Same Day Emergency Care:

Competency Framework

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Version 1, March 2023

Acknowledgements

The Same Day Emergency Care (SDEC) competency framework has been developed in collaboration with a group of SDEC specialists working across a variety of settings across the UK. Contributors include clinical staff such as nursing leads, clinical educators, advanced clinical practitioners in addition to colleagues at NHS England and NHS Elect.

We believe that this document will help to support and contribute to the continued growth and development of the nursing workforce within SDEC.

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**SDEC Competency Framework: Edition One**

This is the first edition of the SDEC competency framework.

As SDEC services change and evolve it is anticipated that this document will require updating to reflect these changes and the skills and competencies required of nursing staff.

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Purpose

The Same Day Emergency Care (SDEC) competency framework aims to strengthen SDEC services by supporting the learning and development of the SDEC nursing workforce. It promotes and guides learning and development for staff by signposting nurses, their educators and nurse leaders to the skills and competencies required for a career within this speciality.

# Background

Same Day Emergency Care (SDEC) units aim to provide same-day care for patients who would otherwise have been seen in emergency departments. The “Delivery plan for recovering Urgent and Emergency care services” strategy reaffirms the aim to have SDEC services in every hospital with an emergency department open seven days a week, for at least twelve hours a day.

The SDEC model aims to stream patients into SDEC units, if clinically safe to do so, to provide them with same-day care, ensuring timely assessment, diagnosis, treatment and where appropriate, same-day discharge, therefore, resulting in shorter hospital stays, removing delays and reducing pressure on services.

This model is being increasingly used throughout the NHS and builds upon the work historically undertaken within ambulatory care settings. Over recent years the success of these units has been demonstrated and as a result, units continue to grow and evolve. Although typically a medical model additional pathways have been introduced and surgical, oncological and paediatric SDEC’s, amongst others have been developed and continue to expand.

For these services to continue to build upon their success, the need for a skilled, confident nursing workforce grows. Recruitment and retention remain a challenge as does the training and upskilling of this staff group. Unlike other specialities, there is not an established career pathway or educational framework from which we can build, strengthen and develop our nursing teams.

Nursing leads and educators have discussed the need to create a competency framework to support their teams and highlight the opportunities available within this speciality. Despite best efforts, ongoing clinical pressures have hindered attempts to create a framework and have restricted and limited progress.

NHSE has agreed that supporting this work is essential for the continued success of SDEC and believes that the creation of a framework will strengthen services, recruitment and retention and patient care.

# Using the competency framework

Framework overview:

Listed within this framework are a variety of competencies relating to skills required for SDEC nursing staff working across all bands. These competencies range from foundational and enhanced nursing competencies to more specific competencies such as frailty, inclusive care, discharge and leadership and management amongst others.

Depending on the stage at which the nurse is within their career, it is not expected that all competencies are signed off immediately upon receiving this portfolio, as this framework covers skills and competencies that will be acquired throughout a career within SDEC.

Some of the speciality competencies listed within this document may not be appropriate for everyone. Discussion with the education teams and/or clinical nursing lead is advised before deciding which competencies are not appropriate.

Same Day Emergency Care Nurses:

The framework highlights the skills and competencies required for a career in SDEC for junior and senior nurses. Enabling nurses to benchmark their progress and signpost them towards the skills they need to develop as they advance within their careers.

The framework is reviewed regularly and sign-off achieved when the nurse believes they demonstrate adequate skills or have received appropriate training to independently undertake each skill. It should be used as part of their continued professional development and reviewed as part of their appraisal process.

In addition to individual skills sign-off, it is advised that nursing staff using this document utilise the continuous professional development (CPD) log to further evidence, log and track additional training they undertake to support skill sign-off and revalidation.

Nursing leads and clinical educators:

The framework will help to support the growth and development of your teams. By using this framework nursing leads and clinical educators will be able to assess individual and team competency in the skills required within their units which will enable them to assess skills, address learning needs and promote learning, development, and reflective practice.

Using this document within your clinical setting alongside locally approved frameworks will support induction processes for new staff and will support strengthening the existing workforce. It is advised that this document is reviewed as part of the appraisal process as a means from which to set staff targets and support their ongoing learning and development.

# Achieving sign-off

Self-assessment:
This document requires the individual to self-assess their perceived level of confidence in each clinical skill; this not only promotes self-reflection but can support the individual to highlight areas where further development may be required.

Competency sign-off:
Clinical skill sign-off must be completed by a locally agreed staff member, typically this will be a senior nurse, clinical nurse educator or in some cases a member of the wider multi-disciplinary team, using the tool below. Comments can be added, where required to commend practice or to recommend learning points.

Final sign-off:
Final sign-off should be completed by the lead clinical educator or a member of the senior nursing staff. Sign-off should be completed after reviewing each signed competency, so it ensures that each sign-off obtained has been completed by an appropriate member of the team, typically a more senior member of staff or a member of the education team.

|  |
| --- |
| **Competency levels**  |
| **Novice (N)**  | Staff member is unable to perform this task due to having no previous experience. A practitioner would be unable to safely perform the skill without direct support requiring verbal queues and physical intervention or support.   |
| **Advanced Beginner (AB)**  | Advanced beginners can perform the required skill, however, will require direct supervision support and advice.   |
| **Competent (C)**  | Advanced Beginners demonstrate safe and acceptable performance because the nurse has had prior experience in actual situations. They are efficient and skilful in parts of the practice area, requiring occasional supportive cues. Knowledge is developing. |
| **Proficient (P)**  | Has been practising these skills for many years and is able to perform them to a high standard without direction or supervision.   |
| **Expert (E)**  | Has extensive experience in performing this skill to a high standard without any supervision. Can anticipate and deal with problems independently. Is confident in supporting the training of other professions enabling them to carry out this skill.  |

***(Benner, P)***

Formal Assessment Evidence:

For the purposes of the competency framework, it is advised that skills are assessed using a variety of assessment methods (as seen below). It is important to note that no single piece of evidence will be suitable for each competency.

