

# **Advanced Clinical Practice: Frailty Specific Competencies**

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## **Specific Competencies**

### **Frailty**

#### **Common medical presentations**

This document works in tandem with the Core competencies for Advanced Clinical Practitioners (ACP's). ACP's should aim to complete the core competency document prior to commencing these specific competencies. This will ensure that basic competencies are achieved and as such do not require re-assessment. However if an assessor or practitioner identifies learning needs in any of the core areas they should be addressed prior to continuing with this part.

Assessment methods and taxonomy of achievement (ToA) are the same as used within the core competencies and can be found within both documents.

It has been recognised that a number of “common” presentations are referred into medicine. The following competencies have been adapted from various existing frameworks and are intended to allow the ACP to demonstrate their level of competence and as such assist the ACP in identifying on-going learning needs for this group of patients.

A number of the conditions that were found within existing frameworks such as the ACCS (2007) and ACE study guide (2011) and Physician Assistant national practitioner programme (2006) have been considered as “core” competencies in relation to the ACP role within East Kent Hospitals University Foundation NHS Trust (EKHUFT) and are to be found in the core section of the ACP framework.

This section is aimed at practitioners working within frailty however it is acknowledged that practitioners working in other areas such as ED may also find this useful.

The ACP in frailty should achieve competence (advanced practice level) level 3 or 4 in taxonomy achievement in the following areas relating to each common presentation

- a. Assessment & Diagnostics
- b. Prescribing
- c. Management
- d. Referral
- e. Discharge / transfer
- f. On-going care

Knowledge of the following is expected for each condition:

- (a) Explain normal human structure and functions.
- (b) Explain the scientific bases for common disease presentations.
- (c) Justify the selection of appropriate investigations for common clinical cases.
- (d) Explain the fundamental principles underlying such investigative techniques.
- (e) Select appropriate forms of management for common diseases.
- (f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long-term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.
- (g) Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.
- (h) Articulate appropriate clinical status for a discharge decision
- (i) Demonstrate awareness of referral pathways suitable to condition to support readmission avoidance
- (j) Demonstrates effective communication of relevant safety netting on discharge

## **Conditions (Specific)**

### **Frailty**

The following is a list of conditions which have been identified as common presentation to frailty. It is also acknowledged that some conditions can be applied to more than one system i.e. syncope & orthostatic hypotension. To assist practitioners cross referencing is included.

- Frailty, Delirium
- Dementia
- Depression & psychiatric disorder
- Falls
- Poor mobility
- Parkinson's Disease
- Bone health
- Rehabilitation
- Effects of hospitalisation and institutionalisation
- Dysphagia and alternative feeding
- Nutrition
- Continence and constipation
- Tissue viability and wound care
- Urinary Tract infection
- Comprehensive Geriatric Assessment
- Polypharmacy
- Pain management
- Planning and Transfer of Care including discharge
- End of Life

Date training commenced:			Frailty									
Name:			Specific Condition Competencies									
	Frailty											
Competence = Level 3/4 (Refer to taxonomy of achievement)		Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
The concept of frailty, including methods of diagnosis		1.1										
Common consequences of frailty including:		1.2										
Impact of frailty on the patient, relatives & wider health & social community		1.3										
Understand the difference between frailty, long term conditions and disability		1.4										
Establish that frailty is present and carry out a comprehensive assessment		1.5										
Assess psychological impact of frailty diagnosis		1.6										

on a patient											
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Delirium											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Definition of delirium including subtypes	1.7										
Common causes and investigations in delirium	1.8										
Recognise signs and symptoms of delirium	1.9										
Common management strategies for delirium	2.0										
Able to assess a patient presenting with delirium	2.1										
Diagnose precipitating medical conditions and implement treatment	2.2										
Obtain an accurate and relevant collateral history	2.3										
Explain to relatives and carers the diagnosis, and management of delirium	2.4										
Employ the non-medical aspects of delirium care	2.5										
Provide psychological support to patient and	2.6										

relatives											
Promote an understanding of delirium to colleagues and promote best practice	2.7										
Manage delirium as a medical emergency	2.8										



