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# How can you utilise the Standards to develop your staff at level 5

Podiatry Support Workforce Toolkit

The following section describes another way to introduce the Standards within your department. The mapping tool utilises the Standards to build a competency-based approach to staff appraisal and self-assessment. This example is based on developing your level 5 (Assistant practitioner) support workers using the Standards at a benchmarking guide.

The level 5 clinical domains as described within the Standards formed the basis of the selected competencies. For ease of reference, the domains are copied here from the Standards.

## Academic Level 5 Assistant Practitioner: Clinical Domains

### 1. Health Check

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Level 3 FHP** | **Level 3 NHS Support worker e.g. FCA, SHCSW** | **Level 4 FHP** | **Level 5 NHS Support worker e.g. AP** | **HCPC Registered Podiatrist Advanced/ Specialist/Consultant Practitioner** | **Podiatric Surgeon** (HCPC Podiatric Surgery annotation) |
| **1.1 Health check: Healthy Patient** | **\*** | **\*** | **\*** | **\*** | **\*** | **\*** |
| **1.2 Health check: Non compromised patient** |  |  | **\*** | **\*** | **\*** | **\*** |
| **1.3 Health check: Medically compromised patient**e.g. Ankle Brachial Pressure Index and Toe Brachial Pressure index |  |  |  | **\*** | **\*** | **\*** |
| **1.4 Health check: Severe Systemic Disease** e.g. Pressure ulcer prevention, Malnutrition Universal Screening Tool, Waterlow, BP, Atrial Fibrillation screen |  |  |  | **\*** | **\*** | **\*** |
| **1.5 Interpretation of findings and triage** |  |  |  |  | **\*** | **\*** |

### 2. Nail and Skin

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Level 3 FHP** | **Level 3 NHS Support worker e.g. FCA, SHCSW** | **Level 4 FHP** | **Level 5 NHS Support worker e.g. AP** | **HCPC Registered Podiatrist Advanced/ Specialist/Consultant Practitioner** | **Podiatric Surgeon** (HCPC Podiatric Surgery annotation) |
| * 1. **Nail care: Healthy Patient**

e.g. nail care and food health advice | **X** | **X**  | **X** | **X** | **X** | **X** |
| **2.2 Nail and skin care: Healthy patient** e.g. scalpel debridement of physiological callus\*\* |  |  | **X** | **X** | **X** | **X** |
| **2.3 Nail and skin care: Non compromised patient** e.g. scalpel debridement of corns and callus\* |  |  | **X** | **X** | **X** | **X** |
| **2.4 Nail and skin care: Medically compromised patient (such as patient with stable non limb threatening peripheral arterial disease)** e.g. scalpel debridement of physiological callus\*\* |  |  |  | **X** | **X** | **X** |
| **2.5 Nail and skin care: Severe Systemic Disease including polypharmacy of steroids, anti-coagulants, bio-logics, etc.** |  |  |  |  | **X** | **X** |

### 3. Dermatology

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Level 3 FHP** | **Level 3 NHS Support worker e.g. FCA, SHCSW** | **Level 4 FHP** | **Level 5 NHS Support worker e.g. AP** | **HCPC Registered Podiatrist Advanced/ Specialist/Consultant Practitioner** | **Podiatric Surgeon** (HCPC Podiatric Surgery annotation) |
| **3.1 Dermatology: Healthy Patient** e.g. foot health advice, blisters | **X** | **X** | **X** | **X** | **X** | **X** |
| **3.2 Dermatology: Non-compromised patient including children** e.g. Athletes Foot |  |  | **X** | **X** | **X** | **X** |
| **3.3 Dermatology: Medically compromised patient** e.g. Management of skin conditions in patients with diabetes having glucose/glycaemic variability |  |  |  | **X** | **X** | **X** |
| **3.4 Dermatology: Severe Systemic Disease** e.g. Hyperkeratosis/fungal infection in PAD and diabetes |  |  |  | **X** | **X** | **X** |
| **3.5 Procedures under LA: Skin and nails** |  |  |  |  | **X** | **X** |

