

# **BNSSG - Bristol, North Somerset, and South Gloucestershire**

## **Clinical Skills Document**

### **Registered Nursing Degree Apprenticeship (RNDA)**

Parts 1, 2 & 3 – RNDA - 4 Year full programme

Parts 2 & 3 – RNDA - 2-year Accelerated programme

## Clinical skills overview –UHBW Specific

	Year 1	Year 2	Year 3	Year 4
Registered Nurse Degree Apprenticeship (RNDA) 4-year course	Venepuncture	Cannulation Urinary Catheterisation	NG Insertion	IV Additives
Accelerated Course (RNDA) 2-year course (Available after completion of TNA or TAP training)	X See TNA Schedule	X See TNA Schedule	(Year 1) NG Insertion	(Year 2) IV Additives
Trainee Nursing Associate (TNA, Band 3): 2-year course	Venepuncture	Cannulation Urinary Catheterisation	X	X

Source of Education Abbreviations	
HEP	Higher Education Provider
P	In Practice
F2F	Face-to-face training
EL	E-Learning
S	Simulation

This document has been created in collaboration with Health and Social Care Organisations in Bristol, North Somerset, and South Gloucestershire (BNSSG) to give you clarity of the Scope of Practice in developing the clinical skills for the Band 3, Year 1 & 2 and Band 4, Year 3 & 4 RNDA's and the Band 4, Year 1 & 2 RNDA's 2-Year accelerated programme (Year 3 & 4 of the 4-Year RNDA programme). This covers the holistic care requirements across the lifespan in variety of areas across Health and Social care.

The aim of this document is to provide the outline of all the clinical skills that Apprentices will need to cover during the length of their RNDA programme and how the training is delivered. There are set 'Core' Clinical skills for all RNDA's and Specific skills in Specialised areas in Health and Social Care.

The Specific skills will need to be agreed with the managers and for the skills that are not applicable to write not applicable in the date of training box.

The specialist clinical skills are additional to the essential training from the 'NMC Standards of Proficiency' required for Band 3 & 4 RNDAs in relation to their knowledge, skills and understanding. These are mapped in the document to highlight which proficiencies are essential and which are additional specialist skills.

**The clinical skills training required may vary depending on the area where you are undertaking the apprenticeship in line with each Organisation's Standard Operating Procedures (SOPs)/ Policies/ sign off the competencies as per Organisation.**

At the end of placement assessment, the RNDA will present a collection of evidence to their Practice Assessor in order to demonstrate their fulfilment of NMC requirements. The portfolio should include Staff/patient feedback, Witness Testimonies, Reflections, Evidence of Additional Learning, observations in practice, Questions & Answers, Training Certificates & competency sign-off. Additional resources for learning are available at the bottom of the document.

**Part 1 – Year 1 (4 Year RNDA programme)**

Guided participation in care and performing with increasing knowledge, skills, and confidence.

Core Clinical Skills – Part 1 (P - Proficiency Number in the 'NMC Standards of Proficiency' List)	Source of Education
Demonstrate effective communication using a range of skills and strategies, with both colleagues and service users.	HEP, P, F2F, EL, S
Completes accurate and legible records in a timely manner.	P, F2F
Assessment of a patient's condition including recognition of the deteriorating patient, adopting an ABCDE approach: Pulse oximetry, Temperature, BP (including manual BP) O2 Saturations, Respiratory rate, basic cardiac monitoring, NEWS 2/PEWS/MEOWS (as applicable) (P – 6, 7, 21)	HEP, P, F2F
Understanding of Neurological assessment tools (including recording, interpreting and escalation of results) AVPCU/Age appropriate GCS (P- 2, 7)	HEP, P, EL
Demonstrates understanding of age-appropriate sepsis tools and methods of escalation with direction from a Registered Nurse (P – 5, 6, 7)	HEP, P
BLS - Basic Life Support (role specific – Adult – In year 2 and Paediatric) (P- 6, 7)	P, F2F, EL
Anaphylaxis awareness (P – 6, 7)	EL
Contribute to holistic patient assessment (P – 2, 3, 4, 6, 7, 8, 9n 10, 11, 12, 13, 14, 15, 16, 17, 19, 21, 22, 23, 24, 31, 32, 33, 34)	HEP, P, EL
Monitor and review assessment tools such as Risk assessments - MUST score - Malnutrition Universal Screening Tool/SSKINS screening tool - Skin, Surface, Keep Moving, Incontinence, Nutrition and Hydration (P 16, 22, 24)	P, EL
Effective use of Situation/Background/ Assessment/Recommendation– SBAR tool (P-7, 33)	P
Understanding of Infection control policies/guidelines (P – 18, 19, 20)	P, EL
Appropriate use of Personal Protective Equipment (PPE) (P-18)	EL
Effective use of Aseptic Non-Touch Technique (ANTT) in a variety of clinical settings (P-18)	HEP, P, S

