OXFORD BROOKES UNIVERSITY

District Nursing Teams

Guide to facilitating the learning of students nurses

(Updated for the new Nursing Programme 2020)

This guide suggests opportunities and objectives for nursing students when they are placed with you for a Hub placement experience. These should be considered in collaboration with their Practice Assessor / Practice Supervisor in order to facilitate their learning during their placements with District Nurses.

It also suggests key learning for nursing students if they are with you for a Spoke experience which may help them to meet the requirement to have Exposure to other Fields of Nursing. Enabling student nurses to have experience caring for people of all ages, across different health and social care settings and who have complex mental, physical, cognitive and behavioural care needs is an NMC requirement.

None of these activities are compulsory and as a Practice Assessor / Practice Supervisor it is at your discretion to establish whether these activities are appropriate for individual students. Equally this is not an exhaustive list, but serves as examples of learning opportunities.

The level of student involvement will vary depending on their prior experience, the stage in their course and their personal objectives. They will move from observer, to participant-observer towards independent practitioner.

Their learning opportunities will include observation, participation, reflection, and critical analysis through discussion of the rationale and evidence base underpinning practice.

It is hoped that these opportunities will enhance the students' engagement and maximise learning opportunities that they can gain from their placements.

Additional links to information are referenced within the document.

If you have any questions about this guide or the learning opportunities available to students please contact your link lecturer.

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Who's Who in Practice Education?

Each student should have an allocated Practice Assessor and at least one Practice Supervisor. Students can also be supported in practice by Overseers. Each placement area will also have a nominated Link Lecturer and the student will have an Academic Assessor. More information can be found in the Practice Education Handbook.

A Practice Supervisor

Is a registered nurse / midwife, or other registered health / social care professional who has received appropriate preparation for the Practice Supervisor role. Students will be supported by Practice Supervisors throughout their placement experiences (both in hub and spoke placements). The role of the Practice Supervisor is to support and guide students through their learning experience to ensure safe and effective learning. They will facilitate student learning opportunities and will document feedback on progress towards achieving professional values and proficiencies. Day to day it is likely that the student will spend the majority of their time working with Practice Supervisor(s).

A Practice Assessor

Is a registered nurse who has met the criteria for being a Practice Assessor and undertaken specific preparation for this role. Students will be assigned a nominated Practice Assessor at the start of their hub placement and they will be responsible for assessing performance in practice and confirm achievement of professional values and proficiencies (their judgement will draw on feedback from others, direct observation, reviewing student self-reflection, and other resources). The student's Practice Assessor cannot also be their Practice Supervisor.

Overseer

Students may work with a range of other staff during their practice experiences who are not Practice Supervisors or Practice Assessors. This may include professionals from other disciplines, for example teachers. They have a vital role in promoting student learning and may provide feedback within the student's Practice Assessment Document which will be reviewed by their Practice Assessor.

Nominated Practice Support / Link Lecturer

The student's Nominated Practice Support is their Link Lecturer. Link Lecturers are employed by the university and link with specific placement areas. Their role is to support the student's placement learning experience and liaise with placement staff, offering educational direction and support to students, Practice Supervisors, and Practice Assessors. The Link Lecturer will work with the Academic Assessor to ensure that the assessment process has been followed correctly and documentation has been completed.

Academic Assessor

The Academic Assessor will be a member of the university programme team who will collate and confirm achievement of Professional Values, Proficiencies and hours at each part of the students programme. The Academic Assessor will work in partnership with the student's Link Lecturer and Practice Assessor.

Nursing Programmes at Oxford Brookes University

- BSc Children's Nursing, Adult Nursing, Mental Health Nursing (usually 3 years)
- MSci Adult Nursing and Mental Health Nursing (dual registration, usually 4 years)
- MSc Mental Health Nursing (usually 2 years)

Overview of the 2020 Nursing Programme

Information about the overall Programme learning aims, programme philosophy and the modules that students undertake can be found in the Programme Handbook which is available at: Pre-Registration Nursing Programme Moodle site.

The Clinical Practice Experience modules

These are found in each part of the programme and these are where practice based learning and assessments are placed. The learning for the modules will take place in the simulated learning suites at university and in the practice placements throughout each year; however students should apply the theory and learning from concurrent modules to practice experience.

Level of the students' performance at each stage of the programme:

In practice the student is assessed against a specified set of criteria related to knowledge, skills, attitudes and values for each component of assessment within the PAD. These criteria are used to assess the student on different placements across the year as they work

towards the overall performance level to be achieved by the end of the Part. **Practice Assessors will need to seek feedback from Practice Supervisor and there are forms to do this.**

If the student's performance gives cause for concern at the mid-point interview or at any point during the experience feedback must be given and an action plan written to enable the student to address this prior to the final interview. The Practice Assessor must communicate with and involve the Link Lecturer and Academic Assessor in this process.

