

Guidance Document

ASSESSING AND SUPERVISING NMC STANDARDS OF PROFICIENCY (2018)

Pre-Registration Nursing Students in Acute hospital Placements

NMC Proficiencies:- Year 2 students



UNIVERSITY OF
PLYMOUTH

Proficiency	Examples of skill acquisition	Suggested Evidence
Confidently assessment needs and plans person-centered care		
1. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centered care	Admit acutely unwell patients completing holistic nursing assessment including:- Clinical observations, ECG's, BM's MUST assessment Urine analysis , MSU, BHCG (pregnancy test) Blood test (venipuncture) Bladder scan	Patients documentation Care plans Nerve Centre Reports/results Complete ESR online training Statement from others
2. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity.	Actively participate in admitting patients with Dementia, Learning Disabilities, Delirium, EOL and complete necessary documentation, assessment of capacity, 'This is Me' booklet, DOLS, etc. EOL booklet, TEP. Safe and supportive obs.	Patients documentation Care plans maxim referrals Reflection Statement from others
3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioral therapy or talking therapies across health and social care as appropriate.	Working with and refer to MDT's e.g. Learning Disabilities and Safeguarding Team. Psychiatric team, Alcohol liaison, Palliative Care Team.	Patients documentation maxim referrals Reflection Statement from others
5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.	Use of e-OBS, Nerve Centre, EPMA. Maxims Documentation in patients notes Date, time, signed and counter signed	Patients documentation Nerve Centre maxim Product of work Statement from others
6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care	Admit acutely unwell patients completing holistic nursing assessment including discharge planning, referral to physio, OT, onward care and palliative care.	Patients documentation maxim referrals e.g ebica, Palliative Care, TEP Reflection Direct observation/statement from others

Proficiency	Examples of skill acquisition	Suggested Evidence
7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion.	Patient assessment and ongoing care Clinical Observations Care rounds Safe and supportive Observation	Patients documentation Medicine management maxim referrals Reflection Direct observation/statement from others
8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required	Patient support during procedures Clinical Observations Care rounds Safe and supportive Observation	Patients documentation Reflection Direct observation Statement from others
9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions	Patient assessment and ongoing care referral to Psychiatric team, Alcohol liaison. Clinical Observations, CIWA score Care rounds Safe and supportive Observation	Patients documentation Clinical Skills evidence of completing Reflection Direct observation Statement from others
Confidently manages the procedures in assessing, providing and evaluating care		
10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist)	Assist patients with all personal hygiene needs, including bed bath, showering, shaving, mouth care, dressing, toileting, hair, Referral for hearing aids, dentures, glasses, foot care.	Patients documentation Reflection Direct observation/statement from others maxim referrals
11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team	Manages patients with chronic diseases e.g. diabetes on sliding scales, BM's Coeliac, ulcerative colitis, special diets lactose-free, low sodium. NJ feeds, TPN. Culture/Religion needs	Clinical Skills evidence of completing Patients documentation Food and Fluid charts Reflection Direct observation/statement from others maxim referrals to Dietitians, Diabetic Nurse,
12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications	Maintains patients fluid balance chart monitoring IV fluids De-hydration / fluid overload Renal patients	Clinical Skills evidence of completing Patients documentation Food and Fluid charts Reflection Direct observation/statement from others

Proficiency	Examples of skill acquisition	Suggested Evidence
13. Manages the care of people who receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required	Manage patient receiving NG/NJ feed, TPN, IV fluids via Baxter pump Alaris infusion pumps – sliding scale insulin, heparin infusion	Clinical Skills evidence of completing Patients documentation Medicine Management Fluid charts Reflection Direct observations/statement from others
14 Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and over devices	Manage a patient on a sliding scale Manage a patient on patient controlled analgesia (PCA), Rectus sheath, Epidural infusion, Syringe Driver, Nerve blocks	Clinical Skills evidence of completing Patients documentation Reflection Direct observation/statement from others
15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.	Actively participates in the safe referral of people to other professionals or services use of products e.g. pads, urinary convenes/catheters, stoma bags. Work with stoma and continence nurse specialists	Clinical Skills evidence of completing Patients documentation Reflection Direct observation statement from others
16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate.	Undertake procedures after verbal consent from patient to preform rectal examination, give enemas, suppositories and provide after-care. Understand risks involved. Use Trust Protocol or Royal Marsden manual of Clinical Nursing Procedures	Clinical Skills evidence of completing Patients documentation Reflection Direct observation Statement from others
17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and undertake proactive measures to protect public health e.g. immunisation and vaccination policies.	Manage patients who require isolation due to infection risks. e.g. TB, C-Diff, Norovirus send appropriate samples. Complete MRSA screening, CPE screening, Influenza screening, etc. Flu vaccines clinics Smoking cessation Alcohol Awareness/ MDT Pathway to IPAC team	Patients documentation Reflection Direct observation Statement from others Product of work

Proficiency	Examples of skill acquisition	Suggested Evidence
Confidently leads and manages person-centered care and working in teams		
18. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members	Work with MDT on placement area. Pathway out to Specialist teams	Patients documentation Reflection Direct observation Statement from others
19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required.	Manage a patient or group of patients in placement area under supervision or work on CLiPP ward/bay Work with ward coordinators Pathway out to work with Bed Managers	Patients documentation Reflection Direct observation Statement from others
20 Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff	Monitor tasks/procedures on ward/unit and feedback to others. Monitor documentation/audits/care plans etc. Work with ward manager/deputy manager of ward team	Patients documentation Reflection Direct observation Statement from others
Confidently contributes to improving safety and quality of person-centered care		
21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies	Participate in monthly Safety Thermometer, Quantra audits, and Direct care time audit. Suggest quality improvement if appropriate	Patients documentation Reflection Direct observation Statement from others Produce of work
22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks	Participate in Safety briefing on ward Infection control measures Falls risk Pressure area damage Waste management protocols Catheter care plans indwelling lines e.g. cannula, midline care plans	Patients documentation Reflection Direct observation Statement from others Produce of work
23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns	Participate in coordinating ward/unit work with Bed management / ward manager	Patients documentation Reflection Direct observation Statement from others

Proficiency	Examples of skill acquisition	Suggested Evidence
Confidently coordinates person-centered care		
25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and inter-agency working in managing multiple care needs.	Work within MDT to provide care for complex needs patients. Pathway out to work with onward care, Pathway out to work with Palliative care team.	Patients documentation Reflection Direct observation Statement from others
26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids Unnecessary interventions and disruptions to their lifestyle	Work with complex needs patients e.g. stroke, learning disability patients, mental health patients, homeless patients. Palliative and End-of life patients and the MDT providing care. Obtain consent/lack of capacity issue	Patients documentation Reflection Direct observation Statement from others Referrals/ produce of work
27. Engages in difficult conversations including breaking bad news with compassion and sensitivity.	Participate in consultant ward rounds. Pathway to work with Palliative and End-of life patients and the MDT providing care.	Patients documentation Reflection Direct observation Statement from others
28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required	Work with complex needs patients e.g. stroke, learning disability patients, mental health patients, homeless patients. Palliative and End-of life patients and the MDT providing care when lack of capacity is identified. Work with advocate,	Patients documentation Reflection Direct observation Statement from others Referrals/produce of work
29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural Requirements and preferences.	Working with Palliative and End-of life patients and the MDT providing care. Complete e-bica Pathway out to work with onward care team.	Patients documentation Reflection Direct observation Statement from others Referrals/produce of work