The methods highlighted below are common within clinical practice and are the most appropriate to be used when assessing nursing staff.

For staff signing-off skills it is highly recommended that they familiarise themselves with these prior to assessing colleagues.

|  |
| --- |
| **Assessment methods:**  |
| **Direct observation of procedural skills (DOPS)**   | **Case-based discussion (CBD)**   | **Feedback from colleagues and/or patients (F)**  |
| **Simulation (S)**  | **Question and answer (Q and A)**  | **Nationally recognised courses (RC)**  |
| **Reflective report (RR)**  | **Anonymised clinical case notes (CCN)**   | **MiniCEX (Mini Clinical Evaluation Exercise)**  |

Continued Professional Development Log

Using the CPD log:

It is advised that the CPD log is used to keep a record of CPD relevant to your role. It can include study days, courses, online learning modules and self-directed learning where appropriate.

It is recommended that CPD listed is no older than three years and that the log is regularly reviewed and updated. Adding the total number of CPD hours for each course will support the revalidation process.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Name / Type**  | **Provider /****Course Level** | **Date completed:** | **Evidence:** | **Expiry date:** | **CPD Hours** |
| For example,Immediate Life support  |  Resuscitation council   |  Dec 2022  |  Pass Certificate   |  December 2024   |  7.5 hours   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
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|   |   |   |   |   |   |
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Assessor sign-off log

This section should be filled in by all individuals who assess and sign-off skills within this framework. This will enable the lead nurse or clinical educator to review signatories and to ensure that sign-off has been made by someone with the skills to do so.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Role:** | **Initials and signature** |
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# Foundational competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Foundational Competencies  | Self-assessment | Evidenced by: | Sign-off:(date and sign) | Comments |
| Clinical Observations |
| Knowledge |
| Demonstrates an understanding of National Early Warning Score (NEWS) and NEWS2:* the indications for using NEWS2
* correctly identifies patients who require NEWS2 Scale
 |  |  |  |  |
| Demonstrates an understanding of local escalation procedures for a deteriorating patient. |  |  |  |  |
| Skills |
| Successfully completes and records patient observations: * Respiratory rate
* Oxygen Saturations
* Temperature
* Blood pressure
* Heart rate
* Blood sugar
* Pain score
 |  |  |  |  |
| Demonstrates an ability to monitor and interpret vital signs. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:****(date and sign)** | **Comments** |
| Accurately assesses patients using Glasgow Coma Scale (GCS) and aware of actions to take if GCS changes. |  |  |  |  |
| Uses appropriate tools to support communication and escalation of clinically unwell patients. |  |  |  |  |
| Able to take initial actions when presented with a patient who has abnormal observations (for example, desaturation, hypoglycaemic) |  |  |  |  |
| Medications management  |
| Knowledge |
| Has received local medical devices training and is competent to use commonly used medical devices specific to local SDEC setting. |  |  |  |  |
| Demonstrates an understanding of local policies and procedures relating to medication administration and storage:* Controlled drug policy
* Medication errors
* Safe storage
* Refrigeration and fluids
 |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:****(date and sign)** | **Comments** |
| Is aware of the local policy for dispensing medications out of hours. |  |  |  |  |
| Locates locally approved guidance to support the preparation and administration of medications, including those less frequently administered.  |  |  |  |  |
| Skills |
| Has been signed off locally as competent to administer medications via the following routes:* Oral
* Intramuscular
* Intravenous
* Subcutaneous
* Inhaled
* Rectal
* Buccal
* Topical
* Aural
* Ophthalmic
* Intranasal
 |  |  |  |  |
| Recognises the signs of adverse medicine reactions and takes appropriate actions. |  |  |  |  |
|  | **Self-assessment:** | **Evidenced by:** | **Sign-off:****(date and sign)** | **Comments:**  |
| Urine Analysis  |
| Knowledge |
| Demonstrates an awareness of when testing urine is appropriate and can accurately interpret and record the results. |  |  |  |  |
| Skills |
| Has been deemed competent to undertake point-of-care urine pregnancy testing and correctly interprets results. |  |  |  |  |
| Venepuncture and Cannulation  |
| Knowledge |
| Demonstrates an understanding of the clinical need for venepuncture and/or cannulation. |  |  |  |  |
| Demonstrates a basic understanding of the vascular system and associated risks of venepuncture and cannulation. |  |  |  |  |
| Skills |
| Has been deemed competent to conduct venepuncture and cannulation following local training or imported competency document. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:****(date and sign)** | **Comments:** |
| Communicates effectively with patients when conducting the procedure. |  |  |  |  |
| Can identify signs of phlebitis or extravasation and takes appropriate actions.  |  |  |  |  |
| Electrocardiogram (ECG) |
| Knowledge |
| Demonstrates an understanding of the clinical indications for an ECG.  |  |  |  |  |
| Recognises common ECG rhythms * Sinus rhythm
* Sinus bradycardia
* Sinus Tachycardia
* Atrial fibrillation
* Atrial flutter
 |  |  |  |  |
| Can identify an abnormal ECG and demonstrates an understanding of escalation pathways.  |  |  |  |  |
| Skills |
| Conducts an ECG with appropriate led placement. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:****(date and sign)** | **Comments** |
| Identifies need for and commences continuous cardiac monitoring when clinically indicated. |  |  |  |  |
| Life Support |
| Knowledge |
| Can identify key emergency equipment, articulating the use for this. |  |  |  |  |
| Skills |
| Completion of local Basic Life Support Training (BLS). |  |  |  |  |
| Clear and confident when calling for clinical support in a medical emergency. |  |  |  |  |
| Can independently locate emergency equipment within local setting. |  |  |  |  |
| Initiates and performs basic life support when required. |  |  |  |  |
| Safely completes routine and post emergency check of local cardiac arrest trolleys ensuring restocking where required.  |  |  |  |  |
|  | **Self- assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Wound care |
| Knowledge |
| Understands the principles of wound healing and can identify and differentiate between categories of wounds:* Burns
* Lacerations
* Abrasions
* Pressure Ulcers
* Moisture lesions
 |  |  |  |  |
| Demonstrates a good understanding of most appropriate dressings for common wound presentations. |  |  |  |  |
| Skills |
| Demonstrates an ability to use locally approved skin assessment tool/s to assess level of risk for skin breakdown. |  |  |  |  |
| Independently commences nurse led interventions to avoid skin breakdown and avoid pressure related skin damage. |  |  |  |  |
|  | **Self- assessment:** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Diabetic management  |
| Knowledge |
| Aware of the normal parameters for both blood glucose and ketones. |  |  |  |  |
| Can describe the signs, symptoms and treatment of the following: * Hyperglycaemia
* Diabetic ketoacidosis (DKA)
* Hypoglycaemia
 |  |  |  |  |
| Demonstrates an understanding of the complications associated with diabetes. |  |  |  |  |
| Skills |
| Ensures early identification of patients presenting to service with diabetes. |  |  |  |  |
| Confident in commencing treatment for patients with HHS/ DKA in line with local policy and guidelines.  |  |  |  |  |
| Pain Assessment  |
| Knowledge |
| Understand the physiology of pain. |  |  |  |  |
|  | **Self- assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Demonstrates an understanding of the principles of pain management. |  |  |  |  |
| Demonstrates an understanding of non-pharmacological approaches to pain management. |  |  |  |  |
| Skills |
| Uses locally approved tools to assess and measure patient pain. |  |  |  |  |
| Ensures timely management of patient presenting with pain in addition to reassessment post analgesia. |  |  |  |  |
| Infection Prevention and Control (IPC)  |
| Knowledge |
| Aware of local personal protective equipment (PPE) requirements for patients presenting with either a confirmed or suspected infection risk. |  |  |  |  |
| Aware of local IPC guidance for patients who are immunocompromised and adheres to this. |  |  |  |  |
| Understands the importance of ascertaining patients recent travel history. |  |  |  |  |
|  | **Self- assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Understands local screening requirements required prior to admission and/or theatre and adheres to these. |  |  |  |  |
| Aware of advised IPC cleaning guidance post discharge of patient with suspected or confirmed infection. |  |  |  |  |
| Demonstrates and awareness of where to seek support if unsure about IPC policy, procedure and locally approved guidelines.  |  |  |  |  |
| Medical Equipment  |
| Skills |
| Has been signed off as competent to use medical equipment appropriate to local setting, for example:* Infusion pumps
* Blood gas machine
 |  |  |  |  |