Overview of Practice Assessments with Parts 1-3

Part 1: The student will have guided participation in care and perform with increasing confidence and competence

Students will undertake 2 placements during Part 1 and will need to pass the following:

- 15 Professional Values for **each placement** (i.e. twice during the part)
- Complete 1 Reflection per placement related to Professional Values
- 29 Proficiencies once across the part & maintain for the remainder of the part
- 1 Formative Episode of Care – formative grading
- 1 Summative Episode of Care – formative grading
- Medicine management
- Practice Hours

Part 2: The student will actively participate in care with minimal guidance and the student should perform with increased confidence and competence

Students will undertake 2 placements during Part 2 (MSci students will undertake 4 placements across 2 years) and will need to pass the following:

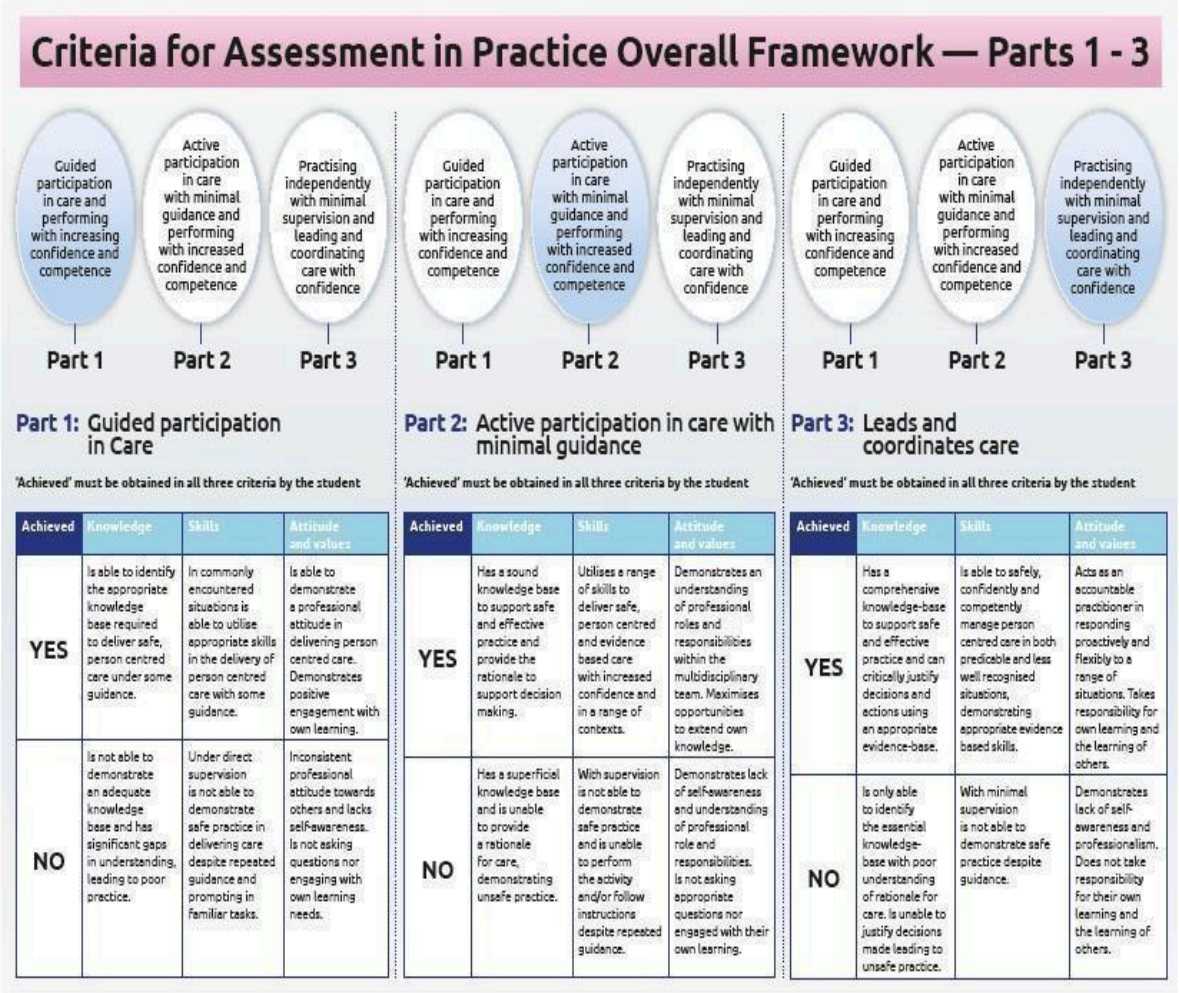
- 16 Professional Values for **each placement**
- Complete 1 Reflection per placement related to Professional Values
- 22 Proficiencies once across the part & maintain for the remainder of the part
- 2 Summative Episode of Care – summative grading
- Medicine management
- Practice Hours

Part 3: The student should be practising independently with minimal supervision and leading and coordinating care with confidence and competence.

Students will undertake 2 placements during Part 3 and will need to pass the following:

- 17 Professional Values for **each placement**
- Complete 1 Reflection per placement related to Professional Values
- 27 Proficiencies once across the part & maintain for the remainder of the part
- 2 Summative Episode of Care – summative grading
- Medicine management
- Practice Hours

In Addition – within Parts 2 and 3; there are 14 Proficiencies that can be achieved in either part.



