

Clinical Skills Book CFP and Mental Health Branch

Name	 Intake	
Centre	 Personal Tutor	

Useful Contacts	Telephone Number	e-mail
School Reception		
Student Services		
Personal Tutor		

Clinical Placements Undertaken

Placement	Speciality	Duration	Date
	•		
•			

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Introduction and Guidelines

This book focuses on skills for nursing practice. It includes a number of skills that are considered essential and your attainment of these must be assessed for you to become a registered nurse (NMC 2007).

- Keep this book safe and accessible when in clinical practice.
- This book guides you towards a comprehensive range of skills that you should achieve during the course and in your future practice. Skills may not be acquired in a particular order however we have indicated those skills which should be considered as a priority with a * sign.
- The list is not exhaustive and other skills may be acquired depending upon the learning opportunities that arise.
- This book will help you and your mentors identify the skills you already have or need to develop. This will enable you and your mentors to assess your progress and develop action plans.
- This book should be used as part of your portfolio evidence towards your achievement of proficiencies.
- It is the students' responsibility to liaise with their mentor to identify any skills (or use of equipment) that require specific training before being undertaken or can only be undertaken by a registered nurse with extended skills. Please note this will vary between trusts. (see also http://www.medical-devices.gov.uk)

• ALWAYS FOLLOW LOCAL TRUST POLICIES / PROCEDURES

• Except for the essential skills section it is your responsibility to sign and date the skills as acquired, however you can negotiate with your mentor to countersign these.

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ESSENTIAL SKILLS ASSESSMENTS

Guidelines for mentors undertaking practical assessments

The NMC have introduced Essential Skills Clusters (ESCs Circular 07/2007) to complement the existing NMC pre-registration outcomes / proficiencies. The NMC require that some of these skills are specifically assessed in practice.

During the Common Foundation Programme students must be assessed in the following prior to moving to the Branch programme:

TPR and BP (assessed in School, OSCE)

Measures/documents vital signs (assessed in school, OSCE)

Aseptic/clean technique (assessed in School, simulation)

Accurate measurements of Height, weight and BMI (assessed in practice)

Fluid balance (assessed in practice)

Dietary intake (assessed in practice)

Medicine calculations (assessed in School.)

During the Branch programme, students must be assessed in the following prior to registration:

Nutritional assessment (assessed in practice)

Dehydration (assessed in practice)

Medicines administration (assessed in practice)

Enteral feeding (Child, LD, Adult branch only, assessed in practice) Intravenous fluids (Child and Adult branch only, assessed in practice)

Patient group directions (assessed in School)

These assessments only have to be passed on one occasion but it is expected that the student will continue to demonstrate competence at a level appropriate to the semester in which they are practising and the corresponding level of the Bondy skills escalator.

Students can have as much formative learning/practise as they feel they require but only TWO summative attempts are allowed for each assessment.

The following brief guidelines are to assist you with these assessments. If you have any queries please don't hesitate to contact your PLT educational representative.

During the preliminary interview, identify with the student if any assessments are to be carried out.

Should a student disclose a disability to you, contact your local School of Nursing Centre and ask for the Disability Liaison Officer for guidance.

Check the assessment criteria and ascertain whether the summative assessment will be possible in the placement.

Allow the student the opportunity to practise the skill prior to arranging the assessment.

During practise give the student clear and specific feedback on their strengths / weaknesses.

Mutually agree the opportunity/ or set a date to undertake the summative assessment/s.

Assess the student against the given criteria. Each criterion must be achieved for the student to be awarded a pass.

Give the student feedback and record the result of the assessment.

Where a fail is awarded, give the student specific reasons as to why they have failed, document on the assessment form and develop an action plan.

Mentors should use their discretion on the day of assessment in the event of any unexpected circumstances such as deterioration of the patient, the student becoming unwell, an emergency in the area or equipment failure. A note of events should be made in the action plan of the Assessment of Practice Record.

NB: It is expected that the assessment will be undertaken by the primary mentor. In exceptional circumstances, the assessment may be another mentor other than the primary mentor.