# Enhanced Clinical Skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self- assessment | Evidenced by: | Sign-off: | Comments |
| Catheterisation  |
| Knowledge |
| Demonstrates an understanding of the reasons for catheterisation: * Can highlight common causes of urinary retention
* Aware of what patient groups may require catheterisation and why
 |  |  |  |  |
| Is aware of the complications commonly associated with catheterisation and knows how to respond to these. |  |  |  |  |
| Skills |
| Is signed off locally to insert urethral catheters for female patients and does so in accordance with local policy and procedures. |  |  |  |  |
| Is signed off locally to insert urethral catheters for male patients and does so in accordance with local policy and procedures. |  |  |  |  |
| Delivers clinically safe care to a patient with an indwelling catheter. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Venous and Arterial blood gas |
| Knowledge |
| Demonstrates an understanding of blood gas interpretation. |  |  |  |  |
| Understands when and how to escalate concerns regarding abnormal blood gas readings. |  |  |  |  |
| Skills |
| Successfully takes venous blood gas samples and obtains results in accordance with local guidelines.  |  |  |  |  |
| Blood transfusion |
| Knowledge |
| Can confidently discuss the clinical indications for blood transfusion with patients and/or their carers. |  |  |  |  |
| Demonstrates an understanding of the procedure for activating major haemorrhage protocol within local setting.  |  |  |  |  |
| Skills |
| Has been assessed as competent to administer blood products:* Undergone local training
* Follows local policies and procedures relating to blood sampling
 |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| * Practices safe infusion practices when monitoring patients during administration of blood transfusions.
 |  |  |  |  |
| Central Venous Catheters (CVCs) |
| Knowledge |
| Knows where to access support with CVC lines if unable to resolve within local setting.  |  |  |  |  |
| Skills |
| Has been signed off locally as competent to administer medications via:* Peripherally Inserted Central Catheter (PICC) Line
* Portacath
 |  |  |  |  |
| Is signed off locally to take bloods from portacath and PICC lines. |  |  |  |  |
| Signed off locally to administer medications via a CVC line and confident to do so. |  |  |  |  |
| Nasogastric tube insertion  |
| Knowledge |
| Can identify the common nasal gastric tubes used within local setting and the uses for each. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:**  |
| Can explain the indications for insertion of an nasogastric (NG) tube. |  |  |  |  |
| Identifies patient groups for whom NG insertion needs to be discussed. |  |  |  |  |
| Can explain the risks associated with NG tube insertion |  |  |  |  |
| Can explain local policy regarding confirming placement of NG feeding tubes. |  |  |  |  |
| Skills |
| Has been deemed clinically competent to insert NG tubes. |  |  |  |  |
| Chest drains |
| Knowledge |
| Demonstrates an understanding of the indications for chest drain insertion.  |  |  |  |  |
| Skills |
| Confidently prepares required equipment needed for chest drain insertion.  |  |  |  |   |
|   | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:**  |
| Confident in caring for patients with chest drains:* post insertion management
* indications for clamping of chest drain
* Basic problem-solving strategies
 |  |  |  |  |
| Patient Group Directives (PGD) |
| Skills |
| Signed off to administer locally agreed PGD’s (local setting permitting) |  |  |  |  |
| Triage and Assessment |
| Skills |
| Confident in the initial triage and assessment of patients (using locally approved tools if appropriate to clinical setting)  |  |  |  |  |
| Can prioritise patients based on clinical need. |  |  |  |  |

