

Guidance Document

ASSESSING AND SUPERVISING NMC STANDARDS OF PROFICIENCY (2018)

Pre-Registration Nursing Students in Community Nurse – District Nursing.

NMC Proficiencies:- Year 2 students



UNIVERSITY OF
PLYMOUTH

| | PROFICIENCY | EXAMPLES OF SKILL/ACTIVITY | SUGGESTED EVIDENCE |
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| Participates in assessing needs and planning person-centred care with increased confidence | | | |
| 1. | Support people to make informed choices to promote their wellbeing and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions e.g. cognitive behavioural therapy techniques. | <ul style="list-style-type: none"> • Health Promotion / • Single point assessment • Self-help groups • Referrals to relevant services • Health prevention advice | Patient's documentation. Results/Reports. Staff and/or Service User Feedback. Practice protocols and policies. |
| 2. | Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting. | <ul style="list-style-type: none"> • . • Communication styles (verbal & non-verbal). • Liaison and integration of other services • Verbal/written consent for procedures • Dressing choice and care planning for chronic wounds. • Informed Consent • Assess compliance with treatment • Collaborative working with primary care and MDT | Patient's documentation. Staff and/or Service User feedback. Reflection. National guidance and policies (e.g. Long Term Plan). |
| *3. | Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed. 1 | <ul style="list-style-type: none"> • Communication skills • Referral to appropriate team for assessment • Safeguarding • Same day visit | Staff and/or Service User feedback. Reflection. Completed Assessment tool. |
| *4. | Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences. 6 | <ul style="list-style-type: none"> • . • Care provision – regular visits, planned care • Communication skills • Appropriate referrals. | Evidence of understanding from training through Q&A. Staff and/or Service User feedback. Reflection. Pathway reflections. |

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| | | <ul style="list-style-type: none"> • Assessments completed and follow up of any interventions needed. • Liaise with Palliative Community services • Liaise with GP • Advanced care planning conversations • Support groups if appropriate • Link with local hospice | |
| Participates in delivering and evaluating person centred care with increased confidence | | | |
| 5. | Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required. | <ul style="list-style-type: none"> • Consultation activity. • Information Boards. • Additional information (i.e. leaflets etc) • Access to Braille, Large print etc. • Awareness of Language line. • Liaison with Learning disability services. • Awareness of PGD's, Local guidance • E-consult • Telephone consultations for LTC and Urgent care appointments. | Example of leaflet/info board etc. Staff and/or Service User feedback. Q&A. Practice website/social media/Apps. |
| 6. | Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate drawing on the person's strengths and assets. | <ul style="list-style-type: none"> • Consultation activity with LTC monitoring. Chronic wound care. Medicine review. Physical assessment. • Social Prescribing. • All patient reviews. • Recall and read codes activities. • E-consult • Telephone consultations for LTC and Urgent care appointments. • MST patient group meetings | Patient's documentation. Notes from patient reviews. Staff and/or Service User feedback. Evidence from digital technology platforms. |
| 7. | Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required. | <ul style="list-style-type: none"> • Online consultation notes and patient records. • Audits, Stocktaking, | Patients documentation. Meeting minutes. Audit results etc. Interpretation and |

