



Practice Learning Framework (Nursing)



Introduction

Practice based learning accounts for 50% of pre-registration nursing programmes and it is vital that undergraduate student nurses receive the high-quality practice learning experiences they need to achieve registration with the Nursing and Midwifery Council (NMC). In 2018 the NMC launched revised education standards which aimed to develop student nurses in line with the skills set of the 'Future Nurse'.

The 'Future Nurse' standards included 'Standards for Student Supervision and Assessment' which clearly articulate the model for supporting students in practice. The education standards also included a set of 'Future Nurse' proficiencies which:

“... specify the knowledge and skills that registered nurses must demonstrate when caring for people of all ages and across all care settings. They reflect what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care” (NMC, 2018).

The proficiencies include Annex B which outlines the nursing procedures that a student nurse must be able to demonstrate safely under supervision in order to register (NMC, 2018). A number of the skills and procedures listed in both Annex B and the proficiencies have traditionally been considered enhanced skills, typically acquired post registration. For this reason, it is imperative that governance mechanisms are in place which ensures that the appropriate training, supervision and assessment processes are implemented alongside the 'Future Nurse' Standards. The Annex B skills are found in the 'Additional Nursing Procedures Inventory' of the Practice Assessment Document (PAD).

Please note that Annexe B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. The annexe identifies where more enhanced skills are required by registered nurses. The All-Wales requirement is that students must be supervised and assessed as safely demonstrating Annexe B nursing procedures at least once during their programme. At the point of registration students are not being signed off as being proficient in the skills in the additional nursing procedures section of the PAD.

1. Purpose

The aim of this framework is to enable a standardised approach to practice-based learning and skills acquisition related to the 'Future Nurse' proficiencies across:

- All health boards/trusts in NHS Wales and clinical areas/teams based in the private sector and third sector who provide placements for student nurses.
- All Higher Education Institutes (HEI) delivering undergraduate nursing programmes in Wales.

The framework is supported by the following guidance (links provided in references):

1.1 The NMC Standards for Student Supervision and Assessment (2018)

1.2 The NMC Future Nurse: Standards of Proficiency for Registered Nurses (2018)

1.3 Once for Wales: Health Education and Improvement Wales (HEIW) (2020)

1.4 All Wales Delegation Guidelines (HEIW, 2020)

1.5 The Code (NMC, 2018)

The framework will:

1. Provide clarity regarding: the standards for student supervision and assessment (SSSA).
2. Provide key principles which will enable students to practice enhanced skills and also maintain patient safety and wellbeing.
3. Clarify the scope of practice for students who are studying the revised 'Future Nurse' pre-registration nursing programme (launched in Sept 2020) and the associated supervision requirements.

2. Scope

The framework applies to:

- All practice learning partners who provide placements across NHS Wales, the private sector and third sector.
- All Universities delivering pre-registration nursing programmes in Wales.
- Student nurses undertaking the revised 'Future Nurse' undergraduate nursing programme across all fields: adult, child, learning disability and mental health.

Please note: students studying on the previous undergraduate programme will continue to adhere to the scope of practice and practice boundaries associated with that programme.

3. The Standards for Supervision and Assessment

The Nursing and Midwifery Council (2018) 'Standards for Student Supervision and Assessment' (SSSA) replaced the previous Standards for Learning and Assessment in Practice (SLAIP) (NMC, 2008) in 2020.

At this time the new practice assessor (PA) and practice supervisor (PS) roles replaced the terms mentor, co-mentor and sign off mentors. Students are also allocated an academic assessor (AA) by the University. The AA and the PA work in partnership to assess the student's progression. The separation of the supervision and assessment role and addition of the AA aims to increase objectivity in the assessment process, thus reducing the likelihood of "failing to fail" students who are not ready to progress.

Detailed information regarding the roles and the associated preparation programmes can be found using the link below.

<https://heiw.nhs.wales/files/once-for-wales/documents/all-wales-sssa-guidelines-for-roles-and-requirements/>

Students can also work with 'additional supervisors' who spend short periods with students supporting their development. They do not need to undertake formal training. These can be both registered and unregistered staff who are proficient in the skills that the student needs to develop for example, a student may spend a day with a physiotherapist developing chest examination skills or a phlebotomist to practice venepuncture.

The PS and 'additional supervisors' feedback progress and achievement to the PA who has the main responsibility to sign off proficiencies. Please see the Health Education and Improvement Wales link below for further SSSA resources.

Please note:

Students must **not, under any circumstances**, input their practice supervisors or practice assessors or additional supervisors who are supporting skills email addresses/signatures into the PAD. Practice assessors and practice supervisors will have their own log in detail and must input their details into the relevant sections so that a legal signature is provided. The Fitness to Practice process will be followed if a student is found to have inputted a PA or PS details without their knowledge.

<https://ytydysgu.heiw.wales/go/ptfdxf>

In Wales Practice Education Facilitators (PEF)/Education Liaison Nurses (ELN) and Care Home Education Facilitators (CHEF) provide support to practice placements. The PEFs/ELNs and the CHEFs are an excellent source of advice regarding student supervision, support and assessment.

