

Mapping of Adult Proficiencies within General Practice Nursing



Achievement of Adult Proficiencies – within General Practice Nursing

PART 1, 2, & 3 field specific examples and mapping

These proficiencies *“apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice”*. (NMC, *Future Nurse*, 2018, p22, 26)

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least **once** by the end of the Part.

If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the Practice Assessor’s discretion.

The Grade Descriptors are ‘Yes’ (this proficiency has been achieved), ‘No’ (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

The Practice Supervisor can contribute to the assessment of some of these proficiencies (in discussion with the Practice |Assessor).

Some of the proficiencies may be met within simulated learning as per the individual University’s policy.

This documented is based on Chris Palmer’s mapping of adult learning from the University of Nottingham.

Key to abbreviation with this mapping document

All references are to the Future nurse: Standards of proficiency for registered nurses 2018

Please note that the examples given are generic particular provider's might have their examples where proficiencies will be met

Abbreviation used	Refers to this section of the Standards
1BAP	Platform 1 Being an accountable professional
2PHPIH	Platform 2 Promoting health and preventing ill health
3ANPC	Platform 3 Assessing needs and planning care
4PEC	Platform 4 Providing and evaluating care
5LMNCWIT	Platform 5 Leading and managing nursing care and working in teams
6ISQC	Platform 6 Improving safety and quality of care
7CC	Platform 7 Coordinating care
A	Annexe A: Communication and relationship management skills
B	Annexe B: Nursing procedures

PART/YEAR 1

Part 1 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

“Guided participation in care and performing with increasing confidence and competence”

Participates in assessing needs and planning person-centred care

<p>1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.</p> <p>Proficiencies 3ANPC 3.3.</p>	<p>Long Term Conditions Reviews</p> <ul style="list-style-type: none"> • Awareness of common conditions such as Type II diabetes and asthma. • Underlying anatomy and physiology. • Assess current condition, using templates to aid with this • in terms of physical, psychological and social cultural needs, such as diet.
<p>2. Demonstrates understanding of a person’s age and development in undertaking an accurate nursing assessment.</p> <p>Proficiencies 3ANPC 3.1</p>	<p>E.g. Patient with Dementia or child</p> <ul style="list-style-type: none"> • Demonstrate an ability to communicate that takes into account the patients age and developmental stage. • Demonstrate appropriate verbal and non-verbal communication skills to all patients and their carers. • Understand and demonstrate the importance of building relationships familys’/carers.
<p>3. Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans.</p> <p>Proficiencies</p>	<p>E.g. wound care, frailty review</p> <ul style="list-style-type: none"> • Undertake assessments using tools such as pressure ulcer risk assessment, falls risk, NEWS, mini mental assessments, MUST scores. • Document accurately • Work in partnership with patient and carer in order to negotiate and individualised care.

Participates in assessing needs and planning person-centred care

1BAP1.1,1BAP1.15,1IBAP1.16, 3ANPC 3.2, 3.5, A 1.8

Participates in providing and evaluating person-centred care

4. Work in partnership with people, families and carers to encourage shared decision making to manage their own care when appropriate.

Proficiencies 1BAP 1.9, 3ANPC 3.4, 3.15

Health Promotion, long term condition management

- Understand and apply the principles of person-centred care at all times.
- Wherever possible empower patients to make choices to participate in care and decision making where appropriate.

5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges.

Proficiencies 4PEC 4.4, B1.1.1, B1.1.2, B1.1.3

Emotional effects of Living with Long Term Conditions

- Demonstrate an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships.
- Discuss and demonstrate the importance of professional boundaries.
- Ensure the patient and or carer and family are aware of the potential formal and voluntary agencies which may provide support.

6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning

Proficiencies 4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1

Speaking with someone with anxiety, pain, breathlessness

- Understand the importance of, and utilise, techniques such as distraction to reduce stress and anxiety.
- Understand and demonstrate the importance of building relationships with the patient. Be aware of the needs and desires
- Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter.
- Where possible offer choices to the patient

7. Takes appropriate action in responding promptly to signs of

Observations, emotional well being

- Safely carry out clinical observations and early warning scores, recognising and responding to

Participates in providing and evaluating person-centred care	
<p>deterioration or distress considering mental, physical, cognitive and behavioural health.</p> <p>Proficiencies 1BAP 1.12, 4PEC 4.8, B1.1.1 – 1.1.5, B1.2.1, B1.2.2, B10.1</p>	<p>the deteriorating patient.</p> <ul style="list-style-type: none"> Recognise and respond to the needs of patients that may have cognitive impairment as a result of their condition. Inform patient and family/carers of the opportunity to access support for their emotional well-being and mental health, such as youth services, primary care, support groups and psychologists. E.g. well-being services, social prescribers
<p>8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.</p> <p>Proficiencies 4PEC 4.1, B.3.1</p>	<p>Sleep patterns with patient with COPD, Heart Failure, Long Covid. Pain assessment</p> <ul style="list-style-type: none"> Utilise Assessment Tools available and document appropriately
<p>9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.</p> <p>Proficiencies 4PEC 4.1, B3.6</p>	<p>During Cytology examinations, wound care</p> <ul style="list-style-type: none"> Take measures to effectively maintain a patient's privacy, comfort and dignity giving consideration to gender or sexual orientation. Provide care in a non-judgemental manner in accordance with the NMC code (2018)
<p>10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.</p> <p>Proficiencies 4PEC 4.7, B4.1</p>	<p>Wound Care</p> <ul style="list-style-type: none"> Ascertain the patient's cognitive state in terms of the provision of self-care. Assess and document the patient's normal routine in order to incorporate this into care as much as possible e.g. use of prescribed medications such as emollients or creams, allergies or sensitivities. Assess and observe for any culture-specific variations in practice. Assess skin integrity demonstrating an awareness of appropriate risk assessment tools such as SKIN bundles, Pressure Ulcer Risk Assessment Tool. Seek necessary intervention/treatment according to pressure risk assessment. Be aware of the type of pressure relieving devices that are available and how they are obtained Ensure careful documentation and reporting of all pressure ulcer in accordance to Trust policy
<p>11. Assists with washing, bathing, shaving and dressing and uses appropriate bed</p>	<p>Insight visit to patients place of residence</p> <ul style="list-style-type: none"> Assess and document a patient's ability to effectively attend to his or her own hygiene needs.