Criteria for Assessment in Practice Overall Framework — Parts 1 - 3

Guided participation in care and performing with increasing confidence and competence — Part 1

Active participation in care with minimal guidance and performing with increased confidence and competence — Part 2

Practising independently with minimal supervision and leading and coordinating care with confidence — Part 3

Part 1: Guided participation in Care

'Achieved' must be obtained in all three criteria by the student

Achieved	Knowledge	Skills	Attitude and values
YES	Is able to identify the appropriate knowledge base required to deliver safe, person centred care under some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.
NO	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor practice.	Under direct supervision is not able to demonstrate safe practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.

Part 2: Active participation in care with minimal guidance

'Achieved' must be obtained in all three criteria by the student

Achieved	Knowledge	Skills	Attitude and values
YES	Has a sound knowledge base to support safe and effective practice and provide the rationale to support decision making.	Utilises a range of skills to deliver safe, person centred and evidence based care with increased confidence and in a range of contexts.	Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge.
NO	Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice.	With supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance.	Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning.

Part 3: Leads and coordinates care

'Achieved' must be obtained in all three criteria by the student

Achieved	Knowledge	Skills	Attitude and values
YES	Has a comprehensive knowledge-base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence-base.	Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence based skills.	Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.
NO	Is only able to identify the essential knowledge-base with poor understanding of rationale for care. Is unable to justify decisions made leading to unsafe practice.	With minimal supervision is not able to demonstrate safe practice despite guidance.	Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning and the learning of others.

Professional Values

Reflect a number of statements and are captured under the four themes of The Code (NMC 2018). **These must be assessed by the Practice Assessor** and achieved in every placement. Students will also be required to select one example from practice on each placement to demonstrate how they practise within The Code and write a reflection about this. For each placement students will select a different area of The Code to reflect on.

Proficiencies

Reflect specific nursing skills and can be assessed in a range of placements. These must be assessed during each **part** of the students programme and **can be assessed by Practice Supervisors or Practice Assessors** (although the Practice Assessor will take responsibility for confirming that proficiencies have been met at the final interview). In addition to the proficiencies that are required for each part, there are certain proficiencies that can be met in

Part 2 OR Part 3 to allow students to utilise the placement opportunities that are available across a greater range of placements. It is important that students discuss the learning opportunities relating to proficiencies that will be available on the placement with their Practice Supervisor or Practice Assessor during the initial interview. This will allow students to plan their learning during each placement and ensure that opportunities are planned to facilitate exposure to the relevant proficiencies. If a proficiency is assessed as achieved early in the part it is expected that students maintain that level of competence and students may be re-assessed in a subsequent placement during the part. Professional Value statement 8 requires students to demonstrate that they are maintaining this level of competence for all Professional Values and Proficiencies.
More information about these can be found in the Programme Handbook which is available at: Pre-Registration Nursing Programme Moodle site.

Episodes of Care

Are holistic assessments which enable the student to demonstrate progression across a number of platforms and must be achieved by the end of the Part. Effective communication and relationship management skills underpin all aspects of care. **This assessment must be completed and graded by a Practice Assessor**. There are two Episodes of Care that must be achieved during each part and each has a different theme:

Part 1a: Meeting the needs of a person receiving care.

Part 1b: Meeting the needs of a person receiving care.

Part 2a: Meeting the needs of a group of people receiving care or an individual with complex care needs

Part 2b: Meeting the needs of a group of people receiving care with increasingly complex health and social care needs

Part 3a: Supervising and teaching a junior learner in practice, based on the delivery of direct person-centred care

Part 3b: Organisation and management of care for a group / caseload of people with complex care covering all seven platforms

More information about how to plan Episodes of Care can be found here.

Medicines Management

Assessments allow students to demonstrate their knowledge and competence in administering medications safely. **These must be assessed by a Practice Assessor**. There is one medicines management assessment in each part so students will need to identify the appropriate placement to complete this assessment. The student should be allowed a number of practice opportunities to administer medicines under supervision prior

to this assessment. The formative practice time can be sought with the Practice Supervisor prior to summative with the Practice Assessor.

More information about Medicines Management can be found here.

Exposure to Other Fields of Nursing

By the end of the programme students are required by the NMC to have had exposure to other fields of nursing and develop the skills of managing the needs of all people, as well as managing the complex needs within their own field of nursing. Therefore, students should take opportunities to become involved in managing the needs of patients in the following fields of nursing:

- Learning Disability (All Fields)
- Mental Health (Adult Nursing; Children's Nursing students)
- Children (Adult Nursing; Mental Health Nursing students)
- Physical Health of Adult Patients (Mental Health Nursing; Children's Nursing students)
- Patients requiring Maternity Care (Adult Nursing students)

Students and their Practice Supervisor will need to complete the Record of Communication/Additional Feedback forms in their BePAD when they have looked after any of these people.

Students will need to establish the potential learning opportunities for each of these fields with their Practice Supervisors and Practice Assessors and should ensure that they take any opportunity that arises to become involved in delivering care to people in these fields, utilising the Hub and Spoke model.