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| | | <ul style="list-style-type: none"> Ordering. • Equipment calibration recording. • Results. • Recording of online consultations/teleph one consultations with informed consent. | location of data required. |
| 8. | Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations. | <ul style="list-style-type: none"> • Triage. • Wound assessment. • Consultation activity (e.g. sexual health, contraception) • Worried well and self- limiting conditions. • Q&A activity. • E-consult • Telephone consultations for LTC and Urgent care appointments. • MST patient group meetings | Staff and/or Service User feedback. Q&A. Theory/Evidence documentation. Action Plan. |
| Participates in the procedures for the planning, provision and management of person-centred care with increased confidence | | | |
| 9. | Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. 3 | <ul style="list-style-type: none"> • Wound Assessment, including acute/chronic wounds. • Infection Prevention/Control. • Handwashing preparation. • Diabetes monitoring | Patients documentation. Staff and/or Service User feedback. Q&A of potential treatments. |
| *10. | Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). 3 | <ul style="list-style-type: none"> • Any relevant patient requiring ANTT, including wound assessment • Handwashing. | Patient's care plan. Knowledge of treatments/dressings. Effective demonstration of ANTT. External Assessor /Supervisor feedback. |
| 11. | Effectively uses evidence based nutritional assessment tools to determine the need for intervention. 5 | <ul style="list-style-type: none"> • Patient consultation observations. • History taking in conjunction with appropriate assessment tools. | Patients documentation. Staff and/or Service User feedback. Completed assessment tool. |
| 12. | Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. 4 | Consider omitting , or arrange external pathway with for experience. | External Assessor/Supervisor feedback. Q&A |

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| 13. | Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. 6 | <ul style="list-style-type: none"> • Patient History taking. • Consultation activity. • Assessment Tool. • Appropriate referrals to continence specialist nurses. • TWOC with bladder scanning. • Telephone consultation following self - completion of tools | Completed Assessment Tool. Q&A Staff/Service User Feedback. |
| *14. | Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. 4 | <ul style="list-style-type: none"> • TWOC with bladder scanning. • Planned catheter change as per guidance. • Referral to secondary services (e.g. incontinence clinic) • Presenting catheterisations. | External Assessor/Supervisor feedback. Q&A Documentation. |
| *15. | Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). 5 | <ul style="list-style-type: none"> • Consider omitting, or arrange an external pathway with appropriate service. • Online MDT meetings | Completed Assessment Tool. Q&A. Staff/Service User Feedback. |
| 16. | Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. | <ul style="list-style-type: none"> • Consultation activity. • Falls Risk Assessment. • Patient History taking. • Referral for support. • OT/Physio collaboration • Online MDT meetings | Completed assessment tool. Patient notes. Referral copy. Q&A. |
| 17. | Effectively manages the risk of falls using best practice approaches. | <ul style="list-style-type: none"> • Consider OT / Physio collaboration. • Ongoing assessment. • Online MDT meetings | Q&A Staff/Service User Feedback. |
| 18. | Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing evidence based rationale to support decision-making. | <ul style="list-style-type: none"> • Consider omitting or external pathway with Physio/OT. | Q&A Staff/Service User Feedback. |
| *19. | Undertakes a comprehensive respiratory assessment including chest auscultation | <ul style="list-style-type: none"> • Consider external pathway to | Staff/Service User feedback. |

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| | e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes. 1 | Respiratory Clinics and specialist teams demonstrating techniques. | Q&A Reflection/Research of emergency protocol. |
| *20. | Uses best practice approaches to undertake nasal and oral suctioning techniques. 1 | <ul style="list-style-type: none"> Consider external pathway with local Trust | Staff feedback. Q&A Demonstrating correct use of equipment. |
| 21. | Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. 2 | <ul style="list-style-type: none"> Wound/Dressings Patients with Compromised Immunity. Understanding of local Isolation protocols. Effective telephone triage/management of safe signposting and distribution of workload. | Q&A. 5 Moments/ANTT/PPE demonstrated and explained effectively. Local isolation protocol explained (referring to policy). |
| 22. | Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. | <ul style="list-style-type: none"> All clinic activity. Well prepared and clearly delivered information. E-consult Telephone consultations MST patient group meetings | Staff/Service User feedback. Q&A Research notes. |
| 23. | Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. 6 | <ul style="list-style-type: none"> Demonstrates accuracy with:- Blood Glucose Meters, Pulse Oximeter, Temperature Probe, BP, Peak Flow and other equipment. | Q&A Results/documentation. Staff feedback. |
| 24. | Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. 2 | <ul style="list-style-type: none"> You may consider omitting this proficiency. | Q&A. Documentation. Normal ECG trace understood, and abnormal trace identified. Staff feedback. |
| Participates in improving safety and quality of person-centred care with increased confidence | | | |
| 25. | Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. 6 | <ul style="list-style-type: none"> Phlebotomy Clinics. Observed venepuncture (phlebotomist/nurse). Venepuncture activity if appropriate. Results analysis and follow up. Appropriate telephone | Attendance at Theory training. Sign Off of observed practice (phlebotomist/nurse). Q&A Staff/Service User feedback. |

