**Skills Passport: Learning Disability Field**

The Skills Passport is a document that contains all of the skills identified in Annexe A and Annexe B of the NMC’s (2018) Future Nurse: Standards of proficiency for registered nurses.

The Skills Passport acts as a **checklist** to ensure that students have an opportunity to develop their knowledge, rehearse the skill and demonstrate safe practice. Students are only required to get a skill signed on one occasion, but they will inevitably have many opportunities throughout their programme to practice their skills (which can be discussed and documented within the South PAD). Once a student has had a skill signed by their practice assessor/practice supervisor, they will need to maintain proficiency throughout the programme. If a student does not maintain a level of proficiency within the skills passport, the practice assessor will need to reflect this, within the summative assessment of professional values, in the South PAD.

Students can complete a skill or procedure within any year of the programme.

The NMC (2018) state that these skills and procedures “apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chose field(s) of practice”. The NMC (2018) goes on to state that all registered nurses “must be able to demonstrate these skills to an appropriate level for their intended field(s) of practice.” There are some skills within these Annexes, which may not currently be used within certain clinical settings, for example `Managing and monitoring blood component transfusions’ would rarely be used in learning disability settings.

In order to ensure students still have opportunities and exposure to these procedures, there will be opportunities throughout the 3 year programme for students to practice these skills within a simulated environment at UWE Bristol, a signatory will be given by UWE staff. These skills and procedures have an asterix (\*) next to them, to denote that students may require simulated exposure. If however, opportunities arise within the practice setting, to complete these skills, students are able to do so.

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| **Annexe A: Communication and relationship management skills** |
|  | Theoretical understanding introduced during: | I have developed my underpinning knowledge, rehearsed the skill and feel ready to demonstrate safe practiceStudent signature and date | I have assessed the students ability to safely demonstrate this skillPractice Supervisor/Assessor signature and date |
| **Section 1: Underpinning communication skills for assessing, planning, providing and managing best practice, evidence based nursing care** |
| 1.1 | Actively listen, recognise and respond to verbal and non-verbal cues | Nursing 1 |  |  |
| 1.2 | Use prompts and positive verbal and non-verbal reinforcement | Episodes of Care 1 |  |  |
| 1.3 | Use appropriate non-verbal communication including touch, eye contact and personal space | Episodes of Care 1 |  |  |
| 1.4 | Make appropriate use of open and closed questioning | Episodes of Care 1 |  |  |
| 1.5 | Use caring conversation techniques | Episodes of Care 1 |  |  |
| 1.6 | Check understanding and use clarification techniques | Episodes of Care 1 |  |  |
| 1.7 | Be aware of own unconscious bias in communication encounters | Nursing 1 |  |  |
| 1.8 | Write accurate, clear, legible records and documentation | Episodes of Care 1 |  |  |
| 1.9 | Confidently and clearly present and share verbal and written reports with individuals and groups | Episodes of Care 1 |  |  |
| 1.10  | Analyse and clearly record and share digital information and data | Episodes of Care 1 |  |  |
| 1.11 | Provide clear, verbal, digital or written information and instructions when delegating or handing over responsibility for care | Episodes of Care 1 |  |  |
| 1.12 | Recognise the need for, and facilitate access to, translator services and material | Nursing 1, Episodes of Care 1 and 2 |  |  |
| **Section 2: Evidence-based, best practice approaches to communication for supporting people of all ages, their families and carers in preventing ill health and in managing their care** |