Participates in providing and evaluating person-centred care

<p>making techniques.</p> <p>Proficiencies B 3.2, B4.3</p>	<ul style="list-style-type: none"> • Promote the maintenance of a patient’s normal hygiene routines, using their own belongings where appropriate • Safely and effectively, attend to a dependent patient’s hygiene needs for example: assisted wash/shower/bath; hair care; nail care; dental care; hygiene needs prior to surgery/procedure. • Recognise the need for oral hygiene/mouth care including use of assessment tool; safely and effectively providing care. • Demonstrate ability to prepare a comfortable bed appropriate to the location • At all times to into consider the patients cultural and or religious requirements in terms of meeting hygiene needs.
<p>12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.</p> <p>Proficiencies 4PEC 4.6, B5.3</p>	<p>Promotion of Healthy Eating during NHS healthchecks, long term conditions</p> <ul style="list-style-type: none"> • Perform an assessment of nutritional status i.e. MUST Scoring. • Promoting and educating patient’s and family/carers regarding optimum nutrition. • Utilises resources to aid with healthy diet and obesity
<p>13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.</p> <p>Proficiencies 4PEC 4.6, B5.4</p>	<p>Prevention of Urinary Tract Infections, Heart Failure Management</p> <ul style="list-style-type: none"> • Performs a comprehensive assessment of hydration status, dehydration and fluid overload. • Able to explain importance of maintaining good hydration levels and impact to the patient. • Communicates to patient how to monitor fluid intake and output in a home setting
<p>14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes.</p> <p>Proficiencies 4PEC 4.6, B6.1</p>	<p>Prevention of Urinary Tract Infections, Constipation</p> <ul style="list-style-type: none"> • Assessing and monitoring of continence in relation to the patient’s age, cognitive state and medical conditions: Urinary, including signs and symptoms of UTI Faecal, including constipation and diarrhoea • Performance, interpretation and documentation of urinalysis. • Collection and management of a sample of urine in accordance with local policy. • Promoting and educating patient/family/carers about maintain continence
<p>15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as</p>	<p>Knowledge of Continence Products and Referrals</p> <ul style="list-style-type: none"> • In relation to the patients assessment be aware of additional service continence advisors etc.

Participates in providing and evaluating person-centred care

appropriate.	
Proficiencies B6.2	
16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence.	<p>Referral Mechanisms for Assessment and Aids, pressure relieving equipment</p> <ul style="list-style-type: none"> • In accordance with local policy utilise evidence based reduced mobility risk assessment tools such as Pressure Ulcer Risk Assessment Tool. • Understanding of referral process to aids
Proficiencies 4PEC 4.7, B7.1	

Participates in procedures for the planning, provision and management of person-centred care

17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.	<p>Insight Visit – E.g. Nursing or Residential home</p> <ul style="list-style-type: none"> • Demonstrate appropriate skills and knowledge related to the safe use and maintenance of a variety of moving and handling equipment e.g. slide sheets, hoists, beds and the use of positioning aids. • Demonstrate appropriate skills and knowledge related to the safe transfer of patient from floor to chair; bed to chair/; from bed to trolley/bed; using a hoist.
Proficiencies B7.2, B7.3	
18. Consistently utilises evidence-based hand washing techniques.	<p>Hand Washing during Clinics</p> <ul style="list-style-type: none"> • Demonstrate appropriate, knowledge skills and attitudes ensuring effective hand hygiene when using o Soap o Alcohol o Appropriate use of Personal Protective Equipment (PPE).
Proficiencies B9.6	
19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately.	<p>Sharps, Travel, Sexually transmitted diseases, Respiratory viruses</p> <ul style="list-style-type: none"> • Recognise the importance of adhering to and promoting excellent infection control practices. • Appropriate use of personal protective equipment. • Demonstrate an awareness of how to access guidelines . • Demonstrates an understanding of different infection risks between home and clinical environment.
Proficiencies B9.1, B9.4	
20. Demonstrates understanding of safe decontamination and safe disposal of	<p>Disposal of Sharps</p> <ul style="list-style-type: none"> • Demonstrate understanding of safe disposal of waste and sharps in accordance with local policy.

Participates in procedures for the planning, provision and management of person-centred care

<p>waste, laundry and sharps.</p> <p>Proficiencies B9.7, B9.8</p>	
<p>21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.</p> <p>Proficiencies 3ANPC 3.11, 3.12, B2.1, B4.8</p>	<p>Blood Pressure Readings</p> <ul style="list-style-type: none"> • Able to accurately take manual and electronic BPs. • Assess home blood pressure or ambulatory readings. • Awareness of normal target and escalation if outside this range.
<p>22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.</p> <p>Proficiencies 3ANPC 3.11, 3.12, B2.6</p>	<p>BMI and Weight</p> <ul style="list-style-type: none"> • Accurately measures a height and weight. • Calculates body mass index • Identifies normal BMI - Communicates any readings outside of normal parameters to appropriate professionals. • Records on correct documentation. • Has an awareness of the alternative methods of assessing BMI for the non-mobile patient.
<p>23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.</p> <p>Proficiencies 3ANPC 3.11, 3.12, B2.9</p>	<p>Procedure for urine samples</p> <ul style="list-style-type: none"> • Recognises when microbial samples and ACRs are required. • Identifies equipment to take samples. • Obtains specimen collections, urine, stool, sputum sample in accordance with local policy. • Performance, interpretation and documentation of urinalysis. • Stores and transports specimens in accordance with local policy.