### 4. MSK

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Level 3 FHP** | **Level 3 NHS Support worker e.g. FCA, SHCSW** | **Level 4 FHP** | **Level 5 NHS Support worker e.g. AP** | **HCPC Registered Podiatrist Advanced/ Specialist/Consultant Practitioner** | **Podiatric Surgeon** (HCPC Podiatric Surgery annotation) |
| **4.1 MSK: Healthy Patient** e.g. Foot health advice | **X** | **X** | **X** | **X** | **X** | **X** |
| **4.2 MSK: Non-compromised patient** e.g. Padding and strapping |  |  | **X** | **X** | **X** | **X** |
| **4.3 MSK: Medically compromised patient** e.g. MSK advice for a RA patient with RA |  |  |  |  | **X** | **X** |
| **4.4 MSK: Biomechanics (sports/paeds etc)** |  |  |  |  | **X** | **X** |
| **4.5 MSK: POMS** |  |  |  |  | **X** | **X** |
| **4.6 MSK: Severe Systemic Disease** |  |  |  |  | **X** | **X** |
| **4.7 MSK: All Patients – Orthoses fitting** e.g. Accommodative and off the shelf prefabricated orthoses | **X** | **X** | **X** | **X** | **X** | **X** |
| **4.8 Procedures under LA: Sub cutaneous** |  |  |  |  | **X** | **X** |
| **4.9 Procedures under LA: Bone** |  |  |  |  |  | **X** |

### 5. Wound management and assisting in theatre

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Level 3 FHP** | **Level 3 NHS Support worker e.g. FCA, SHCSW** | **Level 4 FHP** | **Level 5 NHS Support worker e.g. AP** | **HCPC Registered Podiatrist Advanced/ Specialist/Consultant Practitioner** | **Podiatric Surgeon** (HCPC Podiatric Surgery annotation) |
| **5.1 Wound management: Health patient** e.g. Post op nail surgery dress | **X** | **X** | **X** | **X** | **X** | **X** |
| **5.2 Wound management: Non-compromised patient** e.g. Dressing for infected corn |  |  | **X** | **X** | **X** | **X** |
| **5.3 Wound management: Medically compromised patient** e.g. redressing of foot ulceration |  |  |  | **X** | **X** | **X** |
| **5.4 Wound management: Severe Systemic Disease** e.g. including debridement of Ulcers |  |  |  |  | **X** | **X** |
| **5.5 Wound management: POMs** |  |  |  |  | **X** | **X** |
| **5.6 Procedures under LA: Sub cutaneous** e.g. electrosurgery |  |  |  |  | **X** | **X** |
| **5.7 Procedures under LA: Bone** |  |  |  |  |  | **X** |
| **6.0 Assisting in theatre** | **X** | **X** | **X** | **X** | **X** | **X** |

## Standards for the Foot Health Work Force Support Worker Mapping Tool[[1]](#footnote-2)

Competency: Demonstrates competency to fulfil Podiatry Support Worker role – practical skills

The following activity has been mapped to the Standards for the foot health workforce at level 5. The requirements of an NHS support worker role in podiatry as described here may not be an exact match for every Trust, however this tool serves as a guide to implementing the Standards within the existing NHS workforce and is representative of the activity currently undertaken by NHS Support workers at this level.

