


MSK and Specialist Surgery Guidelines and Training package for Breast Nurse Practitioners Undertaking Clinical Breast Examinations.

University Hospitals of Leicester 
NHS Trust

MSK and Specialist surgery
Original October 2009
Update July 2022 Jill
Hardman-Smith Lead
ACP Originator Janice
Brown

Trust Ref C50/2009

1. Introduction and Who Guideline applies to

The aims of these guidelines are to ensure that the Breast Nurse Practitioner is competent to perform a full clinical breast examination, including axillary, cervical and supraclavicular lymph nodes for any sign of breast disease. This will become an autonomous practice following extensive training and assessment, when the nurse practitioner has been deemed competent in the examination technique by a Breast Consultant at new patient and follow-up clinics. The patients being examined will be presenting as either new a patient for assessment of benign or malignant breast disease, or for follow-up of already diagnosed/ treated benign or malignant breast disease.

Currently the patients are seen by doctors at all different levels of training, ranging from the consultant surgeon who is highly experienced, to the junior doctors who only spend time in breast clinic once or twice a week for six months at a time throughout their surgical/ breast placement. In order to improve the quality of care and patient experience, the Breast Nurse Practitioner role has been introduced into the breast assessment and follow-up clinics.

1a. Legal Liability Guideline Statement

Guidelines issued and approved by the Trust are considered to represent best practice. Staff may only exceptionally depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible healthcare professional' it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

1b. Scope

The scope of the policy is to cover all Breast Nurse Practitioners who work in the UHL MSK and Specialist Surgery Breast Care Unit and are deemed competent once completed an extensive training and assessment period, to undertake autonomous breast examinations.

2. Guideline Standards and Procedures

ACTION	METHOD	RATIONALE
<p>To examine the axillary, cervical, and supraclavicular lymph nodes for any sign of breast disease.</p> <p>The breast examinations will be done at new patient and follow-up patient clinics on patients who have been referred/treated for breast cancer or benign breast disease.</p>	<p>Explain the procedure to the patient and obtain verbal consent. Make the patient aware of the status of the Breast Nurse Practitioner's role.</p> <p>Ensure privacy</p> <p>Take a written history from the patient, prior to examination and record it in their notes.</p> <p>Wash hands</p> <p>Ask the patient to remove their clothing from the waist up and ensure they are comfortable.</p> <p>Inspect the breasts first in a sitting position, by asking the patient to raise their hands above their head, and then with their hands on their hips, to push forwards and flex their pectoral muscles.</p> <p>While still sitting the cervical, axillary and supra-clavicular nodes should be palpated.</p>	<p>To obtain verbal consent and allow for co-operation of the patient.</p> <p>Allows the patient to choose to see a doctor if they are not happy being examined by a nurse.</p> <p>To maintain the patients' dignity and allows the patient to relax.</p> <p>To try and establish what is the presenting breast problem.</p> <p>To reduce the risk of infection as per University hospitals of Leicester NHS Trust (UHL), hand hygiene policy. DMS 2813</p> <p>To look for changes in the shape of the breast, for any skin dimpling which may indicate lumps or indentations, for changes in skin colour/ rashes of the breast or for any nipple retraction or nipple discharge.</p> <p>To feel for benign lymphadenopathy.</p>

	<p>Ask the patient to lie down on the couch with the couch at a slight incline and ensure they are comfortable. Examine the healthy breast first with arm raised above the patients head, followed by the symptomatic breast after this.</p> <p>Palpate around the breast systematically to cover each part of the breast, areola, nipple and axillary tail. Drag the palm around the breast and also use fingertips to examine the breast as well. Examine the sub mammary fold, parasternal area, lateral and superior edges of the breast. If the patient has had a mastectomy, the scar line must be palpated separately.</p> <p>The position of any discrete or obvious lumpiness, tenderness and area of change should be described and drawn in the patients' notes. Particular note should be made of the size, location, shape, consistency, tenderness and mobility of any lumps. The area should also be marked on the patient prior to imaging.</p>	<p>To facilitate further examination, to detect any discrete lumps or areas of fullness.</p> <p>To ensure all areas of the breast are examined, including areas which may sometimes not be included in mammographic views.</p> <p>To provide details for medico-legal issues and for comparison at the next follow-up appointment. Also to enable the radiologist / breast consultant to decide if appropriate triple assessment investigations have been requested.</p>
--	---	--