Participates in improving safety and quality of person-centred care

<p>24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools.</p>	<p>Risk Assessments Pressure Ulcers, Falls, Travel, contraception</p> <p>Accurately uses and interprets specific person centred risk assessments including:</p> <ul style="list-style-type: none"> • NEW Early Warning Scores • Falls Risk • Travel assessments
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Participates in improving safety and quality of person-centred care	
Proficiencies 6ISQC 6.5, B7.1	<ul style="list-style-type: none"> • Pain assessment tools in accordance with local policy • Mini Mental Assessment • Pressure Ulcer Risk Assessment Tool • Minor illness such as FEVERpain Tool • UKMEC summary
<p>25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.</p> <p>Proficiencies 6ISQC 6.1, 6ISQC 6.6</p>	<p>Needle Stick Injury</p> <p>Demonstrates ability to apply skills and knowledge of:</p> <ul style="list-style-type: none"> • MHRA regulations o COSHH regulations o RIDDOR regulations o Safeguarding procedures: including location of policies, referral processes, documentation, and how to seek specialist support • Safe use and disposal of sharps and management of a sharps injury; understanding of management of a sharps injury • o Action to be taken following exposure to a potentially hazardous substance e.g. needle stick injury, blood spillage

Participates in the coordination of person-centred care	
<p>26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.</p> <p>Proficiencies 3ANPC 3.15, 7CC 7.1</p>	<p>MDT meetings, Referrals and working with community or Additional Reimbursement Role Schemes</p> <ul style="list-style-type: none"> • Identification of the roles and responsibilities of the surgery and primary care team. • Communication with members of the MDT including information sharing
<p>27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co- morbidities including physical, psychological and socio-cultural needs.</p> <p>Proficiencies 3 PEC 3.13, 7CC 7.5</p>	<p>Patient with Co-morbidities including with frailty, learning disabilities and mental health</p> <ul style="list-style-type: none"> • Promoting and providing holistic and individualised care. • Consider what support may be needed to be safe in their own homes. • Demonstrates an understanding of the emotional effects of having a condition that may result in leading a restricted lifestyle, changes to body shape, changes in family and friend relationships. • Collaborating with and involving other disciplines where appropriate e.g. members of MDT
<p>28. Understand the principles and</p>	<p>Carers Support</p>

Participates in the coordination of person-centred care

processes involved in supporting people and families so that they can maintain their independence as much as possible.

Proficiencies 3ANPC 3.15, 4PEC 4.2, 7CC 7.8

- Support a patient, family/carer when exploring and expressing their needs and beliefs.
- Being sensitive to the patient and their place within a family unit
- Be aware of the potential for social isolation. Show awareness of voluntary groups that might assist in reducing this
- Directs families to support services whilst respecting their autonomy
- Be able to detect and appropriately report signs of carer fatigue.

29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.

Proficiencies A 1.8, A1.9, A1.11

Documentation in Primary Care

In accordance with NMC guidance:

- ensure records are factual, accurate and clearly documented
- Written/recorded consecutively and as soon as possible after an event has occurred, providing current information on the condition of the child and care given/action taken
- All charts/documentation are completed accurately
- Records are dated, timed and signed
- An appropriate accountable practitioner countersigns student records.
- Demonstrates understanding of information governance.
- Ensures patient confidentiality is maintained at all times

PART/YEAR 2

Part 2 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills.

Those marked with an * can be assessed in Part 2 or Part 3. Please record in OAR as well.

PART 2 Proficiencies

“Active participation in care with minimal guidance and performing with increased confidence and competence”

Some of the proficiencies may be met within simulated learning as per the individual university's policy.

Participates in assessing needs and planning person-centred care with increased confidence	
<p>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.</p> <p>Proficiencies 2PHPIH 2.8, 2.9, 2.10, A2.7, A 3.6</p>	<p>Long term conditions reviews health promotion and motivational interviewing</p> <ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs e.g population health • Identify and understand cultural expectations with patient, family and their carers • Contribute to health promotion or rehabilitation group i.e. Diabetes educational programme • Provide patients and families with appropriate health promotion advice e.g. smoking cessation and healthy eating • Provide patients and families with advice and support in managing their chronic condition
<p>2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision- making and goal setting.</p> <p>Proficiencies 1BAP 1.9, 2PHPIH 2.9, 3ANPC 3.4, 4 PEC 4.2</p>	<p>Plan of care in partnership with patient e.g wound care, long term condition management</p> <ul style="list-style-type: none"> • Demonstrates open and honest communication • Explore the feelings or patients. Family and carers to enable holistic assessment of needs focus on patient self -empowerment. • Enable patients to recognise their own strength, ensure that this is support by family and carers • Understand and apply the ethos of patient centred care • Demonstrate understanding and determine when mental capacity needs to be considered as defined by the Mental Capacity ACT • Develop a plan of care in partnership patient and their families/carers

Participates in assessing needs and planning person-centred care with increased confidence	
<p>* 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 tools as needed.</p> <p>Proficiencies 3ANPC 3.9, 3.10, 4PEC 4.11</p>	<p>Wound care, mental health reviews and appointments with specialist mental health practitioners</p> <p>Observe and contribute to risk assessments for self-harm and suicide</p> <p>Utilise appropriate communicative and therapeutic skills when caring for a person with self-harm</p>
<p>* 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.</p> <p>Proficiencies 3ANPC 3.14, 4PEC 4.9, B10.3, B 10.6</p>	<p>Utilisation of care plans such as Respect Forms, Insight visits with care homes and McMillian Nurses/ Matrons</p> <ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and insight into end of life care. • Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team. • Demonstrates an awareness or participates in the on-going care of a family after a sudden unexpected death • Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team • Contribute to the assessment, planning, implementation and evaluation of end of life care

Participates in delivering and evaluating person centred care with increased confidence	
<p>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.</p> <p>Proficiencies 4PEC 4.3 A1.2, A2.8, A1.12, A2.6</p>	<p>Referral for a translator, appropriate safety netting information for minor illness</p> <ul style="list-style-type: none"> • Identifies barriers to partnership working, both individual and institutional • Refer to translator services as required • Provide safety netting information, with a consideration of different communication methods that may be needed e.g. verbal, written
<p>6. Works in partnership with people,</p>	<p>Setting goals during long term condition reviews such as diabetes care plans</p>

Participates in delivering and evaluating person centred care with increased confidence	
<p>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.</p> <p>Proficiencies 3ANPC 3.15, 4PEC 4.2, A3.9</p>	<ul style="list-style-type: none"> • Communicate effectively with members of the wider team such as social prescribers and specialist nurses • Attends and participates in core group, review and strategy meetings • Devise and evaluate nursing care plans in partnership with patient and carers • Promote positive collaboration, listen to family/carers and encourage them to find solutions themselves
<p>7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.</p> <p>Proficiencies 5LMNLWIT 5.11, A1.8, A10</p>	<p>Uses technology platforms aware of use of templates and appropriate coding in line with information governance</p> <ul style="list-style-type: none"> • Complete documentation in accordance with NMC guidance • Ensures records are factual, accurate, legible, contemporaneous, dated and signed/countersigned • Wherever possible these are shared with the patient and family/carers • The principles of information governance are adhered to • Uses digital technologies such providing information through technological means, recommended APPS and web resources
<p>8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations. (4PEC 4.4, 4PEC 4.5, B1.1.1, B1.2.2)</p>	<p>Interventions for Common minor illnesses and long term conditions using NICE and local guidelines</p> <ul style="list-style-type: none"> • Demonstrates knowledge of recent guideline including NICE, DOH • Records assessment of planned care • Demonstrate an ability to identify common medical conditions in primary care • Show an awareness of leading systematic platforms i.e. Cochrane Database

