

*Competency skills development for nurses and allied health professionals working in a hospital at home team.*

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## Foreword

This work was commissioned by the Joint Improvement Team on behalf of the National Steering Group for Intermediate Care.

*“Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland”*

<http://www.scotland.gov.uk/Publications/2012/07/1181/downloads#res396826> describes a continuum of integrated services to prevent unnecessary admission to acute hospital or long-term residential care, promote faster recovery from illness, support timely discharge from hospital and optimise return to independent living.

Hospital at Home (H@H) is one component of Intermediate Care where specialist care at home is overseen by a consultant / equivalent specialist practitioner and offers an alternative to acute hospital care. Hospital at Home teams asked for support to understand the skills and competencies required to deliver this model of care, and where they may access support to develop these skills in their local workforce.

The Joint Improvement Team invited NHS Lanarkshire’s Hospital at Home team to work with colleagues from NHS Fife and the West Lothian partnership to develop practical tools to support the growing number of teams developing and delivering Hospital at Home services across Scotland.

We would like to thank the following individuals for their contribution to this Competency Framework and to the accompanying logbook and structured clinical assessment :

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## Introduction

Nurses and Allied Health Professionals (AHPs) make up the largest proportion of the NHS workforce. It is important to invest in development of their skills in order to meet changing service needs, not least because of changes in doctor's working hours and contracts. This resource aims to optimise available skills and resources by supporting expansion of the registered nurse/AHP role as we develop alternative approaches for the assessment, treatment and management of patients in the community. It offers a practical method of developing and evaluating the wide range of skills required of nurses/AHPs working in evolving services.

### Older People and Unscheduled Care

The population of Scotland is ageing and diminishing with a 50% increase in people over the age of 60 years projected by 2033. Through the Reshaping Care for Older People and Unscheduled Care programmes, all health and care partnerships are trying to maintain older people at home and provide safe and effective community alternatives to emergency admission.

Frail older people generally have higher rates of admission and readmission and longer lengths of stay in hospital. Bhowmich, (2008); Kings Fund, (2010); and the Royal College of Physicians, (2012) suggest that efficient medical care in older people's homes can be safe and successful. This view is supported by a recent Cochrane review of Admission Avoidance Hospital at Home Schemes which identified that patients in receipt of comprehensive assessment in their own homes had a reduction in mortality rate and increased patient and carer satisfaction (Shepperd et al, 2009).

A pilot of an Advanced Clinical Assessment team (ACAT) was undertaken in Torfaen Wales (Bhomwich, 2008). This service aimed to clinically assess and manage all people referred to them within their own homes. The pilot reported that in its initial year there were 975 prevented hospital admissions.

NHS Lanarkshire developed an Age Specialist Service Emergency Team (ASSET) which has successfully treated over 2000 patients within their own home. Hospital at Home also operates in Fife and West Lothian and all teams recognise that the development of local practitioners with skills in advanced assessment is crucial for successful delivery of this model of care.

This competency framework has been designed as a practical method of developing and evaluating the wide range of skills required of nurses/AHPs working in this evolving service provision. It is primarily for use by nurses and AHPs working in Hospital at Home but may be used within other training programmes designed to develop advanced clinical assessment and decision making skills.

## Competency Framework

Competency is defined as the possession of 'knowledge, skills and abilities required for lawful, safe and effective professional practice without direct supervision' (Nursing and Midwifery Council, 1902).

This competency framework builds on the already established urgent care framework and training programme but has been adapted to support hospital at home services. In order to integrate this work with the Knowledge and Skills Framework (KSF) set out in Agenda for Change, the resource describes two incremental levels of clinical competence through which practitioners can progress as they develop their clinical skills and professional autonomy in caring for patients with a defined range of conditions or injuries.

**Level Three** - Working with minimal supervision nurses/AHPs will have the skills and knowledge that will enable them to care for patients within the agreed scope of practice from assessment to treatment and on to admission/referral. They will not be empowered to discharge, admit or refer patients independently. The nurse/AHP will manage the patient as far along the patient journey as he/she is deemed competent. In cases where the nurse/AHP is competent in completion of the care pathway, he/she will discuss the case with a Level 4 Practitioner or Senior Doctor and seek authorisation to proceed with the plan and discharge/refer the patient.

**Level Four** – Nurses/AHPs will have the knowledge, skills and experience to manage autonomously the care of groups of patients within the scope of practice, including the authority to refer and admit patients. Nurses/AHPs working at this level will have completed all level three/four competencies and have successfully achieved suitable academic credits (locally agreed advanced clinical assessment course) and six months of supervised practice.