| 2.1 | Share information and check understanding about the causes, implications and treatment of a range of common health conditions including anxiety, depression, memory loss, diabetes, dementia, respiratory disease, cardiac disease, neurological disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis | Nursing 2 |  |  |
| 2.2 | Use clear language and appropriate, written materials, making reasonable adjustments where appropriate in order to optimise people’s understanding of what has caused their health condition and the implications of their care and treatment | Episodes of Care 1Nursing 3 |  |  |
| 2.3 | Recognise and accommodate sensory impairments during all communications | Episodes of Care 3 |  |  |
| 2.4 | Support and manage the use of personal communication aids | Episodes of Care 3 |  |  |
| 2.5 | Identify the need for and manage a range of alternative communication techniques | Episodes of Care 3 |  |  |
| 2.6 | Use repetition and positive reinforcement strategies | Episodes of Care 3 |  |  |
| 2.7 | Assess motivation and capacity for behaviour change and clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use | Nursing 2 |  |  |
| 2.8 | Provide information and explanation to people, families and carers and respond to questions about their treatment and care and possible ways of preventing ill health to enhance understanding | Nursing 2 |   |  |
| 2.9 | Engage in difficult conversations, including breaking bad news and support people who are feeling emotionally or physically vulnerable or in distress, conveying compassion and sensitivity | Nursing 4 |  |  |
| **Section 3: Evidence-based, best practice communication skills and approaches for providing therapeutic interventions** |
| 3.1 | Motivational interview techniques | Episodes of Care 3 |  |  |
| 3.2 | Solution focused therapies | Episodes of Care 3 |  |  |
| 3.3 | Reminiscence therapies | Episodes of Care 3 |  |  |
| 3.4 | Talking therapies | Episodes of Care 3 |  |  |
| 3.5 | De-escalation strategies and techniques | Episodes of Care 3 |  |  |
| 3.6 | Cognitive behavioural therapy techniques | Episodes of Care 3 |  |  |
| 3.7 | Play therapy\*  | Episodes of Care 3 |  |  |
| 3.8 | Distraction and diversion strategies | Episodes of Care 3 |  |  |
| 3.9 | Positive behaviour support approaches | Episodes of Care 1,Episodes of Care 3 |  |  |
| **Section 4: Evidence-based, best practice communication skills and approaches for working with people in professional teams** |
| 4.1.1 | Clear instructions and explanations when supervising, teaching or appraising others | Nursing 8 |  |  |
| 4.1.2 | Clear instructions and check understanding when delegating care responsibilities to others | Nursing 8 |  |  |
| 4.1.3 | Unambiguous, constructive feedback about strengths and weaknesses and potential for improvement | Nursing 8 |  |  |
| 4.1.4 | Encouragement to colleagues that helps them to reflect on their practice | Nursing 8 |  |  |
| 4.1.5 | Unambiguous records of performance | Nursing 8 |  |  |
| 4.2.1 | Strengths based approaches to developing teams and managing change | Nursing 8 |  |  |
| 4.2.2 | Active listening when dealing with team members’ concerns and anxieties | Nursing 8 |  |  |
| 4.2.3 | A calm presence when dealing with conflict | Episodes of Care 1Nursing 8 |  |  |
| 4.2.4 | Appropriate and effective confrontation strategies | Episodes of Care 1Nursing 8 |  |  |
| 4.2.5 | De-escalation strategies and techniques when dealing with conflict | Nursing 8 |  |  |
| 4.2.6.2 | Appropriate escalation procedures | Nursing 8 |  |  |
| 4.2.6.3 | Appropriate approaches to advocacy | Nursing 8 |  |  |
| **Annexe B: Nursing Procedures** |
|  | Theoretical understanding introduced during: | I have developed my underpinning knowledge, rehearsed the skill and feel ready to demonstrate safe practice Student signature | I have assessed the students ability to safely demonstrate this skill Practice Supervisor/Assessor signature |
| **Part 1: Procedures for assessing people’s needs for person-centred care**  |
| **1. Use evidence-based, best practice approaches to take a history, observe, recognise and accurately assess people of all ages:** |
| 1.1 | Mental health and wellbeing status | Episodes of care 1 Nursing 2, Nursing 3,Nursing 4 |  |  |
| 1.1.1 | Signs of mental and emotional distress or vulnerability | Episodes of care 1 Nursing 3, Nursing 4 |  |  |