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
<p>9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. (B4.1, B4.2, B4.4)</p>	<p>During wound care and frailty reviews assess skin integrity</p> <ul style="list-style-type: none"> • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed • Education for patient and their carers/ families on skin matters • Awareness of referral for pressure relieving equipment
<p>* 10. Utilises aseptic techniques when undertaking wound care and in</p>	<p>ANTT During wound care and removal of stitches and clips</p> <ul style="list-style-type: none"> • Apply principles of ANTT and asepsis

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). (B4.6, B4.7)	<ul style="list-style-type: none"> • Removal of stitches and clips under supervision • Nephrostomy and stoma care
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention. (B5.1, B5.2)	<p>Nutritional Tools e.g MUST</p> <ul style="list-style-type: none"> • Use an appropriate nutritional assessment tool, and take action as required • Work with the MDT to provide additional nutrition supplementation as record • Be aware of potential issues that surround poor dentation and the effect on nutritional input. Be aware of potential resources to resource/ease these issues
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. (B5.6, B5.7)	<p>Insight visit if available</p> <ul style="list-style-type: none"> • Insertion of NG tubes
13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. Proficiencies B6.1, 6.2, 2PHPIH 2.8	<p>Insight visit with community nurses or continence team</p> <ul style="list-style-type: none"> • Demonstrates an understanding of normal bladder and bowel control • Assess and monitor continence in relation to the patient's medical condition and cognitive abilities • Identify signs and management of common urinary and bowel conditions e.g. UTI, constipation, diarrhoea • Promote the continuation of the patients normal elimination pattern when appropriate.
* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. Proficiencies B6.2	<p>Insight visit with community nurses or continence team</p> <ul style="list-style-type: none"> • Safely assist/perform catheterisation under supervision as per local policy • Effectively provide holistic care for a child/young person with a catheter in situ • Remove a catheter under supervision • Identify the different types of catheterisation and the subsequent care required e.g. supra-pubic, intermittent
* 15. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	<p>Insight visit with paramedic</p> <ul style="list-style-type: none"> • Assess using APVU • Observe a member of the team undertaking neurological observations • Emergency equipment and procedures

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
Proficiencies B2.12, B2.16	
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. Proficiencies 2PHPIH 2.8, B3.3, B7.1	Insight visit with community teams <ul style="list-style-type: none"> • Risk assessment for mobilisation
17. Effectively manages the risk of falls using best practice approaches. Proficiencies B7.1, B7.2, B 7.3	Frailty reviews, community falls teams <ul style="list-style-type: none"> • Risk assessment for falls • Common reasons for falls including medication • Referral for strength-based exercises and aging well activities • Importance of bone health
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. Proficiencies B7.4	Support with mobility with community teams <ul style="list-style-type: none"> • Use of equipment to mobilise safely
* 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 Proficiencies B8.1, B8.2, B8.3, B8.6	Respiratory assessment and management Perform Chest auscultation, Peak flow, spirometry, nebulisers, O2. <ul style="list-style-type: none"> • Administers nebuliser as prescribed: air compressor; oxygen driven • Demonstrates how to use an inhaler and can assess the Patient's technique • Teaches and assesses a Patient and family/carer in the effective use of an inhaler device • Aware of use of spirometry in primary care • Able to teach a patient how to perform a peak flow • Perform chest auscultation under supervision
* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques.	Insight Visit where available <ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
Proficiencies B8.4	<ul style="list-style-type: none"> • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods e.g Oral via yankeur
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. Proficiencies B9.2, B9.5	Isolation Procedures <ul style="list-style-type: none"> • Aware of practices isolation procedures if patient has a possible transmissible infection e.g. covid • Give rationale
22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. Proficiencies A 2.1, A2.8	Accessible information for people with health literacy, disability, English not first language <ul style="list-style-type: none"> • Ensures records are written with the involvement of the patient and family /carer using language that can be understood easily • Consideration of providing information in range of formats e.g. written, verbal, easy read format • Provision of culturally appropriate support and information to Patient /family and carers • Collaborate with the multi-professional team where appropriate
23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. Proficiencies 3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10	Use of Blood glucose monitors in patients with diabetes <ul style="list-style-type: none"> • Identify why a blood glucose measurement might be required • Undertake correct blood glucose monitoring procedure, documenting results accurately • Correctly interpret blood glucose results and take action as required
* 24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. Proficiencies 3ANPC 3.11, 3.12, PEC 4.12, B2.3	Perform cardiac assessment and ECG <ul style="list-style-type: none"> • Perform a cardiac assessment including BP, pulses, rhythm, pallor, oedema, capillary refill time • Accurately record an ECG able to interpret findings • Knows when and how to escalate concerns, including in an emergency
Participates in improving safety and quality of person-centred care with increased confidence	
* 25. Demonstrates knowledge and	Perform venepuncture and interpret blood results

Participates in improving safety and quality of person-centred care with increased confidence