ESSENTIAL SKILLS ACHIEVED IN PRACTICE

CFP	Date Achieved
Measures Height,	
Weight, BMI	
Monitors and	
records Fluid	
Balance	
Monitors and	
records Dietary	
Intake	
BRANCH	
Nutritional	
assessment	
Hydration /	
Dehydration	
assessment	
Medicines	
Administration	

ESSENTIAL SKILLS ACHIEVED IN SCHOOL

CFP		Date Achieved
Measures /	OSCE	
documents		
T,P,R, BP		
Aseptic	Classroom	
technique	Simulation	
Medicines	Assessment	
calculations		
BRANCH		
Patient	Classroom	
Group	assessment	
Directions		

The University of Nottingham Pre-Registration Nursing Programme Essential Skills Assessments – Record of Achievement

Student's name								
Cohort							\bigcap	
Personal tutor's name							() '	
Skill			Attempt 1				Attempt 2	
	Date	Result	Assessor (print)	Assessor (Signature)	Date	Result	Assessor (print)	Assessor (Signature)
COMMON FOUNDATION	PROGRA	MME:	-	-	•			
Height, weight and BMI								
Fluid balance								
Dietary intake				10				
Aseptic/clean								1
technique								
Medicine calculations								
BRANCH PROGRAMME:	-				•			
Nutritional assessment		4						
Dehydration								
Medicines administration								
Patient group directions								
CHILD, ADULT AND LEA	RNING D	ISABILIT	IES STUDEN	TS ONLY:	-	-		
Enteral feeding								
CHILD AND ADULT STU	DENTS O	NLY	-		•			
Intravenous fluids								

Measures Height, Weight, BMI

	ıde	udent and mentor have agreent: or:	eed to the asses	ssment	t takin	g place:
Res hei	-	nds appropriately to findings	outside norma	ıl rangı	e for w	eight and
Tak	ces	and records accurate measuindex, according to local poli		ight, h	eight a	ind body
ΑII	crit	completed before entry to the ceria must be passed to be a insert P=Pass or F=Fail in t	warded a pass	mark		
			SUMMATIVE A	ATTEM	IPT	
		CRITERIA		1	2	
	1	Demonstrates a safe, profes	ssional, caring			
		approach to the individual				
	2	Gains valid consent from th	e individual			
	3	Follows correct infection cor	ntrol			
		procedures				
		Prepares equipment require				
	5	Accurately measures the he individual	ight of the			
	6	Accurately weighs the indivi	idual			
	7	Accurately calculates the BN				
	8	Records measurements and				
	9	Identifies normal BMI paran				
<u>Su</u>	mn	native attempt no. 1	Result – Pass	/ Fail		ate
		of Assessor –	Signature -			
		ents –	J			
		native attempt no. 2 of Assessor –	Result – Pass Signature –	/ Fail	C	ate

Comments -

Monitors and Records Fluid Balance

		student and mentor have agreed to the assessmen ent:	t tak	king	place:
N	1ent	tor:			
		rately monitors and records fluid intake and output local policy	in a	accor	dance
T	o be	e achieved before entry to the Branch Programme. All criteria must be passed to be awarded a pass Please insert P=Pass or F=Fail in the appropriate	mar e box	X. TIVE	
		CRITERIA	TEN 1	4P1	
	1	Demonstrates a safe, professional, caring approach to the individual			
	2	Gains valid consent from the individual			
	3	Follows correct infection control procedures			
	4	Enters fluid input and output accurately onto the appropriate record			
	5	Accurately measures and records as appropriate:			
	6	Accurately measures and records fluid output: d. Urinary e. Other (if applicable)			
	7	Disposes of equipment safely			
	8	Accurately calculates the 12/24 hour intake and output			
	9	Recognises whether this is a positive or negative balance for the individual			

10 Explains the need for recording fluid intake and

output on the individual.

Summative attempt no. 1

Result – Pass / Fail

Date

Name of Assessor -

Signature -

Comments -

Summative attempt no. 2

Result – Pass / Fail

Date

Name of Assessor -

Comments -

Signature -

Monitors and Records Dietary Intake

	student and mentor have agreent:tor:	eed to the assessm ——	ent ta	king pla	ice:
	rately monitors dietary intake mentation according to local p	<u>-</u>	evant		
All cr	e achieved before entry to the iteria must be passed to be a se insert P=PASS or F=Fail in	warded a pass mar	k	box.	
		SUMMATIVE ATT	ЕМРТ	~	
	CRITERIA		1 7	2	
1	Demonstrates a safe, profes approach to the individual	sional, caring			
2	Gains valid consent from the	individual			
3	Is able to accurately complet to include:	te a food record			
	a. what is offered to b. what is observed/				
	consumed by the i	•			
4	Is able to explain why the in have dietary intake recorded				
	mative attempt no. 1 e of Assessor –	Result – Pass / Fa Signature –	ail	Date	
Comr	ments –				
Name	mative attempt no. 2 e of Assessor – ments –	Result – Pas Signature –	s / Fai	il	Date

Safely performs basic wound care using clean and aseptic techniques through simulation:

to remove used dressing and replace with a new dressing using an aseptic technique. The wound does NOT require cleansing

rne stuae	ent and	mentor	nave	agreed	το τ	ne as	ssessme	ent ta	King	piace:
Student:	l				_					
Mentor:										
										A