	<p>Relevant investigations of mammography +/- ultrasound, +/- core biopsy/ FNA will be requested by the Breast Nurse practitioner, and explained to the patient, meeting the triple assessment criteria and following the breast unit's guidelines for referral.</p> <p>When all tests performed, if imaging benign / normal the patient may be discharged back to the care of their G.P, by the nurse practitioner, with appropriate breast awareness advice, verbally and in writing.</p> <p>If core biopsy/ Fine needle aspiration cytology performed or tests prove to be indeterminate, follow unit guidelines when to bring the patient back for results or follow-up.</p> <p>Introduce the Breast Care Nurse specialist to the patient.</p>	<p>To ensure the patient understands the need for further test and will cooperate with procedures once explained by the nurse practitioner.</p> <p>To reassure the patient and to help maintain breast awareness</p> <p>To ensure the consultant is aware of the patient and will check for histology prior to the patients results appointment.</p> <p>To provide psychological support and contact details for the patient.</p>
--	--	---

3. Education and Training

All Breast Nurse Practitioners who undertake clinical breast examination will have met the criteria for expansion of their role. They will complete training as described in the package and will meet the learning outcomes. The procedure will be performed according to the agreed guidelines for the procedure. Once competence has been achieved the Breast Nurse Practitioner will assume accountability for his/her own actions as per Nursing and Midwifery Council Guidelines (2019). (NMC)

In order to fulfil trust indemnity requirements and to comply with NMC guidelines in relation to accountability in practice, each Breast Nurse Practitioner must complete the specified training package which includes a period of supervised practice.

A minimum of 4 months and after examining at least 100 patients who have an abnormal clinical finding on examination, also when deemed competent by breast consultants.

During the period of supervised practice the trainee should keep a record of concordance and compare findings with the consultant/senior Breast Nurse Practitioner in the breast clinic.

For best practice and audit purposes the Breast Nurse Practitioner should keep a record of concordance after she/he has been assessed competent also.

The Breast Nurse Practitioner must demonstrate an understanding of professional limitations and boundaries in accordance with NMC Guidelines and accountability in practice. This must be assessed by a senior nurse within the surgical directorate. i.e.: -Lead Breast Nurse Practitioner or Head Nurse.

The Breast Nurse Practitioner must be deemed competent to perform the clinical breast examination by a Consultant Breast Surgeon before they can practice independently. Breast Nurse Practitioners deemed competent to undertake clinical breast examinations may independently clinically examine new or follow-up breast patients, and refer for appropriate investigations following the breast units approved guidelines.

(These investigations being mammograms and ultrasounds +/- core Biopsy, Mammographic or ultrasound guided Vacuum assisted Biopsy (VACB), or Vacuum Assisted excision (VACE) or Fine Needle Aspiration Cytology (FNAC).

6. Practice guidelines for Breast Nurse Practitioners undertaking Clinical Breast Examination

- 1.** Identification of abnormalities on clinical breast examination will be referred to the Consultant Breast Surgeon if not identified and actioned on imaging.
- 2.** Diagnosis of abnormalities identified on clinical breast examination is the responsibility of the consultant Breast Surgeon until the Breast Nurse Practitioner is deemed competent.
- 3.** The Breast Nurse Practitioner can request triple assessment as per The UHL Breast Units' guidelines i.e. mammograms, ultra sound and +/- core biopsy. Following period of supervised practice as mentioned before in the guidelines.
- 4.** The Breast Nurse practitioner will act within the NMC guidelines code of professional practice with reference to role expansion and accountability.
- 5.** Criteria and practice guidelines will be reviewed annually by the supervising consultants and the Breast Nurse Practitioner.
- 6.** The Breast Nurse Practitioner is clinically accountable to the supervising Breast consultants and professionally accountable to the service manager, Head Nurse for surgery and Lead ANP/ Head Of Nursing..
- 7.** University Hospitals of Leicester NHS Trust indemnifies the Breast Nurse Practitioner for the practice of clinical breast examination.