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| | | consultation of haematology & microbiology results. | |
| *26. | Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. 6 | <ul style="list-style-type: none"> • Consider omitting or arrange external pathway . • Or, if applicable, Phlebotomy Clinic. • Observed cannulation. | Sign Off of observed practice. Q&A. Staff/Service User feedback. External Assessor. |
| *27. | Manage and monitor blood component blood transfusions in line with local policy and evidence-based practice. 2 | <ul style="list-style-type: none"> • Consider omitting or arranging external pathway • | Assessor/Supervisor feedback. Q&A. |
| *28. | Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. 3 | <ul style="list-style-type: none"> • A-E Assessment skills. • Knowledge of NEWS scoring. • Sepsis 6 pathway. • Escalation to appropriate services • SBAR to other clinicians • Effective telephone triage and management | Assessment Tool. Q&A. Staff Feedback. |
| 29. | Applies an understanding of the differences between risk management, positive risk-taking and risk aversion to avoid compromising quality of care and health outcomes. | <ul style="list-style-type: none"> • MDT meetings. • Complex Care Reviews. • MH Assessments. • Significant event meetings • Sexual health and contraception clinics • Effective telephone triage and management | Meeting Minutes. Review Notes. Assessment Tool explained. Staff Feedback. |
| 30. | Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice..(eg. solution focused therapies or talking therapies). | <ul style="list-style-type: none"> • Counselling Service. • Health Promotion. • Support Groups. • PPG attendance • Staff meetings • MDT meetings • Online Professional forums and clinical governance sessions | Q&A Staff/Service User Feedback. Documentation. Reflection. |
| Participates in the coordination of person-centred care with increased confidence | | | |
| 31. | Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. | <ul style="list-style-type: none"> • Follow Up Decisions. • Referrals. • Wider MDT activity. • Integration services • DNS/community matrons pathway. • GP patient lists. • Online MDT meetings • E-consult | Referral/Discharge/F/U documentation. Q&A Staff/Service User Feedback. |

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| 32. | Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care. | <ul style="list-style-type: none"> • Documentation. • Simulated activity or Case Load. • Safeguarding. • Liaison with other services, including voluntary and private services. • Online MDT meetings • E-consult • Effective telephone consultations | Discussion of patient history/care with staff. Competent reviewing of existing patient care pathways. Local policy/guidelines explained. |
| 33. | Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. | <ul style="list-style-type: none"> • Communication with staff, patients, family and external HCP's. • Simulated situation if necessary. • Online MDT meetings • E-consult • Effective telephone consultations | Demonstrates professional, calm approach. Demonstrates an understanding of anxiety behaviours. Can effectively diffuse a conflict situation. |

Proficiencies marked with an * can be assessed in Year 2 or Year 3.

Proficiencies with a green numbered dot indicates that the subject is covered in Clinical Skills. This does not confirm proficiency. The skills need to be assessed in practice placement.

There are 90 proficiencies that will need to be completed by the end of the programme. Depending where the student is placed depends on the opportunities for them to demonstrate the proficiency.

If a student has been assessed as proficient but does not maintain proficiency in subsequent years relevant plans can be drawn up and they can be reassessed. Proficiency can be assessed by Practice Supervisors or Assessors, or anyone occupationally competent (such as phlebotomists).

Practice Assessors will be verifying proficiency at the end of placement assessment.