |  |  |
| 3. All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced. |  |  |
| 4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback,  reflection and evaluation. |  |  |
| 5. All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills. |  |  |
| 6. All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given. |  |  |
| 6.1. **Learning disabilities nurses** must use  leadership, influencing and decision-making skills to engage effectively with a range of agencies and professionals. They must also be able, when needed, to represent the health needs and protect the rights of people with learning disabilities and challenge negative stereotypes. |  |  |
| 6.2. **Learning disabilities nurses** must work closely with stakeholders to enable people with learning disabilities to exercise choice and challenge discrimination. |  |  |
| 7. All nurses must work effectively across  professional and agency boundaries, actively  involving and respecting others’ contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies. |  |  |