The Additional Nursing Procedures Inventory

Practice Assessors and Practice Supervisors are able to sign off skills achievement in the Additional Nursing Procedures Inventory at the end of the PAD. Please see additional information regarding the sign off of this element of the PAD overleaf.

Nursing procedures

**The student must be able to safely and effectively demonstrate the procedure in line with evidence-based best practice guidelines and local policies and at an appropriate level of expertise and knowledge required depending on their intended field of practice. A holistic approach to the care of people is essential and all nursing procedures should be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of people are always valued and taken into account.*

By the end of the programme, under supervision, the student will be able to safely demonstrate the following procedures:			The student:			
			Demonstrates underpinning knowledge of procedure	Observes the procedure being undertaken	Safely demonstrates the procedure under supervision	Evidence of achievement reviewed
			Supervisor	Supervisor	Supervisor	Nominated Practice Assessor
No.	NMC Ref.	Nursing procedure	<i>Please sign and date</i>			
1.	B2.2	Undertake venepuncture and cannulation and blood sampling interpreting normal and common abnormal blood profiles and venous blood gases.				

1. A supervisor is required to sign off the first three columns of the inventory (shaded above in grey). It may be the same supervisor or different supervisors who support the students on different days. For the purpose of the sign off of these nursing procedures the term supervisor can be used to refer to any proficient healthcare professional who is proficient in the skill and able to supervise the student's practice.
2. For example: a physio may sign to say that a student has safely undertaken a chest examination under their supervision, or a phlebotomist may sign off that venepuncture has been undertaken safely under their supervision, and a doctor may sign off that the student has safely undertaken peripheral venous cannulation whilst they supervised.

3. The practice assessor (PA) must sign off the final column to confirm they have noted that a supervisor has signed each of the three columns and that they have reviewed the evidence provided by the supervisor. The PA does not have to witness the student undertaking the skill. If the PA is the professional supervising the student undertaking the skill they can sign all 4 columns.
4. In order to provide evidence of the student's practice and **safe demonstration of the skill under supervision** the supervisor will need to fill out a 'additional learning record' in the PAD so that the PA has the evidence to sign the final column. Where the PA and supervising professional are both on duty and immediately discuss the student's safe demonstration of the skill the PA can use this discussion as evidence to enable them to sign.
5. Please note: the practice assessor (PA) and the supervisor are **not** signing to say the student is proficient in the skill - this is not a requirement. Students will not be practising these skills independently at the point of registration. They will undergo a knowledge update and assessment of proficiency within the organisation in which they work as a newly registered nurse.
6. When a skill within annexe B is carried out in simulation, the supervisor can complete an 'additional learning record' within the students PAD and sign off the first 3 columns. This evidence can be reviewed by the practice assessor and signed to confirm that they have reviewed the submitted evidence.

Placement Education Lead

It is recommended that placement areas identify an experienced practice assessor to act as a 'nominated person' for placement learning in that clinical area.

This individual will actively support students and address students concerns (NMC, 2018).

1. Receive support and development from the PEFs/ELNs/CHEFs.
2. Provide a central point of contact for PEFs/ELNs/CHEFs, AAs and personal tutors.
3. Organise the allocation of students to their team of PA's/PS's.
4. Develop and maintain student induction packs.
5. Monitor the educational environment to enhance quality and develop new learning opportunities.
6. Work collaboratively with PEFs/ELNs and CHEFs to help resolve placement issues.
7. Participate in educational audits.
8. Help to cascade student supervision and assessment update information to their teams.
9. Escalate concerns regarding student practice/behaviour or placement learning to line manager and PEF/ELN/CHEF and AA or personal tutor as necessary.

4. Roles and Responsibilities

<p>Placement Providers</p> <p>Are responsible for:</p>	<ul style="list-style-type: none"> ▪ Implementation of this practice learning framework to ensure that student learning and development is in line with the NMC education standards. ▪ Ensuring that placement availability aligns to commissioned numbers. ▪ Creating a wide range of both hub and spoke placements which will support student nurses to achieve the NMC proficiencies and undertake the procedures detailed in the additional skills inventory of the PAD. ▪ Ensuring that there are adequate numbers of practice assessors (PA) and practice supervisors (PS) are in place and additional supervisors identified. ▪ Supporting nurses to undertake PA and PS training. ▪ Participating in educational audits, maintaining high-quality practice learning environments and identifying opportunities for students to achieve their skills/proficiencies. ▪ Working in close collaboration with HEI and proactively addressing any issues related to practice learning.
	<ul style="list-style-type: none"> ▪ Working in close collaboration with practice partners to develop skills education which is in line with current practice.