|  |  |
| --- | --- |
| **Job Role**  | **Document competency stage (1-5) and sign** |
| **Relevant Knowledge/Training/Qualifications:** **Level 5 apprenticeship route and or Foundation degree**  | **Self-Assessment** | **Mentor/ supervisor assessment** | **Outcomes/feedback/identified training needs** |
| **Stage 1 – Novice Stage 2 – Advanced Beginning Stage 3 – Competent Stage 4 – Proficient Stage 5 – Expert \*** | **Date/initial** | **Date/initial** | **Date/initial** |
| **Performance Indicator:**   |  |  |  |
| **Practical Skills** |  |  |  |
| Demonstrates competence in being able to provide and promote holistic patient/person-centred care and support, demonstrating duty of care and safeguarding of individuals.   |  |  |  |
| Demonstrate competence in a range of relevant clinical, technical, and administrative procedures relevant to their role and scope of practice.  |  |  |  |
| Demonstrates competence to take a detailed patient history, using local protocols to refer when necessary.   |  |  |  |
| Demonstrates competence to complete a patient assessment, undertaking relevant physiological measurements using appropriate equipment in a safe and effective manner.   |  |  |  |
| Demonstrates competence to apply problem-solving and critical thinking skills in practice settings taking account of relevant social, cultural, psychological and ethical issues.   |  |  |  |
| Demonstrates competence to safely and effectively provide a range of footcare interventions that fall within their own role boundaries and scope of practice.   |  |  |  |
| Demonstrates competence in being able to provide patients with information about how to maintain their foot health   |  |  |  |
| Demonstrates competence in being able to appropriately, refer patients to members of the wider healthcare team to maximise outcomes for patients.   |  |  |  |
| Demonstrates competence in being able to maintain a safe clinical environment in clinical and domiciliary settings.   |  |  |  |
| Demonstrates competence in being able to maintain accurate and detailed patient records.   |  |  |  |
| Demonstrates able to keep information confidential and make appropriate use of technology  |  |  |  |
| **Knowledge and understanding of** |  |  |  |
| Application of interdisciplinary skills for both straightforward and complex work, in one-to-one and in group and team situations in order to plan, organise, allocate, review and evaluate their own practice. |  |  |  |
| The physiology, organisation and function of the human body and healthcare needs across the lifespan in health and disease. |  |  |  |
| The common health conditions that affect the foot and lower limb. |  |  |  |
| The common disorders affecting skin and nails of the foot and lower limb.  |  |  |  |
| The concepts that underpin infection control and how to prevent cross-infection and the importance of health and safety in all practice settings. |  |  |  |
| How to present qualitative and quantitative data when making referrals |  |  |  |
| How to critically analyse current practice-based evidenceto improve the quality of patient care |  |  |  |
| How to integrate principles, theory and practice in thecontext of health and social care utilising information froma wide variety of sources including current research |  |  |  |
| The legal and ethical frameworks in which patient care is provided. |  |  |  |
| **Health Checks**  |  |  |  |
| Able to identify the main factors that are likely to limit the patient's ability to care for their feet and what might prevent self-care and how to encourage patients to disclose this  |  |  |  |
| Demonstrate competence to gain consent for treatment from a patient and that the patient understands the purpose and nature of any examinations which need to be carried out.  |  |  |  |
| Demonstrates competence to undertake a review of patient's history and understand how general health changes may impact on the foot and lower limb.  |  |  |  |
| Demonstrates competence to conduct a professional conversation with patient and care using appropriate communication.  |  |  |  |
| Demonstrate competence to examine the patient's footwear and assess its suitability for foot type and risk status   |  |  |  |
| Demonstrates competence to conduct an examination of the foot including key bony landmarks (to include basic foot anatomy including bones, joints, pulse point and normal skin and nails)  |  |  |  |
| Demonstrate competence to carry out tests to assess neurological function using appropriate tools and to record your findings using formal local protocols for interpretation by a podiatrist  |  |  |  |
| Demonstrate competence to carrying out vascular tests by palpating pedal pulses and when appropriate using a Doppler.  |  |  |  |
| Demonstrate competence to offer information on footcare in a suitable form for the patient and carer, to reinforce their understanding  |  |  |  |
| Demonstrate ability to meet legal obligations in keeping accurate records  |  |  |  |
| Demonstrate competence to identify gross foot deformities and conditions  |  |  |  |
| Demonstrate competence in being able to identify evidence of trauma  |  |  |  |
| Demonstrate competence in taking a full patient history including all relevant details of their general health, e.g. HBA1c, medical and surgical conditions and any previous acute episodes affecting the foot and /or lower limb with impact/risk to foot health and general health.   |  |  |  |
| Demonstrate competence in completing vascular assessments including ABPI, TBPI, BP, irregular heart rhythm, venous leg disease and escalate for appropriate referral pathway for detected disease  |  |  |  |
| Demonstrate competence in being able to conduct a meticulous examination of the foot and lower limb to determine the presence of a hidden ulceration  |  |  |  |
| Demonstrate ability to check vital signs and recognise deteriorating patient e.g.Sepsis  |  |  |  |
| Demonstrate ability to appropriately escalate concerns about foot structure and /or function to your supervisor in a timely manner |  |  |  |
| **Health and Safety** |  |  |  |
| Applies relevant protocols and procedures with regard to health and safety (of self and patient), infection prevention including ANTT, risk assessment.   |  |  |  |
| Maintains a clean and safe working environment.  |  |  |  |
| Demonstrates ability to safely assemble a sharps bin and label and sign as per protocol and to dispose of a sharps bin safely   |  |  |  |