# Communication

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Communication | Self-assessment: | Evidenced by: | Sign-off: | Comments |
| Interprofessional communication  |  |
| Communicates effectively with the immediate team. |  |  |  |  |
| Demonstrates effective communication with members of the multidisciplinary team. |  |  |  |  |
| Confident in communicating clinical presentations with treating teams in cases of deterioration (use of handover tool such as SBAR).  |  |  |  |  |
| Demonstrates appropriate communication with community services (district nurses, community therapy teams, care providers, residential and nursing homes): * Information gathering/sharing
* Onward referral
* Handover of care given
 |  |  |  |  |
| Provides consistently high standards of clinical documentation which is clear and concise.  |  |  |  |  |
|  | **Self-assessment:** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Demonstrates a high standard of handover promoting continuity of patient care. |  |  |  |  |
| Communication: Patients |  |
| Able to discuss methods of supporting patients for whom English is not their first language.  |  |  |  |  |
| Use of effective strategies to support patients with hearing or speech impairment. |  |  |  |  |
| Discusses strategies to support the treatment of patients who have a sensory impairment. |  |  |  |  |
| Actively seeks to involve patients in their care journey: * Involving them in decision making
* Keeping them updated of care journey
 |  |  |  |  |
| Ensure communication is clear whilst also considering the needs of the patient. |  |  |  |  |
| Aware of local guidelines, policy and procedures relating to the use of translators within local setting.  |  |  |  |  |
|  | **Self-assessment:** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Actively listens and responds appropriately to any questions and concerns raised during communication with patients. |  |  |  |  |
| Aware of in hospital teams who support care for patients with learning disabilities and confident in referral routes and making referrals where required. |  |  |  |  |
| Information Governance  |  |
| Follows local guidance surrounding information sharing with patient friends and family and other health agencies. |  |  |  |  |

# Care of a deteriorating patient

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Care of a deteriorating patient | Self-assessment | Evidenced by: | Sign-off: | Comments  |
| Assessment  |  |
| Skills |
| Can independently identify a deteriorating patient and escalates appropriately. |  |  |  |  |
| Ensures baseline observations are taken on patients presenting to service. Repeating where necessary in accordance with local guidance. |  |  |  |  |
| Can conduct a thorough systematic ABCDE (A-E) assessment – airway, breathing, circulation, disability, and exposure - of a deteriorating patient. |  |  |  |  |
| Life Support and Emergency treatment |  |
| Knowledge |
| Demonstrates an understanding of local escalation routes to support in the treatment and care of an unstable patient. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign-off: | Comments |
| Aware of local services available to support in the care and treatment of deteriorating patients and can call on these when required. |  |  |  |  |
| Demonstrates an awareness of causes of sepsi. |  |  |  |  |
| Demonstrates an awareness of sepsis 6 and the nursing roles and responsibilities associated with treating a patient with sepsis. |  |  |  |  |
| Demonstrates an awareness of the 4 H’s and 4 T’s in relation to cardiac arrests. |  |  |  |  |
| Understands the role and rationale for patient Treatment Escalation Plans (TEPs)  |  |  |  |  |
| Skills |
| Has passed immediate Life Support Training (ILS) training or advanced life support training.  |  |  |   |  |
| Identifies a deteriorating patient and/or recognises patients who are at risk of deterioration in a timely manner. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Life Support and Emergency treatment continued.  | Self-assessment: | Evidenced by: | Sign-off: | Comments: |
| Recognises the signs of anaphylaxis and confidently initiates treatment in accordance with local policies and procedures. |  |  |  |  |
| Confident in supporting emergency care for patients with: * Syncope / collapse
* Seizures
* Respiratory distress
* Peri-arrest / cardiopulmonary arrest
* External haemorrhage
 |  |  |  |  |
| Escalates emergency concerns in a clear and concise manner calling emergency support where required, such as Hospital outreach teams. |  |  |  |  |
| Details the importance of ensuring team roles and responsibilities are established whilst provide emergency lifesaving care. |  |  |  |  |
| Evaluates effect of interventions and communicates in a timely manner to responsible clinician/s. Escalate deterioration as per local guidelines |  |  |  |  |
| Confident in recognising signs and symptoms of sepsis. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment: | Evidenced by: | Sign-off: | Comments: |
| Ensures detailed documentation of clinical deterioration, action taken, treatment given and outcome.  |  |  |  |  |
| Can document a peri/cardiac arrest in real time. Ensuring all appropriate information, intervention and outcomes are recorded.  |  |  |  |  |
| Emergency Transfer |  |
| Knowledge |
| Is aware of appropriate transfer pathways for deteriorating patients within local setting.  |  |  |  |  |
| Skills |
| Is deemed clinically competent in ensuring safe inter-departmental transfer of unstable patients. |  |  |  |  |
| Ensures appropriate handover of a clinically unstable patient when transferring to a ward or high acute settings. |  |  |  |  |
| Family engagement  |  |
| Knowledge |
| Understands the importance of engaging families with patient care  |  |  |  |  |
| Skills |
| Confident in having conversations where breaking bad news maybe required.  |  |  |  |  |