Use appropriate Nasal/Oral suction techniques (P – 7)	P, EL
Basic ECG Recording (adult or child) (P – 6, 7)	P, EL
Understands the indications for enteral feeding and demonstrates knowledge of safe nursing practices (adult or child) (P -12, 13, 27, 28, 29)	P,EL
Capillary blood glucose and/or ketone monitoring and interpretation/escalation of results (P-26)	P, EL
Venepuncture (adult or child if appropriate to field of practice) (P-18)	P, F2F, EL
Demonstrate awareness of blood testing and parameters for normal results	HEP, P, F2F
<b>UHBW specific</b> -Cannulation can be considered in year 1 following appropriate training	F2F
Utilise appropriate assessment tools for line care (VIP/PIPA)	P, F2F
Demonstrate knowledge of Venous Thromboembolism (VTE) and relevant documentation (24, 28)	EL
Urinary and Bowel assessment and management (interpretation of Bristol stool charts over the age of 2) (P-	P, EL
Urinary catheter care including suprapubic (P – 13, 15, 23) - Removing catheters - Trial without catheter (TWOC)	P, EL
Specimen collection - Testing of sputum - Urinalysis - Faecal occult - Pregnancy testing (P – 13, 15, 23)	P, EL
Consent - understands what it means and types of consent (P - 3)	HEP, EL
Provide assistance and promote personal care (P- 9, 10,11, 14, 15, 16)	P
Participate in pressure ulcer prevention by completing comfort rounds, utilising pressure relieving devices, and using repositioning records. (P -10, 11, 14, 15, 16, 17, 19, 21)	P
Understanding of Medical Devices used in the workplace (P – 17, 21)	P

**Part 2 – Year 2 & Year 3 (4-year RNDA programme)**

**Part 2 - Year 1 (2-year Accelerated programme)**

Practising with supervision from a Registered Nurse, **providing and monitoring care**, demonstrating increasing knowledge, skills, and confidence.

<b>Core Clinical Skills – Part 2</b> <b>(P - Proficiency Number in the 'NMC Standards of Proficiency' List)</b>	<b>Source of Education</b>
Recognition of mental ill health and assessment of self-harm/suicidal ideation (P –1, 2, 3)	P
Knowledge of how to utilise Medical Devices in relevant field of practice (P – 18)	P
Timely Escalation of a patient's condition including recognition & management of the deteriorating patient: Pulse oximetry, Temperature, BP (including manual BP) O2 Saturations, Respiratory rate, cardiac monitoring/telemetry, NEWS2/PEWS/MEOWS (if applicable) (P – 2, 3, 4, 8, 20)	HEP, P, EL
Monitoring and escalation of pain using appropriate pain assessment tools (excluding complex analgesic techniques) seeking guidance from specialist pain team if required (P – 8)	P, F2F, EL
Identify signs and symptoms of sepsis across the lifespan, and initiate appropriate interventions as required (P – 2, 3)	P, EL
Undertake a comprehensive respiratory assessment including chest auscultation and document accurately.	HEP, P, EL, S
Manage the administration of oxygen using a variety of delivery methods	P
Take and record Peak Flow measurements and interpret the results (P – 19)	P
Undertake and monitor Neurological Observations (including recording, interpreting and escalation of results) (P – 15)	P

Interpretation of adult or child ECG findings including early recognition and escalation of common rhythms (Sinus, SVT, Asystole, PEA)(P – 24)	P, EL
Management of adult/child enteral feeding tubes, including insertion and removal of Nasogastric and Orogastric tubes (P – 11, 12)	P, EL
Recognising dehydration and malnutrition and identify appropriate interventions	P, EL
Can calculate Fluid balance of a patient and document clearly	P, F2F, EL
Insertion and management of male and female urethral catheterisation across the lifespan (P – 13, 14)	P, EL
Interpretation of bowel assessments and implementation of interventions (P – 13)	P
Appropriate pressure ulcer intervention, and basic wound care with aseptic techniques	P, F2F, EL
Demonstrates an understanding, and contributes to the needs of people and their families for end-of-life care	HEP, P, F2F, EL, S

**Part 3 – Year 4 (4-year RNDA programme)**  
**Part 3 - Year 2 (2-year Accelerated programme)**

Practising with indirect supervision from a Registered Nurse, **assessing, planning, implementing and evaluating** care, demonstrating increasing confidence and competence.