Dementia											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Understanding of diagnostic criteria for dementia	2.9										
Baseline investigations	3.0										
Local referral pathways for memory services	3.1										
Common symptoms associated with dementia	3.2										
(Non) Pharmacological management of patients with dementia	3.3										
Services available to people with dementia	3.4										
Palliative care in dementia including alternative feeding issues and Advanced Care Planning	3.5										
Assessment of cognitive status	3.6										
Assessment of the patient with dementia on admission to hospital	3.7										

Assessment of behavioural and psychological symptoms in dementia	3.8										
Minimising the impact of hospital admissions on patients with dementia	3.9										
'This is me', occupational activities, familiar clothing, personal items, John's Campaign	4.0										
Communication of diagnosis, prognosis of dementia to people with dementia	4.1										
Recognise the need for utilise the skills of older peoples mental health team	4.2										
Value the person with dementia	4.3										
Make all attempts to communicate where difficulties are noted	4.4										
Understand the importance of information gathering and communication between health professionals, people with dementia and their carers	4.5										
Recognise and make attempt to mitigate the heightened risk of harm in hospital for patients with dementia (e.g. from falls, pressure sores,	4.6										

malnutrition, unnecessary medication, procedures etc.)												
Champion excellent dementia care	4.7											

Depression and other psychiatric disorders in older people											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Symptoms and signs of common psychiatric conditions including depression	4.8										
Common medical precipitants of psychiatric symptoms: e.g. medication delirium	4.9										
Local referral pathways to support teams	5.0										
Understanding of the mental Health Act and when it can be used	5.1										
Assess patients with low mood and establish potential triggers	5.2										
Assess for psychotic symptoms such as delusions and hallucinations	5.3										
Assess patients holistically	5.4										

Recognise the importance of mental health to a patients' overall well being	5.5										
Recognise that mental health can be a manifestation of physical disease and vice versa	5.6										
Work collaboratively with mental health services to formulate patient care plans encompassing both physical and mental health	5.7										

Falls											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common causes, and common risk factors, investigations and management of falls	5.8										
Common medications that increase the risk of falling	5.9										
Indications for CT scanning following a head injury (NICE Guidance)	6.0										
Indications for cardiac investigations e.g. echocardiography, ambulatory blood pressure monitoring, ambulatory ECG and tilt table testing	6.1										
Ability to take history focussing on the causes of fall management	6.2										
• Including fractures, brain injury	6.3										

(Psychological and social impact)											
Ability to assess a patient following a fall utilising the Post Fall Algorithm	6.4										
Assess which patients do not require hospital admission and refer on to appropriate outpatient/community services to manage falls risk	6.5										
Appreciate that falls are frequently multifactorial	6.6										
Promote a culture of falls prevention with practice area balancing autonomy and rehabilitation needs with safety	6.7										
Utilise a root cause analysis process for inpatient falls resulting in moderate or severe harm	6.8										
Use DATIX web to report inpatient falls and promote reporting by other staff	6.9										
Ability to take a patient centred approach acknowledging risk by-	7.0										
<ul style="list-style-type: none"> <li>Promoting autonomy, long term risk and falls management</li> </ul>	7.1										
Seek remediable causes of falls	7.2										

The ability to work in collaboration with the MDT to provide:	7.3										
<ul style="list-style-type: none"> <li>Holistic care that manages falls risk and discharge planning</li> </ul>	7.4										



Poor Mobility											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common causes for immobility	7.5										
The impact of immobility on health (through hospital admission)	7.6										
Principles of rehabilitation	7.7										
Possible interventions to improve mobility	7.8										
Assess the patient with poor mobility and diagnose contributory medical conditions	7.9										
Recognise which interventions may be indicated and where rehabilitation may be futile	8.0										
Work collaboratively with MDT to improve function	8.1										
Utilise equipment and technology to promote independence	8.2										

Parkinson's Disease											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Diagnosis and differential diagnosis of Parkinsonism	8.3										
Non – motor complex of Idiopathic Parkinson's Disease (IPD)	8.4										
Pharmacological therapies in IPD and common side effects	8.5										
Recognise Parkinsonism and consider the cause	8.6										
Be familiar with common treatments for IPD and common side effects	8.7										
Understand and identify the common non motor complex conditions in IPD	8.8										
Understand the importance of timely medication administration in IPD and be able to promote this to other staff	8.9										
Understand the importance of not withholding doses including the potential need for Naso-Gastric administration or transdermal administration. To escalate to seniors where indicated	9.0										
Recognise the holistic and palliative needs of patients with IPD	9.1										