# Frailty

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Frailty | Self-assessment | Evidenced by: | Sign-off | Comments |
| Frailty: An Introduction |  |
| Knowledge |
| Demonstrates an understanding of frailty and the conditions associated with frailty using the Clinical Frailty Score (CFS) tool.  |  |  |  |  |
| Demonstrates an understanding of how frailty can present within a clinical setting. |  |  |  |  |
| Can describe the psychosocial impact that frailty can have on individuals. |  |  |  |  |
| Frailty: Identification  |  |
| Knowledge |
| Understands the importance of early identification of people with frailty within a healthcare setting. |  |  |  |  |
| Demonstrates an understanding of the importance of identifying people with frailty when planning healthcare or support interventions. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Skills |
| Can identify the presentations of frailty such as: * Delirium, recurrent falls, sudden deterioration in mobility, New or worsening incontinence and Medication side-effects
 |  |  |  |  |
| Frailty: Communication  |  |
| Knowledge |
| Demonstrates an understanding of the complexities surrounding individuals accepting that they are living with frailty and the impact this can have on individuals acknowledging, discussing or disclosing any problems they may have |  |  |  |  |
| Skills |
| Ensure timely shared communication occurs across the patients Multidisciplinary teams (MDTs). Ensuring the sharing of knowledge, assessment outcomes in a timely manner |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Communication with local authorities – social workers, community carers (integrated working across health, social care, community and voluntary sections |  |  |  |  |
| Able to recognise situations, circumstances or places which make it difficult to communicate effectively (for example, noisy, distressing or emergency environments), and have strategies in place to overcome these barriers. |  |  |  |  |
| Addresses issues surrounding frailty with the patient and their relatives in a sensitive manner. |  |  |  |  |
| Frailty: Patient Centred Care |
| Knowledge |
| Understand the role of patient choice and patient centred care when caring for patients presenting with frailty. Understanding that things change and therefore the patients view may also change. |  |  |  |  |
| Demonstrates an understanding of key legislation surrounding mental capacity and deprivation of liberty within the context of frailty and the impact that has within clinical setting.  |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Skills |
| Adequately assesses patient risk in a timely manner using locally accepted tools.(for example, falls, skin assessment)  |  |  |  |  |
| Recognises when patients are at increased risk of falls and ensures appropriate action is taken to minimise risk. |  |  |  |  |
| Supports shared decision making. |  |  |  |  |

# Discharge

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Discharge | Self-assessment: | Evidenced by: | Sign-off: | Comments: |
| Knowledge |
| Aware of local discharge support services, how to access these and ensures referrals are made in a timely manner to aid discharge. |  |  |  |  |
| Awareness of local pathways for completing district nurse referrals and is confident in submitting these where required. |  |  |  |  |
| Aware of local policy for discharging out of hours. |  |  |  |  |
| Has an awareness of local pharmacy services and can direct patients to these or where required liaises with pharmacy to ensure supply of Temperature, Pulse and Respiration (TTA) medications prior to discharge. |  |  |   |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Has a detailed understanding of the policy, procedures and legal implications for patients who would like to self-discharge. |  |  |  |  |
| Has an awareness of nurse led discharge protocols within local setting and has been deemed competent to conduct nurse led discharges. (local setting permitting)  |  |  |  |  |
| Understands the roles of different members of the primary care team. |  |  |  |  |
| Demonstrates an awareness of local primary care services and how to refer patients to these when discharging. |  |  |  |  |
| Skills |
| Actively includes patients and where appropriate their careers in the discharge planning process. |  |  |  |  |
| Confident in liaising with treating teams to promote prompt and safe discharge when patient is fit for discharge.  |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Liaises with inpatient hospital services linked to a patients care to support with safe discharge. |  |  |  |  |
| Able to support safe discharge by arranging transport in accordance with local policy for patients who would otherwise be unable to make their own way home. |  |  |  |  |
| Promotes safe discharge by ensuring that discharge documentation and follow up information is given to patients.  |  |  |  |  |