## Knowledge and Skills Framework (KSF)

The KSF has been developed through a partnership approach between management and staff side as a development tool that also contributes to decisions about pay progression. Six of the thirty dimensions are found in all health care environment jobs.

These include core dimensions of Communication (C); Service Improvement (SI); Personal & People development (PPD); Equality and diversity (E&D); Health safety and Security (HSS)

Other dimensions are grouped into specific themes - Health & well being (HWB) and Estates and facilities (EF)

## The Process

The framework should be used as a guide to identify and support individual learning needs, outcomes and to identify growth and development of individual competency.

- The nurse/AHP should identify a suitable mentor. This should be a Level 4 practitioner, Consultant or GP within the sphere of practice. The nurse/AHP and mentor should meet and set out goals for completion of the framework.
- Throughout the programme, the participant is encouraged to meet with their mentor on a regular basis in order to monitor growth and development. These meetings **must** be recorded and signed by both parties.
- Demonstrating progress is through attainment of a higher level of performance and/or reflection and personal feedback from mentors/assessors. Reflection, using a structured model, is actively encouraged and reflective logs should be kept with this framework. Within each competency, the practitioner must include at least six patient assessments to demonstrate the application of their knowledge and development of their clinical skills. These assessments should be countersigned by the mentor.
- At the end of the programme the participant will meet with their mentor to reassess their performance and achievement of competencies.

The Hospital at Home Nurse / AHP will work with other professionals. Most teams include the following skill mix :

- Consultant Geriatrician
- Nurse practitioner
- Band 5 community nurse
- Occupational Therapist
- Physiotherapist
- Community Psychiatric Nurse
- Clinical support worker band 2
- Clinical support worker band 3
- Social work liaison
- Administration staff

## COMPETENCY FRAMEWORK FOR HOSPITAL AT HOME SERVICES

1	History Taking: Demonstrates a sound clinical knowledge and understanding of history taking	Date	KSF	Level 3	Level 4	Supportive Evidence
1.1	Utilises a systematic and holistic approach to history taking		Core 1			
1.2	Demonstrates active listening skills, empathy and recognises the nuances of non-verbal communication		Core 1			
1.3	Appreciates the effects the environment may have on the interaction with the patient		Core 1			
1.4	Shows an awareness and understanding of differing cultural, racial, religious and lifestyle factors which may impact on a patients care		Core 1			
1.5	Demonstrates the ability to gain appropriate valid consent, defining associated underpinning medical/legal and ethical principles		Core 1			
1.6	Elicits and records an appropriate clinical history		Core 1			
1.7	Performs an appropriate clinical examination of a patient in order to formulate a clinical history		Core 1			
1.8	Demonstrates ability to interpret assessment findings to identify both normal and abnormal values		Core 1			
1.9	Applies critical reasoning skills and an ability to identify differential diagnosis		Core 1			
1.10	Relates mechanism of injury to presenting clinical condition in order to assist formulation of patient outcomes		Core 1			
1.11	Prioritises health problems and intervenes appropriately, including the initiation of emergency procedures		Core 1			

2	<b>Documentation: Maintains accurate documentation and record keeping and adheres to medico-legal codes of practice</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
2.1	Demonstrates concordance with professional, legal and ethically evidence based guidance and policy		Core 1			
2.2	Documents the patient's condition systematically using appropriate language, format and technology		Core 1			
2.3	Communicates the diagnosis, prognosis and negotiates with the patient the options for treatment, under supervision		Core 1			
2.4	Formulates a management plan based on the possibilities of the differential diagnoses		Core 1			

<b>3</b>	<b>Defines the basic principles of radiology</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
3.1	Can explain the IRMER radiological safety regulations and apply them to practice		HWB 6			
3.2	Explains the safe and effective positioning of patients in preparation for exposure to clinically essential radiographs		HWB 6			
3.3	Describes the principles of the two views commonly used in radiology		HWB 6			
3.4	Describes radiation protection of patients, and outlines the nature of ionising radiation and its interaction with tissue		HWB 6			
3.5	Recognises the specific requirements of woman who are, or may be, pregnant and also of children		HWB 6			
3.6	Explains the importance of utilising existing radiological films, and /or reports about a patient		HWB 6			
3.7	Recognises the importance of clinical history when requesting x-ray's		HWB 6			
3.8	Executes radiological requests using the appropriate IT support (PACS)		HWB 6			