<p>Higher Education Institutes (HEI) Are responsible for:</p>	<ul style="list-style-type: none"> ▪ Ensuring that students complete theoretical learning and attend simulation training prior to undertaking enhanced skills with patients. This learning must be aligned to the practice learning framework. ▪ Ensuring that students are fully aware of this framework and that they work within the student scope of practice provided. ▪ Ensuring that education audits are undertaken to provide assurance of placement effectiveness and safety. ▪ Ensuring that there are adequate numbers of academic assessors in place to support student progression. ▪ Raising concerns with placement providers in a timely manner and work in partnership to address issues.
<p>Practice Education/Care Home Education Facilitators/ Education Liaison Nurses Are responsible for:</p>	<ul style="list-style-type: none"> • Educating and supporting registered nurses who supervise and assess student nurses. • Trouble shooting and assisting with any student concerns. • Identifying new placement areas. • Actively participating in HEI led educational audits. • Supporting the implementation of this framework and clearly communicating the scope of practice within which students must practice.
<p>Registered Nurses Are responsible for:</p>	<ul style="list-style-type: none"> ▪ Registered nurses will be acting as practice assessors and / or practice supervisors for student nurses following formal training. ▪ RNs who haven't yet received any training can act as 'additional supervisors' supervising the student's practice and providing feedback to the nominated PAs and PSs. ▪ The RN will be responsible for adhering to this framework and the All Wales Guidelines for Delegation (HEIW 2020). ▪ Escalating concerns regarding student practice or practice learning as per local guidance. ▪ Ensuring that students are only supervised by healthcare workers who have the required skill set necessary to support their development and that they only supervise activities which within their own scope of practice.
<p>The Undergraduate Nursing Student Will be responsible for:</p>	<ul style="list-style-type: none"> ▪ Ensuring that they work within the boundaries of their role in line with their designated scope of practice detailed in this framework. ▪ That they work in line with the NMC Code and the placement providers' organisational values and behaviours. ▪ Actively seeking learning opportunities that will support their development. ▪ Working the full range of clinical shifts to enable them to maximise their learning opportunities and comply with the NMC Requirement that students work across the 24 hours care continuum.

5. The Key Principles of Skills Supervision and Practice

The following key principles have been developed in order to support effective clinical skills practice and maintain patient safety and wellbeing.

Principle one: Nursing students will undertake theoretical learning and simulated skills practice prior to undertaking enhanced skills with patients.

Placement providers will work in close collaboration with HEIs to assist them in developing theoretical and practical skills training which is in line with current practice. Theoretical knowledge and simulation experience enable the student to be well prepared before practising a skill with a patient. This simulation activity is particularly important as student nurses will now be undertaking enhanced skills which have been traditionally acquired post registration e.g. venepuncture, cannulation, intravenous infusions and medications and blood component transfusions.

Please note: For OU students discussions must be held with the UHB re skills training

The All Wales Nursing and Midwifery Advisory Group, which comprises of the Nurse Education Leads from each NHS Wales organisation, is leading a project to standardise skills training across Wales through the development of a Clinical Skills Passport for Wales.

All delegation of care to the student must be in line with the All Wales Guidelines for Delegation (HEIW, 2020). Supervisors will be required to check with the student that they have completed their theoretical learning and attended simulation training.

Principle two: Nursing students must always be directly observed throughout enhanced skills procedures by a healthcare professional who is proficient in the skill being undertaken and up to date with practice updates.

2.1 Nursing students must **always** be directly supervised by a proficient healthcare professional, who is with the student, closely observing throughout the procedure.

2.2 The supervising health care professional must be proficient in the skill that is being supervised and must only supervise skills which sit within their own scope of practice e.g. a phlebotomist can **only** supervise a student undertaking venepuncture.

2.3 Students must **never** undertake any of the Annex B skills without the direct supervision of a proficient practitioner.

2.4 The supervisor for these skills will be decided by the PA or the nominated PS, or another PA or PS on duty if the student's own PA and PS are not on duty.

2.5 Local organisational competency assessment tools can be used as a skills guide to help the student to learn the correct process, and to help the supervisor to confirm the skill has been correctly undertaken.

Principle three: Students can only practice skills with patients/service users if it is in the best interest of the patient and the procedure is absolutely necessary.

The wellbeing and safety of the patient/service user must always take priority over student learning. A registered practitioner will be required to assess that the procedure is necessary.

Principle four: A registered practitioner must undertake a patient assessment to check that it is appropriate that the student undertakes the skill.

4.1 The student should only undertake the skill if it is assessed that the process will be straightforward.

4.2 If it is deemed that the student cannot undertake the skill, they can still actively participate by assisting the proficient professional and supporting the patient.

Principle five: The supervising practitioner must seek consent (verbal/non-verbal) from the patient (assent for children) to ensure that they are comfortable with the student undertaking the skill.

Patients have the right to refuse student participation in their care and if they decline their choice must be respected.

Principle six: Students are not being signed off as being proficient in these skills and therefore must be directly supervised when undertaking them throughout all parts of the programme.

The 'Additional Nursing Procedures Inventory' in the Practice Assessment Document (PAD) asks the supervisor to confirm that the student has:

- i. **Demonstrated** the underpinning knowledge.
- ii. **Observed the skill:** observation of enhanced skills being undertaken with patients is an important step towards the student undertaking the skill themselves.
- iii. **Safely and effectively demonstrated** the skill on one occasion.

