

Guidance for Supervising and Assessing NMC Standards of Proficiency for Registered Nurses (NMC 2018)

This document provides guidance for the supervision and assessment of a year 2 student nurse in a hospital care setting.

Proficiency	Examples of skill acquisition	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 behavioral therapy techniques.	Assisting with healthy menu choices and supporting nutritional intake and referring to appropriate services eg SALT. Discussions around personal care	ROC assessment Reflections Swallow diary Care plan – nutritional, personal care etc.
2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting.	Discuss the principles underpinning partnerships of care and be able to identify how different partnerships in care (i.e. Health care and Social care). Understand principles of capacity, shared decision making and acting as an advocate for the patients' best interests.	Deprivation of Liberty paperwork and care plans. TEP Link with independent patient advocate – dementia liaison nurse Record of meeting with relatives that have power of attorney. Reflection of care.
3. Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centered evidence-based practice using appropriate risk assessment tools as needed.	This may be seen in practice but is also covered in clinical skills. Demonstrate where appropriate, if not discuss the skills required to support in an evidence based person centered approach using appropriate risk assessment tools.	Clinical skills sign off Reflection Care plan Risk assessment
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.	This principle should be demonstrated in practice, working alongside people and families caring for patients at end of life. Use appropriate trust care plans and have an understanding of the principles behind this. The student nurse may want to use hub and spoke pathways, for example with the palliate care nurses.	End of life documentation. Record of phone conversation with relatives/Reflection.
Participates in delivering and evaluating person centred care with increased confidence		
5. Provides people, their families and carers with accurate	The student should demonstrate good communication skills when	Observed in practice Documentation/ reflection of a

information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required.	talking to patients and families in practice. They should be able to talk through different techniques to aid communication, i.e. positive reinforcement, translator services.	conversation requiring different communication techniques.
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.	Use evidence based care plans and evaluation tools, taking a person centered approach. Admitting a patient completing holistic nursing assessment including discharge planning. Referral to Physio, OT, onward care and palliative care	Evidence based care plans, for example SKIN bundles, wound care and evaluations and ongoing assessments to evaluate efficacy of an intervention. MUST tool and subsequent reassessments. Referral to Tissue viability, bladder and bowels etc. Reflection Observation/statement from others.
7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.	Demonstrate in practice legible, appropriate and timely documentation for all aspects of care, including daily notes and bedside paperwork and using technologies such as nerve center and maxims etc.	Example of documentation Digital record keeping methods, Nourish – Cornwall care record system. Direct observation. Feedback from others
8. Makes informed judgements and initiates appropriate evidence based Interventions in managing a range of commonly encountered presentations.	Manages the care of a patient/group of patients assessing, planning and implementing evidence based practice. Clinical observations Care rounds SBARD/ escalation of care	Direct observation. Patients documentation, SBARD Direct observation/statement from others.
Proficiency	Examples of skill acquisition	Suggested Evidence
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.	Demonstrate in practice when assisting with personal care using evidence based tools to assess and manage skin status. This is also covered in clinical skills in Part 1: meeting persons hygiene needs and Part 2: Wound Assessment and Wound Management	Use of SKIN assessment tool, wound care plans. Care Rounds with evidence of continence/ hygiene care and repositioning of patients. Referrals and discussions with tissue viability. Records on Nourish.
10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	Demonstrate use of aseptic technique and wound management in in practice where possible, this is also covered in clinical skills Part 1: Aseptic technique, Part 2: Revision of Aseptic technique and suture	Wound care plans. Link with the tissue viability nurses. Reflection Direct observation/statement from others

	removal and Wound Assessment and Management.	
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention.	Demonstrate in practice use of nutritional assessment tools such as MUST and determine appropriate intervention. Draw from clinical skills Part 1: Meeting a Person's Nutritional Needs.	MUST tool Nutrition and Hydration chart Fluid balance chart Link with Speech and Language and/or dieticians.
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate	Completed in simulation	
13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management	Demonstrate in practice continence care using evidence based practice. Part 1 Clinical skills: Meeting a persons' elimination needs, urinalysis, urinary catheter care.	Use continence care plan Care rounds demonstrating toileting interventions. Catheter care plans, insertion records and ongoing care plan. Referral to continence nurses.
14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate	Demonstrate where appropriate in practice, using evidence based practice catheter care and insertion, in line with policy. Access training to aid knowledge development where appropriate and relevant	Direct observation/statement from others. Completion of urinary catheter insertion record. Catheter passport and ongoing daily care plan.
15. Undertakes responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	Where appropriate in practice undertake, interpret and respond to neurological observations and be able to recognise and manage seizures. Clinical skills undertaken in part 2 include: Neurological Assessment including GCS, Neurological chart interpretation, also Airway management.	Neurological observations chart Statement from others
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management	Admission or holistic reassessment of patient. Discharge planning. Working with and referring patient to physio and OT.	Inpatient record, baseline mobility, appropriate care plans Multifactorial risk assessment, bed rail assessment. Manual handling assessments Service user report
17. Effectively manages the risk of falls using best practice approaches.	Risk assessment tools. Implementing increased frequency of care rounds or escalation of safe and supported observations. Highlighting patient on safety brief.	Patient documentation: bed rails assessment, multifactorial assessments. Reflection