4	<b>Understands the principles of pain assessment and management</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
4.1	Is able to discuss and demonstrate knowledge of the professional and legal issues related to pain management and can apply this to practice. (Cousins MJ, Medical Journal of Australia 1900, Relief of Acute Pain: a basic human right?)		HWB 6			
4.2	Can describe the psychological and physiological effects of pain on the person and body systems. Can define basic terminology related to pain. (see appendix list)		HWB 6			
4.3	Demonstrates an understanding of the principles of pain assessment: <ul style="list-style-type: none"> <li>a. must use a validated pain assessment tool to identify an individuals pain</li> <li>b. demonstrates an empathetic regard for the person and their carers</li> <li>c. Implement the cycle of assessment, response and reassessment</li> </ul>		HWB 6			
4.4	Critically evaluates current literature on pain management and theories and identifies strategies to maximise effective pain relief in own practice using best evidence  Confidently challenges negative attitudes to dispel myths and barriers to adequate pain relief		HWB 6			

5	<b>Principles of referral: Displays a knowledge of the referral system and adheres to local policies</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
5.1	Communicates the patient's condition using appropriate language, format and technology		Core 1			
5.2	Communicates effectively when offering professional advice		Core 1			
5.3	Develops and sustains professional relationships with other members of the multi-disciplinary team		Core 1			
5.4	Justifies decisions for referral or seeking advice		Core 1			

6	Has the clinical knowledge and skills to perform an examination of the chest	Date	KSF	Level 3	Level 4	Supportive Evidence
6.1	Demonstrates detailed knowledge of normal anatomy and physiology of the Chest		HWB 6			
6.2	Conducts a physical examination of the chest <ul style="list-style-type: none"> <li>❖ Observes</li> <li>❖ Inspects</li> <li>❖ Palpates – Anterior/Posterior</li> <li>❖ Percusses – Anterior/Posterior</li> <li>❖ Osculates – Anterior/Posterior</li> </ul>		HWB 6			
6.3	Recognises / records normal and abnormal breath sounds		HWB 6			
6.4	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal results		HWB 6			
6.5	Documents findings using appropriate and relevant terminology		HWB 6			

7	<b>Has the clinical knowledge and skills to perform an examination of the cardiovascular system</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
7.1	Demonstrate detailed knowledge of normal anatomy and physiology in relation to the cardiovascular system		HWB 6			
7.2	Conducts a physical examination of the peripheral vascular system ❖ Observes ❖ Inspects ❖ Palpates		HWB 6			
7.3	Conducts a physical examination of the heart and neck vessels ❖ Inspects ❖ Palpates ❖ Auscultates		HWB 6			
7.4	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal results		HWB 6			
7.5	Documents findings using appropriate and relevant terminology		HWB 6			

8	<b>Has the clinical knowledge and skills to perform and examination of the abdomen</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
8.1	Demonstrates a detailed knowledge of normal anatomy and physiology of the abdomen		HWB 6			
8.2	Conducts a physical examination of the Abdomen <ul style="list-style-type: none"> <li>❖ Inspects</li> <li>❖ Auscultates</li> <li>❖ Percusses</li> <li>❖ Palpates</li> </ul>		HWB 6			
8.3	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal results		HWB 6			
8.4	Documents findings using appropriate and relevant terminology		HWB 6			

9	Has the clinical knowledge and skills to perform a neurological assessment	Date	K S F	Level 3	Level 4	Supportive Evidence
9.1	Demonstrates a detailed knowledge of normal anatomy and physiology to conduct appropriate neurological assessment		HWB 6			
9.2	Carries out an assessment of mental status		HWB 6			
9.3	Conducts and assessment of cranial nerves using a structured approach		HWB 6			
9.4	Carries out an assessment of motor system using a structured approach		HWB 6			
9.5	Checks reflexes		HWB 6			
9.6	Checks cerebellar function		HWB 6			
9.7	Carries out an assessment of the sensory system using a structured approach		HWB 6			
9.8	Documents findings using appropriate and relevant terminology		HWB 6			
9.9	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal results		HWB 6			