Once students have safely demonstrated the enhanced skills they can continue to practice under direct supervision, however this must not be at the detriment of the other proficiencies that they will need to complete. Students need to ensure that they develop the fundamental skills as well, in particular medicines management, which is regularly raised as one of the greatest challenges that newly registered nurses face.

Every effort must be made to support the student nurses to demonstrate the skills in practice. Achievement of the proficiencies and skills inventory will be monitored by the HEI. Simulation will be offered by the HEI only when a student has not been able to practice the skill with a patient.

Principle seven: students will be required to provide their practice assessor and practice supervisor with evidence that they have completed skills training and simulation practice prior to undertaking skills with patients.

HEIs and placement providers must work together to ensure that students are able to provide their practice assessors and practice supervisors with evidence that they have completed pre-learning and simulation.

The Scope of Practice Document which follows clearly indicates where evidence of training is required.

6. Policies and Procedures

Placement providers will need to ensure that organisational policies and procedures will enable students to practice the skills detailed in Annex B. This practice learning framework provides a central point of clarity regarding the student nurse scope of practice across Wales. It will be reviewed on a quarterly basis and updated as work to implement Annex B progresses. The All Wales Nurse Education Leads Group will work with the All Wales Pre-registration Nursing and Midwifery Group to ensure that, as a minimum, annual reviews of framework utilisation and any associated challenges are undertaken, and updated documents are communicated across organisations.

It is recommended that organisational policies and procedures which relate to the skills included in Annex B contain the following information:

An All Wales Practice Learning Framework has been developed by NHS Wales and all Welsh Universities to ensure that the necessary governance mechanisms are in place to support student nurses to practice enhanced clinical skills in line with Annex B of the Nursing and Midwifery Council 'Future Nurse' Education Standards. The framework provides clarity regarding the nursing student scope of practice and the necessary supervision requirements. Please refer to the framework for up to date guidance on student nurse participation in (insert skill that policy refers to at the end).

7. The 'Future Nurse' Nursing Student Scope of Practice

Section 7 clarifies the scope of practice that the 'future nurse' nursing student must work within. Detailed information is provided regarding medicines management and the enhanced skills outlined in Annex B.

It is vital that supervising registrants recognise that they hold overall accountability for patient care and thus direct supervision of student practice is essential

There are a number of clear practice exclusions that must be adhered to.

Student Nurses must NOT

Check, draw up or administer intravenous **opioid** medication or intrathecal medication.

Undertake arterial blood gas sampling.

Administer IM injections as part of the rapid tranquilisation process in Mental Health, Learning Disability and some adult settings.

Undertake any aspect of transportation, handling and administration of Systemic Anti-Cancer Therapy (SACT) (all routes including oral).

This includes chemotherapy, immunotherapy, antibody treatments and targeted therapies.

Administer from Patient Group Directives (PGD).

Please note: this means that if the All Wales national protocol supporting non-registrants to participate in the COVID vaccination programme is withdrawn students will no longer be able to vaccinate – administration will revert to registrants administering via the PGD only.

Set up or administer total parenteral nutrition (TPN).

Student nurses must **not** undertake venepuncture if pre-transfusion blood sampling is required.

This means they must not take blood if any of the following tests are requested:

- a. Crossmatch
- b. Group and save/group and screen
- c. Kleihauer
- d. Direct Antiglobulin Test (DAT)

They must also **not** undertake venepuncture for blood cultures.

Undertake digital removal of faeces (manual evacuation).

Apply compression bandaging to treat venous leg ulcers, venous disease or lymphoedema.

Student Nurse Scope of Practice

Medicines Administration

Training is provided in the HEI from Part 1 of the programme, and reinforced in Parts 2 and 3. Students can be involved in medicines administration from Part 1.

Supervision requirements:

1. Students from all fields can administer medications as below under the direct supervision of a Registered Nurse (RN) throughout the whole process.
2. Child field students can administer under the direct supervision of two RNs except for Child Health areas that have converted to one RN administration, here the student can be supervised by one RN.
3. Students must **never** be left unsupervised during any part of the medicines' administration process.

Route	Part 1	Part 2	Part 3
Oral medication	Students can undertake oral administration of medicines under direct supervision.	Medicines practice is essential to prepare the student for the In-point Medicines Assessment which has to be completed by the end of Part 2.	In preparation for registration students must undertake directly supervised medicines administration for an allocated group of patients wherever and whenever possible.
	NB: Oral Systemic Anti-Cancer Therapy (SACT) must not be given by student nurses (i.e. chemotherapy, immunotherapy, antibody treatments and targeted therapies)		
Oral, IM and subcutaneous controlled drugs	Students can check and administer CD under the direct supervision of an RN from part 1 and can be the 2 nd checker (3 rd checker in Child Health). They must not administer s/c infusions via an infusion device. The practice assessor or practice supervisor will need to check that the student nurse has the underpinning knowledge re: the CD check and administration process through discussion and questioning. The student can then practice by participating in the process when it is carried out by two RNs. Once the PA or PS has observed the student being able to safely carry out the full process during practice with two RNs they can then become the 2 nd checker (3 rd in Child Health).		
Per rectum (PR) medication	Can administer under direct supervision from part 1. The student can also undertake the digital rectal examination (DRE) required prior to the administration of suppositories or enemas (needed to support bowel opening) under direct supervision provided that they have received prior training in practice or the HEI.		
Inhaled therapies	Can administer and support patients to self-administer under the direct supervision of RN from Part 1.		