| Demonstrates ability to safely use clinic equipment (treatment packs, couches, clinic chairs, scalpel handles and removal of blades)  |  |  |  |
| **Teamwork and Communication** |  |  |  |
| Communicates effectively and empathically with patient and carers  |  |  |  |
| Maintains appropriate relationship with patient/carers.  |  |  |  |
| Maintains appropriate relationship with colleagues/podiatry team.  |  |  |  |
| Aware of referral pathways relevant to podiatric clinical care.  |  |  |  |
| Seek advice and support from an appropriate source such as your supervisor when the needs of the patient and the complexity of the case are beyond your role boundaries and scope of practice or capability |  |  |  |
| In accordance with local protocols and within your role boundaries and scope of practice, explain the management and treatment protocol to the patient and or carer; include the benefits and risks, along with any potential side effects and accurately answer any questions, at a pace and level which is appropriate to their: emotional state, level of understanding, culture and background, preferred ways of communicating and their needs |  |  |  |
| **Patient Assessments** |  |  |  |
| **Neurological**  |  |  |  |
| Conduct relevant neurological tests |  |  |  |
| Demonstrates competent to use 10g monofilament appropriately and recording of results  |  |  |  |
| Demonstrates ability to use tuning fork  |  |  |  |
| **Vascular**  |  |  |  |
| Demonstrates competence to palpate pulses in the foot  |  |  |  |
| Demonstrates competence to undertake vascular assessment including the use of a Doppler to find pulses and determine ABPI, TBPI and report results appropriately. |  |  |  |
| **ABPI and TBPI** |  |  |  |
| Demonstrates competence in explaining to patient purpose of procedure   |  |  |  |
| Demonstrates competence to wrap the cuff around an arm and take the brachial systolic pressure   |  |  |  |
| Demonstrate competence to locate the dorsalis pedis and tibialis posterior pulses and wrap the cuff around the leg and take the DP and PT systolic pressure   |  |  |  |
| Demonstrates competence in calculating the ABPI /TPBI  |  |  |  |
| Demonstrates competence in reporting findings to podiatrist   |  |  |  |
| Can apply the toe pressure cuff to the base of the hallux or second toe if unable to apply to hallux due to amputation or ulceration and take the reading and record in notes  |  |  |  |
| Competent to take BP, detect irregular heart rhythm, venous leg disease and escalate for appropriate referral pathway for detected disease  |  |  |  |
| Aware of and appropriately uses, local referral protocols where foot pulses are not palpable.  |  |  |  |
| Assigns a foot ulcer risk score based on the result of pulse palpation and other screening tests, in line with national guidance and/or local protocols.  |  |  |  |
| Explains the results of the foot pulse assessment, ABPI and TBPI and risk score to the patient and/or carer in an appropriate manner.  |  |  |  |
| Aware of, and can explain, signs and symptoms that would warrant an urgent reassessment by podiatry teams.  |  |  |  |
| Demonstrates an appreciation of the possible manifestations to the limb incurred when vascular/neurological status is compromised.  |  |  |  |
| **Hands on clinical activity** |  |  |  |
| **Callus management and nail care** |  |  |  |
| Demonstrates competence to identify the specific cause of concern, ensuring the presenting problem is within your role boundaries and scope of practice  |  |  |  |
| Demonstrates competence to follow an agreed treatment plan/process and record any modifications with reasons for variance   |  |  |  |
| Demonstrates competence to use equipment appropriate for the patient, their condition, the treatment plan, and the care being given.   |  |  |  |
| Demonstrates competence to handle and operate instruments and equipment in a manner which reduces the likelihood of risk   |  |  |  |
| Demonstrate correct use of nail clippers and cut and file healthy toenails straight across and file the edge so that the nail is smooth   |  |  |  |
| Demonstrates competence to reduce pathological nails with a file or nail drill safely and effectively  |  |  |  |
| Can recognise new nail trauma or pathology and refer on when appropriate  |  |  |  |
| Can recognise and escalate appropriately to your supervisor any nail and skin pathologies or trauma related nail and skin problems  |  |  |  |
|  Demonstrates competence providing patient advice on toenail self-care and general footcare  |  |  |  |
| Demonstrates competence to conservatively manage an ingrowing toenail and is knowledgeable in the causes if an ingrowing toenail    |  |  |  |
| Demonstrates competence to recognise signs and symptoms of developing and spreading infection  |  |  |  |
| Demonstrates competence to carry out reduction of callus in line with care plan of an intact foot  |  |  |  |
| Demonstrates competence to enucleate a corn with a scalpel   |  |  |  |
| Demonstrates competence to select an appropriate scalpel blade and use a safe technique that protect the patient and clinician from sharps injury  |  |  |  |
| Demonstrates competence to perform a non-touch technique if a haemorrhage or existing maceration present  |  |  |  |
| Demonstrates competence to perform simple offloading technique with appropriate padding and strapping  |  |  |  |
| Knows when to escalate to your supervisor ulcerated patients e.g vascular, diabetic, inflammatory, pressure ulcer, dermatology  |  |  |  |
| Can competently provide safe and effective nail management including more complex nail pathologies e.g o/c, sulcus work, involuted nails.  |  |  |  |
| Appreciates when minimal /no callus debridement is necessary including the care of patients with RhA and low tissue viability.  |  |  |  |
| Exercise appropriate caution in the management of nails and/or callus in the context of the patient’s ongoing medical and/or surgical pathology, referring to another member of the healthcare team if necessary |  |  |  |
| Knows what action to take if a sharps injury occurs, use a formal risk assessment approach for referral to your supervisor |  |  |  |
| Ability to perform simple offloading technique with appropriate padding and strapping |  |  |  |
| Is competent in the provision of detailed and specific advice for self-management, including the management of a sharps injury, following the treatment and including how to seek emergency treatment |  |  |  |
| **Simple wound care** |  |  |  |
