

Mental health nursing students and generic proficiencies: how educators can support assessment

Michelle Cutts and Kelly-Hellen Hitchcock

ABSTRACT

Recent shifts in nursing education towards generic proficiencies pose challenges to the unique demands of mental health nursing education. Student mental health nurses at the authors' higher education institution (HEI) have provided service feedback that has expressed the difficulties they have encountered. This article examines the issues faced by students, assessors and educators in interpreting and applying the proficiency standards set by the Nursing and Midwifery Council. Addressing the complexities of mental health nursing education, as well as the barriers to learning and attainment, requires a collaborative effort and innovative solutions if HEIs are to successfully prepare future mental health nurses to meet the evolving demands of their role. The proposed solution is a 'Proficiency Directory', which provides structured resources for mental health nursing students to align learning experiences with assessment criteria, facilitating a more comprehensive and meaningful learning journey.

Key words: Mental health nursing ■ Nursing students ■ Proficiencies ■ Practice assessment ■ Alignment

The World Health Organization (WHO) (2022) has raised the global significance of addressing psychological wellbeing, highlighting the pervasive impact of mental health disorders on individuals, communities and economies. The mortality gap for mental illness illuminates a stark disparity in healthcare outcomes, with studies consistently demonstrating that individuals grappling with mental health disorders face significantly higher mortality rates compared to the general population (Campion, 2019). This gap persists due to numerous factors, including inadequate access to healthcare services, stigmatisation, socioeconomic disparities, and the prevalence

of comorbid physical conditions (Byrne, 2023). WHO (2022) emphasises the urgent need for comprehensive mental health policies and services, advocating for increased investment in mental health services. However, this is a longstanding issue, with policies in the UK and internationally attempting to address mental health outcomes for over a decade (HM Government and Department of Health, 2011; WHO, 2013). With progress still to be made, and updated policies retaining the same key objectives (WHO, 2021), never has the specialist role of the mental health nurse been more pertinent.

Mental health nurses are different from their adult nursing cousins, holding a multifaceted role in the care and support of individuals experiencing mental health challenges (Connell et al, 2022). The mental health nurse's role and identity is difficult to articulate, requiring inconspicuous skills, including:

- Advocating for their patients
- Ensuring patients' voices are heard and their rights respected
- Navigating complex power dynamics inherent in psychiatric settings and
- Striving to empower patients while upholding professional boundaries (Hurley et al, 2022).

With allocated powers under the Mental Health Act 1983 (revised 2007) mental health nurses also need to balance complex legal and ethical landscapes to be able to make critical decisions regarding detainment and least-restrictive practice, always prioritising patient safety and dignity. Most importantly, they do this while building therapeutic relationships with patients, fostering the trust and collaboration essential for recovery (Haslam, 2023).

In the UK, unlike our counterparts in the USA, Canada and Australia, prospective nursing students apply to study in field-specific programmes, qualifying and registering as either an Adult, Child, Mental Health, or Learning Disability nurse (Bifarin et al, 2024). In 2015, The Shape of Caring review highlighted the importance of holistic, person-centred care, emphasising the need for mental health nurses to have more physical health skills (Willis, 2015). In 2018, acknowledging calls for a more generic skillset, the Nursing and Midwifery Council (NMC) document Future Nurse: Standards of Proficiency for Registered Nurses outlined new pre-registration standards (NMC, 2018). Mentors and sign-off mentors were replaced with practice supervisors and practice assessors, and revised

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standards were introduced. This single set of standards across all fields of practice marked a clear departure from previous field-specific competency-based approaches, requiring all pre-registration candidates to fulfil the same specific criteria or 'proficiencies' prior to qualifying and joining the register. This document has now been updated with minor changes to the language, structure and layout (NMC, 2024).

In the 6 years since these new standards were introduced, concerns have been raised about the interpretation and application of the listed proficiencies to the unique role of the mental health nurse (Warrender et al, 2024). There is a renewed focus on task-based assessments, with students assessed as 'proficient' for being able to perform a set task in a single placement area, without consideration of the depth of understanding, ability to retain the information after the single assessment point, or ability to apply this learning to other settings (Whaley et al, 2024). Furthermore, time devoted to meeting physical health proficiencies is time made unavailable for developing field-specific knowledge and skills, diluting mental health nursing programmes; although physical health skills are important, there are concerns that they could overshadow mental health nursing skills (Warrender et al, 2023).