<p>skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. Proficiencies B2.2</p>	<ul style="list-style-type: none"> • Identify why blood profiles and venepuncture may be required • Interpret and document normal and abnormal blood results • Assess the select an appropriate site for venepuncture • Demonstrate correct, safe and effective technique in accordance with local policy • Ensure the Patient is appropriately positioned and supported
<p>* 26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. Proficiencies B2.2</p>	<p>Insight visit</p> <ul style="list-style-type: none"> • Identify why cannulation may be required • Assess the select an appropriate site for cannulation • Demonstrate correct, safe and effective technique in accordance with local policy • Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion • Demonstrate effective care of a cannulation site, with use of appropriate documentation • Demonstrate safe and effective removal of a cannula
<p>* 27. Manage and monitor blood component transfusions in line with local policy and evidence based practice. Proficiencies 4PEC 4.12, B2.4</p>	<p>Insight visit</p> <ul style="list-style-type: none"> • Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines • Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline • Show awareness of complications that could arise during a blood transfusion
<p>* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. Proficiencies (B1.2.3, B2.13) (B 1.2.3, B2.13)</p>	<p>Identification of Sepsis in Primary Care</p> <ul style="list-style-type: none"> • Aware of local sepsis guidelines and treatment protocol • Able to recognises a deteriorating patient and escalate appropriately using the relevant systems. • Demonstrates an A-E assessment and can identify parameters outside of the normal ranges. • Utilise SBAR to communicate patient assessment to other team members.
<p>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. Proficiencies 6ISQC 6.10</p>	<p>Identification of risk management within travel and contraception consultations</p> <ul style="list-style-type: none"> • Able to utilise and implement relevant risk assessment tools within the clinical area e.g UKMEC summary • Have an understanding of why risk assessments are completed and what action should be taken when a risk is identified.

Participates in improving safety and quality of person-centred care with increased confidence

<p>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. Proficiencies 6ISQC 6.11, A 3.2, 3.4</p>	<p>Referral to talking therapies such as IAPT, social prescribers for additional support with well being</p> <ul style="list-style-type: none"> • Demonstrates knowledge of typical emotional regulation in Patients strategies to support dysregulation and signposts to available services • Able to signpost to different methods of developing resilience and what support mechanisms are available to them and patients. • Utilise clinical supervisions • Show understanding of reflective practice and actively engage in reflection • Have an awareness of which members of the multi-disciplinary team are there to support them and where appropriate be involved in debrief following clinical situations
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The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR.

Participates in the coordination of person-centred care with increased confidence

<p>31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. Proficiencies 4 PEC4.18,7CC 7.10</p>	<p>Discharge Planning – Insight Visit</p> <ul style="list-style-type: none"> • Recognises the roles and responsibilities of inter-disciplinary team members to ensure appropriate referral of Patient to facilitate safe discharge and transition across services. • Communication with members of the multi-disciplinary team to include information sharing • Participates in inter-disciplinary review and documentation including attendance at a discharge and/or transition planning meeting • Participation in clinical review and handover. • Understands need for accurate electronic recording e.g. SystemOne for records transferred between authorities or between services Primary Care etc.
<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. Proficiencies BAP 1.12, 7CC 7.9</p>	<p>Reasonable Adjustment to care – Learning Disabilities Reviews</p> <ul style="list-style-type: none"> • Identify reasonable adjustments for care with the patient, family/carers • Document reasonable adjustment appropriately so these can be shared • Wherever possible and appropriate offer and advocate for Patient to have choices in their care and treatment. • Understand, and where appropriate, apply the principles of the Mental Capacity Act • Work alongside the MDT to make best care decisions in conjunction with the Patient and their

Participates in the coordination of person-centred care with increased confidence

	<p>family</p> <ul style="list-style-type: none"> • Ensure good communication between all professionals and services involved with the Patient and that information provided is clear and easily understood. • Relay information in an open and honest way to Patient, family/carers
<p>33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. Proficiencies A 4.2.1 – 4.2.5</p>	<p>Dealing with concerns and anxieties</p> <ul style="list-style-type: none"> • Utilise and support other team members to ensure the best outcomes for patients and families. • Show awareness of the wide multi professional team and support structure when dealing with conflict e.g. • Nurse manager, practice manager, GP Partner • Demonstrate skills in communicating with families under distressing and challenging situations • Escalate appropriately in situations of conflict that have not been resolved. • Have awareness of duty of candour and when and how it applies. • Identifies and responds appropriately to expressed safeguarding concerns
<p>Part 3, No. 4 Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural therapy or distraction and diversion strategies.</p>	<p>Recognises signs of deterioration</p> <ul style="list-style-type: none"> • Utilise and support other team members to ensure the best outcomes for patients and families. • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Inform Patient of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists.
<p>Part 3, No. 13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.</p>	<p>Care of patients with fluid and nutrition via pumps</p> <ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of Patient, and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. • Has knowledge and understanding of the principles of total nutrition

PART/YEAR 3

Part 3 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values in co-ordinating high quality person/family centred care, ensuring all care is underpinned by effective communication skills.

Those marked with an * may have been met in Part 2. Record achievement of Part 3 proficiencies marked * 3 in OAR as well.

“Guided participation in care and performing with increasing confidence and competence”

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
Proficiencies
3ANPC 3.2,3.3

Assessment of Unwell patient

- Undertake a comprehensive ABCDE assessment using appropriate equipment e.g. saturation monitors, dinamap, Blood glucose monitoring, and take appropriate action. Do this across a range of patients with differing conditions
- Articulate the evidence base behind decisions made.
- Demonstrate ability to provide this care whilst taking account of holistic needs

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.
Proficiencies
1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7

Barriers to capacity e.g dementia, age, language for vaccination

- Assess barriers to a person’s capacity to make best interest decisions e.g. comprehension, use of language, transitional difficulties, permanent or degenerative alterations in neurological functioning, family responsibility, Mental Capacity Act
- Advocate, as appropriate for patients wishes, this may include a consideration of the needs and wants of those close to the patient. If a person is assessed to lack capacity work with the MDT to make choices ensuring that these are made in the best interests of the individual.
- Work together with clinicians, patients and their families in order to clarify treatment, management or self-management goals with the aim of reaching mutual agreement on the best course of action.
- Understand and, as appropriate, work to promote the core principles of the Mental Capacity Act e.g. assume that with the right information everyone can be empowered to make a choice, do

Confidently assesses needs and plans person-centred care

	everything you can to help people make choices about their lives.
<p>3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate.</p> <p>Proficiencies 3ANPC 3.16, A 3.4, A3.6</p>	<p>Referral for cognitive behaviour therapy</p> <ul style="list-style-type: none"> • Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats • Demonstrate the principles of Information Governance within all communication with and between other professional services. • Make appropriate referrals and liaise with other agencies and professionals where necessary Attend, and where appropriate contribute to, MDT meetings. • Signpost Patient and their families to appropriate mental health services