Route	Part 1	Parts 2 and 3
Topical treatment	Can administer under direct supervision of RN from Part 1.	
Nasogastric (NG) tube and Percutaneous Endoscopic Gastrostomy (PEG)	Observation only.	Can administer under direct supervision of RN. Whilst the student can check NG tube position, the RN must also complete an independent check to confirm the position prior to the student administering medication via the NG tube.
Vaccinations Flu and COVID vaccinations only whilst national protocol in place. No other vaccines can be administered by students.	Students must not administer vaccinations.	Whilst the national protocol is in place to support the COVID vaccination programme, students in part 2 and 3 who are on placement in vaccination centres/vaccination clinics/other appropriate settings where these vaccinations are administered can only administer the COVID and influenza vaccinations (to adults over 18 years old) and intranasal influenza vaccine (to children 2-18) under <u>direct supervision</u> provided that they have: a. Completed the national vaccination training programme which is completed by UHB vaccinators. b. Been assessed as proficient by an experienced registered practitioner immuniser using the UHB vaccination competencies.
Subcutaneous (s/c), intradermal or intramuscular injection	Can administer under direct supervision from Part 1. Administration of insulin must be via a pen device only . Exclusion: students must not administer rapid tranquilisation in Mental Health and Learning Disability settings or any other adult settings where this is required.	
Priming a S/C or IV infusion giving set	Observation only.	Can prime an infusion giving set under the direct supervision of RN once they can evidence that they have <u>passed the In-point Medicines Assessment</u> .
Replace IV infusion bags Please note: Students are not allowed to handle infusion bags listed in the exclusions on page 14.	Observation only.	Once the student can evidence that they have <u>passed the In-point Medicines Assessment</u> they can replace IV infusion bags under the direct supervision of an RN. Two RNs must check the bag and the student undertake a third check for their development. Students will be required to sign the fluid chart along with the two RNs. NB: The RN is responsible for ensuring the appropriate assessments have been undertaken before bag change e.g. U&E results, check of fluid balance, assessment for fluid overload/hypovolaemia. Students can participate in these checks.

Route	Part 1	Part 2	Part 3
<p>Participate in the intravenous (IV) administration of medications using:</p> <p>Bolus</p> <p>Intermittent infusion</p> <p>Continuous Infusion</p> <p>Includes the administration and monitoring of medications using vascular access devices.</p>	<p>Observation only.</p> <p>Student can be involved in:</p> <ul style="list-style-type: none"> ✓ patient monitoring ✓ recording of fluid balance ✓ patient assessment ✓ monitoring of IV access site using VIP Score. <p>Students must not be involved in the reconstitution of IV medicines.</p>	<p>Observation only - student can be involved in:</p> <ul style="list-style-type: none"> ✓ patient monitoring ✓ recording of fluid balance ✓ patient assessment ✓ monitoring of IV access site using VIP Score. <p>At the end of part two once student can evidence that they have:</p> <ul style="list-style-type: none"> a. Passed the In-point Medicines Assessment. b. Completed IV medicines/infusion training and simulation in the HEI. <p>They can undertake:</p> <ul style="list-style-type: none"> a. <u>reconstitution</u> of IV medications under the constant and direct supervision of two RNs. <p>Please note:</p> <ul style="list-style-type: none"> ▪ Two RNs have to check the medications as per usual process. ▪ The student can undertake a 3rd check as part of their development. ▪ Student will be required to sign the medication chart along with the two RNs. 	<p>Once the student can provide evidence that they have:</p> <ul style="list-style-type: none"> a. Passed the In-point Medicines Assessment. b. Completed IV medicines training and simulation in the HEI. <p>They can undertake the following under constant direct supervision of an RN:</p> <ul style="list-style-type: none"> a. Reconstitution of IV medications. b. Administration of IV medications. c. Saline flush of cannula. d. Patient monitoring. e. Recording of fluid balance. f. Patient assessment. g. Monitoring of the IV access site. <p>Please note:</p> <ul style="list-style-type: none"> ✓ Two RNs have to check the medications as per usual process. ✓ The student can undertake a 3rd check as part of their development. ✓ The student will be required to sign the medication chart along with the two RNs.

