

Frequently Asked Questions about Clinical Skills for Students of Nursing

This document has been created to provide guidance and answer some of the commonly asked questions about what nursing students at Plymouth University can and cannot do while on clinical placement. We hope you will find this a useful resource. **However, it is important to note that local policies and procedures must always be followed and that these will take precedent over the advice offered below.** It is also important that students are properly prepared and assessed as being competent before undertaking any aspect of direct patient care. If you have any additional questions then feel free to contact Martyn Bradbury at mbradbury@plymouth.ac.uk and I will be pleased to help.

FAQ: What are the Essential Skills Clusters and OAR?

Answer: The Essential Skills Clusters (ESCs) are skills statements that complement the Nursing and Midwifery Council (NMC)'s outcomes and proficiencies contained within the Standards of proficiency for preregistration nursing education (NMC, 2010). The ESCs are introduced to all students starting their undergraduate programme and are integrated within the Ongoing Achievement Record (OAR) that the students will bring with them to their practice placement. These progression points identify key aspects of practice, including aspects of care such as meeting patients personal hygiene needs; measurement of weight, height, temperature, pulse, respiration and blood pressure; maintaining effective infection control precautions; undertaking aseptic technique safely; monitoring dietary and fluid intake and output and using a systematic nursing assessment. All students must be assessed by their mentor against all progression points and the student must pass these to progress in the course.

FAQ: Students talk about mandatory training, what is this?

Mandatory training is delivered by the University and includes sessions that students **must** attend to progress in the course. Registers of attendance are maintained for all mandatory sessions.

Mandatory sessions

- Moving and Handling
- Fire Prevention
- Basic Life Support
- Safeguarding Vulnerable People
- Safeguarding Children
- Mental Capacity Act
- Equity and Diversity

FAQ: When can a student start assisting on a drug round?

Answer: A student can be involved in the administration of medicines from their first clinical placement under the direct supervision of a registered nurse.

FAQ: Can students administer medication prescribed via a Patient Group Directive (PGD)?

Answer: No. The NMC Standards for Medicines Management (2010 page 13) states that “Students cannot supply or administer under a PGD but would be expected to understand the principles and be involved in the process”. Students can only administer medication if it is prescribed on an individual prescription sheet. The NMC Standards for Medicines Management (2010) can be accessed via the following link <http://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>

FAQ: Are students allowed to administer immunisations?

Immunisations, such as the flu vaccine, are frequently administered via a Patient Group Directive (PGD). Where this is the case students are not allowed to administer the vaccine (see previous FAQ). However, where a vaccine is prescribed on an individual patient prescription sheet then the student can administer the vaccine under the supervision of the registered nurse.

FAQ: Are students allowed to administer controlled drugs?

Answer: Yes. The NMC (2010) states that in order to achieve competency in the administration of medicines for registration, students need to be given the opportunity to participate in the process; under the supervision of a registered nurse. They also emphasise that the second signatory required for controlled drug administration can be a student nurse. More information can be found in the NMC Standards for Medicines (2010). You should also refer to local policy for advice.

FAQ: Can student nurses check the stock of control drugs?

Answer: Yes, students can act as a second checker under the supervision of a registered nurse, provided they have the knowledge to undertake the task. Further information can be found in the NMC’s Standards for Medicines Management (2010). You should also refer to local policy for advice.

FAQ: Can a student undertake venepuncture?

Answer: Students are not currently taught this skill within university. However, Trusts/Placement Providers may wish to provide this training for students to enable them to undertake venepuncture under the direct supervision of a registered nurse. Local policy would need to reflect that students can undertake this task and the placement would need to provide appropriate training and assess the students’ competence. It is also important to recognise that students may not be able to undertake this skill on subsequent placements even if they have received training. As such, a discussion regarding skill decay and ongoing competence will need to be had with the student.

FAQ: Can students administer Intravenous Infusion (IV) medication?

Answer: No. Students can be involved only as an observer, or third person, in the preparation, checking and administration of IV medicines. NMC Standard 20: Intravenous medication “Wherever possible, two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the intravenous (IV) medication” (NMC 2010).

FAQ: Can students check and administer IV fluids?

Answer: Students cannot connect IV fluids to a patient. They can be involved in checking a pre-prepared bag of IV fluid against the prescription chart with a registered nurse. If any additives are required students can only act as an observer. They can also run IV fluids through the giving set and pump but cannot connect the IVI to the patient.

FAQ: Can students flush a peripherally inserted central catheter (PICC) line?