Confidently delivers and evaluates person-centred care

<p>* 4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies.</p> <p>Proficiencies 1BAP 1.12, 4PEC 4.10, 3ANPC 3.9, 3.10, A3.8, A3.9, B1.1.1-B1.1.5, B10.1</p>	<p>Recognises signs of deterioration</p> <ul style="list-style-type: none"> • Utilise and support other team members to ensure the best outcomes for patients and families. • Carry out clinical observations and early warning scores, recognising and responding to the deteriorating patient. Clinical observations should include an assessment of a patient's emotional wellbeing • Escalate any concerns regarding signs of deterioration as appropriate • Inform Patient of the opportunity to access support for their emotional well-being and mental health, such as youth services and psychologists.
<p>5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.</p> <p>Proficiencies 5LMNWIT 5.11, A1.8, A1.10</p>	<p>Accurately records care on written and digital records as per protocols</p> <ul style="list-style-type: none"> • Keep accurate records that adhere to NMC record keeping guidance and local policy, across both written and electronic formats • Demonstrate the principles of Information Governance within all communication with and between other professional services. • Adhere to principles of patient confidentiality e.g. ensure patient notes are filed away, log off computers, utilise confidential waste

Confidently delivers and evaluates person-centred care

<p>6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care. Proficiencies 4PEC 4.2, 4.3, 4PEC 4.10</p>	<p>Self care for Long term conditions, wound care and minor illness</p> <ul style="list-style-type: none"> • Promotes and provides holistic and individualised care • Use tools for assessment • Provides written advice and sign posting • Promote patient centred care and shared decision making, when appropriate, for example when making decisions about care and treatment options
<p>7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. Proficiencies 4PEC4.4, 4.5, 4.8, A1.10</p>	<p>Referrals to Multi-disciplinary team</p> <ul style="list-style-type: none"> • Respond to individual patient needs, documenting any changes to care planned and delivered, and liaise where appropriate with the MDT. • Appropriately utilise mental health capacity assessments. • Work alongside the multi-disciplinary team to provide holistic care. • Make referrals when required to colleagues such as dieticians, pain team. • Consider reasons for non-compliance e.g. related to medication • Understand how services are co-ordinated to support the patient in primary care setting • Wherever possible empower Patients to make choices to encourage self-care
<p>8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. Proficiencies A1.1, A2.5, A2.6, A3.6, 3.8, 3.9)</p>	<p>Active listening during and motivational interviewing, discussion on care</p> <ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs e.g population health • Employ appropriate communication techniques that take into account the patient's capacity, physical condition and knowledge. • Demonstrate the ability to build relationships with Patient and family/carers. • Ensure individual needs are taken account of and reduce barriers to communication where needed e.g. use of an interpreter. • Where possible include young people in discussions about their care, promote their independence and ability to self-care. • Use a range of therapeutic communication techniques as require for example. • Recognise and act upon situations where communication may be more challenging e.g. a family who has a learning disability • Effectively use therapeutic communication skills when caring for a with a mental health problem – both verbal and alternative methods e.g. written, art
<p>9. Is able to support people distressed</p>	<p>Aware of escalation and services for mental conditions</p>

Confidently delivers and evaluates person-centred care

<p>by hearing voices or experiencing distressing thoughts or perceptions. Proficiencies B1.1.1</p>	<ul style="list-style-type: none"> • Recognise and respond appropriately to both Patient and their family/carers who may have a mental health diagnosis. • Effectively utilise mental health capacity assessments and mental health risk assessment tools. • Demonstrate knowledge of referral pathways to mental health service. • Support Patients to access appropriate support for their emotional well-being and mental health including referral to support services.
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Confidently manages the procedures in assessing, providing and evaluating care

<p>10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist). Proficiencies B4.1, B4.3, B4.5</p>	<p>Recognises any hygiene needs during frailty reviews</p> <ul style="list-style-type: none"> • Assess, document and facilitate a Patient’s ability to effectively attend to their own hygiene needs. • Promote the maintenance of a Patients normal hygiene routines, using their own belongings where appropriate • Complete appropriate risk assessment tools and refer to relevant specialist teams where necessary. • Recognise opportunities to educate family/carers re all aspect of personal hygiene as appropriate • Observe, assess and recognise any issues pertinent to hygiene needs and refer to the appropriate specialist services e.g. dentist, optician, audiologist.
<p>11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. Proficiencies 4PEC 4.6, 5LMNCWIT 5.4</p>	<p>Dietary and hydration needs</p> <ul style="list-style-type: none"> • Demonstrate knowledge and understanding of local demographic and health needs e.g population health • Critique and utilise evidence-based assessment tools such as MUST. • Research some of the common conditions that may result in the presentation of specific nutrition or hydration needs demonstrating an understanding of underlying anatomy and physiology, pathophysiology, treatment and effects of this treatment upon the patient. For example, explore and discuss the effects of renal treatment such as haemodialysis/ peritoneal dialysis/ transplant. • Liaise with the MDT as appropriate e.g. dietician, SALT
<p>12. Manages the care of people who are receiving IV fluids and accurately</p>	<p>Care of people with IV fluids – Insight visit</p> <ul style="list-style-type: none"> • Monitor and record accurate fluid balance charts, escalating concerns regarding positive and

Confidently manages the procedures in assessing, providing and evaluating care

<p>records fluid intake and output, demonstrating understanding of potential complications. Proficiencies B5.4, 5.8</p>	<p>negative balances where necessary.</p> <ul style="list-style-type: none"> • Be aware of and follow fluid restriction/ fluid targets as appropriate e.g. in renal patients understanding the implications if these are exceeded or not met • Discuss the rationale and care for PICC's, porta-caths and central venous lines, demonstrating an understanding of associated anatomy and physiology. • Be aware of acceptable parameters (e.g. in relation to fluid balance/ BP) and take appropriate and timely action if observations fall outside of the agreed acceptable parameters. • Demonstrate understanding of rationale for IV fluids and associated complications
<p>* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. Proficiencies B5.9</p>	<p>Care of patients with fluid and nutrition via pumps</p> <ul style="list-style-type: none"> • Demonstrates knowledge, understanding and safe practice to be able to manage the care of Patient, and their family, receiving fluid and/or nutrition and/or medications via infusion pumps and devices in hospital, outpatient or home setting. • Has knowledge and understanding of the principles of total nutrition
<p>14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. Proficiencies B10.2</p>	<p>Use of infusion pumps for medication - palliative care Insight Visit</p> <ul style="list-style-type: none"> • Observe and be involved in the correct checking and administration of medication, adhering to local policy at all time • Assess, manage and evaluate symptom relief • Be aware of the variety of infusion devices that are available including
<p>15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. Proficiencies 4PEC 4.6, B6.4, B6.6</p>	<p>Stoma care and impact to patients</p> <ul style="list-style-type: none"> • Observe and be involved in the correct checking and administration of medication, adhering to local policy at all time • Demonstrate underlying knowledge of some of the common conditions that may present in the clinical setting. • Reasons for incontinence and possible management • Support patients with stomas to self-care
<p>16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal</p>	<p>Constipation management and self care advice</p> <ul style="list-style-type: none"> • Understands the need for and is able to demonstrate effective history taking about a Patient's bowel habits including, constipation and diarrhoea.