10	<b>Falls Assessment: Recognises the relevance of falls and assessment in the over 65s</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
10.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
10.2	Recognise life threatening clinical features in relation to falls in the over 65's and refers immediately to hospital if necessary		HWB 6			
10.3	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination		HWB 6			
10.4	Orders, may perform and interprets common screening and diagnostic tests such as chest x ray, lying and standing bp's,hip/femur X-rays		HWB 6			
10.5	Provides relevant health advice including health promotion where it is appropriate		HWB 6			
10.6	Displays an awareness of the consequences of a "long lie" fall and its relation to mortality		HWB 6			
10.7	Demonstrates awareness of the sensory and neuromuscular risk factors for falls		HWB 6			
10.8	Can identify the symptoms of Benign Positional Paroxysmal Vertigo(BPPV)		HWB 6			
10.9	Displays an awareness of medications linked to falls and can encourage medical staff to review/withhold or stop this particular medication		HWB 6			
10.10	Can complete and understand the components of falls screening					

11	Displays detailed clinical knowledge to conduct an assessment of the collapsed patient	Date	K S F	Level 3	Level 4	Supportive Evidence
11.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
11.2	Recognise life threatening clinical features in relation to the collapsed patient and refers immediately to hospital if necessary		HWB 6			
11.3	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the patient		HWB 6			
11.4	Orders, may perform and interprets common screening and diagnostic tests such as chest x ray, lying and standing bp's,holter test etc		HWB 6			
11.5	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal values		HWB 6			
11.6	Formulates a plan of management based on the prioritised differential diagnoses, and refers to specialist if required		HWB 6			

12	<b>Shows a detailed clinical knowledge to manage the care of a patient with Mild Acute Asthma/COPD.</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
12.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
12.2	Recognise life threatening clinical features in relation to asthma/copd and refers immediately to hospital if necessary		HWB 6			
12.3	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the abdomen		HWB 6			
12.4	Orders, may perform and interprets common screening and diagnostic tests such as chest x ray, spirometry and reversibility and PEAK flow		HWB 6			
12.6	Formulates a management plan based local policy, national guidelines and best evidence such as asthma severity scoring/NICE guidelines/SIGN guidelines		HWB 6			
12.7	Administers appropriate bronchodilators/ antibiotics and or steroids as prescribed in order to initiate fast and effective treatment		HWB 6			
12.8	Refers on to district nursing service for long term condition management prior to discharge		HWB 6			

13	Accurately elicits and records medication histories on admission	Date	K S F	Level 3	Level 4	Supportive Evidence
13.1	Elicits and records an accurate medication history including over the counter and complementary therapies		HWB 6			
13.2	Elicits and records accurate information on allergy status and previous adverse drug reactions		HWB 6			
13.3	States relevant sources of information available and methods of eliciting an accurate medication history.Ensure to always use two sources of information to ensure accurate prescribing		HWB 6			
13.4	Discusses the advantages and limitations of each source		HWB 6			
13.5	Interprets findings, resolves anomalies and identifies priorities for care		HWB 6			

14	<b>Under supervision assess and initiates treatment of a patient with abdominal pain</b>	Date	K S F	Level 3	Level 4	Supportive Evidence
14.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
14.2	Recognise life threatening clinical features in relation to abdominal pain and refers immediately to hospital if necessary		HWB 6			
14.3	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the abdomen		HWB 6			
14.4	Formulates a management plan based local policy, national guidelines and best evidence		HWB 6			
14.5	Initiates an appropriate consultation or referral when a patient's problem exceeds the scope of practice		HWB 6			

15	Displays detailed clinical knowledge to initiate treatment or manage care of patients with genito-urinary complaints	Date	K S F	Level 3	Level 4	Supportive Evidence
15.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
15.2	Demonstrate a detailed knowledge of anatomy to conduct a physical examination of the genito-urinary system		HWB 6			
15.3	Prioritises health problems and intervenes appropriately including the initiation of effective emergency care		HWB 6			
15.4	Orders, may perform and interpret common screening and diagnostic tests such as urine dipstick/MSSU/CSU		HWB 6			
15.5	Demonstrates appropriate knowledge and skills in the management of common minor genito-urinary conditions		HWB 6			
15.6	Offer health promotion advice		HWB 6			
15.7	Refers patient directly to hospital if any evidence of sepsis present		HWB 6			
15.8	Refers patient to appropriate health care professional		HWB 6			