8. Assessment.

The Breast Care Nurse Practitioners knowledge and skill in history taking and breast examination must be assessed by a Consultant Breast Surgeon.

A reflective log of practice and concordance check should be maintained by the Breast Nurse

Practitioner using the Leicester Clinical Assessment Tool (LCAT); assessment shall be carried out by a Consultant Breast surgeon using the LCAT format.

The Head nurse/ or Lead Breast Nurse Practitioner should also assess the Breast Nurse Practitioner to ensure they are acting within their own professional boundaries and understand their accountability when taking on extended roles.

The Breast Nurse Practitioner must carry out a period of supervised practice (minimum of 4 months) and at least have examined and obtained concordance with supervising consultant/ senior doctor of 100 abnormal breast examinations.

Records of all breast examinations will be kept for audit purposes during the training period.

Assurance that clinical practice remains within the remit of UHL NHS Trust breast units guidelines by regular assessment of competence yearly.

8. PROFESSIONAL REQUIREMENTS – TO BE ASSESSED BY HEAD NURSE/ MATRON/ Lead Advanced Nurse Practitioner Breast care for MSK and Specialist Surgery

Performance criteria

NO	ELEMENT	SIGNED AND DATED BY ASSESSOR	SIGNED AND DATED BY NURSE practitioner
1	Guidelines for undertaking extended roles are understood and demonstrated by discussion.		
2	Awareness of the NMC professional requirements and Scope of practice demonstrated through discussion		
3	Awareness of accountability demonstrated through discussion.		

Practical guidelines for Nurse Practitioner Clinical Breast Examinations

PRACTICE STATEMENT

This document authorises the practice of a Breast nurse Practitioner to undertake Clinical Breast Examination on the basis of the following:

Supervision of a recognised Consultant Breast Surgeon

Successful completion of a minimal 100 abnormal breast examinations checked and approved

by a consultant surgeon/ senior doctor.

Audit of Breast Nurse Practitioners ability to perform breast examination at the end of the training period to assess competence of doing breast examinations autonomously.

Written approval from supervising Breast Consultant within UHL Breast Care Centre.

Authorised by Printed Name Signature

Supervising Consultant:

Date

Review Date

.

.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Audit if Breast Concordant examinations	Will be shadowing assessor until competent to practice autonomously	Simon Pilgrim consultant and audit lead	When new staff join the team	Report back at £ monthly Breast Audit meeting
MDT will identify discrepancies of examination at weekly meetings and report any inaccuracy of clinical assessment.	Cases having biopsy all discussed and examination scoring checked. Re Referral from GP will be picked up in clinic if any discrepancies and reported to the MDT.	Kelly Lambert MDT consultant Lead.	Twice weekly MDT	Can report back at Mortality and morbidity meeting 3 monthly if any problems with Breast Examination techniques.
As Above Practice statement and Training	Records to be kept as stated	Lead breast nurse Practitioner	Check yearly	Via IPR

5. Supporting References

Code of professional conduct. Nursing and Midwifery Council (2008)

WWW.nmc-uk.org

6. Key Words

Breast, Examination, Guidelines

CONTACT AND REVIEW DETAILS	
<p>Guideline Lead Jill Hardman- Smith Lead ACP Breast Care Breast care Department 0116 250 2513</p>	<p>Executive Lead Mr S Pilgrim Lead clinician and oncoplastic surgeon Breast care Dept Glenfield site</p>
<p>Details of Changes made during review: Requesting of Stereo and ultrasound Vacuum Assisted Core Biopsy or Excision. July 2022 – no change</p>	