Route	Part 1	Part 2	Part 3
<p>Manage and monitor blood component transfusions</p> <p>Please note: Only RNs can remove blood from Satellite Fridges. Student nurses can observe.</p>	<p>In parts 1 and 2 the student can:</p> <p>a. Observe the RN(s) whilst they check:</p> <ul style="list-style-type: none"> ✓ the patient ID ✓ the written instruction (“prescription”) ✓ the blood components <p>NB: Some UHBs have mandated that 1 RN undertake these checks, whilst some mandate the checks must involve 2 RNs.</p> <p>b. Assist the RN with the following (under <u>direct supervision</u>):</p> <ul style="list-style-type: none"> ✓ Taking & recording transfusion observations ✓ Monitoring the patient for complications or adverse reactions ✓ Monitoring the venous access site ✓ Monitoring of fluid balance 		<p>Once the student can evidence that they have:</p> <ul style="list-style-type: none"> ✓ Passed their In-point Medicines Assessment. ✓ Completed IV medicines training and blood transfusion training and simulation in the HEI. <p>They can undertake the following practical elements (under <u>direct supervision</u> from the accountable RN/RNs):</p> <ul style="list-style-type: none"> ✓ Check patency of venous access. ✓ Check availability of component (in accordance with local organisational policy). ✓ Pre-administration checks including: <ul style="list-style-type: none"> ▪ Patient ID ▪ Written instruction (“prescription”) ▪ Blood component quality <p>Please remember: the student must not act as a second checker for blood components. Whilst students can practice undertaking the checks the registrant, or 2 registrants where local policy requires, must independently undertake all checks as the accountable registrant(s).</p> <ul style="list-style-type: none"> ✓ Taking & recording transfusion observations. ✓ Complete transfusion documentation with the RN – must be countersigned by the RN. ✓ Run through the blood giving set. ✓ Administration of any concomitant medication – this is medication which, if prescribed alongside the transfusion, must be given as instructed as part of the transfusion process. ✓ Monitoring the patient for complications or adverse reactions. ✓ Monitoring the venous access site. ✓ Monitoring of fluid balance. ✓ Disconnect and dispose of the transfusion. ✓ Complete traceability requirements in accordance with local UHB policy (i.e. return the transfusion label to blood bank or use of electronic fating system). <p>NB. The RN will be responsible for ensuring full patient ID check is undertaken, setting up the infusion device if required, connecting the blood to the patient and commencing the infusion.</p>

Enhanced Clinical Skills

The following clinical skills can only be undertaken if:

1. The student is under the **direct and constant supervision** of a proficient registered practitioner.
2. The supervising registered practitioner has confirmed that it is essential that the skill is undertaken to meet the patients care needs.
3. The patient consents to the student undertaking the skill.

If the student does not have the opportunity to participate in these skills they can be undertaken in simulation, however, every effort must be made to support the student to practice these skills with patients so that their proficiencies and additional nursing procedures can be signed off in practice.

Skill	Part 1	Part 2	Part 3				
<p>Venepuncture</p> <p>This is a higher risk invasive skill and can only be undertaken by a student when the procedure is essential for the patient and the process has been deemed straight forward by a RN. Students cannot undertake if the RN identifies it will be a complex process.</p>	<p>Observation only of skill.</p> <p>Can help to prepare the patient and support the patient during the procedure.</p> <p>Review results with registered practitioner.</p>	<p>Once the student can evidence that in the HEI they have:</p> <ol style="list-style-type: none"> a. Completed theoretical learning b. Simulated practice c. An assessment on a manikin <p>They can undertake venepuncture under the direct and constant supervision of a proficient professional as delegated by the PA or nominated PS.</p> <p>The proficient professional will be required to undertake a clinical assessment of the patient to identify if it is appropriate for the student to undertake venepuncture on the identified patient.</p> <p>Student nurses must <u>not</u> undertake venepuncture if pre-transfusion blood sampling is required.</p> <p>This means they must <u>not</u> take blood if any of the following tests are requested:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Crossmatch</td> <td style="width: 50%;">c. Kleihauer</td> </tr> <tr> <td>b. Group and save/group and screen</td> <td>d. Direct Antiglobulin Test (DAT)</td> </tr> </table> <p>Students also must <u>not</u> take blood for blood cultures.</p>		a. Crossmatch	c. Kleihauer	b. Group and save/group and screen	d. Direct Antiglobulin Test (DAT)
a. Crossmatch	c. Kleihauer						
b. Group and save/group and screen	d. Direct Antiglobulin Test (DAT)						

