Torbay and South Devon NHS Foundation Trust

1855

Supervision and delegation of clinical skills to final placement third year student nurses Policy

Date: September 2015

Partners in Care

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Document Information

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Delegation and Accountability policy,			
Guideline for Clinical Competence in Registered Nurses			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V2		1.10.15	Updated and aligned with Guideline for Supervision of 3rd Year Nursing Students in community placements	Care & Clinical Policies Group.

Contents

Supervision and delegation of additional clinical skills to final placement third year student nurses policy

1 Introduction

1.1 Lifelong learning for registered nurses starts with the organisation that creates systems to encourage learning from exposure and experiences, which practitioners modify according to what they have learnt.

1.2 Some clinical skills, such as catheterisation and venepuncture are not usually undertaken by student nurses but in patient care, are frequently carried out skills which require expertise and practice.

1.3 New practitioners need to be fit for purpose and the ability to competently undertake a range of skills not only increases confidence but ensures a more competent and skilled nursing workforce.

1.4. This policy refers only to student nurses with Plymouth University in their final sign-off or elective placement

2. Statement/Objective

2.4. The purpose of this policy is to underpin the principles of training, assessment and practice of additional clinical skills in third year student nurses in their final, sign off placement. At this time, this policy refers to Venepuncture and Catheterisation only.

2.5. The following principles are set out as guidance to ensure that registered nurses working as mentors within Torbay and South Devon NHS Foundation Trust (TSDFT) understand their roles and responsibilities relating to the supervision of third year student nurses within a nursing context and the additional clinical skills they can potentially practice.

3. Roles & Responsibilities

3.1. Registered Practitioners must:

3.1.1. Remember that the Nursing & Midwifery Council (NMC) exists to safeguard the health and wellbeing of the public. UK nurses and midwives must act in line with the Code for nurses and midwives (2015), whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. Furthermore, they must always act lawfully, whether those laws relate to professional practice or personal life.

3.1.2 Attend training and be assessed as competent before carrying out the skill and supervising final placement student nurses. They should ensure that the competence is carried out regularly either in practice or by simulation and that competence is maintained.

3.1.2. Keep assessment documentation (see appendix 1) in the portfolio and update regularly.

3.1.3. Ensure all records are updated

3.1.4. Inform their manager if they require assessing and when they have been assessed.

3.1.5. Retain responsibility and accountability for their actions, and also the actions of clinical support workers and students in their supervision.

3.1. The registered nurse mentor and the final placement student nurse should be aware that the student must:

3.1.1. Work only within their level of understanding and competence.

3.1.2. Not participate in any procedure for which they feel they have not been fully prepared or without adequate supervision.

3.1.3. Never administer/supply medicinal products without direct supervision. (NMC 2010: standards for medicines management section 5 standard 18)

3.1.4. Be conversant with Torbay care Trust's Health and Safety, Risk and Lone worker and consent Policy.

3.1.5. Ensure the patient agrees to receive care from a third year student under direct supervision.

3.1.6. Record appropriately in patient's care records, care plan/documentation and electronic records and feeds back to the mentor on the clinical visit within 24 hours.

4. Principles of delegating additional skills to final placement third year student nurse

4.1. At this time, this policy refers to Venepuncture and Catheterisation only.

4.2. This policy refers only to student nurses with Plymouth University in their final sign-off or elective placement.

4.3. The decision to delegate the skill depends on

- Whether the student has been trained to appropriate standards and is competent to carry out the skill as part of the overall provision of care.

- Whether it is in the patient's best interests for the skill to be delegated. For further information about delegation, see the NMC's Guidance on delegation.

4.4. The registered nurse mentor/delegator must be assessed and competent in the skill being carried out. (See appendix one)

4.5. The student must attend a training session with the Clinical Skills facilitataor or or the ECSEL (Clinical Skills and Simulation) team and be assessed as competent (See appendix one).

4.6. The student must always be **directly supervised** undertaking the skill.

4.7. The delegation will be governed by the Delegation and Accountability policy and the Guideline for Clinical Competence in Registered Nurses

4.8. Every delegation must be safe.

4.9. The registered practitioner is responsible for the patient's involvement in the assessment of care.

4.10. Registered practitioners must not delegate tasks and responsibilities to a third year student that are beyond their level of skill and experience.

4.11. The task to be delegated must be discussed and both the mentor and the student should feel confident about the decision, before the task is carried out.

4.12. The student must feel able to refuse to accept a delegation if they consider it to be inappropriate, unsafe or that they lack the necessary competency.

4.13. Supervision and feedback must be provided appropriate to the task being undertaken.

4.14. The mentor, as delegator must ensure that the student has had the training and been assessed as competent to carry out the skill required The mentor is also strongly advised to keep their own record of training given and copies of the competency assessment documentation.