Collaborative Practice Learning

An important element of students practice is to appreciate the way professions work together for the benefit of the patient and to gain skills that are common to many professions involved in health and social care. During the programme students should take the opportunity to learn from health and social care professionals from other disciplines (and related professions) in both Hub and Spoke placements. In addition, when students have the opportunity they should share collaborative learning experiences and opportunities with fellow students. In addition, students should consider that the people and families within their care are also part of this collaborative team and so should reflect upon their role and experiences as the student develop throughout the programme.

The following table should be used to identify opportunities for students to access learning opportunities for Exposure to Other Fields of Nursing and Collaborative Practice Learning.

Potential Placement Learning Opportunities:

Spoke Experiences and Links to Collaborative Practice Learning and Exposure to Other Fields of Nursing

Link Lecturer / Placement Area: Complete the following table for this placement setting

Spoke experiences	Collaborative Learning Experiences Available	Exposure to other fields	Other Info
Health Visiting			
General Practice Nursing			
Social work			
Specialist nurses e.g. tissue viability			
Occupational therapist			
Pharmacist			
Minor Injuries Unit			

Community Midwifery			
Hospital at Home team			
Mental Health Team			
Drug and Alcohol team			

Proficiencies Mapped Against The Learning Opportunities in the Insert Name Environment

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"***

The following list of learning opportunities is not an exhaustive list, but gives examples of how proficiencies for Parts 1-3 link to the learning opportunities available in this placement.

LINK LECTURER / Placement Area need to identify any proficiencies that are not achievable in the placement area, and then indicate opportunities to achieve remaining proficiencies. Identify spokes that will help with the achievement where relevant

Part 1 (usually Year 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.

Participates in assessing needs and planning person-centred care	Learning Opportunities
1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs.	Opportunities to observe and participate in holistic assessing and planning of patients in their own homes

2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment.	Opportunities to observe and participate in nursing assessment of adults and older adults. Spoke visits to midwifery and health visiting team and opportunities to be involved in 6 week, 1 year and 2 year developmental checks.
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.	Opportunities to plan nursing care following assessment of patients including developing person centred care plans.
4. Work in partnership with people, families and carers to encourage shared decision- making to manage their own care when appropriate.	Opportunities to observe and participate partnership working and shared decision making during patient visits.

	Participates in providing and evaluating person-centred care	**Learning Opportunities**
	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.	Opportunities to provide nursing care to adults with mental health, behavioural, cognitive and learning challenges within the district nursing service e.g. visits to patients with dementia. Spoke placement opportunities to mental health team.
	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.	Opportunities in patient visits with the district nursing team to provide care for patients experiencing these symptoms and to develop skills of verbal and non verbal communication and use of open and closed questions. Spoke placement opportunities to community respiratory team and community heart failure team.

7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health.	Opportunities in patient visits with the district nursing team during visits. Opportunity for spoke visits to Minor Injuries Unit and Hospital at Home team.
8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for.	Opportunity to discuss comfort levels, rest and sleep patterns during patient assessment
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate.	Opportunities throughout patient visits.
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible.	Opportunities throughout patient visits. Spoke placements available to tissue viability team/ tissue viability resource nurses.
11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques.	Opportunity to assess patient hygiene needs during patient visits. Unlikely to be carrying out direct assistance with washing, bathing etc with the district nursing team. Opportunities for spoke visits to community hospitals and care homes and care agencies
Participates in providing and evaluating person-centred care	**Learning Opportunities**
12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed.	Opportunity to assess patients' nutritional needs during patient visits and provide guidance and health education. Opportunities to develop an awareness around Ramadan and impact on health. Also around anaemia, vitamin D deficiencies and dietary health education. Also the impact of obesity on health and changes during palliative/end of life care. Spoke visits with the nutritional team and to community hospital and care homes.
13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output.	Opportunity to assess signs and symptoms of dehydration and fluid retention during patient visit. Spoke visits to community hospital and community heart failure specialist nurses.

14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes	Assessment of patients' toileting needs and equipment required for the home setting e.g. urinal and commode. Spoke visits to community hospital and care home.

Participates in providing and evaluating person-centred care	**Learning Opportunities**
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate.	Opportunity to observe and participate in continence assessment and selection of appropriate continence products.
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.	Opportunity to observe and assess a patient's mobility during home visits. Opportunity to carry out falls assessment with support from practice supervisor and to advise about safety in the home. Spoke placements available to Community Therapy Service, care home, community hospital and falls service.
Participates in procedures for the planning, provision and management of person-centred care	**Learning Opportunities**
17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility.	To be aware of the policy on manual handling procedures and to relate this to practice within the patient's home. Spoke visits to Community Therapy Service, care homes and community hospital.
18. Consistently utilises evidence based hand washing techniques	To be able to demonstrate the PHE guidance and discuss the key principles of hand hygiene within the person's home. Student to ask for feedback on their handwashing practice. Spoke placement may be available with the infection control team. Possible opportunity to be involved in infection control audit.
Participates in procedures for the planning, provision and management of person-centred care	**Learning Opportunities**
19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately.	To be aware of the policy on infection control and relate this to practice within the person's home. Student to discuss appropriate PPE, safe disposal of clinical waste and sharps policy with their practice supervisor.
20.Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps.	To be aware of the policy on infection control and relate this to practice within the person's home. Student to discuss appropriate PPE, safe disposal of clinical waste and sharps policy with their practice supervisor.