Difficulties for students

One of the issues expressed in service evaluations for mental health nursing students is that they perceive proficiencies to be easier to achieve for their peers on the adult nursing programme. Mental health nursing students often face challenges in obtaining sign-off for individual proficiencies due to the wording used in the NMC documentation (NMC, 2024), which includes action verbs such as 'uses', 'undertakes', 'inserts' and 'removes'. In many mental health settings, there will be no opportunity to 'undertake' respiratory or cardiac assessment, or to 'insert' or 'remove' a catheter. The NMC has therefore made provision for interpretation of these proficiencies, indicating that different fields 'may require different approaches' (NMC, 2024: 37). However, given the clear instructions within each individual proficiency that indicate that a student is required to actively 'demonstrate' their proficiency, practice assessors may not accept that direct observation of tasks is not always necessary, and students may struggle to find alternative ways to demonstrate the required level of knowledge and skill. Students often seek their own solution, resorting to 'insight visits' in other mental health settings to source opportunities as an alternative way to demonstrate proficiency away from the main placement hub.

Stacey et al (2015) described the hostility that students can face when starting a new practice placement, highlighting the significance of student compliance and submissiveness as crucial factors for gaining acceptance within their new team. Students often prioritise the development of the new and complex relationships with their practice assessors and supervisors. They acknowledge the heavy workload and care responsibilities shouldered by assessors, leading them to focus on tasks beneficial to the clinical setting, sometimes at the expense of their own learning (Stacey et al, 2015). Considering the potential for conflict regarding the assessment of physical health proficiencies in mental health settings, such behaviours

are understandable, maybe even advisable. However, this will likely have further repercussions on their ability to obtain sign-off on proficiencies.

As a solution to this issue, mental health nursing students often find themselves placed in acute care settings and encouraged to use the opportunity to acquire a list of proficiencies. However, as Bifarin et al (2024) highlighted, such placements often emphasise skill acquisition from a medical-model perspective, neglecting the essential therapeutic qualities and psychosocial interventions fundamental to mental health nursing practice. There is a perception that this is merely a tick-box exercise, and that students do not really need to understand the skills being evaluated, as they will not use these skills within their field of practice (Buescher and McGugan, 2022). There is no balance here; students are either in field-specific placements gaining mental health nursing skills, the development of which is not acknowledged, or they are working through a list of required proficiencies that may have little or no relevance in their chosen career.

Difficulties for assessors

Whaley et al (2024) found a significant barrier for student attainment originating from practice assessors themselves, and mental health nursing students have voiced frustration at assessors' reluctance or refusal to sign off certain proficiencies during their clinical placements. By shifting towards generic proficiencies, the NMC is tasking mental health nurses with evaluating knowledge and skills with which they are not familiar and for which they have not received training, and assessors often do not feel competent to make judgements on what does or does not constitute 'proficiency'.

Practice assessors may feel unable to sign off specific proficiencies due to their own lack of competency in clinical skills, highlighting concerns that this may breach the responsibilities and accountability of their own NMC registration (Whaley et al, 2024).

This issue is exacerbated by the ambiguity surrounding the wording of each proficiency. Varying interpretations of what qualifies as an acceptable proficiency contribute significantly to whether a student successfully achieves them or not (Christiansen et al, 2021; Finstad et al, 2022). Another example of this is evident in the NMC's statement that 'the level of expertise and knowledge required will vary depending on the chosen field of practice' (NMC, 2024: 32), which fails to offer a clear definition of how to understand these levels in relation to the context of the clinical setting and patient need. For a practice assessor who does not use a particular proficiency in their own practice, recognising the varying levels of proficiency may be beyond their capability, further reducing their confidence to sign off on assessment of those proficiencies.