| 1.1.2 | Cognitive health status and wellbeing | Episodes of care 1 Nursing 3, Nursing 4 |  |  |
| 1.1.3 | Signs of cognitive distress and impairment | Episodes of care 1 Nursing 3, Nursing 4 |  |  |
| 1.1.4 | Behavioural distress-based needs | Episodes of care 1 Nursing 3, Nursing 4 |  |  |
| 1.1.5 | Signs of mental and emotional distress including agitation, aggression and challenging behaviour | Episodes of care 1 Nursing 3, Nursing 4 |  |  |
| 1.1.6 | Signs of self-harm and/or suicidal ideation | Episodes of care 4Nursing 3, Nursing 4 |  |  |
| 1.2.1 | Symptoms and signs of physical ill health | Episodes of care 1Nursing 4 |  |  |
| 1.2.2 | Symptoms and signs of physical distress | Episodes of care 1Nursing 4 |  |  |
| 1.2.3 | Symptoms and signs of deterioration and sepsis | Episodes of care 1 Nursing 4 |  |  |
| **2. Use evidence-based, best practice approaches to undertake the following procedures** |
| 2.1 | Take, record and interpret vital signs manually and via technological devices | Episodes of Care 1 |  |  |
| 2.2 | Undertake venepuncture and cannulation and blood sampling, interpreting normal and common abnormal blood profiles and venous blood gases\* | Nursing 4 |  |  |
| 2.3 | Set up and manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces\* | Nursing 4 |  |  |
| 2.4 | Manage and monitor blood component transfusions\*  | Nursing 4 |  |  |
| 2.5 | Manage and interpret cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices\* | Nursing 4 |  |  |
| 2.6 | Accurately measure weight and height, calculate body mass index and recognise health ranges and clinically significant low/high readings | Nursing 4 |  |  |
| 2.7 | Undertake a whole body systems assessment including respiratory, circulatory, neurological, musculoskeletal, cardiovascular and skin status | Nursing 4 |  |  |
| 2.8 | Undertake chest auscultation and interpret findings\* | Nursing 4 |  |  |
| 2.9 | Collect and observe sputum, urine, stool and vomit specimens, undertaking routine analysis and interpreting findings  | Episodes of care 1 |  |  |
| 2.10 | Measure and interpret blood glucose levels | Nursing 4 |  |  |
| 2.11 | Recognise and respond to signs of all forms of abuse | Nursing 2 |  |  |
| 2.12 | Undertake, respond to and interpret neurological observations and assessments | Nursing 4 |  |  |
| 2.13 | Identify and respond to signs of deterioration and sepsis | Episodes of care 1Nursing 4 |  |  |
| 2.14 | Administer basic mental health first aid  | Episodes of care 2 |  |  |
| 2.15 | Administer basic physical first aid | Episodes of care 1 and 2 |  |  |
| 2.16  | Recognise and manage seizures, choking and anaphylaxis, providing appropriate basic life support | Episodes of care 1 and 2Nursing 4 |  |  |
| 2.17 | Recognise and respond to challenging behaviour, providing appropriate safe holding and restraint | Episodes of care 1Nursing 3 |  |  |
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| **Part 2: Procedures for the planning, provision and management of person-centred nursing care** |
| **3. Use evidence-based, best practice approaches for meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 3.1 | Observe and assess comfort and pain levels and rest and sleep patterns | Episodes of Care 1 and 2 |  |  |
| 3.2 | Use appropriate bed-making techniques including those required for people who are unconscious or who have limited mobility | Episodes of Care 1 |  |  |
| 3.3 | Use appropriate positioning and pressure-relieving techniques | Episodes of Care 1 and 2 |  |  |
| 3.4 | Take appropriate action to ensure privacy and dignity at all times | Episodes of Care 1 |  |  |
| 3.5 | Take appropriate action to reduce or minimise pain or discomfort | Episodes of Care 1 |  |  |
| 3.6 | Take appropriate action to reduce fatigue, minimise insomnia and support improved rest and sleep hygiene | Episodes of Care 1 and 2 |  |  |
| **4. Use evidence-based, best practice approaches for meeting the needs for care and support with hygiene and the maintenance of skin integrity, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 4.1 | Observe, assess and optimise skin and hygiene status and determine the need for support and intervention | Episodes of care 1Nursing 3 |  |  |