To be achieved before entry to the Branch Programme All criteria must be passed

Students are to wear uniform and to wash their hands prior to commencing this simulation

A professional approach should be demonstrated

The student has up to 30 minutes to complete the assessment

ATTEMPTS

Criteria	1	2
States has washed hands and puts on a		
disposable apron		
States how the surface to be used would be		
cleaned		
Prepares equipment safely		
Opens pack and arranges equipment without		
contamination		
Safely removes and disposes of used dressing		
Applies sterile dressing without contamination		
Disposes of equipment safely		
States would wash hands		
Questions		
What advice would you give a patient to help		
prevent infection and to promote healing?		
State 2 differences in technique between a		
clean and an aseptic technique		

Sterile packs and procedures vary between trusts; it is the basic principles of Aseptic Non Touch Technique that are being assessed.

STUDENTS NAME

COHORT

Attempt no. 1 Result – Pass / Fail

Date

Name of Assessor - Signature -

Comments

Attempt no. 2

Name of Assessor -

Comments

Result – Pass / Fail

Date

Signature -

Nutritional Assessment

The stude	ent and	mentor	nave	agreed	to	tne	assessn	nent	taking	place:
Student:					_					
Mentor:					_					
•					_					

Makes a comprehensive assessment of patient/client needs in relation to nutrition identifying, documenting and communicating level of risk in accordance with local policy

To be achieved during the Branch Programme.

All criteria must be passed to be awarded a pass mark

Please insert P=Pass of F=Fail in the appropriate

attempt box

SUMMATIVE ATTEMPT

	CRITERIA	1	2
1	Demonstrates a safe, professional,		
	caring approach to the individual		
2	Gains valid consent from the		
	individual		
3	Communicates effectively to gain an		
	accurate patient/client history		
4	Accurately completes a nutritional		
	risk assessment		
5	Recognises any actual or potential		
	problem with the individuals dietary		
	intake.		
6	Communicates the level of risk to		
	other appropriate professionals		
7	Identifies when reassessment needs		
	to take place		
8	Documents the assessment		
L `	appropriately		
9	Can explain the local support and		
	reporting systems to deal with		
	nutritional problems		

Summative attempt no. 1 Result – Pass / Fail Date

Name of Assessor – Signature –

Comments -

Summative attempt no. 2

Result – Pass / Fail

Date

Name of Assessor -

Signature -

Comments -

Hydration / Dehydration Assessment

The student and mentor have agreed to	the assessment taking place:
Student:	
Mentor:	
Identifies signs of dehydration and acts	to correct these
Identifies signs of dehydration and acts	to correct these

To be achieved during the Branch Programme
All criteria must be passed to be awarded a pass mark
Please insert P=Pass or F=Fail in the appropriate attempt box.

SUMMATIVE ATTEMPT

	SUMMATIVE AT		
	Criteria	1	2
1	Demonstrates a safe, professional,		
	caring approach to the individual		
2	Gains valid consent from individual		
3	Follows correct infection control procedures		
4	Identifies signs and symptoms		
	shown by the individual which		
	indicate that they are dehydrated		
5	Explains the possible reasons why		
	the individual has become		
	dehydrated		
6	Take the appropriate actions to		
	correct the dehydration and		
	prevent any further dehydration		
	according to local policy		
7	Documents the assessment		
	findings and adjusts the plan of		
	care appropriately		

<u>Summative attempt no. 1</u> Result – Pass / Fail Date Name of Assessor – Signature – Comments –

Summative attempt no. 2
Name of Assessor –
Comments –
Result – Pass / Fail
Signature –
Signature –

Medicines Administration

- Accurately calculates medicines frequently encountered within Branch
- Safely manages drug administration and monitors effects.
- Safely and effectively administers medicines via routes and methods commonly used within Branch and maintains accurate records.

For an individual or a small group of patients depending on setting

In accordance with the local policy and NMC standards for medicine administration (NMC 2007)

To be achieved during the Branch Programme
All criteria to be passed to be awarded a pass mark
Please insert P=Pass or F=Fail in the appropriate attempt box.