In contrast to the previous *Standards to Support Learning and Assessment in Practice* (SLAIP) (NMC, 2008), which mandated an initial training programme followed by regular updates, the new standards do not stipulate that practice assessors undergo formal training and allow for practice supervisors to be recruited from a wide range of professions. Given that the standards and criteria for assessing student performance

may be vague or open to interpretation, practice assessors may lack clear guidance on what constitutes proficiency in various clinical skills, making it challenging to assess students accurately and consistently. This creates an additional barrier for practice assessors, who are already juggling competing priorities and heavy workloads. Teaching may be a low priority, and the lack of comprehensive training in the assessor role can lead to highly subjective assessments (Stacey et al, 2015).

Difficulties for educators

Mental health nurse educators are aware of the need to promote the importance of physical health skills, given the morbidity and mortality associated with a diagnosis of serious mental illness (Warrender et al, 2023). Although the importance of teaching these skills is not denied, there are questions about how to make the skills relevant to students' current learning and development needs, as well as their future careers as mental health nurses. There is a missing piece to this puzzle: the connection between assessing proficiency and the learning experience itself. Educators play a pivotal role here, and there is an opportunity to employ pedagogical methods that connect theory and practice. It is necessary to support both students and assessors to align the assessment requirements with their practical experience.

Different placements present different challenges. In mental health settings, practice assessors not only have limited resources and opportunities, but struggle with interpreting ambiguous guidance and may lack confidence in their own assessment skills. In acute care placements, students are set task-oriented objectives and must physically perform each skill to meet the requirement for proficiency sign-off without any consideration of the depth of knowledge and understanding necessary for clinical decision-making in their post-registration role. Students need to make links between the individual skill, the associated health need, and a holistic view of the patient that accounts for their mental health as well as their physical health (Bifarin et al, 2024).

Educators have a pivotal role in ensuring that mental health nursing students can gain physical health skills that complement more nuanced mental health skills in communication, therapeutic relationships, critical thinking, and values-based decision making.

A potential solution

Within mental health nursing education there now exists a persistent conflict between practice assessors evaluating the profession-wide proficiencies mandated by the NMC (2024) and mental health nursing students striving to meet these standards. For educators, it can be difficult to effectively support both parties, but a potential solution lies in contextualising proficiencies for the mental health nursing student audience, integrating them into pre-registration programmes in a way that values the role of the mental health nurse and embeds skill-based tasks into the specialised clinical settings and patient groups. By providing clear links between physical health skills and mental health practice, educators can constructively align the learning opportunities available in a mental health setting

with the prescribed assessment of NMC proficiencies.

The Proficiencies Directory is an innovative and sustainable teaching method, developed by the authors, which provides a resource for mental health nursing students and their practice assessors during practice placements. Currently, the directory is accessed by the mental health nursing students at the authors' HEI through their online Blackboard module (a web-based virtual learning environment and learning management system). Two parallel directories have been created, one for part 2 and one for part 3 of the undergraduate mental health nursing programme, with each directory providing resources which link directly to the NMC proficiencies mapped to that stage of the programme. Using the HEI's own technology and communication media has ensured that there have been minimal costs attached, other than those associated with academic time to create and update the learning resources and materials.

The Proficiencies Directory in part 2 and 3 have enabled mental health nursing students to access asynchronous activities that are directly targeted at developing the knowledge and skills required to attain identified proficiencies, while supporting them to synchronise with practice placement experiences and opportunities. Identical formatting of both the part 2 and part 3 directories provides consistency and familiarity for students. Importantly, providing mental health nursing students with this resource at the beginning of both part 2 and part 3 ensures sufficient time for engagement, allowing students to develop more insightful and meaningful action plans before starting each practice placement. The Proficiencies Directory encourages mental health nursing students to delve into broader reading materials and engage in reflective exercises on their practical experiences. *Figure 1* provides an extract from part 2 of the Proficiencies Directory.