Confidently manages the procedures in assessing, providing and evaluating care

<p>examination and digital rectal evacuation as appropriate. Proficiencies B6.5</p>	<ul style="list-style-type: none"> Assists specialist practitioners and medical staff undertaking physical examination of the Patient ensuring dignity and privacy is maintained. Is aware of management approaches including behaviour modification, dietary modification, osmotic and lubricant laxatives as prescribed.
<p>17. 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 Proficiencies 2PHPIH 2.11, 2.12, 7CC 7.11, B9.1</p>	<p>Infection prevention and control e.g knowledge on the NHS immunisation programme and cold chains</p> <ul style="list-style-type: none"> Demonstrate knowledge and understanding of local demographic and health needs e.g population health Demonstrates ability to apply skills and knowledge of infection prevention and control within hospital, and community home settings. Can teach family/carers/Patient /staff/ visitors about managing infection control risks, prevention and management Aware of local infection control guidelines, treatment protocols and notification process for notifiable illnesses. Understand and demonstrate the importance of vaccine cold chain hazards Understand the extended role of the registered nurse in relation to childhood immunisations Identification of the national child immunisation programme

Confidently leads and manages person-centred care and working in teams

<p>18. Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. Proficiencies 5LNCWIT 5.1, 5.2, 5.4</p>	<p>Working with different members of the primary care network to understand scope of roles</p> <ul style="list-style-type: none"> Demonstrate knowledge and understanding of local demographic and health needs e.g population health Understand and demonstrate the importance of professional boundaries. Be aware of guidance on the use of social media as a professional. When necessary utilise appropriate de-escalation techniques. Understand the role of the nurse in a wide range of clinical settings including an understanding of the extended skills required to work within the specialist nursing teams, prescribers, Advanced clinical practitioners
<p>19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate</p>	<p>Demonstrate leaderships skills</p> <ul style="list-style-type: none"> Support fellow nursing students, teaching junior students where appropriate. Depending on stage of training student may act as a 'buddy' for more junior students

Confidently leads and manages person-centred care and working in teams

<p>communication and leadership skills to delegate responsibility for care to others in the team as required. Proficiencies 5LNWIT 5.1, 5.5, A1.9, A1.11</p>	<ul style="list-style-type: none"> • Delegate to Clinical Support Workers, with support, adhering to NMC guidance
<p>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 (if required). Proficiencies 5LNCWIT 5.3, 5.7, 5.10, A4.2.2</p>	<p>Aware of quality measures in primary care e.g Quality framework, local and national targets</p> <ul style="list-style-type: none"> • Participate in audits locally and nationally • Aware of quality framework and how these impacts on care and funding • Participate in essence of care benchmark assessments, contributing to any action plans. • Recognise and seek any opportunities for service development and liaise with colleagues regarding opportunities to action this e.g. opportunities to shadow the practice development team. • Recognise the importance of, and be involved In, initiatives that seek patient and family feedback on care.

Confidently contributes to improving safety and quality of person-centred care

<p>21. Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. Proficiencies 6ISQC 6.4, 6.7, 6.9</p>	<p>Audit Activity</p> <ul style="list-style-type: none"> • Participate in audit activities, attend a practice meeting which includes audit cycle • Recognise opportunities for service development and liaise with colleagues regarding opportunities to action this. • Gain feedback on care provision using service user and carer feedback documents. • Seek opportunities to shadow practice development teams/leads/ follow audit process through primary care • Be aware of and involved in current initiatives
<p>22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks. Proficiencies 6ISQC 6.1, 6.2, 6.3,</p>	<p>Complete risk assessment tools – frailty, UKMEC, minor illness, travel</p> <ul style="list-style-type: none"> • Completes appropriate risk assessment tools and refer to relevant specialist teams where needed • Aware of evidence behind the risk assessment tools

Confidently contributes to improving safety and quality of person-centred care

6.5	
<p>23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns.</p> <p>Proficiencies 6ISQC 6.2, A4 2.6.2</p>	<p>Aware of skill mix in primary care</p> <ul style="list-style-type: none"> • Has knowledge of, and understands the governance structure, including reporting of staffing requirements, for determining staffing numbers and skill mix. • Recognises when staffing levels and skill mix need to be escalated using the using the relevant systems.
<p>24. Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents. Proficiencies 6ISQC 6.8, 6.9, 6.12</p>	<p>Incidents – documentation and feedback</p> <ul style="list-style-type: none"> • Demonstrates an understanding of the governance structure, including reporting involved in managing near misses, critical incidents, or major incidents • When necessary, documents and records an untoward event, near misses and actual incidents, on incident forms/digital systems. • Has knowledge of how actions, outcomes, trends and lessons learned from incidents are monitored and reviewed.

Confidently coordinates person-centred care

<p>25. 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. Proficiencies 7CC, 7.1, 7.2, 7.5, 7.6</p>	<p>Attend meetings which discuss complex patients – work with care navigators</p> <ul style="list-style-type: none"> • Demonstrate knowledge of pathways across the system and services available • Able to feedback new knowledge to the rest of the practice nurse team and understanding of local demographic and health needs e.g population health • Supports long term condition reviews on complex need patients and services involved
<p>26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. Proficiencies 7CC 7.7, 7.8</p>	<p>Personalised care</p> <ul style="list-style-type: none"> • Have an understanding of personalised care budgets and needs for patients • Recognise the importance of social care and external agencies in terms of the long-term support of the patient.