<b>16</b>	<b>Under supervision assesses and initiates treatment of patient with chest pain</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
16.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
16.2	Demonstrates detailed knowledge of the normal anatomy and physiology of the cardiovascular / respiratory system to conduct a clinical examination		HWB 6			
16.3	Orders, may perform and interpret common screening and diagnostic tests such as CXR, ECG and bloods		HWB 6			
16.3	Can independently perform a 12 lead ECG and can identify normal and abnormal rhythms		HWB 6			
16.4	Identifies potentially life threatening cardiac rhythms and instigates emergency treatment whilst arranging ambulance services		HWB 6			
16.5	Orders, may perform and interprets common screening and diagnostic tests such as blood tests/ETT or echocardiogram if deemed relevant		HWB 6			
16.6	Abides by national and local guidelines such as TIMI scoring/SIGN/GRACE scoring		HWB 6			
16.7	Adheres to national/local guidance and best practice to enable effective and timely interventions and treatments		HWB 6			

<b>17</b>	<b>ECG Interpretation</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
17.1	Describes the recognised six-step technique to interpreting cardiac rhythms (Resus Council – ALS)		HWB 6			
17.2	Identifies changes on the ECG trace and relate these changes to the underlying patients condition and clinical presentation		HWB 6			
17.3	Identifies appropriate area of myocardium represented by the ECG waveform		HWB 6			
17.4	Documents findings appropriately and ensures medical staff are informed		HWB 6			

<b>18</b>	<b>Substance Misuse</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
18.1	Takes accurate alcohol/nicotine and drug history and refers to appropriate agencies if support required		HWB 6			
18.2	Diagnose alcohol withdrawal using CIWA scoring system		HWB 6			
18.3	Recognise the importance of prompt assessment and treatment in alcohol withdrawal		HWB 6			
18.4	Is aware of complications of non adherence to recommended guidelines		HWB 6			

19	Exhibits sound clinical knowledge when caring for the diabetic patient	Date	K S F	Level 3	Level 4	Supportive Evidence
19.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
19.2	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the patient with acute onset of hypo/hyperglycaemia		HWB 6			
19.3	Identifies potentially life threatening situations and instigates emergency treatment whilst summoning medical support		HWB 6			
19.4	Orders, may perform and interprets common screening and diagnostic tests		HWB 6			
19.5	Can refer to specialist nurses for education and support					
19.6	Adheres to national /local guidance and best practice to enable effective and timely interventions and treatments		HWB 6			

20	<b>Exhibits sound clinical knowledge when caring for the patient with acute or chronic renal failure</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
20.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
20.2	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the patient with acute or acute on chronic renal failure		HWB 6			
20.3	Identifies potentially life threatening situations and instigates emergency treatment whilst summoning medical support		HWB 6			
20.4	Orders, may perform and interprets common screening and diagnostic tests such as renal ultrasound,routine bloods,MSSU etc		HWB 6			
20.5	Can review patients medication and alert medical staff if patient taking nephrotoxic medication.		HWB 6			
20.6	Formulates a management plan based on best evidence and local guidelines		HWB 6			

21	<b>Exhibits the clinical knowledge and skills to understand, assess and initiate treatment under supervision of patient presenting with a stroke</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
21.1	Elicits and documents an appropriate history complying with the history and documentation competencies					
21.2	Demonstrates detailed knowledge of cause types and effects of stroke		HWB 6			
21.3	Demonstrates ability to provide advice concerning adverse lifestyle and medical conditions to reduce the risk of stroke		HWB 6			
21.4	Orders, may perform, and interprets common screening and diagnostic tests		HWB 6			
21.5	Demonstrates the ability to interpret assessment findings to identify both normal and abnormal results and initiates appropriate treatment under supervision		HWB 6			
21.6	Formulates a plan of management based on the prioritised differential diagnoses, and refers to specialist if required		HWB 6			
21.7	Documents findings using appropriate and relevant terminology		HWB 6			
21.8	Adheres to national/local guidance and best practice to enable effective and timely interventions and treatments		HWB 6			
21.9	Ensures immediate referral to stroke unit/ER for immediate assessment if required		HWB 6			

22	<b>Exhibits the clinical knowledge and skills to understand and assess an older patient presenting in a non specific manner</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
22.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
22.2	Demonstrates detailed knowledge of the impact of ageing in response to medical or other stressors		HWB 6			
22.3	Understands the significance of non specific presentations and exhibits the skills to obtain thorough and detailed histories from all relevant parties including patient, carer and general practitioner		HWB 6			
22.4	Conducts a detailed examination of the patient to gather additional information which may explain underlying mechanism of presentation as well a additional relevant clinical factors		HWB 6			
22.5	Orders, may perform and interprets common screening and diagnostic tests such as bloods/ECG and CXR		HWB 6			
22.6	Adequately assesses social and functional status		HWB 6			
22.7	Demonstrates ability to interpret assessment findings to identify both normal and abnormal results		HWB 6			
22.8	Documents findings using appropriate terminology		HWB 6			