Skill	Part 1	Part 2	Part 3
<p>Peripheral Venous Cannulation (PVC)</p> <p>Students must not insert PVC which are required for the administration of systemic anti-cancer therapy (chemotherapy, immunotherapy and targeted therapy).</p> <p>This is a higher risk invasive skill and can only be undertaken by a student when the procedure is essential for the patient and the process has been deemed straight forward by a RN. Students cannot undertake if the RN identifies it will be complex.</p>	<p>Observation only.</p> <p>Can help to prepare the patient and support the patient during the procedure.</p> <p>Monitoring site of cannula using VIP score.</p>	<p>Once the student can evidence that they have completed the following in the HEI:</p> <ol style="list-style-type: none"> theoretical learning simulated practice an assessment on a manikin <p>They can undertake peripheral venous cannulation under the direct and constant supervision of a proficient professional as delegated by the PA or nominated PS.</p> <p>The proficient professional will be required to undertake a clinical assessment of the patient to confirm that:</p> <ol style="list-style-type: none"> the PVC is definitely required. it is appropriate for the student to undertake PVC on the identified patient – students should only undertake if it appears that the process will be straight forward. <p>The student nurse can administer the saline flush provided in the cannulation pack as it is considered to be a medical device.</p>	
<p>Nasogastric (NG) tubes insertion and feeding</p>	<p>Observation only</p> <p>Can help to prepare the patient and support them during the procedure and monitor post insertion.</p> <p>Student Nurse cannot administer medications or feed down NG tube.</p>	<p>Once the student can evidence that they have completed theoretical learning and a manikin assessment during simulation training in the HEI the student can:</p> <ul style="list-style-type: none"> ✓ undertake NG tube insertion under the direct supervision of a proficient registered practitioner who can provide evidence of up-to-date competence. ✓ Practice NG tube position checks; however, <u>an independent check must be undertaken by a registered practitioner to confirm position</u> before the NG tube is used. ✓ Run through the feed giving set under supervision. RN to set up pump. ✓ administer medicines via the NG tube under direct supervision. 	

Skill	Part 1	Part 2	Part 3
<p>Insert, manage and remove catheters for all genders, manage bladder drainage and assist with self-catheterisation</p> <p>Catheter insertion is a higher risk invasive skill and can only be undertaken by a student when the procedure is essential for the patient and the process has been deemed straight forward by a RN. Students cannot undertake if complex.</p>	<ol style="list-style-type: none"> 1. Assist the registered professional with preparing the patient. 2. Support the patient throughout the procedure. 3. Observe the catheterisation procedure. 4. Monitor the patient and bladder drainage. 5. Complete the fluid balance chart. 6. Provide catheter care during hygiene care following training. 	<p>Once the student can evidence that they:</p> <ol style="list-style-type: none"> a. Have completed All-Wales Urinary Catheterisation e-learning b. Undertaken a manikin assessment for male, female and supra-pubic catheterisation during simulation. <p>Student nurses can undertake male, female, supra-pubic and intermittent self-catheterisation with patients under the direct supervision of a proficient practitioner.</p> <p>They can also continue to undertake the monitoring and catheter care as per part 1.</p> <p>Student Nurses must not undertake the first replacement of a supra-pubic catheter.</p>	
<p>Nasal and oral suctioning</p>	<p>Under supervision simple oral suctioning as part of oral care only and observation of other types.</p>	<p>Can be undertaken under the direct supervision of a proficient registered practitioner.</p>	
<p>Measure and interpret blood glucose levels using glucose monitors</p>	<p>Student nurses must not use blood glucose meters in practice. Glucose meters can only be used in simulation. They can however undertake the following:</p> <ol style="list-style-type: none"> 1. Explain the procedure to the patient and assist them to clean their hands. 2. Perform finger prick test 3. Observe the proficient health care professional undertaking the test. 4. Review the result once recorded by the individual undertaking the test 5. Discuss the result with the registered practitioner, propose required actions and where appropriate take action as delegated by the registered professional. 6. Ensure that actions are recorded in the patient's notes and countersigned by the registered professional. <p>They can also observe glucose meter quality control checks.</p> <p>Once the student has safely demonstrated the 5 steps above the practice supervisor can sign the nursing procedures to say they have safely demonstrated the skill under supervision, as they have safely demonstrated the elements of the process they are able to complete.</p>		

Skill	Part 1	Part 2	Part 3
<p>Manage and interpret infusion pumps</p> <p>Students must not set up or programme intravenous or subcutaneous infusion pumps.</p> <p>If simulation is not possible a guide is provided for part 3: if the student achieves the elements listed for part 3 achievement of this skill can be signed off in the PAD.</p> <p>This includes all infusion devices for all routes – syringe drivers, enteral feeding pump, volumetric pump and syringe pumps</p> <p>Please note: The setting up and programming of pumps can only be undertaken in simulation. This could be in the HEI or in practice if training is taking place away from the patient.</p>	<ul style="list-style-type: none"> a. Observe preparation of medications or fluids to be infused and setting up of pumps. b. Assist with patient monitoring e.g. recording of observations. c. Observe infusion pump checks. d. Assist with completion of monitoring charts e.g. fluid balance chart under direct supervision. e. Assist with monitoring of the infusion site (VIP score). 	<ul style="list-style-type: none"> a. Observe preparation of medications or fluids to be infused and setting up of pumps. b. Assist with patient monitoring e.g. recording of observations. c. Observe infusion pump checks. d. Assist with completion of monitoring charts e.g. fluid balance chart under direct supervision. e. Assist with monitoring of the infusion site (VIP score) 	<p>Once the student can evidence that they have:</p> <ul style="list-style-type: none"> a. Passed the In-point Medicines Assessment. b. Completed IV medicines training and simulation in the HEI (end of part 2 / early part 3). c. Completed infusion device theoretical learning in the HEI. <p>They can undertake the following under the direct and constant supervision of a proficient registered practitioner:</p> <ul style="list-style-type: none"> a. Participate in the preparation of medications and fluids under direct supervision (2 registered practitioners). b. Run through the infusion giving set under direct supervision. c. Observe the RN setting up and programming the pump. d. The registered practitioner is responsible for undertaking infusion checks, however, the student can participate and carry out an additional check of infusion device under direct supervision. e. Assist with completion of monitoring charts e.g. fluid balance chart under direct supervision. f. Monitor the infusion site (VIP score). g. Undertake patient monitoring.