A specific content area was created within the Practice Assessment Module area on Blackboard, allowing students to quickly access a general introduction and overview of what is contained within the directory (*Figure 1: Box 1*). Beneath this, subfolders are arranged according to NMC proficiency number (*Figure 1: Box 2*). Within each subfolder, resources are arranged according to the same format. First, there is a link to the field of practice (*Figure 1: Box 3*) followed by examples linking the proficiency to the biopsychosocial model (*Figure 1: Box 4*). This additional information aims to emphasise the relevance of clinical proficiencies to mental health nursing students by highlighting when and where students can expect to use each technique within their own practice. Beneath this, within the same subfolder, a variety of asynchronous learning resources are provided (*Figure 1: Box 5*).

Evaluation and impact

End-of-module evaluations provided the following student insights into the use of the Proficiencies Directory:

- Can be used during discussions with practice assessors, to support planning during the initial stages of placement
- Enables students to find ways of meeting proficiencies that are acceptable to practice assessors
- Supports increased depth of knowledge and understanding,

Part 2 Proficiencies Clinical Skills Directory

Box 1. This directory has been designed to support achievement of your Part 2 Proficiencies in Practice

Folders for each proficiency contain resources and information to support your practice and provide examples of how these skills can be utilised by a mental health nurse and assessed in a mental health setting. It is suggested that you utilise the Skills Directory to supplement and extend your learning in practice. You may choose to write a reflective piece or use the suggested guidance to underpin a professional discussion with your practice supervisors and assessors.

Each content folder provides a breakdown of:

- How this skill might be performed or

demonstrated in mental health nursing practice

- How it might relate to different clinical settings
- How it could be broken down into biological, psychological and sociological elements

Content has been developed around stage 2 proficiencies and an index can be found below:

- Proficiencies 9–10: Skin and wound care
- Proficiencies 11–12: Nutrition and hydration
- Proficiencies 13–14: Continence and catheters
- Proficiency 15: Neurological observations and seizures

- Proficiencies 16–18: Mobilising and falls risk
- Proficiency 19: Respiratory assessment
- Proficiency 20: Nasal and oral suctioning
- Proficiency 21: Isolation
- Proficiency 23: Blood glucose
- Proficiency 24: Cardiac assessment
- Proficiency 25: Venepuncture
- Proficiency 26: Cannulation
- Proficiency 27: Blood component transfusions
- Proficiency 28: Sepsis

Box 2. Continence and catheters

13 Assess level of urinary and bowel continence to determine the need for support, intervention, and the person's potential for self-management.

14 Insert, manage and remove urinary catheters for both genders and assist with clean, intermittent self-catheterisation where appropriate. Manage bladder drainage where appropriate.

Box 3. Link to field of practice

As a mental health nurse you may be required to provide catheter care. Examples of this might include in older adult inpatient services, however there may also be other occasions where your skills could be utilised. Your role may be around education and promoting independence.

Mental health nurses should be

aware that catheters can be used as a method of self-harm. Patients can intentionally neglect their personal hygiene or cause damage to promote infection. This is likely to require medical assessment and treatment.

It is important to note that this skill should be assessed in relation to your field of practice, and you

are not necessarily required to be observed performing catheter care but assessment could be achieved via professional discussion and/or reflection.

While this is a clinical skill it is important that we approach this holistically and consider all the different factors that may come into play.

Where am I likely to perform this skill?

Anywhere: evidence suggests that there are over 90 000 long-term catheter users, and prevalence usually increases with age, especially among men (Gage et al, 2017). This means you could be caring for someone with a catheter in situ at any point, in any setting

Box 4. It can be helpful to use a biopsychosocial approach when considering the needs of the patient and the skills required of the mental health nurse

Biological

How would you assess whether a catheter is well positioned and draining?
How would you assess for signs of infection?

Psychological

When assisting a patient with cognitive

impairment, how can you ascertain their understanding?

How does capacity/lack of capacity impact on gaining consent?

How may this procedure impact on someone with a history of sexual abuse?

Social

Catheter care is an intimate and personal activity. How can you promote privacy and dignity?

What are the psychological effects of having a catheter in situ and what is your role in supporting this?