23	<b>Exhibits the clinical knowledge and skills to understand, assess and initiate treatment under supervision of an older patient presenting with Parkinson's</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
23.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
23.2	Demonstrate a detailed knowledge of anatomy to conduct a physical examination		HWB 6			
23.3	Demonstrates a knowledge of the underlying pathology in Parkinson's disease		HWB 6			
23.4	Has a knowledge of the differential diagnosis for patients presenting with signs of Parkinsonism		HWB 6			
23.5	Demonstrates ability to assess and identify both motor and non-motor problems associated with Parkinson's disease		HWB 6			
23.6	Orders, may perform and interprets common screening and diagnostic tests		HWB 6			
23.8	Documents findings using appropriate terminology		HWB 6			
23.9	Adheres to national/local guidance and best practice to enable effective and timely interventions and treatments		HWB 6			
23.10	Demonstrates a knowledge of the drug treatments for Parkinson's disease including potential side effects		HWB 6			

24	<b>Exhibits the clinical knowledge and skills to understand, assess and initiate treatment under supervision of an older patient presenting with dementia/ delirium or depression</b>	Date	K S F	Level 3	Level 4	Supportive Evidence
24.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB6			
24.2	Demonstrate a detailed knowledge of anatomy to conduct a physical examination of the patient presenting with delirium/depression		HWB6			
24.3	Orders, may perform and interprets common screening and diagnostic tests		HWB6			
24.4	Demonstrates ability to interpret assessment findings to identify both normal and abnormal result		HWB6			
24.5	Formulates a plan of management under supervision based on ongoing assessment and care and refers to specialist if required		HWB6			
24.6	Documents findings using appropriate terminology		HWB6			
24.7	Adheres to national/local guidance, best practice to enable effective and timely interventions, treatments and follow up care		HWB6			

25	Exhibits sound clinical knowledge when caring for the patient with heart failure	Date	K S F	Level 3	Level 4	Supportive Evidence
25.1	Elicits and documents an appropriate history complying with the history and documentation competencies		HWB 6			
25.2	Demonstrates detailed knowledge of normal anatomy to conduct appropriate clinical examination of the patient with acute onset of breathlessness		HWB 6			
25.3	Identifies potentially life threatening situations and instigates emergency treatment whilst summoning medical support if necessary		HWB 6			
25.4	Orders, may perform and interprets common screening and diagnostic tests such as CXR, ECG and echocardiogram		HWB 6			
25.5	Adheres to national/local guidance and best practice to enable effective and timely interventions and treatments		HWB 6			
25.6	Makes appropriate referral to heart failure nurse specialist for ongoing monitoring		HWB 6			

<b>26</b>	<b>Exhibits the clinical knowledge and skills to communicate with patients, carers and other agencies on sensitive issues</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
26.1	Demonstrates ability to sensitively listen and communicate significant news to older people and their carers		HWB6			
26.2	Demonstrates ability to explain treatment plans and handle difficult questions in a sensitive manner		HWB6			
26.3	Identifies techniques to deal with unrealistic expectations, denial and strong emotions in older people and their carers		HWB6			

<b>27</b>	<b>Understands the significance of Discharge Planning in relation to Hospital at home</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
27.1	Shows awareness of discharge planning guidelines		HWB 6			
27.2	Demonstrates knowledge of local referral pathways such as district nursing service/specialist nurse/AHP's/care managed patients		HWB 6			
27.3	Shows awareness of the importance of prompt discharge records to GP and/or other agencies		HWB 6			
27.4	Demonstrates and encourages use of estimated date of discharge (EDD)		HWB 6			

28	Ongoing assessment and management of patients	Date	KSF	Level 3	Level 4	Supportive Evidence
28.1	Following the documentation of an established treatment plan, a full follow up and review of an identified patient group can be carried out without direct supervision.		HWB 6			
28.2	Obtains, analyses and interprets history, presenting symptoms, physical findings, and diagnostic information to develop the appropriate differential diagnoses as part of a day to day 'ward round' review.		HWB 6			
28.3	If changes in the clinical condition are detected, formulates an action-plan based on scientific rationale, evidence-based standards of care in conjunction with the overall plan of care determined by the patients own consultant		HWB 6			