<b>Core Clinical Skills – Part 3</b> <b>(P - Proficiency Number in the 'NMC Standards of Proficiency' List)</b>	<b>Source of Education</b>
Interpretation of normal and abnormal blood profiles	P, F2F, EL
Observe, assess and recognise signs and symptoms of deterioration, and carry out necessary clinical interventions to aid diagnosis (e.g. Vital signs, ECG, bloods etc.) <b>(P – 2, 3)</b>	P
Leading and managing nursing care <ul style="list-style-type: none"> <li>- Comprehensive assessment and care planning</li> <li>- Appropriate delegation</li> <li>- Working in partnership with Multidisciplinary Teams</li> <li>- Understanding the importance of Duty of Candour and having courage to articulate limitations of practice</li> <li>- Effectively prioritises and manages time appropriately</li> </ul>	P
Coaching and buddying junior learners/peers	P, EL
Identify when colleagues may need pastoral support and direct them to appropriate services	P, EL
Demonstrate leadership potential and the ability to manage, support, and motivate individuals	P
Engage in difficult conversations, including breaking bad news, with compassion and sensitivity	HEP, P, F2F, EL, S



Participates in Last Offices and verification of death	P, EL
Participates in the preparation and administration of intravenous fluids and medications preparation and administration	P
Monitor blood component transfusions by regular observation, and early recognition of adverse reactions	P
Effectively evaluates care and implements change to improve patient outcome	HEP, P
Actively assist with audits to demonstrate an understanding of quality improvement strategies.	P, F2F

<b>Specific Skills for Specialised areas over the whole programme for 4-year RNDA programme only</b> <b>(P - Proficiency Number in the 'NMC Standards of Proficiency' List)</b> <b>(Training to be completed in collaboration with the Line Managers and Practice Assessors in line with relevant Trust policies, if applicable)</b>		
<b>Specific Clinical Skills</b>	<b>Source of Education</b>	<b>When to access initial training</b>
Application of compression bandaging	P, F2F	Year 2/3
Immunisations and Vaccinations	HEP, P, EL	Year 2/3
Prepare and support patient prior, during and following procedures and act as chaperone (P -33)	P	Year 1
Obtain and run a venous/capillary blood gas through a machine and refer to Registered Nurse for interpretation	P	Year 1
Prevention, diagnosis and management of Delirium (P -6, 7, 8, 9, 13)	P, EL	Year 1
Neurovascular / plaster observations	P	Year 1
Application of splints	P	Year 1
Demonstrate understanding of the principles of pre- and post-operative care	P, EL	Year 1
Viscopaste application	P	Year 2/3
Bladder Scanning	P, F2F, EL	Year 1
Maintenance and care of Stoma site and appliances (Colostomy/Ileostomy)	P, F2F	Year 1
Capillary INR (understanding of how to take, record and escalate results)	P, EL	Year 1
Alcohol withdrawal observations	P, F2F	Year 2

Management of adult/child Ryles tubes, including insertion and removal	P, F2F	Year 2
Laryngectomy care (established)	P, F2F, EL	Year 2
Tracheostomy care (established)	P, F2F, EL	Year 2
Maintenance and care of Wound drains	P, F2F	Year 2
Leg ulcer management	P, F2F	Year 2
Removal of clips/staples/sutures	P, F2F	Year 2
Caring for a patient requiring High Flow Nasal Oxygen (HFNO), Non-Invasive Ventilation (NIV) or Continuous Positive Airway Pressure (CPAP)	P, F2F, EL	Year 3
Maintenance and care of chest drains	P, F2F	Year 3
Understanding of Autonomic Dysreflexia and management	P	Year 3
Care of central lines (CVC/PICC)	P, F2F	Year 3
Application of Plaster of Paris	P	Year 3
Understanding and application of established Vacuum assistant closure	P, F2F	Year 3
Vascular Doppler use (carry out full, ongoing monitoring and assessment of vascular Doppler and discuss results and treatment regime with Registered Nurse or Tissue Viability professional)	P, F2F, EL	Year 3
Care of Nephrostomy tubes	P, F2F, EL	Year 3
Monitoring of Larval therapy	P, F2F	Year 3
Application of syringe drivers for symptom control	P, F2F	Year 3