Confidently coordinates person-centred care

<p>27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. Proficiencies A2.9</p>	<p>Difficult conversations in long term condition reviews, health promotion and possible diagnosis</p> <ul style="list-style-type: none">• Ensures adequate preparation and planning: knowing who is to be involved; how much information is to be given and in what order; that full information about choices and options about the Patient’s future management is available where feasible.• Consider any additional requirements that the Patient, family /carers may have in relation to assistance with communication.• Is aware of the ethnic, cultural and, if relevant, faith background of the family and considers any additional requirements or needs.• If the Patient is going to be present, consider their cognitive level and any additional support required. If the Patient is not going to be present, ensure care of the patient is delegated.
<p>28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. Proficiencies 7CC 7.4, 7.9, 7.10</p>	<p>Follow up after discharge</p> <ul style="list-style-type: none">• Medication reviews with pharmacist post discharge• Long term condition patients and how hospital care may effect their LTC such as diabetes
<p>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. Proficiencies ANPC 3.14, 4PEC 4.9, B10.3, B10.6</p>	<p>Review of end of life plans – frailty reviews, community matron visits</p> <ul style="list-style-type: none">• Demonstrates skills of assessment, planning, implementation, and evaluation of care relating to a palliative care pathway• Where appropriate participates in the review of a personal resuscitation plan in conjunction with patient, family and or carers and the multi professional team• Participates in the provision of culturally appropriate support and information to carers and family.• Referral of the family/carers to the bereavement team.• Collaborates with and involves other disciplines e.g. social workers, faith personnel and external organisations such as hospices where appropriate.

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The Practice Assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part 2. If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR.

Confidently coordinates person-centred care

<p>Part 2, No. 3 Recognise people at risk of selfharm and/or suicidal ideation and demonstrates the knowledge and skills required to support personcentred evidence-based practice using appropriate risk assessment tools as needed.</p>	<p>Wound care, mental health reviews and appointments with specialist mental health practitioners Observe and contribute to risk assessments for self-harm and suicide</p> <ul style="list-style-type: none"> • Utilise appropriate communicative and therapeutic skills when caring for a person with self-harm
<p>Part 2, No. 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.</p>	<p>Utilisation of care plans such as Respect Forms, Insight visits with care homes and McMillian Nurses/ Matrons</p> <ul style="list-style-type: none"> • Spend time with specialist teams to gain knowledge and insight into end-of-life care. • Develop an awareness of personal resuscitation plans and how these are put into place in conjunction with families and the multi professional team. • Demonstrates an awareness or participates in the on-going care of a family after a sudden unexpected death • Be aware of and refer to specialist services where appropriate e.g. Hospice, bereavement team • Contribute to the assessment, planning, implementation and evaluation of end-of-life care
<p>Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).</p>	<p>ANTT During wound care and removal of stitches and clips</p> <ul style="list-style-type: none"> • Apply principles of ANTT and asepsis • Removal of stitches and clips under supervision • Nephrostomy and stoma care
<p>Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent selfcatheterisation where appropriate.</p>	<p>Insight visit with community nurses or continence team</p> <ul style="list-style-type: none"> • Safely assist/perform catheterisation under supervision as per local policy • Effectively provide holistic care for a child/young person with a catheter in situ • Remove a catheter under supervision • Identify the different types of catheterisation and the subsequent care required e.g. supra-pubic, intermittent
<p>Part 2, No. 15</p>	<p>Insight visit with paramedic</p>

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<p>Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).</p>	<ul style="list-style-type: none"> • Assess using APVU • Observe a member of the team undertaking neurological observations • Emergency equipment and procedures
<p>Part 2, No. 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.</p>	<p>Respiratory assessment and management</p> <ul style="list-style-type: none"> • Administers nebuliser as prescribed: air compressor; oxygen driven • Demonstrates how to use an inhaler and can assess the Patient's technique • Teaches and assesses a Patient and family/carer in the effective use of an inhaler device • Aware of use of spirometry in primary care • Able to teach a patient how to perform a peak flow • Perform chest auscultation under supervision
<p>Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.</p>	<p>Insight Visit where available</p> <ul style="list-style-type: none"> • Perform safety checks prior to suctioning e.g. check wall suction equipment is working, and oxygen is available • Accurately assess the need for suctioning, and identify any contraindications • Suction using the correct procedure and equipment via range of methods e.g Oral via yankeur
<p>Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings</p>	<p>Perform cardiac assessment and ECG</p> <ul style="list-style-type: none"> • Perform a cardiac assessment including BP, pulses, rhythm, pallor, oedema, capillary refill time • Accurately record an ECG able to interpret findings • Knows when and how to escalate concerns, including in an emergency
<p>Part 2 No, 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)</p>	<p>Perform venepuncture and interpret blood results</p> <ul style="list-style-type: none"> • Identify why blood profiles and venepuncture may be required • Interpret and document normal and abnormal blood results • Assess the select an appropriate site for venepuncture • Demonstrate correct, safe and effective technique in accordance with local policy • Ensure the Patient is appropriately positioned and supported
<p>Part 2 No, 26 Demonstrates knowledge and skills related to safe and effective cannulation</p>	<p>Insight visit</p> <ul style="list-style-type: none"> • Identify why cannulation may be required • Assess the select an appropriate site for cannulation

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in line with local policy. (B2.2)	<ul style="list-style-type: none">• Demonstrate correct, safe and effective technique in accordance with local policy• Demonstrate effective documentation of cannulation e.g. cannula size, date and time of insertion• Demonstrate effective care of a cannulation site, with use of appropriate documentation• Demonstrate safe and effective removal of a cannula
Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)	Insight visit <ul style="list-style-type: none">• Demonstrate understanding of safe principles when administering blood and have an awareness of the local guidelines• Contribute to the safe provision of blood and complete required patient observations when blood is being administered as per local guideline• Show awareness of complications that could arise during a blood transfusion
Part 2 No, 28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. (B 1.2.3, B2.13)	Identification of Sepsis in Primary Care <ul style="list-style-type: none">• Aware of local sepsis guidelines and treatment protocol• Able to recognise a deteriorating patient and escalate appropriately using the relevant systems.• Demonstrates an A-E assessment and can identify parameters outside of the normal ranges.• Utilise SBAR to communicate patient assessment to other team members.