Urgent Treatment Centre Emergency Practitioner Skills Portfolio

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Version 1, April 2023

# Purpose

This transferable skills document enables Emergency Practitioners (EPs) to highlight and evidence their skills and competencies. This resource provides a standardised, consistent framework for staff to track and evidence their skills and learning needs.

This document is also designed to be used by site leads and managers to understand individuals’ scope of practice.

It is relevant to all EPs and particularly beneficial for staff members who are not substantive but have a “line of work” or regular bookings within an Urgent Treatment Centre (UTC).

Whilst this portfolio is not mandatory, it is highly recommended that staff use it as a tool to track and evidence competence as well as their learning and development, which will, in turn, support the revalidation process.

# Background

EPs have been an integral part of the Urgent and Emergency Care (UEC) workforce for decades. Throughout the years, routes into emergency practice have diversified, and those working within this field come from a variety of different clinical backgrounds, such as nursing, physiotherapy and paramedical science.

Historically, EP training has been varied: EPs qualify either by completing several standalone modules in a higher education institution or by completing in-house training alongside clinical practice.

In recent years, there has been an increasing reliance on temporary staff to support the running of UTCs and to ensure patient safety within these settings is maintained. This increasing reliance on temporary workers, whether it be banks or agencies, makes it challenging for service leads to monitor the skills and competencies of this staff group within their service. Moving between services can also make it difficult for staff to get fully inducted within each setting which restricts staff from practising fully within their scope of practice.

# Using the portfolio

# Emergency Practitioner*:*

Staff should complete the personal portfolio section, and then each organisation they work in should move on to the induction section. The induction section aims to support staff in having an adequate orientation of each unit, ensuring that they are aware of local pathways and procedures and informing them of working practices specific to each unit.

Upon completion, it is advised that staff work through the individual competencies listed within the document. If staff have a substantive employer for their EP role, it is advised that initial competency sign-off is completed with their employer. It allows for a baseline assessment of each skill, highlights additional learning needs, and evidences the level at which they are performing.

When working in other UTCs, additional assessment is often required to ensure that the practitioner meets the specific standards required for each unit and the required expectations. In addition, it also further demonstrates competence and skill.

Line managers and EP leads:

The EP skills portfolio provides evidence of the skills and competence of substantive and non-substantive EPs working within a UTC setting,

Reviewing the skills and competencies required of EPs, which are listed within this document in collaboration with the EP, allows line managers and EP leads to assess skills, address learning needs, and promote learning, development, and reflective practice.

With an ever-growing reliance on non-substantive staff within UEC, this portfolio allows employers to review the skills of EPs working within their setting and highlights the level at which they are working and the skills they possess.

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# Personal portfolio

|  |  |
| --- | --- |
| **Name:** |  |
| **Registration Number:**  |  |
| **Substantive Employer / Agency Name:** |  |
| **Line manager/s and contact details:** |  |
| **Revalidation (last revalidation a next review date):** |  |
| **Email address:** |  |
| **Contact Number:** |  |
| **Last Disclosure and Barring Service (DBS) check:** |  |

# Local Induction

This section allows EPs to track their induction within their local setting and all other UTC they work in.

|  |  |
| --- | --- |
|  | **Site Name:** |
|  |  |  |  |  |
| **Local orientation:** |  |  |  |  |  |
| **Log in details provided:** |  |  |  |  |  |
| **Referral Pathways explained:** |  |  |  |  |  |
| **Local policies and procedures explained:** |  |  |  |  |  |
| **Knowledge of team structure:**  |  |  |  |  |  |
| **Local structure of working day:** |  |  |  |  |  |
| **Final local sign off:**  |  |  |  |  |  |
| **Additional Comments:** |  |  |  |  |  |

Continued Professional Development (CPD) 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,**Advanced Life Support (ALS)** | **Resuscitation council UK** | **May 2022** | **Pass Certificate**  | **Sept 2024**  | **7.5 hours**  |
|  |  |  |  |  |  |
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## **Achieving sign off:**

Emergency PractitionerThis document requires the EP to self-assess their perceived level of confidence in each clinical skill; this not only promotes self-reflection but can support each practitioner to highlight areas where further development may be required.

Competency sign-off:Clinical skill sign-off must be completed by a locally agreed practitioner, typically this will be a lead EP or another senior role as appropriate, using the tool below. Comments can be added where required to commend practice or to recommend learning points.

First and second assessments:

There are two assessments within the portfolio, the first is for the practitioner’s main employer, and the second is to be used if the practitioner practices at another UTC setting. The use of this document helps to evidence transferable skills and support safe working across UTCs.

Final sign-off:Final sign-off should be completed above in the local induction section. The final sign-off needs to be completed by the local site lead, and it should be completed after reviewing the signed competencies. It is essential that each sign-off obtained has been completed by an appropriate member of the 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, they 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 skills portfolio, 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 EPs.