# Inclusive Care

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Inclusive Care | Self-assessment | Evidenced by: | Sign-off: | Comments |
| Knowledge |
| Completion of the active bystander NHS training. |  |  |   |  |
| Completion of the Oliver McGowan NHS training which focuses on providing care to patients with a learning disability or autism (e-learning for health) |  |  |  |  |
| Demonstrates an awareness of local drug and alcohol services and referral pathways |  |  |  |  |
| Demonstrates an awareness of local services supporting homeless populations and referral pathways. |  |  |  |  |
| Aware of local chaplaincy services and how to refer patients to these if required. |  |  |  |  |
| Demonstrates an understanding of how race, gender, religion and sexual identity can influence and impact patients within a health setting and is responsive to the patient needs and concerns. |  |  |  |  |
| Skills |
| Confident in identifying patients who are vulnerable and refers to appropriate services where required. |  |  |  |  |

# Leadership and management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Leadership and Management | Self-assessment | Evidenced by: | Sign off: | Comments |
| Supporting Students and Junior staff |  |
| Completion of SSSA (Standards for Student Supervision and Assessment) training. |  |  |  |  |
| Supports the learning and development of students and junior members of staff. |  |  |  |  |
| Promotes learning and development of staff working in local setting through the delivery of teaching sessions. |  |  |  |  |
| Leadership and Management  |  |
| Knowledge |
| Understands own leadership style and how that impacts practice and interaction with others.  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Leadership and management continued  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Demonstrates an understanding of patient flow within unit.* Clinical pathways
* Referral pathways
* Patient journey
 |  |  |  |  |
| Aware of methods used to escalate concerns during out of hours. |  |  |  |  |
| Has received locally approved appraisal training. |  |  |  |  |
| Skills |
| Can independently manage patient case load.* Can prioritise tasks
* Able to delegate where appropriate
* Seeks support or guidance where required
 |  |  |  |  |
| Manages patient flow and implements strategies to reduce delays. |  |  |  |  |
| Demonstrates an ability to respond to informal and formal patient concerns and complaints. |  |  |  |  |
| Demonstrates an ability to line manage staff within local setting. |  |  |  |  |
| Has demonstrated an ability or has received training to be able to manage difficult conversations. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Can manage incidents of violence and aggression.- follows local policy- ensures safety (Escalates appropriately) |  |  |  |  |
| Safety: Clinical and Patient  |  |
| Knowledge |
| Understands how to report incidents within local setting and what incidents should be reported. |  |  |  |  |
| Confident and aware of guidance surrounding duty of candour and in what situations it applies. |  |  |  |  |
| Confident is escalating safety concerns and knows when immediate action would be required and what the local escalation routes are. |  |  |  |  |
| Aware of and contributes to local forums where safety is discussed and explored. |  |  |  |  |
| Aware of how to raise safeguarding concerns within local setting and what services are available to support those at immediate risk. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign off:** | **Comments:** |
| Demonstrates an understanding of issues surrounding consent when raising safeguarding concerns (for example, Self-neglect, domestic violence, paediatric safeguarding)  |  |  |  |  |
| Skills  |
| Demonstrates an ability to manage conflict within clinical setting using appropriate de-escalation strategies. |  |  |  |  |
| Proven ability to investigate and respond to reported incidents. |  |  |  |  |

# SDEC Speciality Competencies

## Acute medicine

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| --- | --- | --- | --- | --- |
| Acute Medicine | Self-Assessment | Evidenced by: | Sign-off | Comments |
| General medical:  |
| Knowledge |
| Articulates the rationale for common blood tests undertaken within local setting, for example, Full Blood Count (FBC), renal profile, liver profile, C-Reactive Protein (CRP), D-Dimer and troponin. |  |  |  |  |
| Awareness of normal parameters for blood tests taken within setting. |  |  |  |  |
| Demonstrates and understanding of the importance of looking at trends in results and identifying a patient’s baseline. |  |  |  |  |
| Awareness of indications for common investigations:- Plain X-ray films chest and abdomen- ECG- CT Pulmonary Angiogram (CTPA) |  |  |  |  |

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| --- | --- | --- | --- | --- |
|   | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Awareness of risks associated with basic diagnostic interventions and treatments. |  |  |  |  |
| Cardiovascular  |
| Knowledge |
| Demonstrates a basic understanding of the normal anatomy and physiology of the cardiovascular system. |  |  |  |  |
| Demonstrates an awareness of common causes of cardiovascular pain.  |  |  |  |  |
| Identifies common non-cardiac causes of chest pain and discusses how these present. |  |  |  |  |
| Provides examples of common risk factors associated with cardiovascular disease. |  |  |  |  |
| Explains the red flags associated with chest pain. |  |  |  |  |
| Demonstrates an awareness of common cardiac medication and the associated side effects.  |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments** |
| Understanding of normal and abnormal blood results pertaining to the cardiovascular system and explains the significance and implications of these. |  |  |  |  |
| Can discuss the pathophysiology of:* Pericarditis / myocarditis
* Pleuritic chest pain
* Musculoskeletal chest pain
* Costochondritis
 |  |  |  |  |
| Demonstrates an understanding of the emergency treatment for patients presenting with Acute Coronary Syndrome / myocardial infarction. |  |  |  |  |
| Understands the indications for a troponin and at what point it should be repeated. |  |  |  |  |
| Skills |
| Takes appropriate action when presented with a patient complaining of new onset chest pain. |  |  |  |  |
| Can independently identify when a patient requires constant cardiac monitoring and escalates concerns accordingly.  |  |  |  |  |