4.15. Any staff or members of the care support team – including agency staff or directly employed individuals have a responsibility to intervene if they consider any delegated skill to be unsafe.

4.16. The student must be aware of the extent of their expertise at all times and seek support from available sources when appropriate.

4.17. Documentation, including the details of the task and delegation is completed by the appropriate person and within protocols and professional standards and codes of practice.

4.18. Existing national and local policies as set out by the registered practitioner must be used.

4.19. The decision whether or not to delegate the skill to the student is the sole responsibility of the registered practitioner and is based on their professional judgment.

4.20. The registered practitioner has the right to refuse to delegate the skill to the student if they believe that it would be unsafe to do so or if they are unable to provide or ensure adequate supervision.

4.21. The decision to delegate the skill to the student is made by the registered practitioner and it is the decision maker who is accountable for it.

5. Record Keeping

5.1. The decision to delegate the record keeping element of the skill is dependant on:

- Whether the student has been trained to appropriate standards and is competent to produce such records as part of the overall provision of care.

- Whether it is in the patient's best interests for recording of care (as well as care provision) to be delegated. For further information about delegation, see the NMC's Guidance on delegation.

5.2. If a registered nurse is satisfied the above criteria are met, then delegation of the record keeping activity will be appropriate and there will be no requirement for the registered nurse to countersign the notes.

5.3. Conversely, if there is any doubt about the students's competence, then supervision and countersignatures will be required until they have received the appropriate level of training and are deemed competent to complete the record keeping activity.

5.4. In any event, a registered nurse should not be countersigning notes unless they have witnessed or can validate the activity as having taken place. The act of record keeping attracts the same principles as any other delegated task in the health care setting, including the need for ongoing supervision as appropriate.

5.5. The registered nurse retains professional accountability for the appropriateness of the delegation of the task, but the student takes on personal accountability for the content and quality of the records, in line with NMC guidance and organisational policy. If, however, a countersignature is required, the following advice should apply:

The countersignature
A countersignature should enable identification of the registered nurse who has countersigned, ie not just initials. The NMC recommends that the person's name and job title should be printed alongside the first entry in a record.

6. Guidelines for Supervision of 3rd year student nurses

6.1. The Registered Nurse mentor must undertake a risk assessment to include the following:

- Determine the level of skill and knowledge required ensuring the safety, comfort, and the security of the client prior to delegating care with consideration to the complexity of the care required rather than the tasks to be performed.

- Determine the student has the appropriate level of knowledge, skill, experience and competence to perform the delegated activity without direct supervision.

- Ensure informed consent is gained from the patient/client for the student to undertake specified actions without direct supervision and this is documented as set out in the trust Consent policy (see appendix viii).

- Ensure the delegated activity is clearly integral to the students learning needs for the placement.

- Ensure that the student is directly supervised undertaking the skill.

- Ensure the student records appropriately in patient's care records, care plan/documentation and electronic records.

- Counter sign entries made by the student nurse in the patient's/client's documentation as soon as possible. If using the PARIS record, the nurse and student are required to tick the 'joint visit' box on the activity recording grid, this indicates that the student was supervised by a trained nurse.

7. Training

7.1. The student must attend training with the Clinical Skills Facilitator or the ECSEL (Clinical Skills and Simulation) team and be assessed as competent before carrying out the skill.

7.2. The student should keep assessment documentation (see appendix 1) in their portfolio and update regularly.

7.3. Registered nurses acting as mentors must attend training with the Clinical Skills Facilitator or the ECSEL (Clinical Skills and Simulation) team and be assessed as competent before delegating the skill to the student.

7.4. They should keep assessment documentation (see appendix 1) in the portfolio and update regularly.

8. Monitoring, Auditing, Reviewing & Evaluation

8.1. This policy will be reviewed in 2 years from ratification, and periodically thereafter.

8.2. The Clinical Education and Placement Lead will be responsible for monitoring and ensuring timely review.

9. References and Bibliography

Department of Health (2006) Schedule 2 of the Benchmark pricing and national standard framework contract for professional health training: Learning and Development
Agreement.http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133085

Nursing and Midwifery Council (2006) Standards for supporting learning and assessment in practice

Nursing and Midwifery Council (2007) Essential Skills Clusters for Pre-registration Nursing programmes.
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Nursing and Midwifery Council (2008) Advice on delegation to non-regulated healthcare staff for nurses and midwives

Nursing and Midwifery Council (2008) An NMC guide for students of nursing and midwifery.

Nursing and Midwifery Council (2010) Standards for Medicines Management.