<b>Specific Skills for Specialised areas over the whole programme for 2 - year accelerated RNDA programme only If not completed in their previous programmes – These need to be amended in the task and finish group</b> <b>(P - Proficiency Number in the 'NMC Standards of Proficiency' List)</b> <b>(Training to be completed in collaboration with the Line Managers and Practice Assessors in line with relevant Trust policies, if applicable)</b>		
<b>Specific Clinical Skills</b>	<b>Source of Education</b>	<b>When to access initial training</b>
Application of compression bandaging	P, F2F	Year 1/2
Immunisations and Vaccinations	HEP, P EL	Year 1/2
Prepare and support patient prior, during and following procedures and act as chaperone (P -33)	P	Year 1
Obtain and run a venous/capillary blood gas through a machine and refer to Registered Nurse for interpretation	P	Year 1
Caring for a patient requiring High Flow Nasal Oxygen (HFNO), Non-Invasive Ventilation (NIV) or Continuous Positive Airway Pressure (CPAP)	P, F2F, EL	Year 1
Alcohol withdrawal observations	P, F2F	Year 1
Management of adult/child Ryles tubes, including insertion and removal	P, F2F	Year 1
Laryngectomy care (established)	P, F2F, EL	Year 1
Tracheostomy care (established)	P, F2F, EL	Year 1
Maintenance and care of chest drains	P, F2F	Year 1
Maintenance and care of Wound drains	P, F2F	Year 1
Understanding of Autonomic Dysreflexia and management	P	Year 1
Prevention, diagnosis and management of Delirium (P -6, 7, 8, 9, 13)	P, EL	Year 1

Care of central lines (CVC/PICC)	P, F2F	Year 1
Neurovascular / plaster observations	P	Year 1
Application of Plaster of Paris	P, F2F	Year 1
Leg ulcer management	P, F2F	Year 1
Application of splints	P	Year 1
Removal of clips/staples/sutures	P, F2F	Year 1
Demonstrate understanding of the principles of pre- and post-operative care	P, EL	Year 1
Understanding and application of established Vacuum assistant closure	P, F2F	Year 1
Viscopaste application	P	Year 1/2
Bladder Scanning	P, F2F, EL	Year 1
Vascular Doppler use (carry out full, ongoing monitoring and assessment of vascular doppler and discuss results and treatment regime with Registered Nurse or Tissue Viability professional)	P, F2F, EL	Year 1
Maintenance and care of Stoma site and appliances (Colostomy/Ileostomy)	P, F2F, EL	Year 1
Care of Nephrostomy tubes	P, F2F	Year 1
Monitoring of Larval therapy	P, F2F	Year 1
Capillary INR (understanding of how to take, record and escalate results)	P, EL	Year 1
Application of syringe drivers for symptom control	P, F2F	Year 1

**Medicines Administration and Management\*\***  
**For completion in all parts**  
**Electronic Prescribing (if applicable)**

<b>Medicines Administration</b> <b>(Full details on the Higher Education Providers eLearning platform)</b> <b>Proficiencies - Part 1 - (P - 27, 28, 29)</b> <b>Proficiencies - Part 2 - (P – 19, 27, 28, 29)</b> <b>Proficiencies - Part 3 For 2-year accelerated RND A programme only -TBC</b>	BKS B Higher Education Provider E-Learning In the clinical area
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**Information from HEE:** a trust medicines policy must outline any additional routes. It must clearly state the threshold standard of competency required for each route of administration and outline the necessary education and training for administration by these routes for each and state how this is assessed.

Enteral and intramuscular routes require a trust policy for nursing associates while nursing associates cannot administer a medicine under a PGD they are able to administer a medicine prescribed under a Consent Management Platform because a supplementary prescriber has prescribed the medicine.

Organisations that would expect nursing associates to administer medicines should name any safety critical medicine to be administered by nursing associates for example Methotrexate/ warfarin/insulin/ lithium /digoxin/opioids/off label medicines (used outside the licensed indication) /or recently licensed black triangle medicines must also be named.

Nursing associates can administer medicines under schedule 19 in order to save a life a local protocol is suggested for example the administration of adrenaline in anaphylaxis

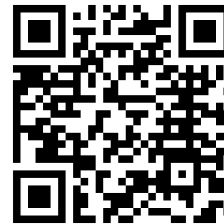
\*\* Prescribed medication – in accordance with the Providers Standard Operating Procedures (SOP's), Trust policies and Competencies \*\*

## Resource List

### NMC Revalidation Resources



### NMC: The Code



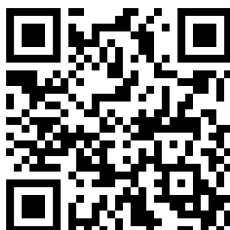
### NMC RN Standards of Proficiency



### British national Formulary (BNF)



### Clinical Skills.net



### Skills for care



### RCN



### NHS Employers



**Gov.UK e-learning modules: Medicine**



**Yellow card reporting site**