Attempt

	CRITERIA	1	2
1	Demonstrates a safe, professional, caring approach to		
	the individual		
2	Gains valid consent from the individual		
3	Follows correct infection control procedures whilst		
	preparing and administering medicines		
4	Prepares equipment required (as appropriate)		
5	Checks and confirms:		
а	The identity according to local policy and procedures		
b	Allergies or adverse effects		
С	Weight if required		
6	Checks the Patient Specific Direction (Prescriptio	n)	
а	Date		
b	Time		
С	Start and Review date as appropriate		
d	Name and form of the medicine to be given		
е	Last time dose given		
f	Dose prescribed		
g	Route of administration		
h	Signed by the prescriber/transcriber *		
i	Any additional advice e.g. after food		
j	Any once only or as required medicines needed		
7	Reports any errors or concerns about the		
	prescription		
	47		

8	Demonstrate knowledge of the therapeutic use, dose, routes, side effects, precautions and contraindications of the medicine with reference to the BNF, BNFC or	
	pharmacist as appropriate	
9	Selects the correct medication, checks the label and dose carefully against the prescription (including any dilutent)	
10	Checks the expiry date	4
11	Calculates the correct dose	
12	Measures/dispenses the correct dose	
13	Performs final check of the individuals identity	7
14	Administers medication and observes it is taken	
15	Completes documentation accurately	
16	Demonstrate knowledge of monitoring, reporting and recording side effects, allergic reactions, effectiveness of medicine	
17	, ,	
4.6	advice and promotes concordance	
18		
19	Disposes of equipment used safely (if appropriate)	

^{*}NB: Applicable only where there is a Transcribing Policy in place

Summative attempt no. 1 Name of Assessor –

Result – Pass / Fail Signature –

Date

Comments -

<u>Summative attempt no. 2</u> Name of Assessor –

S

Result – Pass / Fail Signature – Date

Comments -

Additional guidelines for Patient Specific Directions assessment (medicine management)

The assessment should involve a range of medications for 4 individuals.

If necessary, the assessment may take place over a number of days, for example in a community setting

The student should have knowledge of the therapeutic use of all medications that they administer

Please refer to the Clinical Skills book to ensure that the student has administered medications via frequently encountered routes, **as appropriate to the setting**, prior to carrying out the assessment



OSCES

OSCE	Semester	Date Passed
Hand washing	Semester 1 / 2	
Temperature		
Pulse	Semester 2	
Respiration		
Blood Pressure		

YEAR ONE Mandatory Sessions

	D 1
Session	Date Attended
Basic Life Support 1 (Adult)	
Basic Life Support 2 (Child / Baby)	
Introduction to COSHH	
Introduction to Risk Management	
Responding to Violence & Aggression 1	
Fire Safety 1	
Infection Control: An Introduction	
Infection Control: Application of principles	
Hospital acquired infection and an introduction	
to food hygiene	
Numeracy 1	
Moving & Handling 1	
Moving & Handling 2	
Moving & Handling 3	
Moving & Handling 4	
Moving & Handling 5	
Moving & Handling 6	
Administration of medication (Theory)	
Administration of medication Practice (Oral)	
Administration of medication by injection	
Numeracy 2	
Basic life support in the institutional setting	
Principles of Asepsis	
Mother and Baby Booklet	
Child Protection Package	

Skills related to Health and Safety

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year			d
* Fire procedure awareness		1	2	1	2	3	4
* Basic Life Support							1
First Aid, including:							
a) ABC assessment							
b) the unconscious patient							
c) airway obstruction							
d) acute bleeding	19						
* Adherence to COSHH regulations							
* Adherence to RIDDOR regulations							
* Reporting untoward incidents (including patient issues)							
* Health and Safety risk assessment of a clinical area							
Safe use of transport system for specimens							
Safe disposal of clinical equipment							
Personal safety							
Assessment of the likelihood and consequence of harm to self and others							

Notes: Skills related to Health and Safety
The state of the s

Infection Control

Skill	Introduced in School	Observed		sup su	Direct supervision/ supervised practice Year		
Tff ative band by sione.		1	2	1	2	3	4
Effective hand hygiene:							
a) Social handwashing *			•				
b) Hygienic handwashing *						/	
c) Use alcohol gels							
* Safe practice with regards to Waste and Linen Disposal:							
a) Household waste							
b) Clinical waste							
c) Sharps disposal							
* Promoting clean/safe environments for service users, visitors and staff							
Undertaking an MRSA screening							
Asepsis							
Care of the individual in isolation							
Safe management of hazardous specimens							
* Appropriate use of gloves							
Infection control risk assessment and management							

Notes: Infection Control	

Personal Communication

Skill	Introduced in School	Observed			Dire uperv uper prac Ye	rision vised tice	
* Making oneself approachable and available to service users, their carers or relatives, colleagues, and partners from other statutory and non- statutory services		1	2	1	2	3	4
* Demonstrating basic interpersonal skills in terms of appropriate eye contact, posture, proximity, relaxed manner and touch	5						
* Welcoming and initiating friendly and appropriate conversation							
* Conducting and sustaining polite, balanced, shared conversation with appropriate turn-taking and use of nonverbal and verbal prompts, eg head nods and hand gestures; phrases such as: "go on", "I see", "okay"; and expressions such as "uh-huh"							
* Ending or closing conversation in a mutually satisfying and respectful manner							

