

Guidance Document

ASSESSING AND SUPERVISING NMC STANDARDS OF PROFICIENCY (2018)

Pre-Registration Nursing Students in Primary Care Placements – Practice Nursing.

Year 3/4 student proficiencies.



UNIVERSITY OF
PLYMOUTH

	PROFICIENCY	SUGGESTIONS FOR SKILL/ACTIVITY	SUGGESTED EVIDENCE
Confidently assesses needs and plans person-centred 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-centred care.	<ul style="list-style-type: none">• New Patient Assessment.• History taking for minor illness.• Minor Injury Clinic.• On the day appointment.• Effective telephone consultations and appropriate signposting/management	Assessment Documentation. Patient notes. Staff/Service User Feedback. Q&A.
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.	<ul style="list-style-type: none">• History Taking.• Patient Documentation.• MCA assessment within all F2F interactions.• Obtaining informed valid consent.• DoLs, TEPS and LPOA documentation.• E-consult• Online MDT meetings• Zoom/skype patient consultations	Documentation. Patient notes. Relevant Assessment documentation. Staff/Service User Feedback. Q&A.
3.	Actively participates in the safe referral of people to other services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate.	<ul style="list-style-type: none">• Clinic activity linked to counselling/support teams.• Online MDT meetings• E- referral to other services	Referral Documentation. Staff/Service User Feedback. Reflection. Q&A.
4.	Accurately and legibly records care, with the use of available technologies where appropriate, in a timely manner.	<ul style="list-style-type: none">• Clinic activity.• Patient review meetings.• Recording of online consultations/telephone consultations with informed consent.• Artificial Intelligence of recording consultations within clinical practice with informed consent.	Patient notes. Minutes. Staff feedback. Q&A.

5.	Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care.	<ul style="list-style-type: none"> • LTC clinics and advice. • Self limiting advice for minor illness. • Social Prescribing. • Smoking Cessation clinics. • Well Women/Men Clinics. • Wound care clinics and advice. • E-consult • Telephone consultations for LTC and Urgent care appointments. • Skype/Zoom patient group meetings 	Staff/Service User Feedback. Patient Notes. Q&A.
6.	Manages a range of commonly encountered symptoms of increasing complexity including pain, anxiety and confusion.	<ul style="list-style-type: none"> • LTC monitoring. • On the day appointments. • Mental Health Checks. • Review of Medications. • Dementia Screening. • E-consult • Telephone consultations for LTC and Urgent care appointments. 	Assessment Documentation. Patient Notes. Referral Process. Staff/Service User Feedback. Reflection. Q&A.
7.	Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required.	<ul style="list-style-type: none"> • All Clinics. • Health Promotion, Smoking Cessation. • Social Prescribing. • Telephone consultations for LTC and Urgent care appointments. • Skype/Zoom patient group meetings 	Staff/Service User Feedback. Reflection. Q&A.
8.	Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions. 5	<ul style="list-style-type: none"> • Medication reviews. • Consider pathway to Mental Health services. • CPN. • E-consult • Online MDT meetings • Zoom/skype group support meetings 	Patient notes. Staff Feedback External Assessor Feedback.
• Confidently manages the procedures in assessing, providing and evaluating care			
9.	Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist).	<ul style="list-style-type: none"> • Consider omitting as may not be achievable in practice setting. • Or, external pathway with SW, HV or Community Matron. • OT referral or support groups. • Online MDT meetings 	External Assessor Feedback. Reflection.
10.	Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and	<ul style="list-style-type: none"> • Consider omitting as may not be achievable in practice setting. 	N/A

	the contributions of the Multidisciplinary team. 6		
11.	Manages the care of people who are receiving IV fluids & accurately records fluid intake and output, demonstrating understanding of potential complications. 2 6	<ul style="list-style-type: none"> Consider omitting as may not be achievable in practice setting. 	N/A
12.	Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. 6	<ul style="list-style-type: none"> Consider omitting as may not be achievable in practice setting. 	N/A
13.	Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. 2	<ul style="list-style-type: none"> Consider omitting as may not be achievable in practice setting. 	N/A
14.	Manages the care of people with specific elimination needs (e.g. urinary and faecal incontinence and stoma care). 5	<ul style="list-style-type: none"> Referral to DN. Incontinence Services. Online referral service Online MDT meetings 	Referral Documentation. Local Policy/Protocol. Staff/Service User Feedback. Reflection. Q&A.
15.	Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. 5	<ul style="list-style-type: none"> Consider omitting as may not be achievable in practice setting. 	N/A
16.	Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies.	<ul style="list-style-type: none"> Clinic Activity. Audits. PHE online advice HEE online resources 	Student Presentation/Project Work. Audit Documentation. Staff Feedback.
Confidently leads and manages person-centred care and working in teams			
17.	Understands roles, responsibilities and scope of practice of all members of the Multidisciplinary team, and interacts confidently when working with these members.	<ul style="list-style-type: none"> Full immersion across Practice Team. Relevant external community pathways. Telephone/online consultation pathways and protocols 	Q&A Compilation of Staff Chart Full Understanding Of Relevant MDT roles. Staff Feedback.
18.	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.	<ul style="list-style-type: none"> Recall of patients. LTC / COPD / Diabetes clinic activity. E-consult Telephone consultations for LTC and Urgent care appointments. 	Staff/Service User Feedback. Reflection. Q&A.
19.	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.	<ul style="list-style-type: none"> DNA statistics. Online booking statistics. Workforce planning. Recall quality. Appraisal process. Telephone triage audit 	Documentation. Q&A. Staff Feedback.

Confidently contributes to improving safety and quality of person-centred care.			
20.	Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies.	<ul style="list-style-type: none"> • Infection Prevention. • Hand Washing. • Audit Result reviews. • Self limiting and health prevention patient facing online resources 	Audit Documentation. Staff Feedback. Q&A.
21.	Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks.	<ul style="list-style-type: none"> • Significant event reporting and process. • Review of current risk assessments. • E-consult • Telephone consultations for LTC and Urgent care appointments. 	Assessment Documentation. Q&A. Staff Feedback.
22.	Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.	<ul style="list-style-type: none"> • Escalating concerns protocol. • Whistleblowing. • Safeguarding. 	Q&A. Staff Feedback.
23	Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents.	<ul style="list-style-type: none"> • Significant event reporting and protocol. 	Documentation. Staff Feedback. Q&A.
Confidently coordinates person-centred care			
24.	Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs.	<ul style="list-style-type: none"> • Working with Community Matron / Frailty Nurses / Dementia Nurses etc. • PCN collaboration. • Online MDT meetings • Online referral processes 	Feedback from External Assessors. Reflection. Q&A.
25.	Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle.	<ul style="list-style-type: none"> • GP Patient Surveys. • Family/Friends Test. • PPG activity. 	Documentation. Q&A. Staff/Service User Feedback. Wider Patient Engagement Activity.
26.	Engages in difficult conversations including breaking bad news with compassion and sensitivity.	<ul style="list-style-type: none"> • Clinic activity. • Support Groups. • Addiction / Brook Advisory / Sexual Health. 	Staff/Service User Feedback. Reflection. Q&A.
27.	Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required.	<ul style="list-style-type: none"> • Referral process (i.e. Secondary care). • MDT activity. • Transfers (Paramedics/ Community Hospitals etc) • Online MDT and integration pathways 	Documentation. Staff/Service User Feedback. Q&A.
28.	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	<ul style="list-style-type: none"> • Consider omitting as may not be achievable in practice setting. • Or, external pathway to DN or EOL services. 	Feedback from External Assessors.

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.