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| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Respiratory  |
| Knowledge |
| Explains the normal anatomy and physiology of the respiratory system. |  |  |  |  |
| Explains the rationale behind target oxygen saturations, demonstrating an ability to identify patients at risk of hypercapnia. |  |  |  |  |
| Can differentiate between moderate, severe and life-threatening exacerbations of asthma and demonstrates an awareness of management approach in each scenario. |  |  |  |  |
| Discusses the pathophysiology associated with the common SDEC respiratory presentations, for example:* Chronic obstructive pulmonary disease
* Asthma
* Pulmonary embolism
* Pneumothorax
* Pneumonia
* Haemoptysis
* Aspiration
 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Respiratory  | Self-assessment: | Evidenced by: | Sign off: | Comments: |
| Discusses the difference between type one and type two respiratory failure and the associated presentations. |  |  |  |  |
| Discusses the available respiratory equipment within setting and demonstrates and understanding of the uses of this equipment and when it may be required. |  |  |  |  |
| Discusses the common respiratory medications encountered within local setting, the indications and common side effects associated with these. |  |  |  |  |
| Skills  |
| Demonstrates an ability to conduct a thorough respiratory assessment and take initial history: * Baselines oxygen saturations
* Co-morbidities
* Exercise tolerance
* Oxygen therapy
 |  |  |  |  |
| Delivers oxygen therapy in according to local guidelines |  |  |  |  |
| Able to perform an accurate observation of:* Respiratory rate
* Rhythm
* Chest expansion
* Use of accessory muscles
 |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Recognises and discusses signs and symptoms of respiratory distress, depression and failure and reacts accordingly. |  |  |  |  |
| Appropriately undertakes a peak flow assessment when clinically indicated.  |  |  |  |  |
| Provides adequate education to patients presenting with respiratory concerns, for example:* inhaler use
* smoking cessation.
 |  |  |  |  |
| Gastroenterology  |
| Knowledge |
| Demonstrates an understanding of the anatomy and physiology of the Gastrointestinal (GI) systems. |  |  |  |  |
| Identifies the common GI conditions which present to local setting and demonstrates a comprehensive understanding of common investigations and treatments required. |  |  |  |  |

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|  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Identifies the key GI conditions which present to local setting, demonstrating an understanding of their presentation signs, symptoms and complications (for example, pancreatitis, cholecystitis, ulcerative colitis, Crohn’s disease) |  |  |  |  |
| Can identify GI emergencies such as:* GI bleed
* peritonitis,
* perforation,
* appendicitis,
* mesenteric ischaemia,
* bowel obstruction
* pancreatitis.
 |  |  |  |  |
| Discuss commonly used GI drugs, their intended effects and possible side effects. |  |  |  |  |
| Can explain the indications for an oesophago-gastro-duodenoscopy (OGD) |  |  |  |  |
| Skills  |
| Demonstrates an ability to assess and care for a patient with an ostomy. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Has knowledge of when and how to implement the emergency haemorrhage protocol. |  |  |  |  |
| Renal  |
| Knowledge |
| Demonstrates an understanding of the anatomy and physiology of the renal system. |  |  |  |  |
| Demonstrate understanding of pathophysiology of acute kidney injury (AKI) and identifies common management strategies. |  |  |  |  |
| Understand possible reasons for anuria, oliguria and polyuria. |  |  |  |  |
| Skills |
| Initiate and understand rationale for:accurate fluid balance monitoring, urinalysis, bladder scan, accurate weighing of patient. |  |  |  |  |
| Neurology  |
| Knowledge |
| Demonstrates a basic understanding of the anatomy and physiology of the neurological system. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Demonstrates an awareness of the neurology pathways within local setting including inclusion and exclusion criteria.  |  |  |  |  |
| Discusses the common neurological conditions seen within local setting and common presentations. |  |  |  |  |
| Understands the common medications used within the local setting, their indications and side effects.  |  |  |  |  |
| Understands different types of seizures and their presentations, for example, Convulsive/generalised, focal/absent and non-epileptic seizures. |  |  |  |  |
| Aware of Computed Tomography (CT) head guidelines and when a patient may require an emergency CT imaging. |  |  |  |  |
| Skills |
| Undertakes accurate neurological examination confidently using Alert, Confusion, Voice, Pain, Unresponsive (ACVPU) and GCS scales |  |  |  |  |
| Can differentiate between acute and chronic confusion. |  |  |  |  |
| Demonstrates an ability to care for a patient following a seizure.  |  |  |  |  |

Oncology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Oncology | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Clinical Pathways |  |
| Knowledge |
| Demonstrates an understanding of local acute oncology service pathways. |  |  |  |  |
| Skills |
| Appropriately refers patients under oncology services to their team informing them of presentation and if required, potential admission.  |  |  |  |  |
| Oncology: Clinical Presentation |  |
| Knowledge |
| Can identify a patient with suspected neutropenic sepsis.* Escalates concerns
* Ensure appropriate treatment is prescribed

Confident in the care of patients with suspected neutropenic sepsis  |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Skills |
| Follows local protocol when caring for patients who are immunocompromised. |  |  |  |  |
| Can undertake a holistic assessment on the needs, concerns and symptoms being experienced by a patient receiving care from oncological teams. |  |  |  |  |
| Oncology: Emotional wellbeing  |  |
| Knowledge |
| Demonstrates an awareness of the impact cancer can have on an individual’s physical, psychological, social and spiritual well-being. |  |  |  |  |
| Skills |
| Demonstrates and ability to care for the needs of patients under their care ensuring that they are listened to and have a space to explore their concerns fears/worries.  |  |  |  |  |

