Nursing staff working in Pre Operative Assessment
Range of staff

- POA service varies across the UK
- Day and/ or in patient assessments
- Complexity of patients’ varies
- Speciality of surgical care varies
- Local hospital catchment / specialism varies
- POA teams may comprise of nursing – registered and non registered, medical staff – FY1, FY2, Consultant surgeons, Consultant Anaesthetists, OT, Physio and / or Pharmacists.

Therefore, the team of nurses will vary in the requirements of their skills and experiences. Band 2 – Band 8b. It is unlikely that any one POA service will have a full range of Band 2 – 8b.
Prior knowledge

• For specialised POA, prior knowledge may be an essential requirement.

• Majority of nursing staff will have surgical experience, commonly many come from an ITU or A&E background.
Accountability / Responsibility

All bands are accountable for their actions and inactions.

RN is responsible to ensure the capability and competency of the HCA. If capability / competency is not achieved, the HCA should not be requested to undertake the task unsupervised.

HCA may undertake a task under direct supervision / training situation until deemed competent to undertake the task unsupervised.

Evidence must be document to confirm HCA understanding, training and competency.
<table>
<thead>
<tr>
<th>Level</th>
<th>Self Interpretation</th>
<th>Assessor Interpretation</th>
<th>Benner Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I know nothing about this and require guidance in every aspect</td>
<td>Has no knowledge about this and needs guidance in every aspect</td>
<td>Novice</td>
</tr>
<tr>
<td>2</td>
<td>I have some knowledge but no practice. I need specific direction and demonstration</td>
<td>Can demonstrate an early understanding. Needs specific direction and demonstration</td>
<td>Advanced Beginner</td>
</tr>
<tr>
<td>3</td>
<td>I can perform / understand this area. I only need general direction to perform effectively</td>
<td>Can perform / understands this area. Further clarification of ideas may be required.</td>
<td>Competent</td>
</tr>
<tr>
<td>4</td>
<td>I can perform independently and with confidence. I can relate theory to practice.</td>
<td>Confident in knowledge and has shown ability to perform. Can relate theory to practice</td>
<td>Proficient</td>
</tr>
<tr>
<td>5</td>
<td>I could teach this skill / knowledge to another, I show initiative</td>
<td>Able to teach skills and knowledge to others, shows initiative</td>
<td>Expert</td>
</tr>
</tbody>
</table>
Competency in verbal and written communication

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Self</th>
<th>Assessor</th>
<th>Staff signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies the range of people likely to be involved in the communication</td>
<td></td>
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<tr>
<td>Communicates with people in a way which demonstrates understanding of culture, background and context</td>
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<tr>
<td>Recognises barriers to effective communication</td>
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<tr>
<td>Communicates in a manner that is consistent with NMC and Trust standards</td>
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<td></td>
<td></td>
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<tr>
<td>Keeps accurate records consistent with NMC and Trust standards</td>
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<td></td>
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<tr>
<td>Identifies who is entitled to what information</td>
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<tr>
<td>Understands the principles of confidentiality both written and spoken</td>
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<tr>
<td>Demonstrates effective communication during telephone conversations</td>
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<tr>
<td>Maintains professional approach during difficult communication situations</td>
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</tbody>
</table>
Confirmation of training, evidence of competency for personnel file

I have completed the above competencies under supervision of a professionally registered member of staff and will aim to deliver a high standard of care for patients at all times

Signed, Designation, Print, Date

Team leaders comment

I have discussed the above with my team member and I am satisfied s/he is competent to work independently

Signed, Designation, Print, Date

Any additional information / comments
Band 2

• **Supporting role.** Restrictions associated with being unregistered nurse. Required to follow strict criteria. Task orientated role.

Tasks associated with this role will include:

• Patient observations, MRSA screening, peak flow, record ECG, urine analysis.
• Undertaking tasks in accordance with basic procedure / policy e.g. all patients aged 50 or more to have ECG.
• Possibly some administrative work – e.g. booking appointments
• Provides health advice
• Refer to smoking cessation, alcohol awareness.
• Ensures patient completion of PROMS

• May include phlebotomy

• **Basic nursing qualification**: NVQ level 2 Health and Social care
Band 3

Supportive role   Tasks associated with this role will include:
• As previous Band +
• Able to identify normal from abnormal observations.
• Initiates additional investigations based upon results of history / observations. Completes blood glucose near patient testing.
• May include phlebotomy, spirometry, may include haemacue.
• In some units, working within clear policy, may assess ASA1 DSU patient and determine patient fit for admission.
• May request bloods / urine testing in accordance with clear policy.

• Basic nursing qualification : NVQ level 3 in Health and Social Care
Band 4

Supportive role. Tasks associated with this role will include:
As per previous bands +

Able to independently assess and determine fitness to admit patients to DSU and Inpatient to ASA level 1, 2, 3. May be restricted in performing this role in full due to medication policy within Trusts.

Competent to determine abnormal from abnormal readings and refer to RN as appropriate.

Interpret ECG. With appropriate training, able to perform chest auscultation to identify normal from abnormal.

Request pathology investigations including bloods.

Completes VTE risk assessment, NJR consent

Basic nursing qualification: Assistant Practitioner Degree
Band 5

• Registered nurse

• Able to perform as previous bands, plus completes medication requirements. Provides advice for the lower bands

• Able to request full range of investigations, limited by local policy.

• Depending upon experience, may need to refer patients with multiple co-morbidities to Band 6 or higher, and/or anaesthetist.

• Will make referrals as requested.

• Involved in patient training sessions

• Identifies abnormal readings due to known comorbidities and is able to take action as required.
Band 6

• As above bands

• Works in autonomy

• Able to evaluate patient health history and identifies previously unknown health concerns. Explores in depth patient history.

• Able to independently refer as required, within trust and to primary care

• Follows up advice / referral / investigations for complex patient requirements.

• Provides advice to the lower bands

• Implementer of policies
Band 7
25% managerial/ 75% clinical – exception would be if there is a band 8a or 8b

• Produces information leaflets
• Provides advice to junior bands within POA
• Simple process mapping. Audit.
• Case studies at clinical governance.
• Responds to complaints
• HR issues – in absence of 8a.
• Educational role increases
• Implements development of team programme
• Gain national awareness
Band 8a

- Education of team
- Development of team (extended process mapping)
- Provides advice for complex patients.
- Works outside of immediate team and may work primary / secondary care
- Clinical work – 60%
- HR issues
- National / specialist society active involvement
- Instructional in policy decisions – in absence of 8b may develop local policies
Band 8b

• As above. 50% of time clinical. Proactive development of service
• Focus on ensuring service is current and meet the needs of the local population. Trust and NHS targets are met. Guidelines implemented.
• Develops policies to ensure practice meets local and governmental expectations.
• Discussion with clinical leads re development of service – primary and secondary care
• Educational – leadership, consultancy function
• Audit / research
• Clinical – high complex patients, creating plan of care. Able to take decisions re anaesthetic queries. Completes home visits, HMP etc.
• DoH – operational board active member and demonstrates in depth knowledge of DoH working groups.
• Provides advice outside of own healthcare environment – ie from any other health professional / specialty / primary or secondary care.
Overview

• Roles in individual POA may vary to meet local requirements e.g. nurse or FY1 service, type of surgery / POA service.

• Unlikely that a POA will have staffing from every band.

• The role of the nurse – registered or non registered cannot be specified as being the same for each band across every trust in the UK. Local policies will support development of each band appropriate to local requirements.