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) |

## Statutory and mandatory training

The below table highlights the standard statutory and mandatory training required in each UTC setting. Evidencing completion of these below will enable each practitioner to track their training whilst ensuring it is up to date. It will also promote sharing of training information when working across sites. Additional space is provided to enable additional courses to be added if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Completion date:** | **Authorised by: (body/organisation)**  | **Expires:** | **Evidence:** |
| **Basic Life Support:** |  |  |  |  |
| **Information governance:** |  |  |  |  |
| **Moving and handling:** |  |  |  |  |
| **Medicines management:** |  |  |  |  |
| **ANTT (Aseptic non-touch technique):** |  |  |  |  |
| **Infection prevention and control:** |  |  |  |  |
| **Paediatric Safeguarding:**  |  |  |  |  |
| **Adult Safeguarding:** |  |  |  |  |

# Core Clinical Skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Self-assessment (Level and date)** | **First assessment****(Date and initials)**  | **Evidence** | **Secondary assessment** **(Date and initials)**  | **Comments** |
| **History taking and assessment**  |  |
| **Successfully obtains a comprehensive clinical history.** |  |  |  |  |  |
| **Communicates effectively with the patient enabling and encouraging them to contribute to their assessment.** |  |  |  |  |  |
| **Conducts a thorough clinical examination of patients presenting with varying complaints.** |  |  |  |  |  |
| **Clinical diagnosis, plan, and management**  |  |
| **Establishes a ranked range of differential diagnoses and amends these in the light of investigations/imaging results, and as a response to interventions or treatments.** |  |  |  |  |  |
| **Clinical diagnosis, plan, and management**  | **Self-assessment****(Level and date)** | **First assessment****(Date and initials)**  | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Demonstrates the construction of a management plan based on the differential diagnoses.** |  |  |  |  |  |
| **Outlines a treatment plan based on evidence, local guidelines and with the agreement of the patient.** |  |  |  |  |  |
| **Makes good and clear referrals in real time and onwards after completion of patient encounter.** |  |  |  |  |  |
| **Takes a holistic approach to patient care.** |  |  |  |  |  |
| **Confident in delivering health promotion advice to patients.** |  |  |  |  |  |
| **Communication**  |  |
| **Communicates effectively with members of the multidisciplinary team.**  |  |  |  |  |  |
| **Documents clearly and accurately in a variety of contexts and using appropriate format.** |  |  |  |  |  |
| **Communications** | **Self-assessment(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Aware of and responsive to verbal and non-verbal communication styles.** |  |  |  |  |  |
| **Recognises cultural differences in communication and uses effective cross-cultural communication skills and/or translation resources.** |  |  |  |  |  |
| **Builds professional relationships with staff and patients.** |  |  |  |  |  |
| **Time management**  |  |
| **Demonstrates an ability to organise and prioritise case load.** |  |  |  |  |  |
| **Ensures that episodes of care are carried out in line with local parameters.** |  |  |  |  |  |
|  | **Self- assessment****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Follow up and safety netting**  |  |
| **Deals with risk, uncertainty and gives appropriate guidance to patients.** |  |  |  |  |  |
| **Is aware of local service provision and referral pathways for patients requiring speciality review or follow up.** |  |  |  |  |  |
| **Paediatrics**  |
| **Confident in the assessment and treatment of paediatric patients presenting with minor injury.** |  |  |  |  |  |
| **Confident in the assessment and treatment of paediatric patients presenting with minor illness.**  |  |  |  |  |  |
| **Confident in addressing safeguarding concerns following local guidance, policy and referral pathways.**  |  |  |  |  |  |
|  | **Self- assessment****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Mental Health**  |
| **Is confident in assessing risk for patients presenting with a mental health concern.*** **Assess capacity**
* **Can perform a mental health examination**
 |  |  |  |  |  |
| **Aware of referral pathways for patients requiring mental health assessment within local setting.** |  |  |  |  |  |

# Procedural Skills

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Self-assessment:****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Venepuncture and** **Cannulation**  |
| **Proficient in venepuncture and cannulation.** |  |  |  |  |  |
| **Radiology and red flags** |
| **Has completed locally approved IRMR training.** |  |  |  |  |  |
| **Completion of locally approved ‘red dot study day’.**  |  |  |  |  |  |
| **Plastering, splints and immobilisation**  |
| **Confident with the application of upper and lower limb casts.** |  |  |  |  |  |
| **Demonstrates an understanding of the risks associated with lower limb immobilisation and appropriately assesses Venous Thromboembolism (VTE) risk to treat patients at risk of thrombus.** |  |  |  |  |  |
| **Plastering, splints and immobilisation**  | **Self-assessment:****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Demonstrates knowledge for indication and application of:** * **Mallet and Zimmer splints**
* **Futura splints (wrist / wrist and thumb)**
* **Walking books**
 |  |  |  |  |  |
| **Wound closure**  |
| **Demonstrates an ability to close wounds using glue and strips.** |  |  |  |  |  |
| **Demonstrates proficiency in suturing.** |  |  |  |  |  |
| **Demonstrates an understanding of when referral to speciality is required.** |  |  |  |  |  |
| **Anaesthetic** |
| **Independently performs a digital nerve block.** |  |  |  |  |  |
|  | **Self-assessment****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Reductions** |
| **Can apply traction to support reduction of limbs.** |  |  |  |  |  |
| **Can reduce small joint dislocation.** |  |  |  |  |  |
| **Nasal Packing**  |
| **Independently performs nasal packing and is aware of the considerations and risks of this procedure.**  |  |  |  |  |  |
| **Eye examinations**  |
| **Independently performs accurate visual acuity assessments.** |  |  |  |  |  |
| **Independently performs eye examinations using a slit lamp.** |  |  |  |  |  |
|  | **Self-assessment:****(Level and date)** | **First assessment (date and initials)** | **Evidence** | **Secondary assessment** **(Date and initials)** | **Comments** |
| **Prescribing**  |
| **Is signed off locally to prescribe and administer locally approved Patient Group Direction (PGD)’s.** |  |  |  |  |  |
| **Has completed an accredited non-medical prescriber course.**  |  |  |  |  |  |
| **Foreign Body** |
| **Confident in foreign body removal** * **Ears**
* **Nose**
* **Skin**
* **Eye**
* **Vaginal**
* **Rectal**
 |  |  |  |  |  |

# Notes:

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