21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate.	Opportunities within patient visits to take manual BP and TPR. This would include obtaining informed consent, documentation, informing the patient of the result and informing the practice supervisor, escalating the result if appropriate.
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings.	Opportunities within patient visits to calculate BMI and MUST, recognise healthy ranges and clinical significance of low/ high readings. Spoke placements with GPN or community hospital to accurately measure height and weight. Spoke placement to dietitian.
23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings.	Occasional opportunity to support patients to collect sputum, stool and urine specimens. Frequent opportunities to observe/ participate in urinalysis, interpreting findings and sending specimens to the Lab including documentation.
Participates in improving safety and quality of person-centred care	**Learning Opportunities**
24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools.	Regular opportunities to observe and participate in person centred assessments for patients with a wide variety of needs and health conditions. Spoke placement to Integrated Locality Team.
25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards.	Read and become aware of local health and safety policy including the lone worker policy. Discuss with practice supervisor how to ensure that these principles are maintained within all patient visits and the clinic environment.

Participates in the coordination of person-centred care	**Learning Opportunities**
26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care.	Students will be able to participate in multidisciplinary meetings and liaise with colleagues from the multidisciplinary team. Students will have the opportunity to have spoke placements with the primary health care team, and will develop knowledge and an understanding of the role of professionals that make up a multidisciplinary team to provide health and social care.

27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs.	Students will have many opportunities within the DN team to assess, plan, implement and evaluate care for patients living in their own homes with co-morbidities. Students could consolidate their learning as a case study or writing a reflective account. Opportunities for spoke placements to specialist nurses e.g. tissue viability nurses, heart failure nurses and respiratory nurses.
28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible.	Will be able to observe and participate in supporting people to self care e.g. for simple wounds or managing their diabetes. Opportunity to be involved in health promotion on healthy eating, maintaining mobility. Spoke placement opportunity with Community Therapy Service, gain knowledge of professional and voluntary community agencies that support the health and wellbeing.
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others.	Students will have the opportunity to document care given and to receive feedback on their documentation. Discussion with practice supervisor as to the key elements of documentation to include following a home visit.

Part 2 (usually Year 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.*	
Participates in assessing needs and planning person-centred care with increased confidence	**Learning Opportunities**
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.	Gain understanding of the models of health promotion and education. Recognise opportunities for health promotion such as smoking cessation, obesity e.g. for patients with borderline diabetes, provide evidence based information for patient to make an informed choice. Understand the principles of CBT and how this might affect the success of a life style change. Spoke placements with health visitors, smoking cessation team, MIND and mental health team.
2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision-making and goal setting.	Observe and participate in shared assessment, planning, decision making and goal setting with the patient in their home. Mental Health Capacity Act 2007 - Observe and discuss the process of assessing capacity in patients with conditions such as dementia and learning disabilities. Spoke placement with MIND and mental health consultations, Integrated Locality Team and Palliative/End of Life-matrons.
* 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.	Application of the Nice guidelines in recognising depression at an early stage. Understand how chronic health care conditions might affect a person's mental health and wellbeing. Mental health screening tools in primary health care-demonstrate knowledge of PHQ-9 /GAD questionnaires. Arrange a spoke placement with the Health visiting team to learn how postnatal depression is assessed by use of EPNDS mental health screening tool. Spoke visits to mental health team and MIND.
Participates in assessing needs and planning person-centred care with increased confidence	**Learning Opportunities**

* 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.	Participating in the care of patients with end stage COPD, cancer etc. Reflect on the importance of listening skills, effective communication when planning care, and care preferences. Opportunities to attend gold standard meetings. Spoke placement opportunity with the palliative care Clinical Nurse Specialists and local hospice e.g. Sobell house, Katherine House, Sue Ryder.
Participates in delivering and evaluating person centred care with increased confidence	**Learning Opportunities**
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.	Opportunities during patient visits to provide information about treatment and care and to manage and follow up persons requiring long-term health care management. May be opportunities to work with interpreters or language line.
6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate drawing on the person's strengths and assets.	Opportunities to follow through care with patients and to evaluate the planned care. For example evaluating the progress of healing of a wound in response to the agreed care plan.
7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required.	Opportunities to document care using paper and electronic patient records.