	Ensuring reversible/modifiable factors are considered eg. toileting regimes.	
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.	Demonstrate in practice competent and safe use of all moving and handling equipment in line with policy. Patient assessment.	Patient assessments. Direct observation /statement of others. Reflection
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	Undertake a respiratory assessment, using peak flow, pulse oximetry and manage the administration of oxygen via different routes. Review patient with Dr, Physio.	Direct supervision/statement from others Use of NEWS for respiratory rate, saturations and oxygen administration. Use of Peak flow, or spirometry print out. Reflection
20. Uses best practice approaches to undertake nasal and oral suctioning techniques.	Care of patient with tracheostomy/patient requiring suctioning	Direct observation /statement from others. Questioning. Reflection. Assessment of patient requiring suction.
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale.	Demonstrate in practice the standard precautions and protocols for isolation with appropriate rationale. Pathway out to work with infection control nurses. Undertake MRSA screens and complete appropriate care plan. Use of diarrhea assessment tools. Send samples, use correct PPE and escalated as required.	Direct observation /statement from others. Questioning. Reflection. Documentation from sending specimens.
22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care.	Demonstrate in practice the ability to provide information and explanation to people, families and carers about their treatment, with consideration to their scope of practice.	Documentation of a discussion had with people, families and carers. The evidence base of any answers given if researched.
23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.	Be able to use appropriate standardised trust capillary blood glucose monitor and interpret and escalate findings appropriately. Complete the relevant training	Demonstrate use of blood glucose monitor used in the trust under supervision. Documentation of capillary blood glucose (BM) and evidence of escalation, hypo sticker and treatment, use of blood glucose monitoring paperwork for increased frequency of checks on back of care plan.

24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.	Clinical simulation	
Participates in improving safety and quality of person-centred care with increased confidence		
Proficiency	Examples of skill acquisition	Suggested Evidence
25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles.	Undertake clinical skills session Undertake organisation specific venepuncture training. Demonstrate under supervision venepuncture Escalation of care on interpretation of blood results.	Can demonstrate under direct supervision of a competent and qualified supervisor. Blood results annotated with normal values and why abnormalities
26. Demonstrates knowledge and skills related to safe and Effective cannulation in line with local policy.	Undertake organisation specific cannulation training. Demonstrate under supervision cannulation	Direct supervision/ statement from others Cannula care plan. Reflection
27. Manage and monitor blood component transfusions in line with local policy and evidence based practice	N/A	N/A
28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.	Identify signs and symptoms of deterioration and sepsis and initiate the appropriate intervention or escalation under supervision with appropriate escalation	Copy of observations of a deteriorating patient, documentation of frequency of observations to show and initiation of intervention. Fluid balance chart (catheterisation insertion record and care) Use of SBARD for a deteriorating patient Statement from others/Direct observation
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.	Articulate and demonstrate the concepts of risk management, positive risk taking and risk aversion, linking this to avoid compromising quality of care and health outcomes. Examples include- mobilising a patient, risk management: gaining and assessment of the patients moving and handling needs and using the correct equipment to enable transfer. Positive risk taking: although moving the patient is high	Use of care plans and inpatient record to establish level of risk and appropriate care. Direct observation/Statement from others.

	risk as equipment is required, it is beneficial to their overall wellbeing to be sat out of bed. Risk aversion: having 1:1 care to prevent the patient from falling.	
30. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice. E.g. solution focused therapies or talking therapies	<p>Be able to discuss and or demonstrate resilience in themselves and others, being able to discuss strategies and solutions such as focused/ talking therapies or reflection.</p> <p>Working as part of a team taking the lead under supervision for planning a shift/part shift</p>	<p>Reflection on a scenario encountered.</p> <p>Direct observation</p>
Participates in the coordination of person-centered care with increased confidence		
Proficiency	Examples of skill acquisition	Suggested Evidence
31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice.	Be involved in the planning of safe discharge or transitions between services demonstrating best practice, i.e. a person centered holistic approach. Linking care delivered to best practice.	<p>Demonstrate involvement in discharge/ transfer of a patient. Use of handover from that can be used as evidence (all identifiable information removed).</p> <p>Copy of discharge check list in the inpatient record.</p> <p>Documentation of discharge or transfer.</p> <p>Copy of referral to onward care.</p> <p>Direct observation and statement from others.</p>
32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care.	Show in practice that they can negotiate and advocate for the patients in their care, makes and is able to discuss what a reasonable adjustment would be, and apply this to the delivery and planning of care	<p>Copy of holistic, ongoing assessment and appropriate care plan.</p> <p>Documented conversation with patients when planning care.</p>
33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict	Demonstrate effective person and team management approach when dealing with concerns or anxieties. Is able to demonstrate and or discuss dealing with and de-escalating conflict.	<p>Attend relevant personal safety training delivered in the organisation.</p> <p>Reflection of challenging patient behavior and team debrief.</p> <p>Demonstration of communication skills.</p> <p>Direct observation</p>