Skill	Introduced in School	uperv uper prac Ye	irect rvision/ ervised actice 'ear				
		1	2	1	2	3	4
* Creating and sustaining rapport with others through active listening, attending, reflecting feelings, warmth, empathy, genuineness, being non-judgmental and accepting			4			1	
* Frequently acknowledging others by using brief, positive greetings, ordinary/ everyday conversation, or by engaging non-verbally, for example through eye contact, smiling and nodding							
* Using language that encourages self-determination and decision-making of others	5						
* Using non-stigmatising language - avoiding the use of labels or descriptions that isolate, belittle or are abusive to others							
* Using dignified or self- respecting language							
* Negotiating care with service users in the spirit of concordance (reaching agreement)							
* Using simple activities to promote relationships with service users, such as bedmaking, helping with meals, making a drink, washing, or mobilising etc							

Skill	Introduced in School	Observed		SI	uper prac Yea	ision vised tice ar	-
		1	2	1	2	3	4
* Demonstrating appropriate use of silence, for example in facilitating reflection, expression of feelings, conveying empathy, encourage response to open questions and as an opportunity to observe or convey interest					5		
* Demonstrating appropriate use of humour to create an open, responsive social atmosphere; relax others and reduce stress; reach out to and engage others; increase interaction; and boost morale	5						
* Demonstrating a willingness to be in the presence of service users							
* Giving feedback to others that is constructive and facilitates positive change							
* Receiving and giving appropriate consideration to feedback from service users, carers, relatives and colleagues							
* Accurately interpreting and confirming (under supervision) non-verbal communication from service users, carers, relatives, and colleagues							

Skill	Introduced in School	Observe d		S		visio vise ctice ar	d
* Using appropriate open or closed questioning, being aware that asking too many questions may be stressful		1	2	1	2	3	4
* Responding to questions in an honest and clear manner				{			
* Clarifying or checking out the meaning of what people say by careful use of questioning, summarising and paraphrasing. This is especially important when dealing with complex issues							
* Demonstrating sensitivity to the communication needs of people when English is their second language	5						
Counselling applied to specific service user situations (under supervision)							
Communicating appropriately with individuals who have visual, hearing, speech or cognitive disabilities. This should include demonstrating a basic ability to use Makaton or other communication approaches such as basic sign language							
Demonstrating an ability to identify and manage challenging communication							
Demonstrate an awareness of personal attitudes and values and identify strategies to minimise their influence on practice							

Skill	Introduced in School	Observe d		SI	Dire pervi uperv pract Yea	isior vised tice ar	Ė
Demonstrating an ability to recognise anxiety, stress and depression affecting service users, carers, and relatives, giving emotional support, and identifying when specialist counselling intervention is needed		1	2	1	2	3	4
* Showing sensitivity to and a willingness to emotionally support others as part of working as a team							
Providing accurate advice, instruction, information and professional opinion to service users, carers, relatives and colleagues; and when necessary to groups of colleagues or service users/carers/ relatives	5						
* Maintaining confidentiality in both spoken and written communication							
* Answering telephone enquiries in an appropriate manner: identifying oneself, being polite, striving to reduce hostility or conflict, resolving queries or concerns							

Notes: Personal Communication

Assessment

Skill	Introduced Observed supering School pro					ect /ision vised tice ar	
		1	2	1	2	3	4
*Structuring an assessment							
Undertaking an initial patient admission			•				
*Observations:							
a) Visual cues							
b) Auditory cues							
c) Interpreting behaviours							
Use of structured assessment tools	5						
* Orientating a service user to the new environment							
Specific assessment tools:	•						
a) Care programme approach- Initial assessment							
b) Care programme approach- Carers assessment							
c)							
d)							
e)							
f)							
Responding to assessment results/outcomes							

Note: Assessment	
	\wedge
	\cup

Care Delivery/Management

I have demonstrated skills related to:

Skill	Introduced in School	Observed			super supe pra Ye	rect visio rvise ctice ear	d
		1	2	1	2	3	4
Systematic approaches to care							
a) assessment							
b) planning							
c) implementing					X		
d) evaluating							
*Assessing and managing patients' spirituality and beliefs when planning care							
*Addressing patients' spiritual needs sensitively	5						
Collaborating with others (eg chaplain) to meet patients' spiritual needs							
Evaluating care plans related to spiritual care							
Meeting patients' cultural needs							
Collaborating with others to consider cultural needs when planning care							
Evaluating care plans related to cultural care/needs							
Implement an approach to care that respects diversity							
Discharge planning							
Care of individual on observation levels							
Care of service users' property							