29	<b>Can effectively manage the ongoing care of a patient.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
29.1	Assesses, diagnoses, monitors, co-ordinates, and manages the health/illness status of patients during enduring episodes		HWB 6			
29.2	Analyses the day to day data collected to determine health status of the patient identifying normal from abnormal diagnostic testing		HWB 6			
29.3	Prioritizes health problems and intervenes appropriately, including initiation of effective emergency care if the clinical condition changes.		HWB 6			
29.4	Diagnoses and manages acute and long-term conditions by employing sound physical examination and interpretation of diagnostic investigations		HWB 6			
29.5	Formulates a problem list and prioritized management plan including review and appropriate referral.		HWB 6			
29.6	Employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.		HWB 6			

<b>30</b>	<b>Effectively initiates Anticipatory care planning(ACP)</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
30.1	Can effectively initiate an ACP in the patients home when deemed appropriate, ensuring patient does not feel pressured to take part.		HWB 6			
30.2	Always respects personal autonomy and confidentiality should be respected in line with current professional practice.		HWB 6			
30.3	Clearly identifies individual symptoms which may indicate deterioration in the patients condition and prompt urgent attention. Also makes clear to patient who to contact if symptoms change.		HWB 6			

<b>31</b>	<b>Exhibits the clinical knowledge and skills to understand, assess and initiate treatment of the dying patient</b>	<b>Date</b>	<b>K S F</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
31.1	Demonstrates ability to recognise the terminal phase of illness ( dying phase)		HWB6			
31.2	Recognises the need and ensures that the Carers know the patient is dying		HWB6			

31.3	Demonstrates ability to utilise prognostic indicators in recognising end of life and can use this information to assist when making decisions around ceiling of treatment(see appendix)		HWB6			
31.4	Recognises and assesses the spiritual, religious needs regarding patient and carers and refers to specialists if needed		HWB6			
31.5	Recognises the need and reviews current medication using PGDs to ensure, non-essentials discontinued, essential treatment converted to subcutaneous route via syringe driver if appropriate		HWB6			
31.6	Recognises the need and ensures as required drugs written up as per protocol/ PGDs including pain, agitation, respiratory secretions and nausea and vomiting		HWB6			
31.7	Formulates a plan of management under supervision based on ongoing assessment and care including symptom control (pain, agitation, respiratory tract secretions, mouth care, pressure areas, psychosocial support) and refers to specialist if required		HWB6			
31.8	Documents findings using appropriate terminology		HWB6			
31.9	Can effectively initiate DNACPR and Liverpool care pathway when appropriate.		HWB6			

32	Recognises the pathophysiology around the ageing patient.	Date	KSF	Level 3	Level 4	Supportive Evidence
32.1	Can effectively demonstrate an awareness of common pathophysiology affecting the ageing patient.		HWB 6			
32.2	Can demonstrate an awareness of the pharmacokinetics of medication in the elderly and can identify the risk of drug related problems as a result.		HWB 6			
32.3	Understands the potential complications of polypharmacy and the potential for drug interactions and adverse drug reactions.		HWB 6			
32.4	Shows awareness that the percentage of elderly people in the population is rising, and also the numbers of elderly people, with implications for the amount of chronic and degenerative diseases in the population.		HWB 6			
32.5	Shows understanding and awareness of Some of the commonest disease processes affecting older people.		HWB 6			

33	<b>Recognises the importance of a functional assessment on elderly patients.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
33.1	Can assess gait and initiate basic walking aids promoting good gait		HWB 6			
33.2	Can demonstrate appropriate preparation of the patient for walking ie) education		HWB 6			
33.3	Can identify when a patient is progressing or regressing and can liase appropriately with the therapist		HWB 6			
33.4	Can describe and demonstrate the correct patterns of lying to sitting, sitting balance and sit to stand		HWB 6			
33.5	Can demonstrate an understanding of how to use available walking aids		HWB 6			
33.6	Can analyse and promote a persons functional independence		HWB 6			
33.7	Has a good understanding of the importance of good positioning of the patient in sitting, to maximise functional ability		HWB 6			
33.8	Understand the components of functional tasks ( self care, eating and dressing )		HWB 6			
33.9	Ability to identify the appropriate method of transfer (sit to stand, lying to sitting) for that individuals ability		HWB 6			