## General Surgery and Surgical Specialities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surgical | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Knowledge |
| Understands the referral pathways and routes for patients presenting under surgical teams working within setting.  |  |  |  |  |
| Is aware of how to contact theatre teams within local setting, for example:* Theatre coordinator
* Day surgery
* Anaesthetic teams
 |  |  |  |  |
| Demonstrates an understanding of local surgical inclusion and exclusion criteria for local setting and onward referral routes if not appropriate. |  |  |  |  |
| Skills |
| Confident in conducting an initial triage and assessment for patients presenting to SDEC requiring general surgical teams. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Appropriately liaises with teams linked with patient care who may not be based within SDEC local setting. |  |  |  |  |
| Pre- and post-operative care  |  |
| Skills |
| Confidently prepares patient for theatre completing locally approved pre-theatre assessments. |  |  |  |  |
| Delivers appropriate post-operative care to patients within local setting (where appropriate). |  |  |  |  |
| Confident in providing education to patients presenting post operatively based on patients’ surgical presentation. |  |  |  |  |
| Wound Care |  |
| Confident in caring for post operative wounds seen within local setting.  |  |  |  |  |
| Can confidently identify post operative wound infections and escalates these accordingly. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Delivers wound care education to patients equipping them with the knowledge required to care for themselves following discharge. |  |  |  |  |
| Confident in removal of sutures post operatively. |  |  |  |  |

Orthopaedic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Orthopaedic  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Knowledge |
| Understands the referral pathways and routes for patients presenting under orthopaedic teams working within setting. |  |  |  |  |
| Aware of inclusion and exclusion criteria for patient presenting for orthopaedic teams within local setting. |  |  |  |  |
| Demonstrates an awareness of the risks associated with limb immobilisation. |  |  |  |  |
| Skills |
| Confident in conducting an initial triage and assessment for patients presenting to SDEC requiring orthopaedic input. |  |  |  |  |

Ear Nose and Throat and Maxillofacial surgery

## ENT and Maxfax

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ear Nose and Throat (ENT)Maxillofacial (MAXFAX) | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Knowledge |
| Understands the referral pathways and routes for patients presenting under ENT and MAXFAX teams working within setting. |  |  |  |  |
| Aware of inclusion and exclusion criteria for patient presenting for ENT and MAXFAX teams within local setting. |  |  |  |  |
| Demonstrates an awareness of the different clinical presentations effecting the throat.* Presentations
* Treatment
* Potential complications
 |  |  |  |  |
| Discusses the treatment and risks for a patient presenting with an ENT foreign body. |  |  |  |  |
| Skills  |
| Confident in conducting an initial triage and assessment for patients presenting to SDEC requiring ENT or MAXFAX teams. |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Able to support the care and treatment of a patient presenting with epistaxis.* Pre-treatment
* Post-treatment
 |  |  |  |  |
| Demonstrates an ability to deliver care for patients presenting with head and facial injuries and understands the care needs.* Facial fractures
* Facial wounds
* GCS assessment
* Understanding of “red flags”
 |  |  |  |  |
| Confident in delivering care for patients presenting with eye injuries.* Understanding of “red flags”
* Eye wash out
* Assessing visual acuity
 |  |  |  |  |

## Gynaecology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Gynaecology |
| Knowledge  |
| Understands the referral pathways and routes for patients presenting under gynaecology teams within local setting. |  |  |  |  |
| Aware of inclusion and exclusion criteria for patient presenting for gynaecology teams within local setting. |  |  |  |  |
| Aware of local policy and procedure regarding Polycythaemia Vera (PV) patient examinations.  |  |  |  |  |
| Understands the treatment required for those with hyperemesis and local policy associated with this. |  |  |  |  |
| Can explain the signs and symptoms associated with ectopic pregnancy. |  |  |  |  |
| Aware of local gynaecological services within local setting and referral routes.(for example, Early Pregnancy Units)  |  |  |  |  |
|  | **Self-assessment** | **Evidenced by:** | **Sign-off:** | **Comments:** |
| Skills |
| Confident in conducting an initial triage and assessment for patients presenting to SDEC requiring gynaecology input. |  |  |  |  |
| Adheres to local policy when carrying out Package of Care (POC) urine pregnancy tests.  |  |  |  |  |
| Demonstrates compassion and consideration when supporting patients who are undergoing PV examination.  |  |  |  |  |

## Urology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign-off: | Comments: |
| Urology  |
| Knowledge |
| Understands the referral pathways and routes for patients presenting under urology teams within local setting. |  |  |  |  |
| Aware of inclusion and exclusion criteria for patient presenting for urology teams within local setting. |  |  |  |  |
| Discusses the common urological complaints presenting to service, detailing investigations and treatment requirements. |  |  |  |  |
| Demonstrates an awareness of signs and symptoms of testicular torsion and escalates concerns accordingly. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign off: | Comments: |
| Demonstrates an understanding of indications for a bladder scan.* Able to perform this skill independently
* Able to understand and follow up on findings where required
 |  |  |  |  |
| Recognise limitations of practice and refers appropriately when patients are challenging to catheterise. |  |  |  |  |
| Skills |
| Confident in conducting an initial triage and assessment for patients presenting to SDEC requiring urology input. |  |  |  |  |
| Aware of the indications for performing a bladder washout and follows local guidelines when undertaking this task. |  |  |  |  |
| Demonstrates compassion and consideration when supporting patients who are undergoing urological examination. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Self-assessment | Evidenced by: | Sign off: | Comments: |
| Confident in removing post operative catheters and delivering patient appropriate post removal education. |  |  |  |  |
| Safely prepares for and administers bladder washout via three-way catheter understanding the risks associated with this procedure. |  |  |  |  |

# Notes**:**

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