Notes: Care Delivery/Management

Therapeutic

Skill	Introduced Observed supervision School Practi					sion, ised ice	
		1	2	1	2	3	4
Core conditions of helping relationship						1	
Therapeutic relationships			•				
Therapeutic strategies							
a) CBT							
b) Psychosocial interventions							
c) Problem solving approaches							
d) Working with families							
e) Concordance therapy							
f)							
Engagement							
Boundary setting							
Group work							
Motivational interviewing							
Relapse prevention strategies:							
a) Relapse signature							
b) Coping skills enhancement							
c) Positive risk taking							
d)							
e)							

Notes: Therapeutic	
\ \ \ \ \	

Administration of Medications

I have demonstrated skills related to:

Skill	Introduced in School	Obse	erved 2	Direct supervision / supervised practice Year 1 2 3 4				
* Interpreting a prescription card						3	7	
* Accurately calculating medication doses required: a) Tablets b) Solutions c) Injections				>				
* Safely checking a patient's identity								
(under supervision) Administering prescribed medication safely: a) Oral* b) Rectal c) Vaginal (pessaries) d) Subcutaneous e) Intramuscular* f) Inhaler g) Topical h) Ophthalmic i) Aural j) Nasal Ordering and receiving: a) IV fluids b) Stock drugs c) Individual patient drugs d) TTOs e) Controlled drugs								

Notes: Administration of Medications

Care of Individual undergoing Anaesthesia

Skill	Introduced in School		erved		super supe pra Ye	rect vision rvise ctice ear	d
		1	2	1	2	3	4
Preparing a patient for a anaesthetic:					1	1	
a) Fasting			•				
b) Hygiene							
c) Specific preparation							
Caring for a post-anaesthetised patient:							
a) Observation							
b) Laryngeal mask airway	5)					
c) LMA removal							
Handing over a post- anaesthetised patient to ward staff							
Receiving a post anaesthetised patient and safely escort back to a ward							

Notes: Care of Individual undergoing Anaesthesia	

Management of Violence and Aggression

Skill	Introduced in School	Observed		supei supe pra	rect rvision/ ervised ectice ear
		1	2	1 2	3 4
* Appropriate use of body language in conflict situations					
* Recognising triggers and cues of challenging behaviour					
* Common strategies aimed at defusing aggression					
* Verbal preventative strategies					
* Assertiveness					
* Stimulus change					
* Mood matching					
* Distraction					
* Low arousal techniques					
* Verbal response techniques					
* Maintenance of safe distance					
Techniques:					
a) Passive wrist release					
b) Wrist releases					
c) Hair releases					
d) Airway protection					
e) Fending off					
f) Taking balance					
g) Biting protection					

Notes: Management of Violence and Aggression

Record Keeping and Documentation (Note: this links to all other sections)

Skill	Introduced in School	Observed		SI	Direct supervision supervise practice Year			
		1	2	1	2	3	4	
* Writing factual, consistent and accurate records								
* Providing clearly presented records adhering to the NMC (2004) guidelines								
Involving service users and carers in the writing of records)					

Notes: Record Keeping and Documentation

Breathing

Skill	Introduced in School	Obse		SU S	n/ d		
		1	2	1	2	3	4
* Observing and recording, rate, depth and rhythm					4		
Use and interpreting a pulse oximetry							
Recording and interpreting Peak Expiratory Flow Rate							
Obtaining a sputum specimen							
Set up oxygen equipment safely:							
a) Nasal cannula							
b) Venturi mask							
Use of a nebuliser:							
a) Air compressor							
b) Oxygen driven							
Demonstrating and assessing a patients use of an inhaler device							
Tracheostomy care							
Suction:							
a) Equipment preparation and checking							
b) Oropharyngeal							
c)							
d)							
Opening an airway using the triple airway manoeuvre							
Able to auscultate the chest using a stethoscope							

Notes: Breathing	
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Circulation

I have demonstrated appropriate skills related to:

Skill	Introduced in School	Obse	rved	sup su	Directory perverses ractory Yea	isio vise tice	d
		1	2	1	2	3	4
* Obtaining and recording, rate and rhythm of the pulse							
Systematic assessment of a patients circulatory status							
Locating and recording peripheral pulses							
Measuring, recording and interpreting Blood pressure:							
a) Manual b) Electronic	6)					

See hydration for urine output

Notes: Circulation

Hydration and Nutritional Needs

Skill	Introduced in School	Observed		S	uper prac Yea	vision/ vised ctice ar			
*Assessment of hydration status		1	2	1	2	3	4		
and needs									
*Assessment of nutritional status and needs									
Principles of food hygiene									
Monitoring swallow ability									
Feeding an individual safely and with dignity									
Weighing and measuring height	5								
Recording urine output									
Recording and collating fluid balance									
Assessment and care of an individual's mouth									
Inserting a nasogastric tube									
Nasogastric tube feeding									
Intravenous infusion:									
 a) Management of an IV infusion (including changing the administration set) 									
b) Managing an IV fluid regime (including recording and calculations									
Capillary blood glucose measurement									