<b>34</b>	<b>Can safely initiate intravenous fluids at home in order to ensure electrolyte imbalances are corrected.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
34.1	Demonstrates a detailed knowledge of patients condition and medical history before administering IV fluids.		HWB 6			
34.2	Can identify risk factors associated with IV therapy such as pulmonary oedema, electrolyte imbalance and possible embolism.		HWB 6			
34.3	Ensures adequate care when dealing with PVC by ensuring aseptic technique is adhered to and can recognise potentially life threatening conditions associated with PVC such as bacteremias and cellulitis of site.		HWB 6			
34.4	Follows local policy relating to the administration of IV fluids in the community setting.		HWB 6			

<b>35</b>	<b>Ensures adequate food fluid and nutritional status is maintained.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
35.1	Encourages recommended fluid requirements and can suggest increased intake for patients with loose stools, and reduced intake in patients with oedema, renal failure or electrolyte imbalance.		HWB 6			
35.2	Can identify common causes of nutritional deficits in the elderly such as dental problems, lack of cooking skills (particularly in widowers), social deprivation, depression and lack of motivation.		HWB 6			
35.3	Identifies malnourished and underweight patients and ensures referral to dietician services.		HWB 6			

<b>36</b>	<b>Can interpret laboratory results adequately.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
36.1	Can identify normal and abnormal parameters associated with routine bloods and can quickly inform senior decision makers when necessary		HWB 6			
36.2	Can review patients bloods routinely and feed back to other agencies such as GP's/practice nurses if repeat blood need to be obtained		HWB 6			
36.3	Shows awareness of the importance of identifying abnormal results		HWB 6			

<b>37</b>	<b>Can safely manage risk within the community.</b>	<b>Date</b>	<b>KSF</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Supportive Evidence</b>
37.1	Can identify the need for multi service involvement when patient unsafe in their own home.		HWB 6			
37.2	Always seeks help from medical,nursing and AHP colleagues when presenting complaint is outwith sphere of knowledge or practice.		HWB 6			
37.3	Liases with appropriate agencies and services to ensure ongoing monitoring of patients condition when appropriate.		HWB 6			



## **Midway 3 month Discussion**

Discussion notes

*Summary of discussion*

*Action Plan as a result of discussion (stating individual responsibilities and timescales)*

*Date for future meeting:.....*

**Nurse/AHP signature: - .....**

**Date: - .....**

**Peer/Mentor signature: - .....**

**Date: - .....**

Photocopy as required.

## **6 month Discussion**

Discussion notes

*Summary of discussion*

*Action Plan as a result of discussion (stating individual responsibilities and timescales)*

*Date for future meeting:.....*

**Nurse/AHP signature: - .....**

**Date: - .....**

**Peer/Mentor signature: - .....**

**Date: - .....**

## Useful Courses in Scotland

### ***The graduate certificate in Urgent Care at University of the West of Scotland***

Course content: This is an 80 credit programme consisting of 3 core and 2 option modules. Each module is worth 20 credits at SCQF level 9:

#### **Course contact**

Linda J Kelly, Programme Leader  
01698 283100

### ***MCs Advanced Practice (Clinical Assessment) at the school of nursing and Midwifery at Dundee University***

Course content: students are required to undertake an award core module **Clinical Assessment for Advanced Practice**, a framework core module, and an optional module, plus a dissertation relating to Clinical Assessment

#### **Course contact**

##### **Fiona Paul**

School of Nursing & Midwifery, University of Dundee  
11 Airlie Place, Dundee DD1 4HJ

**Telephone:** 01382 388706 (from the UK)

**Telephone:** +44 1382 388706 (from outside the UK)

**Email:** [f.paul@dundee.ac.uk](mailto:f.paul@dundee.ac.uk)

## **Non medical Prescribing Theory and Practice**

**Course content :** The course can be taken at SCQF Level 9 with 40 academic credits gained over 6 months. It can be taken on campus with 26 theoretical study days, or by blended learning with 10 compulsory study days on campus and an additional 10 study days awarded by the employer. Both practice and theory modules must be taken together. It can also be taken at SCQF Level 11 with 20 academic credits over 5 months.

### **Course contact**

Paisley Campus Tel: +44 (0)141 848 3193

Ayr Campus Tel: +44 (0)1292 886000

Dumfries Campus Tel: +44 (0)1387 345845

Hamilton Campus Tel: +44 (0)1698 894455