| Demonstrates effective management/maintenance where skin is intact but patient is at risk of ulceration  |  |  |  |
| Demonstrates competence in conducting an appropriate foot examination, checking carefully for signs of changes to wounds and or escalating infection recognising the stages of skin breakdown |  |  |  |
| Competent to apply dressings in line with the patients presenting condition and treatment plan |  |  |  |
| Demonstrates competence to provide appropriate pressure relief as per local policy  |  |  |  |
| Demonstrates competence to give appropriate advice to patient following treatment  |  |  |  |
| Demonstrates an understanding of when to contact the GP if antibiotic cover is indicated  |  |  |  |
| Demonstrates competence to refer/liaise with District Nurses/GP’s  |  |  |  |
| Demonstrates an understanding of appropriate timescales for next treatment  |  |  |  |
| Demonstrates appropriate and timely referral of the patient on to a more experienced clinician as per local policy  |  |  |  |
| Demonstrates competent to record appropriate details of treatment in the patient notes  |  |  |  |
| Demonstrates appropriate and timely incident reporting of ulcer as per local policy  |  |  |  |
| Provide footwear advice in relation to the presenting condition and dressing applied |  |  |  |
| Competent to record a detailed history about the treatment to date and treatment given in the patients notes.  |  |  |  |
| **Dermatology** |  |  |  |
| Demonstrates competence to examine the presenting complaint  |  |  |  |
| Demonstrates competence to observe any lesions/wound for change in appearance and if a deterioration escalate to a podiatrist  |  |  |  |
| Demonstrates competence to conduct a detailed history and examination of the affected nails and or skin including size and site of the lesion (s) in order to determine a second line treatment plan with a podiatrist  |  |  |  |
| Demonstrates competence to initiate first-line treatment by providing the patient with advice regarding the use of over-the-counter self-treatment for verrucae, onychomycosis of skin pathology  |  |  |  |
| Can provide specific advice on how to avoid common foot injuries and trauma including the use of over-the-counter topical applications, relevant to activities of daily living, work related considerations and sporting activity  |  |  |  |
| Demonstrates competence in being able to recognise the different lower limb skin conditions e.g varicose eczema, venous ulceration, tissue breakdown and arrange appropriate onward referral  |  |  |  |
| Recognises dermatological conditions associated with diabetes and how they may increase risk of foot ulceration (e.g. skin dryness, callus, fungal infections) and non-healing wounds (e.g. venous eczema and pyoderma).   |  |  |  |
| **MSk and orthoses fitting** |  |  |  |
| Demonstrates competence to take a detailed history about the presenting complaint identify any new causes of concern ensuring the presenting problem is within your role boundaries and scope of practice and in accordance with the treatment plan  |  |  |  |
| Demonstrates competence to conduct an appropriate foot examination, understanding what is within scope of practice and the tests needed that are specific to the presenting condition   |  |  |  |
| Demonstrates competence to document a treatment plan that is agreed with the patient    |  |  |  |
| Demonstrates competence to provide specific advice focusing on footwear, lifestyle, exercise type and intensity  |  |  |  |
| Competent in being able to construct padding and strapping to alleviate the presenting symptoms   |  |  |  |
| In the context of specific foot deformities, offer detailed and specific information on foot care and footwear relevant to activities of daily living, work related considerations and sporting activity in a suitable form for the patient and carer, to reinforce their understanding  |  |  |  |
| Prepare the patient’s feet in a manner consistent with the care to be provided and identify any signs of abnormality or deterioration  |  |  |  |
| Demonstrates competence in taking the measurements needed for the manufacture of a simple insole   |  |  |  |
| Demonstrate competence in being able to fit and adjust orthosis to a patient's shoe ensuring a comfortable fit  |  |  |  |
| Demonstrates competence in using protocols, review the effectiveness of insoles for concordance and any deterioration/improvement of the presenting condition, referring on to the podiatrist  |  |  |  |
| Demonstrates competence to use equipment safely whilst maximising clinical benefit, relevant health and safety guidelines, keeping up to date with guidance and changes in legislation |  |  |  |
| **Padding and Strapping** |  |  |  |
| Knowledgeable in the underlying bony anatomy and associated weightbearing pressures and how they can be re-distributed  |  |  |  |
| Knowledgeable in the pressure absorbing and redistributing properties of a defined range of materials  |  |  |  |
| Knowledgeable in the indication and contra-indications, including allergy, for the use of adhesive materials used on the feet  |  |  |  |
| Competent to provide the patient with safety information in relation to the padding and strapping applied.  |  |  |  |
| Competent to manufacture and apply a range of padding and strapping materials safely to reduce the risk of injury or discomfort to the patient and clinician. |  |  |  |
| **Assisting nail surgery** |  |  |  |
| Demonstrates competence to prep the pre-surgical clinical environments, including local anaesthesia and surgical packs, according to local protocols and health and safety requirements  |  |  |  |
| Demonstrates competence to prepare the patient, ensure all relevant consent have been signed  |  |  |  |
| Demonstrates competence to undertake pre-surgical tests including pulse, 02 Saturation, blood pressure  |  |  |  |
| Demonstrates competence to support the podiatrist in gloving and gowning using a strict no touch protocol, draping the surgical area, using a no touch technique to provide additional items as required  |  |  |  |
| Demonstrate competence in keeping a strict note of the time used for a range of activities e.g tourniquet application, application of caustic  |  |  |  |
| Demonstrate competence to safely restore the clinical area and arrange for the removal of soiled instrumentation, drapes and disposal of single use items  |  |  |  |
| Demonstrate competence to check and use resuscitation equipment in the case of emergency    |  |  |  |