Plymouth University, Faculty of Health and Social Work, Bsc Nursing Programmes Student Programme Handbooks 2014-2015.

Royal College of Nursing (2012) Delegating Record keeping and Countersigning Records. Guidance for Nursing Staff.

Nursing and Midwifery Council (2015) The Code for Nurses and Midwives

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/MCA.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Appendix 1

Skills Assessment Template

Summative Assessment Document

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2012

SUMMATIVE ASSESSMENT BOOK

Skill:

CANDIDATE:

PRACTICE AREA:

LINE MANAGER:

DATE COMMENCED: **DATE COMPLETED:**

This assessment has been developed by:

Team:

CANDIDATE ADVICE:

It is your responsibility to ensure you are assessed in this area of practice. This assessment book should be kept within your personal profile as evidence of training. If you or the assessor, feel you need further practice, to improve skills or gain confidence, please document this in the "needs practice" boxes. **You must attend a Trust recognised, and relevant study day prior to using this document.**

This assessment document is for any staff **new** to the practice of _____

ASSESSOR ADVICE:

This assessment book is aimed to break down the skills, and identify any areas of practice which may need development or improvement. You should complete the assessment by ticking the competency and signing in the relevant assessor box i.e. 1st or 2nd

If you feel further practice is required, please identify the aspects of the skill which the candidate needs to focus on.

A minimum of 2 assessments in practice should be undertaken for all new skills.

LINE MANAGER ADVICE:

This document has been compiled in line with:

- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 8th Ed. (2011)
- *Skills for Health (2008)*
- *TSDHCT Clinical Guideline:*

Competency sheet for: _____

CANDIDATE: _____ **DATE:** _____

PROCEDURE	RATIONALE	Date 1st practice	Date 2nd practice	1st Assessor Signature	2nd Assessor Signature

PASS:

Signature: Date:

** If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:

NEEDS PRACTICE: 1st practice – Comments: Signature: Date:
NEEDS PRACTICE: 2nd practice – Comments: Signature: Date:

Competency sheet for: Medication: Subcutaneous Injection

CANDIDATE: **DATE:**

PROCEDURE	RATIONALE	Date 1st practice	Date 2nd practice	1st Assessor Signature	2nd Assessor Signature
Checks the patient's prescription chart to ascertain: Drug Dose Date/Time of	To ensure the patient is given the correct drug in the prescribed dose, using the				

administration Route and method Diluent Validity Dr's signature	appropriate diluent, and by the correct route				
Gathers equipment: Alcohol swab Needle Syringe containing prepared medication Sharps bin Non-sterile gloves	To ensure all equipment is in-date and ready to use				
Explains and discusses procedure with the patient	To ensure the patient can give valid consent				
PROCEDURE	**RATIONALE**	Date 1st practice	Date 2nd practice	1st Assessor Signature	2nd Assessor Signature
Closes the curtains or door and assists the patient into the required position	To maintain patient's privacy and dignity. To allow access to the injection site				
Removes appropriate garments to expose injection site	To access the injection site				
Assesses site for signs of inflammation, oedema infection and skin lesions	To promote effectiveness of administration, reduce infection and avoid trauma to the patient				
Gently pinches the area of	Minimises risk of				

skin into a fold, and assesses the correct needle size	missing subcutaneous tissue, and any ensuing pain				
Applies gloves and cleans site with 70% alcohol swab	To reduce the risk of infection				
Gently pinches the skin into a fold	To elevate subcutaneous tissue, and lift adipose tissue away from underlying muscle				
PROCEDURE	**RATIONALE**	Date 1st practice	Date 2nd practice	1st Assessor Signature	2nd Assessor Signature
Removes the needle and sheath, and holds syringe between thumb and forefinger of dominant hand as if holding a dart	To enable a quick, smooth injection				
Inserts the needle at an angle of 45 degrees, and release the skin. Injects the skin slowly **N.B** Insulin should be administered at a 90 degree angle	Injecting medication into compressed tissue irritates nerve fibres and causes pain. Shorter insulin needles make 90 degrees more appropriate				
Withdraws needle rapidly. Applies gentle pressure. Does not massage area	To aid absorption, and reduce risk of damage to				

	underlying tissue				
Disposes of all sharps and clinical waste safely, in accordance with local guidelines	To prevent needle-stick and Blood borne virus contamination				
Records the administration on appropriate forms/documents	To maintain accurate records, a and prevent duplication of treatment				

PASS:

Signature: _____ Date: _____

** If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:

NEEDS PRACTICE: 1st practice – Comments:

Signature: _____ Date: _____

NEEDS PRACTICE: 2nd practice – Comments:

Signature: _____ Date: _____