Box 5. Individual attachments and links to resources including:

- National Catheter Education Programme, 'The Secret Life of Catheters'
- Video demonstrating female catheterisation
- Video demonstrating male catheterisation
- Podcast on catheterisation

- Clinical Skills Guide: female catheters
- Clinical Skills Guide: male catheters
- Clinical Skills Guide: emptying a catheter
- Clinical Skills Guide: catheter maintenance
- Clinical Skills Guide: removal of catheters

- Clinical Skills Guide: self-catheterisation
- NICE Clinical Guideline CG139 'Healthcare-associated infections: prevention and control in primary and community care' (NICE, 2017)

Figure 1. An edited extract from part 2 of the Proficiencies Directory

by increasing autonomous reading and study

- Helps students to understand their own learning and development needs in preparation for reflective discussion
- Encourages students to map proficiencies to placement areas, supporting students to identify and achieve relevant proficiencies.

The aim of the Proficiencies Directory is to aid understanding and contextualise proficiencies for both students and assessors. Early findings are that the Proficiencies Directory is both sustainable and replicable across other nursing programmes within the HEI and has potential for adoption by other HEIs. Indeed, the MSc in Mental Health Nursing course at the university has subsequently adopted this resource.

Limitations

It is acknowledged that this evaluation is limited in its data retrieval and further work is required for a more comprehensive triangulation of data across the student, practice educator and academic educator spectrums prior to wider integration into nursing curriculum.

A limitation of the Proficiencies Directory is that it is currently only accessible for students via the HEI's own technology and systems, and that practice partners lack access to, as well as knowledge of, the availability of this resource. Work is now underway to develop publicly accessed content to share with local placement providers.

Conclusion

Challenges faced by mental health nursing students, assessors, and educators in meeting proficiency standards set by the NMC are multifaceted and require innovative solutions. The evolution of nursing education towards generic proficiencies has brought about a need for contextualisation within the specialised field of mental health nursing. The authors have sought to adopt a solution-focused approach, as exemplified by the introduction of the Proficiencies Directory in their educational institution, which represents a promising solution to bridge the gap between prescribed proficiencies and the unique demands of mental health nursing practice. The Proficiencies Directory not only provides structured resources for mental health nursing students to develop necessary skills, but also offers guidance for practice assessors in evaluating student performance. By aligning learning experiences with assessment criteria, educators can facilitate a more comprehensive and meaningful learning journey for mental health nursing students.

Future efforts should focus on expanding access and promoting awareness among stakeholders. Additionally, ongoing research and evaluation are essential to ensure the effectiveness and sustainability of these initiatives across various nursing programmes and institutions. Ultimately, addressing the difficulties encountered in mental health nursing education requires collaboration, creativity, and a commitment to advancing pedagogical practices to better prepare future mental health nurses for the complexities of their role. Through initiatives such as the Proficiencies Directory, educators can 'shave the corners' which are the barriers to mental health nursing students learning and attainment, allowing the 'square peg' of generic

KEY POINTS

- Mental health nursing is a unique role requiring specialised skills, which are not well served by an emphasis on generic proficiencies. Viewing physical health skills through a mental health perspective adds context and increases relevance for mental health nursing students
- Student mental health nurses encounter numerous challenges when seeking assessment of generic proficiencies in both mental health and physical health settings and may view this as a tick-box exercise
- Practice assessors experience ambivalence around assessment criteria, holding different interpretations of the expected standards and levels, leading to subjective assessments or a reluctance to engage with the assessment task
- Educators play a pivotal role in creating solutions which bridge the gap between theory and practice, aligning the assessment of proficiencies with the learning experience in practice

standards to fit with more ease into the 'round hole' for field-specific nursing programmes. **BJN**

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CPD reflective questions

- How could you enhance student learning experiences in your clinical area ensuring parity of opportunity across all fields of practice?
- How do the learning opportunities in your clinical area align with Nursing and Midwifery Council (2024) proficiency standards? Complete an educational audit mapped to those standards
- Where you are unable to directly observe a specific skill, what would students need to provide to evidence their proficiency? Create SMART objectives for one of the proficiencies
- As a practice assessor, are there proficiencies that you feel unable to assess and how do you plan to address your own learning needs?

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