**For Bsc (Hons) and MSc in Mental Health 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**

**Mental health nurses** must work with people of all ages using values-based mental health frameworks. They must use different

methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and

recovery, that is, a person’s ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.

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| **Competencies** | **Learning opportunities** | **Suggested evidence** |
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| 1 | All nurses must practise with confidence according to [The code: Standards of conduct, performance and ethics for nurses and midwives](http://www.nmc-uk.org/code) (NMC 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people’s choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions. |

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| 1.1 | **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. |

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| 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. |

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| 2.1 | ​**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.  |

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| 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, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health |

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| 3.1 | **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. |

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| 4 | All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.  |

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| 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. |

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| 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. |

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| 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.  |

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| 8.1 | **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. |

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| **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**

**Mental health nurses** must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods

of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain

therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them

explore and make sense of their experiences in a way that promotes recovery.

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| **Competencies** | **Learning opportunities** | **Suggested evidence** |
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| 1 | All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.  |

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| 1.1 | **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. |

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| 1.2 | **Mental health nurses** must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.​ |

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| 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 it.  |

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| 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.  |

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| 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. |

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| 4.1 | ​**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. |

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| 5 | All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries. |

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| 5.1 | **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.​ |

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| 6 | All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication. |

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| 6.1 | **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.​ |

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| 7 | All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.  |

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|  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. |  |  |

**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**

**Mental health nurses** must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and

interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery.

They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential

and complex physical and mental health needs of people with mental health problems.

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| **Competencies** | **Learning opportunities** | **Suggested evidence** |
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| 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. |  |  |  |

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| 1.1 | ​**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. |

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| 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 co-morbidity and physiological and psychological vulnerability.  |

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| 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. |

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| 3.1 | **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 |

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| 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 safe, competent, 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. |

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| 4.1 | **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. |

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| 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. |

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| 5.1 | **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.  |

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| 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. |

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| 6.1 | **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. |

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| 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. |

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| 7.1 | **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.  |

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| 7.2 | **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.  |

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| 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. |

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| 8.1 | **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.  |

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| 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.  |

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| 9.1 | **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. |

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| 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. |

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**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**

**Mental health nurses** must contribute to the leadership, management and design of mental health services. They must work with

service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and

inequality

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|  | **Competencies** |
| 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.  |  |
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 | **Learning opportunities** | **Suggested evidence** |
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| 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. |

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| 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. |

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| 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. |

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| 4.1 | ​**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.  |

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| 5 | ​All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.  |

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| 5.1 | **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. |

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| 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.  |

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| 6.1 | **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. |

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| 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. |

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