8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations.	Many opportunities to plan care for patients with a range of needs living in the community and making informed judgments and evidence based interventions with the support of the practice supervisor.
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	**Learning Opportunities**
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown.	Many opportunities to develop knowledge and skills in relation to skin care and wound care within the district nursing team including assessment and management of risk of pressure ulcers, doppler ultrasound assessment, wound assessment and management. Develop an understanding of dermatological conditions

	that affect adults and children eg eczema. Develop knowledge in signs of skin infection and the importance of infection control. Spoke visits to tissue viability team/link nurse and health visiting team.
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	**Learning Opportunities**
* 10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	Many opportunities to undertake wound care, see above. Opportunity to demonstrate a safe and competent ANTT procedure on a patient. Develop knowledge of different types of skin closure methods, eg sutures, and the safe removal.
11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention.	Opportunities to develop skills and knowledge relating to the MUST tool and its application in identifying persons at risk of malnutrition or obesity in a community setting. Spoke placement with community dietician. Spoke placement with the health visitor child health clinic, assessing nutrition of infants and babies by weighing and plotting against centile charts.
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate.	Opportunity to advise patients about the use of oral supplements with the support of the practice supervisor. Occasionally there would be opportunities to care for patients who have a PEG in situ within the DN caseload and to offer support to the patient and carers in relation to the management of their nutrition and hydration. Student could put together a presentation to demonstrate their understanding of artificial nutrition and hydration. Spoke visits to community dietitian and to health visitors.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	**Learning Opportunities**
13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management	Opportunity to observe and participate in continence assessments of patients including sensitively asking questions to determine a person's bowel and urinary output and identify any concerns for intervention. Increase knowledge in health promotion, healthy eating advice and fluid input, identify when opportunistic health promotion advice may be appropriate. Develop knowledge of the Bristol stool guide, recognise different types of constipation in adults and children.

	Understand current advice self help and medication recommended in the management of short term and long term constipation in adults and children. Spoke visits to continence clinic or enuresis clinic.
* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.	Opportunities to insert, manage and remove urinary catheters for all genders within the district nursing caseload. There may be opportunities to visit a local catheter clinic and teach or assist with clean intermittent self catheterisation. The student could design a teaching plan for how they would teach intermittent self catheterisation to a patient.
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	**Learning Opportunities**
* 15. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	There may be opportunities to undertake, respond to and interpret neurological observations and assessments e.g. if a patient has had a fall or as part of an acute patient assessment. Possible opportunities to care for patients with seizures. The student could undertake a simulated learning experience perhaps with another student or practice supervisor to carry out neurological observations. Spoke placements to the Minor Injuries Unit or with the GP would also offer possible opportunities for undertaking neurological assessment.
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management.	Identify policies that guide risk management and decision making. Recognise hazards within the environment and how you can minimise these. Opportunity for spoke placement with Community Therapy Service – physiotherapist and rehabilitation assistants. Recognise the need for assistance and mobility aids when patients are attending clinic.
17. Effectively manages the risk of falls using best practice approaches.	Opportunities to assess patients for falls and provide guidance and health promotion on safety in the home. Spoke placements to falls team and Community Therapy Service.
	Opportunities to assess a patient's mobility during a patient visit, plan care or refer to appropriate agencies to support mobility and independence, for example the need and provision to use mobility aids. Opportunities for spoke visit to Community Therapy Service or community hospital.
	Opportunities for students to carry out a respiratory assessment during the patient visit e.g. for a patient with COPD or asthma, and work alongside registered nurses with advanced assessment skills. Students can assess respiration rate, and gain knowledge including inhaler selection, use and technique, monitoring of

	exacerbations and symptoms, peak flow assessment. Opportunities for spoke visits to community respiratory nurses and heart failure nurses.
	This opportunity is unlikely within the DN placement. Occasionally there may be a patient with a long term tracheostomy on the caseload where support with suctioning is required. Spoke placements available to community hospital and Minor Injuries Unit.
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	**Learning Opportunities**
23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings.	Infection control policy is available to students with lots of guidance on PPE usage and Infection Prevention and Control measures. With Covid there will currently be a lot of usage of PPE and students will be expected to be proficient in donning and doffing and can receive feedback on their skills of applying PPE. Students may be involved in completing an infection control audit. Opportunities for spoke placements to the infection control team.
* 24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings	Students will have many opportunities to provide information and explanation to patients, families and carers during home visits both verbally and written information e.g. patient information leaflets. Students will be able to develop communication skills by responding appropriately and professionally during consultations and receiving feedback from their practice supervisor. Opportunities for students to research the evidence base to enable informed discussion with patients.
Participates in improving safety and quality of person-centred care with increased confidence	**Learning Opportunities**
* 25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles	Opportunity to demonstrate knowledge and observe venepuncture within the DN service. Opportunity to discuss normal and abnormal blood profiles with practice supervisor. Could follow up a discussion with the practice supervisor with reading up about normal/ abnormal blood profiles. Spoke placement to phlebotomy clinic within the GP practice.
* 26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy.	Unlikely to have the opportunity to cannulate within the DN team. Opportunities for spoke placement to Minor Injuries Unit, Hospital at Home or community hospital.