### Scores Adapted Dreyfus and Dreyfus model of skills acquisition[[2]](#footnote-3)[[3]](#footnote-4)

#### 1 – Novice

* Is rule driven
* Uses analytic reasoning and rules to link cause and effect
* Has some ability to filter or prioritize information, so synthesis is difficult at best and the big picture is elusive

#### 2 – Advanced Beginner

* Can sort through rules and information to decide what is relevant based on experience
* Uses both analytic reasoning and pattern recognition to solve problems
* Can abstract from concrete and specific information to more general aspects of a problem

#### 3 – Competent

* Emotional buy-in allows the learner to feel an appropriate level of responsibility
* More expansive experience tips the balance in clinical reasoning from methodical and analytic to more readily identifiable pattern recognition of common clinical problem presentations
* Sees the big picture
* Complex or uncommon problems still require reliance on analytic reasoning
* Can perform this activity with understanding of theory and practice principles without assistance, at an appropriate pace and adhering to evidence-based practice

#### 4 – Proficient

* Breadth of experience allows one to rely on pattern recognition of illness presentation such that clinical problem solving seems intuitive
* Still needs to fall back to methodical and analytic reasoning for managing problems because exhaustive number of permutations and responses to management have provided less experience in this regard than in illness recognition
* Is comfortable with evolving situations; able to extrapolate from a known situation to an unknown situation (capable)
* Can live with ambiguity

#### 5 – Expert

* Thought, feeling, and action align into intuitive problem recognition and intuitive situational responses and management
* Is open to notice the unexpected
* Is perceptive in discriminating features that do not fit a recognizable pattern
1. This form was adapted with permission from East Cheshire NHS Trust [↑](#footnote-ref-2)
2. Modified from Carraccio CL, Benson BJ, Nixon LJ, Derstine PL. From the educational bench to the clinical bedside: translating the Dreyfus developmental model to the learning of clinical skills. *Acad Med*. 2008;83(8):761-767. doi:10.1097/ACM.0b013e31817eb632 [↑](#footnote-ref-3)
3. Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M.(1998) Assessment and measurement of competence in practice, Nursing Standard12(22), pp43-4 [↑](#footnote-ref-4)