Notes: Hydration and Nutritional Needs

Elimination Needs

					rect	,	
	Introduced	Ohse	erved	-	rvisio: ervise		
Skill	in School	Observed			practice		
					ear		
Assessment of continence:		1	2	1 2	3	4	
						7	
a) Urinary							
b) Faecal							
Collection and measurement of urine output							
Routine urinalysis							
Collection and management of a MSU							
Assessing elimination needs whilst maintaining dignity	5						
Managing elimination needs in relation to:							
a) Urinary problems	*						
b) Faecal problems							
Care of urinary catheter:							
a) Routine care							
b) Bag emptying							
c) Specimen collection							
Rectal examination considering patient dignity							
Urinary catheterisation:							
a) Male							
b) Female							
Care of a colostomy							
Urine testing							

Notes: Elimination Needs

Temperature

Skill	Introduced in School	Obse	erved	Direct supervision supervision practice		visio rvise ctice	-
		1	2	1	Y (ear 3	4
Obtaining, recording and interpreting a patient's temperature: a) Orally b) Rectal c) Tympanic							
Care for a hypothermic patient							
Methods of cooling a hyperthermic patient when appropriate	6						
Care of a hyperthermic patient							
Dispensing and monitoring the effectiveness of pharmaceutical interventions	•						

lotes: Temperature	

Altered Neurological Status

Skill	Introduced in School	Observed			Dire iperv uper prac Yea	isio vise tice	ed
		1	2	1	2	3	4
Assessing a patient using the AVPU system (alert, voice, pain, unresponsive)					(
Undertaking, recording and interpreting Glasgow Coma Score					X		
Care for an unconscious patient:							
a) Positioning							
b) Simple airway control							
Care of a patient who has a seizure:							
a) During a seizure							
b) Following a seizure	-						
c) Recording the sequence of events that occur							

Notes: Altered Neurological Status	

Hygiene, Comfort and Dignity

Skill	Introduced in School	Observed		sup su		ision vise tice	- 1
*Assessment and documenting		1			2	3	4
of a patient's ability to undertake self care							1
Assessment of a patient's skin condition							
Management of specific skin conditions:					•		
a) Dry skin							
b)							
* Oral Hygiene:							
a) Assessment							
b) Care							
c) Assisting a patient							
Hygiene care for a dependant patient in bed							
Making a patient comfortable in bed							
Planning and promoting patients' independence							
Selection and using a pressure risk assessment tool:							
a)							
b)							
* Assessing individual needs and promoting independence							

Notes: Hygiene, Comfort and Dignity

Wound Care

Skill	Introduced in School	Obse	erved 2		-	rision/ vised tice			
Assessing for pressure sore risk		1		1	2	3	4		
using the following assessment systems:			•		1		1		
a)						,			
b)									
Planning and implementing care to prevent pressure sores									
Planning, implementing and evaluating care to promote pressure sore healing	5								
Assessing wound									
Obtaining and managing a wound swab									
Cleansing a wound by:									
a) b)									
Close an acute wound with closure tapes									
Assist with the suturing of a wound									
Selecting and applying an appropriate dressing									
Providing health education to a patient with a wound									
Evaluating the healing of a wound									
Removal of sutures									
Removal of clips									

Care of the Patient in Pain

I have demonstrated skills related to:

Skill	Introduced in School	Observed		SU	Dire pervi iperv pract Yea	sion isec ice	
		1	2	1	2	3	4
Pain assessment using different tools:							
a)			•				
b)							
Administering appropriate pharmacological interventions and observing for side effects:							
a)							
b)							
c)							
Using non-pharmacological interventions:							
a)							
b)							
c)							
Evaluating the effectiveness of pain control							

Notes: Care of the Patient in Pain

Manual Handling and Mobility

Skill	Introduced in School	Observed			super supe pra Ye	rect visio rvise ctice ear	d
		1	2	1	2	3	4
*Moving and Handling risk assessment					* (
*Formulating a plan of care to enhance an individual's mobility:				1			
a) Assessment				7			
b) Planning							
c) Implementation							
d) Evaluation							
Safe use of beds							
Sliding Systems							
Hoists							
Standing Aid							
Walking Aids							
Wheelchairs							
Bathing Aids							

Notes: Manual Handling and Mobility	

Palliative and Continuing Care

I have demonstrated skills related to:

Skill	Introduced in School	Observed 1 2		Dir super supe pra Ye 1 2	-	
Undertake an assessment of the		1		1 2	3	4
patients and carers needs a) Physical b) Psychological c) Social d) Spiritual						
Plan, implement and evaluate care to: a) manage distressing symptoms e.g. dry mouth, pain and agitation b) promote optimal comfort c) provide psychological, social and spiritual support d) refer to appropriate palliative care services e) communicate sensitively and compassionately	5					
Implement appropriate care of the patient after an expected death (last offices)						
Provide support and information for the bereaved						
Using an appropriate communication strategy when delivering potentially challenging/distressing information						
Assist with a complex discharge from hospital for a palliative/dying patient						

UNEXPECTED/SUDDEN DEATHS	S eg self harm, MI.
a) Assess for safe environment	
b) Instigate appropriate first	
aid/resuscitation/ emergency	
care	
c) Facilitate contacting	
appropriate professionals and	
carers	
d) Participate in breaking bad	
news	
e) Make appropriate referrals to	
support services	
f) Work co-operatively with the	
police/coroners office	
g) Provide detailed	
documentation of incident	

Notes: Palliative and Continuing Care

Sleep and Rest

Skill	Introduced in School	Obse	Observed		super supe pra	rect visio rvise ctice ear	d
		1	2	1	2	3	4
* Assessing sleep/rest pattern and individual needs					4		
* Planning a patient's day taking into account of the individual need for sleep and rest							
Identifying and implementing measures to promote sleep							

Notes: Sleep and Rest

Management

Skill	Introduced in School	Observed		SU.	Dir perv iper orac Ye	t —	
		1	2	1	2	3	4
Managing the overall care of an							
individual patient							
Managing the environment			•				
Managing:						/	
a) Care of a group of service							
users							
b) Caseload management							
Ordering and receiving:							
a) Routine supplies							
b) Emergency supplies							
Providing constructive feedback to							
others							
Prioritising							
Delegation							
Leading and managing a team in							
the care of a group of patients							
Risk assessment							
Risk management							
Supervision:							
a) clinical							
b) other							
Audit							
Clinical Governance							
Child protection issues							
Quality assurance							
Budgeting							
Care programme approach							
Personnel management:							
a) Timesheets							
b) Sickness							
,							
<u>L</u>		1	l	ı.			

Notes: Management	
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Leadership

Skill	Introduced in School	Observed		Dire superv ed superv pract Yea			-
		1	2	1	2	3	4
Acting as a role model to others							
Facilitation							
Career counselling							
Organisational awareness:							
a) Professional							
b) Trust							
c) NHS							
Political awareness and application of policy initiatives	5						
Managing change							
Problem-solving							
Evidence-based practice							

Notes: Leadership

Inter-Professional Team (IPT) Working

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year				
		1	2	1	2	3	4	
Promoting Inter-professional working					7 /			
Working as a team member				Y				
Working with differing values within teams					X			
Making referrals to other members of the IPT:								
a)								
b)								
c)								
d)								
e)								
f)								
Participating in a clinical hand								
over								
Participating in clinical case conferences								
Participating in ward reviews								
Participating in CPA reviews								

Notes: Inter-Professional Team (IPT) Working	

Teaching Skills

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year			
Telemetic since lessel of sond outline		1	2	1	2	3	4
Identifying level of understanding					4		
Assessing learning needs							
Formulating a teaching plan							
Teaching a:					X		
a) Skill							
b) Subject area							
Assessing learning							
Evaluating effectiveness of teaching approach	S						
Health Education/							
promotion							
Identifying service user need in relation to health promotion							
Promoting healthy life styles through health education interventions							
Delivering health promotion information to meet service user needs.							

Notes: Teaching Skills		

Promoting Social Inclusion and Recovery

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year				
Westing to see the second seco		1	2	1	2	3	4	
Working towards the service users strengths, wishes and ambitions								
Challenging stigma, discrimination and oppressive behaviour.					X			
Recognise the expertise of the service user and their families or carers								
Promoting positive risk taking								
Enabling access to education and employment								
Supporting the maintenance or development of social networks								
Promoting self management								
Promoting physical health								
Working outside statutory services								
Other socially inclusive activities:								
a)								
b)								
c)								
d)								

Note	es: Promoting soc	ial inclusion and	recovery	

Personal Development

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year				
		1	2	1	2	3	4	
*Reflection					4			
*Professional development								
Life-long learning				1				
*Time-management					X			
Writing for publication								

Notes: Personal Development	

Additional Skills Acquired

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year				
		1	2	1	2	3	4	
	6							
XU								

Additional Skills Acquired

Skill	Introduced in School	Observed		Direct supervision/ supervised practice Year				
		1	2	1	2	3	4	
							1	
	1 C							
X								