* 27. Manage and monitor blood component transfusions in line with local policy and evidence based practice	Unlikely to have the opportunity to manage and monitor blood component transfusions within the home setting. Spoke placement to community hospital.
* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.	Students will have opportunities to identify signs and symptoms of deterioration during their patient visits e.g. using A - E assessment. Students can have the opportunity to develop knowledge in assessing a patient in the home setting for signs and symptoms of sepsis using the NEWS2 assessment tool. Spoke placements to Minor Injuries Unit, Community Hospital and Hospital at Home team.
	Students will have the opportunity to identify potential risks in advance when planning a visit to a patient's home and take measures to reduce this, and to complete patient risk assessments during patient visits. Opportunity to discuss with practice supervisor the balance between risk management, positive risk taking and risk aversion. Could reflect on a situation where risk management has been required e.g. supporting a person to stay in their own home and present a summary of their reflection to the practice supervisor or to the DN team.
	Opportunities for spoke placements with MIND, mental health services and the Health and Wellbeing service. Students to reflect on an example in practice where they have demonstrated resilience. Put together a folder of information regarding practices and strategies to develop resilience to share with the DN team so that this can be disseminated to patients.
	Many opportunities for students to participate in the planning for safe discharge and transition across services e.g. referral of patient to appropriate health and social care professionals to maximise health and wellbeing. Opportunity to look at how referrals are made to the DN team and the key information that is needed.
	Students should have this opportunity at every patient visit and should be encouraged to participate in the planning of care adjustments.
	Discussion with practice supervisor around scenarios that may arise in this area. May be opportunities to demonstrate appropriate de-escalation strategies with patients e.g. a patient who is upset that the DN visit is later than scheduled.

Part 3 (usually Year 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.***

Confidently assesses needs and plans person-centred care	**Learning Opportunities**
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	Opportunities to undertake a comprehensive body assessment to patients in their own homes e.g. patients newly diagnosed with diabetes and plan and prioritise care. Communicate professionally and sensitively with the patient and their family.
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.	Opportunities to assess a person's capacity to make best interest decisions about their own care with support from their practice supervisor. Opportunity to discuss the principles of the Mental Capacity Act with the practice supervisor and could prepare and deliver a presentation on this. Can discuss the process of DoI's and how to refer. Students could arrange a spoke placement with the mental health team and social services – Adult and child protection services.
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.	Many opportunities for students to refer patients to a wide range of professionals including mental health professionals. Opportunities to consolidate knowledge of the primary health care team and apply in practice through holistic patient assessments for example referral to a social care, or community dementia agencies.
Confidently delivers and evaluates person-centred care	**Learning Opportunities**
* 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.	Opportunities to gain knowledge in holistic patient care assessments of physical and mental health. Recognise signs and symptoms of distress. Opportunities to explore screening tools to support the assessment and bench marking of further intervention for example PHQ-9 , EPNDS. Opportunities to learn distraction therapies and

	apply in practice.
Confidently delivers and evaluates person-centred care	**Learning Opportunities**
5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner.	Opportunities for students to record care at every patient visit using electronic patient records. Students encouraged to ask their practice supervisors for feedback on their record keeping.
6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care	Students can have the opportunity to make an evolving contribution during patient visits to include families and carers in decision making working towards confident safe independent practice
7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion.	Opportunities for students to provide care and manage complex symptoms e.g. a patient experiencing pain from leg ulcers. Students can reflect on a patient interaction where a patient became distressed, or experienced pain or anxiety during a clinical nursing procedure and consider how this was managed.
8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required.	Opportunities throughout all patient visits to develop advanced skills in communication. Opportunities to adapt and demonstrate a wide range of communication skills when providing care to adults with a variety of needs. The student can receive feedback about their communication skills from their practice assessor, practice supervisor, other members of the team and from patients.
9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions.	May be opportunities to support people distressed by hearing voices or experiencing distressing thoughts or perceptions within the district nursing caseload. Spoke placements encouraged to the community mental health team, MIND and Drugs and alcohol service. Students can be encouraged to read about mental health conditions, diagnosis, assessment and treatment of conditions such as Schizophrenia,or patients experiencing suicidal thoughts. Students could prepare a presentation on this to present to the DN team.

Confidently manages the procedures in assessing, providing and evaluating care	Learning Opportunities
10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist)	Opportunities during patient visits to sensitively address the patients ability to maintain hygiene and independence. (activities of daily living) Students can demonstrate leadership by making referrals to appropriate community professionals and agencies.
11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team.	Students can observe and contribute to the provision of evidenced base nutritional advice of a diabetic or obese patient. Opportunities to have spoke placements with a dietician, or community nursing team managing patients with PEGS.
	Unlikely to care for a person on the DN caseload who is receiving IV fluids in the home setting, but there may be an opportunity during spoke placements. Can discuss the principles of managing the care of people who are receiving IV fluids, accurately recording fluid intake, and output, VIP scoring and potential complications with practice supervisor. Spoke placement to community hospital, urgent care and hospital at home teams.
	Unlikely to visit patients receiving fluid and nutrition via infusion pumps and devices at home including medication in the community. However there may be the opportunity to visit patients for care of a gastrostomy tube or a spoke placement with the Delegated Health Care team/rep if specific patient training is required for carers or the DN team. Spoke visit to care home or community hospital.
	Opportunities to participate in the care of patients receiving palliative care who may be using a syringe driver infusion pump for relief of pain and other symptoms. Spoke placements to community hospitals, hospice and Clinical Nurse Specialists for palliative care.
	Opportunities to support people with urinary and faecal incontinence and to carry out a continence assessment with support from practice supervisor. May also be the opportunity to support patients learn how to manage their own stoma following discharge from hospital. Students can develop their knowledge in relation to continence assessment as well as knowledge in relation to selecting appropriate continence products. Opportunities to insert, manage and remove catheters. Students can gain knowledge of evidence based care and treatment for conditions such a Crohns disease and constipation.

