

# Clinical Skills Competency Assessment

## Motor Neurone Disease Registered Nurse Competency

<b>Registered Nurse Name:</b>	
<b>Registered Nurse Signature:</b>	
<b>Assessor Name:</b>	
<b>Assessor Signature:</b>	
<b>Competency completed:</b>	
<b>Date self-assessment completed:</b>	
<b>Date of last completion.</b>	

## **WE STATEMENT**

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

## **INTRODUCTION**

This competency has been designed to promote and assess the safe and effective management of residents who have a diagnosis of Motor Neurone Disease in our care homes.

The competency should be completed by each Registered Nurse who has a responsibility to deliver, or oversee the care of residents.

The Registered Nurse should have confidence in his/her actions delivering this care satisfactorily and safely without supervision.

For Registered Nurses, the NMC Code of Conduct should be adhered to.

This competency must be completed within induction. It must then be reviewed and completed on a self-assessment basis at least annually.

There may also be a requirement to repeat this competency in the event of an incident relating to the care of a resident with Motor Neurone Disease regardless of when the last completion took place.

Once complete, please document this competency on the Registered Nurse's HR Training file / training matrix.

Competency & Awareness	Registered Nurse / Signature	Comments	Assessor's Signature
Can describe what MND is and pathophysiology.			
Demonstrates awareness of types of MND. Amyotrophic lateral sclerosis (ALS), Progressive bulbar palsy (PBP), Progressive muscular atrophy (PMA), Primary lateral sclerosis (PLS)			
Understands the main features of the disease.			
Can describe the factors that contribute to motor neurone degeneration and its impact on motor control.			
Can describe the impact of the diagnosis of MND on the resident and their family.			
Demonstrates good knowledge of the importance of advance care planning.			
Demonstrates awareness that much closer and more frequent monitoring may be required due to the rapid progression that can occur in MND.			
Demonstrates knowledge and recognition of common symptoms in MND that may affect nutritional status and/or intake including <ul style="list-style-type: none"> <li>Significant and rapid muscle wasting</li> </ul>			

<ul style="list-style-type: none"> <li>• Ineffective cough</li> <li>• Neck weakness</li> <li>• Emotional lability</li> <li>• Thick secretions</li> <li>• Muscle cramps</li> </ul>			
<p>Demonstrates good knowledge of common complications associated with MND that may affect nutritional status and/or intake.</p>			
<p>Demonstrates good knowledge of NICE guidance for MND care.</p>			

**Below is a reflective summary template to be used when an incident occurs relating to a resident with Motor Neurone Disease.**

## REFLECTIVE SUMMARY FOLLOWING AN INCIDENT CONNECTED TO THE CARE OF A RESIDENT WITH MOTOR NEURONE DISEASE

This form is to be completed in the event of an incident occurring and then used to inform a supervision. A copy should be submitted to the General Manager.

NAME

DATE

<b>REFLECTIVE ACCOUNT</b>
What was the nature of the incident?
What did you learn from the incident?
How did you change or improve your practice as a result of the incident?
What is the relevance to the Code of Conduct?

### Document Control

Issue	Date	Author	Reason
1.0	01 January 2026	Michelle Francis	New document