

Guidance Document

ASSESSING AND SUPERVISING NMC STANDARDS OF PROFICIENCY (2018)

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

NMC Proficiencies:- Year 2 students



UNIVERSITY OF
PLYMOUTH

	PROFICIENCY	EXAMPLES OF SKILL/ACTIVITY	SUGGESTED EVIDENCE
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">• Travel Clinic activity.• Sexual Health Clinic activity.• Smoking cessation.• Obesity & Wellbeing.• Social Prescribing activity.• Childhood Immunisation Clinics.• Health Promotion / Wellbeing Clinics.• LTC monitoring.• E-consult• Telephone consultations• Skype/Zoom patient group meetings	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">• Follow Up of LTC, including compliance and life style choices.• Communication styles (verbal & non verbal).• Liaison and integration of other services• Verbal/written consent for procedures• Dressing choice and care planning for chronic wounds.• Online MDT meetings• E-consult• Telephone consultations for LTC and Urgent care appointments.	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	<ul style="list-style-type: none">• Q&A.• Consultation activity.• MH Assessment/MH Clinician.	Staff and/or Service User feedback. Reflection. Completed Assessment tool.

	tools as needed. 1	<ul style="list-style-type: none"> • Consider external pathway with CPN for experience. • Addaction/Counsellor. • Understanding and explanation of assessment tools. • Minor Illness Clinics. • Telephone Triage. • E-consult 	
*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"> • Consultation activity. • Completion of EOL training package. • Bereavement sessions/Support groups. • Liaison with Community matrons and Macmillan services. • Pathway opportunities with adult and children hospices • Online MDT meetings • E-consult • Telephone consultations for LTC and Urgent care appointments. 	Evidence of understanding from training through Q&A. Staff and/or Service User feedback. Reflection. Pathway reflections.
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, PSD's, Local guidance • Recall and read code templates. • 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 readcodes activities. 	Patient's documentation. Notes from patient reviews. Staff and/or Service User feedback. Evidence from digital technology platforms.

		<ul style="list-style-type: none"> • E-consult • Telephone consultations for LTC and Urgent care appointments. • Skype/Zoom patient group meetings 	
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, Ordering. • Equipment calibration recording. • Results. • Recording of online consultations/telephone consultations with informed consent. • Artificial Intelligence of recording consultations within clinical practice with informed consent. 	Patients documentation. Meeting minutes. Audit results etc. Interpretation and 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. • LTC reviews. • Consultation activity (e.g. sexual health, contraception) • Travel/Immunisation clinics. • Worried well and self-limiting conditions. • Q&A activity. • E-consult • Telephone consultations for LTC and Urgent care appointments. • Skype/Zoom 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"> • Minor Injury Clinic • Wound Assessment, including acute/chronic wounds. • Dermatology clinic. • Minor Ops clinic. • Infection Prevention/Control. • Handwashing preparation. • Diabetes monitoring including foot assessments 	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	<ul style="list-style-type: none"> • Any relevant patient requiring ANTT, including 	Patient's care plan. Knowledge of treatments/dressings.

	processes (including management of sutures and vacuum removal where appropriate). 3	wound assessment and minor injury clinics. <ul style="list-style-type: none"> • Handwashing. • External pathway with DNS, Dermatology, TV. 	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. • Healthy Living Clinics. • Social Prescribing. 	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 DN's or Trust for experience.	External Assessor/Supervisor feedback. Q&A
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 DNS. • 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 e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes. 1	<ul style="list-style-type: none"> • Respiratory practice nurse/minor illness nurse/advanced clinical practitioner overseeing chest auscultation with patients (or external pathway). • Respiratory Clinics and minor illness clinics demonstrating techniques. • Emergency O₂ demonstration with mask and nasal spec. • Emergency administration of nebuliser. 	Staff/Service User feedback. 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"> • Emergency procedure with suctioning (all available equipment). • Or 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 clinic. • Patients with Compromised Immunity. • Isolation of patients attending with potential diseases such as chicken pox, measles etc. • 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 for LTC and Urgent care appointments. • Skype/Zoom 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, 	Q&A Results/documentation. Staff feedback.

		Peak Flow and other surgery equipment.	
24.	Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. 2	<ul style="list-style-type: none"> • Clinic activity. • ECG and other cardiac assessment tools. • 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 Clinic. • Observed venepuncture (phlebotomist/nurse). • Venepuncture activity if appropriate. • Results analysis and follow up. • Appropriate telephone consultation of haematology/microbiology results. 	Attendance at Theory training. Sign Off of observed practice (phlebotomist/nurse). Q&A Staff/Service User feedback.
*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 as not applicable in GP practice - or arrange external pathway to Trust. • 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 to Trust for experience. • Pathway to GP practices where this takes place. 	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. • LTC management. • Significant event meetings • Sexual health and contraception clinics • Travel and other immunisation 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. • Social Prescribing. • 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"> • Clinic activity. • Follow Up Decisions. • Referrals. • Wider MDT activity. • Integration services • DNS/community matrons pathway. • GP patient lists. • LTC clinic registers. • Online MDT meetings • E-consult 	Referral/Discharge/F/U documentation. Q&A Staff/Service User Feedback.
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"> • Clinic activity 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. • Reception and Admin time for observed patient interaction. • Simulated situation if necessary. • PPG activity. • 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.

Developed by PDT PVI team in association with GPPN leads June 2020

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.