Skill	Part 1	Part 2	Part 3
Digital Rectal Examination (DRE): prior to insertion of enemas / suppositories	<p>The DRE required as part of the administration of enemas or suppositories can be undertaken by a student nurse under the direct supervision of a registered nurse.</p> <p>Please note: Student nurses must not undertake DRE for any other reason e.g. as part of digital removal of faeces or prostate checks.</p>		
Digital removal of faeces	<p>Student nurses must never undertake digital removal of faeces (manual evacuation).</p> <p>They can help to prepare the patient, support them during the procedure and provide after care as required.</p>		
Undertake chest auscultation and interpret findings	<p>Can undertake under the direct supervision of a proficient registered practitioner once training has been provided – this training may be provided in practice e.g. through time with a physio.</p>		
Set up and manage routine ECG investigations and interpret normal and commonly encountered abnormal traces	<p>ECG recording can be undertaken during all parts of the programme under the direct supervision of a proficient supervisor. Training for this skill can be provided for in practice.</p> <p>Learning about ECG interpretation can be undertaken during all parts of the programme under the direct supervision of a proficient registered practitioner.</p>		
Manage and interpret cardiac monitors	<p>Can set up, monitor and interpret cardiac monitors under direct supervision from a proficient registered practitioner supervisor.</p>		

Skill	Part 1	Part 2	Part 3						
Whole body systems assessment	<p>Can undertake assessment of the following systems under the supervision of a proficient registered practitioner once training has been provided.</p> <table border="0" data-bbox="654 343 2051 466"> <tr> <td data-bbox="654 343 1128 375">Respiratory</td> <td data-bbox="1128 343 1570 375">Musculoskeletal</td> </tr> <tr> <td data-bbox="654 375 1128 406">Circulatory</td> <td data-bbox="1128 375 1570 406">Cardiovascular</td> </tr> <tr> <td data-bbox="654 406 1128 466">Neurological</td> <td data-bbox="1128 406 1570 466">Skin Status</td> </tr> </table>			Respiratory	Musculoskeletal	Circulatory	Cardiovascular	Neurological	Skin Status
Respiratory	Musculoskeletal								
Circulatory	Cardiovascular								
Neurological	Skin Status								
Neuro observations	Can undertake under the supervision of a proficient registered practitioner. Training for this skill can be provided for in practice.								
Stoma Care	Can undertake under the supervision of a proficient registered practitioner. Training can be provided in practice.								
Use effective aseptic techniques in wound care and wound drainage	Can undertake under the supervision of a proficient registered practitioner. Training provided in part 1 of the programme.								
Oxygen administration, peak flow and oximetry	Can undertake under the supervision of a proficient registered practitioner. Training can be provided in practice.								
Total parenteral nutrition (TPN) Includes monitoring of IV access site	<p>Student nurses are <u>not</u> able to participate in the setting up of TPN (on the advice of National TPN leads).</p> <p>They can however participate in the management of TPN as follows:</p> <ol data-bbox="705 965 2051 1324" style="list-style-type: none"> 1. Helping the RN to prepare the patient for the commencement of TPN and each bag change. 2. Assisting the RN with setting up the procedure trolley. 3. Discussing process with RN to demonstrate their knowledge. 4. Supporting the patient during the procedure. 5. Observe the procedure. 6. Undertake monitoring of the patient post procedure: observations, fluid balance, monitoring of IV access site. 7. Escalating concerns re: site, fluid balance and patient condition to the RN and documenting in the patient notes (RN to counter sign). <p>If these steps are completed achievement of this skill can be signed off in the PAD.</p>								

References

1. Standards for Student Supervision and Assessment. NMC (2018).
<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/>
2. Future nurse: Standards of proficiency for registered nurses. (NMC 2018).
[future-nurse-proficiencies.pdf \(nmc.org.uk\)](https://www.nmc.org.uk/future-nurse-proficiencies.pdf)
3. Once for Wales (2020) Health Education and Improvement Wales (HEIW).
<https://heiw.nhs.wales/programmes/once-for-wales-2020/>
4. All Wales Guidelines for Delegation (HEIW 2020).
<https://heiw.nhs.wales/files/covid-19/delegation-guidelines/>
5. The Code. Nursing and Midwifery Council (2018).
[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council\(nmc.org.uk\)](https://www.nmc.org.uk/standards/the-code)