	Spoke placement opportunities to the community stoma nurse, continence clinic or at the child health enuresis clinic.
	Opportunities within the person's home to carry out bowel care e.g. administering enemas and suppositories and to increase knowledge and application of practice. Can increase knowledge of management of constipation and health promotion by reading evidence based practice on bowel care prior to/after the visit.
	Students have access to Trust policies on infection prevention and control as well as immunisation and vaccination policy and should read and be able to discuss the content of these. Students to put into practice on all patient visits the principles of PPE, safe handling and disposal of waste and hand hygiene. Opportunities to take part in immunisation and vaccination clinics e.g. flu campaign. Develop knowledge and understanding in the government routine immunisation schedule for adults and children - public health agenda. Spoke visit to GPN to be involved with the vaccination of babies and children.
	Opportunity to attend the primary care multi-disciplinary team meetings. Students could be given the responsibility to care for a long term health care patient and report back to the team on progress or to initiate the need for further intervention. Opportunities to carry out spoke placements to the multi-disciplinary team members and find out more about the individual roles.
	Opportunities for students to manage the care of a small caseload of patients with the support of the practice supervisor demonstrating leadership, prioritisation of care and acknowledging limitations. Opportunities to work with the team leader and to gain an understanding of the leadership role required within the DN team and discuss and practice delegation, prioritisation, communication and other leadership skills.
	Opportunities to be involved in quality improvement initiatives e.g. audit, team meetings. Students are encouraged to discuss their ideas for quality improvement with the team and share their ideas. Opportunity to work with the team leader and discuss the process for performance management of staff. Could talk through scenarios relating to staff performance with their practice supervisor or the team leader. Students to consider external quality reporting for example CQC.

Confidently contributes to improving safety and quality of person-centred care	Learning Opportunities
	Opportunities to carry out audits within the team e.g. documentation and hand hygiene audits. Can discuss with their practice supervisor the quality improvement cycle and the purpose of audits. May be able to look at or discuss with the team leader the results of previous audits and the actions taken from these. Could have a go at writing an audit in relation that the student identifies in discussion with the practice supervisor.
	Opportunity to spend time with the team leader to discuss and implement risk assessment. An example can be to minimise the risk of a needle stick injury, or safeguarding. Can look at the incident form and may have the opportunity to complete this. Opportunity during consultations of adults and children to risk assess, by sensitively questioning any inconsistencies in a presenting complaint -and demonstrate application to the legislation and policy relating to safeguarding, to include providing clear and accurate reporting and escalation
	Opportunities to spend time with the DN team leader to discuss safe staffing, skill mix and process for escalating concerns. Students can read the NHS Improvement (2018) Safe Staffing in DN teams resources: https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/ and discuss this with their practice supervisor. Student can reflect on the challenges of maintaining appropriate staffing levels in the team they are working in and discuss ideas for how to retain staff.
	Students will have the opportunity to discuss and explore with their practice supervisor or team leader the process for near misses - how to document and the process leading to investigation, gain an understanding to why the reporting of incidents are important learning to improvements in patient care
	Opportunities to participate in the care of patients with complex co-morbidities and engage with other professionals in multidisciplinary meetings and joint visit to manage the person's multiple care needs. Can read about and prepare a presentation on principles of partner collaboration. Can reflect on their experience of working with other professionals and discuss with practice supervisor.

	Opportunity to participate in the care of people with complex care and to listen to people discussing their experience of care received. Presentation to the DN team to demonstrate understanding of complex care situations. Produce reflective work/examples. Discussions with Supervisor/Assessor
	Will participate in end of life care within the patient's home which may include difficult conversations with the patient and family. The student can prepare for this by discussing with the practice supervisor, reading up about principles of breaking bad news and reflecting on the situation afterwards. Could carry out a role play exercise with other students or staff in the placement. Spoke placement at local hospice and palliative care team.
	Opportunities to work with patients in their own home who have long term care conditions or complex care needs e.g. comorbidities. This would include referrals or safe transition of care to another setting e.g. a care home. May be the opportunity to be involved in the transition of a young person with complex needs making the transition from children's to adult services. Opportunities to facilitate safe discharge e.g. for a person with healed leg ulcers - patient discussion regarding after care and safety netting

Confidently coordinates person-centred care	**Learning Opportunities**
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.	Opportunities to participate in end of life care for patients and families in their homes and to respect cultural requirements and preferences. Can write a reflection to develop their learning on the care given in relation to cultural requirements and preferences. May be opportunity for a joint visit with the palliative care team. Spoke placement opportunities to the palliative care team.