Answer: No, students cannot be involved in any intravenous medication administration. This includes solutions such as saline 0.9% and flushes.

FAQ: Can a student remove an indwelling intravenous cannula (Venflon)?

Answer: Yes, students can remove these under the supervision of a registered nurse.

FAQ Can students administer injections via the subcutaneous (S/C) and intramuscular (I/M) routes?

Answer: Yes, students can administer drugs via these routes under the direct supervision of the registered nurse. Where the drug being administered is a controlled substance local policy will dictate if the students nurse is able to administer the drug under direct supervision.

FAQ: Can a student undertake cervical screening?

Answer: No. Students cannot undertake cervical screening tests (smears) as this is an advanced skill requiring additional post registration training.

FAQ: Can students undertake urethral catheterisation?

Answer: Yes, for female patients, under the direct supervision of a registered nurse. Student nurses cannot undertake male catheterisation without undertaking additional training and being assessed as competent.

FAQ: Can students insert a wide bore/Ryle's naso-gastric tube?

Answer: Yes students are taught and rehearse passing naso-gastric tubes skill in the Clinical Skills Resource Centre (CSRC) during stage 2 and can perform this skill under the supervision of the registered nurse.

FAQ: Can students remove wound sutures and staples?

Answer: Yes, students can initially perform these skills under the supervision of the registered nurse and once assessed as being competent via indirect supervision.

FAQ: Can a student apply a compression bandage?

Answer: No, compression bandaging requires additional training and should only be applied once the suitability of the circulation has been assessed, normally by measurement of the Ankle Brachial Pressure Index (ABPI). As such, this is not a skill that students should be undertaking, although they should understand the principles involved in assessing and managing wounds using this technique.

FAQ: Can students be involved in checking blood components/products?

Answer: Yes, students can check blood components under the direct supervision of the registered nurse but only from stage two of their programme and once they have evidenced completion of the e-learning for Healthcare 'Safe Transfusion Practice' programme. See <http://www.e-lfh.org.uk/programmes/blood-transfusion>

FAQ: Can students administer subcutaneous fluids (Hypodermoclysis)?

Answer: Yes, students can administer fluids, such as saline 0.9%, via a subcutaneous butterfly cannula under the supervision of the registered nurse. If drugs, for example opiates, are being administered via an infusion pump, reference will need to be made to local policy to determine if the student is permitted to do this.

FAQ: Can students measure capillary blood glucose?

Answer: Yes, students can undertake this procedure under the supervision of the registered nurse. Local policies and procedures will determine what additional training and assessment of competence (usually a minimum of 3 supervised recordings) is required before the student can undertake this skill via indirect supervision.

FAQ: How are students taught to take blood pressure?

Answer: Students rehearse manual estimation of blood pressure using manual sphygmomanometry in the Clinical Skills Resource Centre (CSRC). Students are taught the technique as detailed by the British Hypertension Society which includes estimation of systolic by palpation and 'having the tubing facing upward so as not to interfere with the stethoscope'. See <http://www.bhsoc.org>

FAQ: Can students visit patients unaccompanied while on a community placement?

Answer: Yes, stage three students can visit patients without direct supervision once they have been on placement for a minimum of two weeks. The student must be accompanied by the registered nurse on the first patient visit, be assessed as being competent and the patient must consent to subsequent visits being made by the student only. The patient should also be re-assessed by the registered nurse on a minimum of a weekly basis. Patients who require the administration of oral, injected or enteral medication cannot be visited without the presence of a registered nurse; NMC Standard 18 states: Nursing and midwifery students must never administer or supply medicinal products without direct supervision. See <http://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>

Students must also have contact/mobile phone numbers so that they can access support if needed and must give a report and evaluation of the care given to the registered nurse on the same day. Further guidance on lone working can be found on the POPPI site at <https://www.plymouth.ac.uk/student-life/your-studies/academic-services/placements-and-workbased-learning/poppi/health>

FAQ: Can students see patients in a primary care setting/clinic, such as a GP surgery, without direct supervision?

Answer: Yes, final placement stage 2 and stage 3 students can see patients under indirect supervision once they have been on placement for a minimum of two weeks and have been deemed competent by the registered nurse. The registered nurse must also be available for consultation and support within the immediate care setting. The registered nurse should discuss the patient list with the student prior to the clinic and they must only review routine/follow up patients. Any new, emergency or complex patients may be seen by the student but only under the direct supervision of the registered nurse. Immediately following the clinic the student must meet with and give a report and evaluation of care to the registered nurse.