| 4.2 | Use contemporary approaches to the assessment of skin integrity and use appropriate products to prevent or manage skin breakdown | Episodes of care 1Nursing 3 |  |  |
| 4.3 | Assess needs for and provide appropriate assistance with washing, bathing, shaving and dressing | Episodes of care 1Nursing 3 |  |  |
| 4.4 | Identify and manage skin irritations and rashes | Episodes of care 1Nursing 3 |  |  |
| 4.5 | Assess needs for and provide appropriate oral, dental, eye and nail care and decide when an onward referral is needed | Episodes of care 1Nursing 3 |  |  |
| 4.6 | Use aseptic techniques when undertaking wound care including dressings, pressure bandaging, suture removal and vacuum closures\* | Episodes of care 3Nursing 3 |  |  |
| 4.7 | Use aseptic techniques when managing wound and drainage processes | Episodes of care 3Nursing 3 |  |  |
| 4.8 | Assess, respond and effectively manage pyrexia and hypothermia | Episodes of care 1Nursing 3 |  |  |
| **5. Use evidence-based, best practice approaches for meeting needs for care and support with nutrition and hydration, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 5.1 | Observe, assess and optimise nutrition and hydration status and determine the need for intervention and support | Episodes of care 1Nursing 3 |  |  |
| 5.2 | Use contemporary nutritional assessment tools | Episodes of care 1Nursing 3 |  |  |
| 5.3 | Assist with feeding and drinking and use appropriate feeding and drinking aids | Episodes of care 1Nursing 3 |  |  |
| 5.4 | Record fluid intake and output and identify, respond to and manage dehydration or fluid retention | Episodes of care 1Nursing 3 |  |  |
| 5.5 | Identify, respond to and manage nausea and vomiting | Episodes of care 1Nursing 3 |  |  |
| 5.6 | Insert, manage and remove oral/nasal/gastric tubes\* | Episodes of care 1Nursing 3 |  |  |
| 5.7 | Manage artificial nutrition and hydration using oral, enteral and parenteral routes  | Episodes of care 1Nursing 3 |  |  |
| 5.8 | Manage the administration of IV fluids\*  | Episodes of care 1Nursing 3 |  |  |
| 5.9 | Manage fluid and nutritional infusion pumps and devices\* | Episodes of care 1Nursing 3 |  |  |
| **6. Use evidence-based, best practice approaches for meeting needs for care and support with bladder and bowel health, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 6.1 | Observe and assess level of urinary and bowel continence to determine the need for support and intervention assisting with toileting, maintaining dignity and privacy and managing the use of appropriate aids | Episodes of care 2Nursing 3 |  |  |
| 6.2 | Select and use appropriate continence products; insert, manage and remove catheters for all genders; and assist with self-catheterisation when required\* | Episodes of care 2Nursing 3 |  |  |
| 6.3 | Manage bladder drainage\* | Episodes of care 2Nursing 3 |  |  |
| 6.4 | Assess bladder and bowel patterns to identify and respond to constipation, diarrhoea and urinary and faecal retention  | Episodes of care 2Nursing 3 |  |  |
| 6.5 | Administer enemas and suppositories and undertake rectal examination and manual evacuation when appropriate  | Episodes of care 2Nursing 3 |  |  |
| 6.6 | Undertake stoma care identifying and using appropriate products and approaches  | Episodes of care 2Nursing 3 |  |  |
| **7. Use evidence-based, best practice approaches for meeting needs for care and support with mobility and safety, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 7.1 | Observe and use evidence-based risk assessment tools to determine need for support and intervention to optimise mobility and safety, and to identify and manage risk of falls using best practice risk assessment approaches | Episodes of Care 1 |  |  |
| 7.2 | Use a range of contemporary moving and handling techniques and mobility aids | Episodes of Care 1 |  |  |
| 7.3 | Use appropriate moving and handling equipment to support people with impaired mobility | Episodes of Care 1 |  |  |
| 7.4 | Use appropriate safety techniques and devices | Episodes of Care 1 |  |  |
| **8. Use evidence-based, best practice approaches for meeting needs for respiratory care and support, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 8.1 | Observe and assess the need for intervention and respond to restlessness, agitation and breathlessness using appropriate interventions | Nursing 4 |  |  |
| 8.2 | Manage the administration of oxygen using a range of routes and best practice approaches\*  | Nursing 4 |  |  |
| 8.3 | Take and interpret peak flow and oximetry measurements  | Nursing 4 |  |  |
| 8.4 | Use appropriate nasal and oral suctioning techniques\* | Nursing 4 |  |  |
| 8.5 | Manage inhalation, humidifier and nebuliser devices  | Nursing 4 |  |  |
| 8.6 | Manage airway and respiratory processes and equipment  | Nursing 4 |  |  |
| **9. Use evidence-based, best practice approaches for meeting needs for care and support with the prevention and management of infection, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 9.1 | Observe, assess and respond rapidly to potential infection risks using best practice guidelines | Episodes of Care 1Nursing 4 |  |  |
| 9.2 | Use standard precautions protocols | Episodes of Care 1 |  |  |
| 9.3 | Use effective aseptic, non-touch techniques | Episodes of Care 1 |  |  |
| 9.4 | Use appropriate personal protection equipment | Episodes of Care 1 |  |  |
| 9.5 | Implement isolation procedures | Nursing 4 |  |  |
| 9.6 | Use evidence-based hand hygiene techniques | Episodes of Care 1 |  |  |
| 9.7 | Safely decontaminate equipment and environment | Nursing 4 |  |  |
| 9.8 | Safely use and dispose of waste, laundry and sharps | Episodes of Care 1 |  |  |
| 9.9 | Safely assess and manage invasive medical devices and lines\*  | Nursing 4 |  |  |
| **10. Use evidence-based, best practice approaches for meeting needs for care and support at the end of life, accurately assessing the person’s capacity for independence and self-care and initiating appropriate interventions** |
| 10.1 | Observe and assess the need for intervention for people, families and carers, identify, assess and respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression | Nursing 4 |  |  |
| 10.2 | Manage and monitor effectiveness of symptom relief medication, infusion pumps and other devices  | Nursing 4, Nursing 5 |  |  |
| 10.3 | Assess and review preferences and care priorities of the dying person and their family and carers  | Nursing 4 |  |  |
| 10.4 | Understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health | Nursing 4 |  |  |
| 10.5 | Understand and apply DNACPR (do not attempt cardiopulmonary resuscitation) decisions and verification of expected death | Nursing 4 |  |  |
| 10.6 | Provide care for the deceased person and the bereaved respecting cultural requirements and protocols | Nursing 4 |  |  |
| **11. Procedural competencies required for best practice, evidence-based medicines administration and optimisation** |
| 11.1 | Carry out initial and continued assessments of people receiving care and their ability to self-administer their own medications | Episodes of Care 1Episodes of Care 5 |  |  |
| 11.2 | Recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered, and the laws, policies, regulations and guidance that underpins them | Nursing 2, Nursing 5Episodes of Care 5 |  |  |
| 11.3 | Use the principles of safe remote prescribing and directions to administer medicines | Nursing 2Episodes of Care 5 |  |  |
| 11.4 | Undertake accurate drug calculations for a range of medications | Nursing 2Episodes of Care 5 |  |  |
| 11.5 | Undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product | Episodes of Care 5 |  |  |
| 11.6 | Exercise professional accountability in ensuring the safe administration of medicines to those receiving care | Nursing 2, Nursing 5Episodes of Care 1Episodes of Care 5 |  |  |
| 11.7 | Administer injections using intramuscular, subcutaneous, intradermal and intravenous routes\* and manage injection equipment | Episodes of Care 5  |  |  |
| 11.8 | Administer medications using a range of routes | Nursing 2Episodes of Care 5 |  |  |
| 11.9 | Administer and monitor medications using vascular access devices and enteral equipment \* | Episodes of Care 5 |  |  |
| 11.10 | Recognise and respond to adverse or abnormal reactions to medications | Nursing 2, Nursing 5Episodes of Care 5 |  |  |
| 11.11 | Undertake safe storage, transportation and disposal of medicinal products | Nursing 2Episodes of Care 5 |  |  |