Work with the MDT, including yet not limited to the Movement Disorder Service, to provide holistic patient centred care to patients with Parkinson's Disease	9.2										
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Bone Health											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common causes of osteoporosis	9.3										
Indications for bone mineral density measurement	9.4										
Treatment options for osteoporosis and fragility fractures	9.5										
Recognition of fragility fractures	9.6										
Suggest treatment options for osteoporosis	9.7										
Adopt a proactive approach to assessment of bone health in older people including case finding	9.8										

	Rehabilitation										
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
The principles of rehabilitation	9.9										
Local rehabilitation of services (inpatient and home based)	10.0										
Goal setting in rehabilitation	10.1										
Roles and responsibilities of the MDT members	10.2										
Ability to select appropriate patients for rehabilitation	10.3										
Understand the benefits and risks of inpatient rehabilitation especially in the context of cognitive impairment	10.4										
Managing patients with multiple medical problems and complex functional deficits	10.5										
Promoting rehabilitation rather than dependence	10.6										

Effects of hospitalisation and institutionalisation											
Competence = Level 3/4  (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common adverse incidents in hospital	10.7										
Effect of institutional care on mobility, Independence, cognition and mood	10.8										
Be able to balance the benefits of inpatient stay or rehabilitation with the potential adverse outcomes:	10.9										
Take steps to minimise the impact of an inpatient stay on the older person	11.0										
Help patients, carers and staff avoid adopting the sick role promoting mobility, independence etc	11.1										

Dysphagia and Alternative feeding											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common causes of dysphagia	11.2										
How to investigate and diagnose dysphagia	11.3										
Knowledge of alternative feeding methods (including re-feeding syndrome)	11.4										
Staged diets	11.5										
Withholding & withdrawing life prolonging treatments (GMC), Mental capacity act implications or alternative feeding	11.6										
Assess patients for causes of dysphagia	11.7										
Ability to assess whether investigations into dysphagia are appropriate	11.8										
The ability to assess or consider alternative feeding is appropriate, including consideration of the Mental Capacity Act	11.9										
Communicate empathically with patients and carers about alternative feeding, end of life issues and comfort feeding	12.0										

Work with MDTs and carers where appropriate to reach decisions for patients who lack capacity to participate in making decisions about feeding	12.1										
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Nutrition											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Risk factors and causes of poor nutrition	12.2										
Assessment tools for poor nutrition	12.3										
Have knowledge of alternative feeding methods including:	12.4										
• Nasogastric, and PEG feeding including ethical considerations and refeeding syndrome	12.5										
Withholding and withdrawing life prolonging treatments (GMC), Mental capacity Act implications	12.6										
Take a history and examination for factors that may affect nutrition	12.7										
Capability to identify which patients that may be at risk of malnutrition	12.8										
Formulate a plan for nutrition (consider) alternative feeding strategies	12.9										
Ability to communicate empathically with patients and relatives about:	13.0										
• Artificial nutrition and hydration towards end of life											

Continence and Constipation											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Common causes of incontinence	13.1										
Local rehabilitation of services (inpatient and home based)	13.2										
Common investigations available in the practice area	13.3										
Indications for referral to urology or gynaecology	13.4										
Common causes of constipation	13.5										
Common drugs used in the management of constipation	13.6										
Indications for catheterisation- intermittent or indwelling	13.7										
Common causes of urinary retention	13.8										
Common drug treatments of overactive bladder &	13.9										

prostatic hypertrophy											
Ability to diagnose causes of incontinence and constipation	14.0										
Ability to interpret common investigations e.g. post micturition bladder scans, urine dipstick, MSU, bladder diaries	14.1										
Ability to catheterise male and female patients	14.2										
Ability to measure impact of cognition & functional state on continence	14.3										
Recognition of the wider psychosocial impact of incontinence on patients	14.4										

Tissue Viability and Wound Care											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Causes and risk factors for tissue damage	14.5										
Principles of wound care including , pathology investigations	14.6										
Causes and prevention of ulceration	14.7										
Wound reviews Check/ clerk orthopaedic teams for additional limb injury plans	14.8										
Physiology and management of venous ulceration	14.9										
Ability to assess and grade a pressure sore, including signs for infection	15.0										
Ability to assess and diagnosis leg ulcers	15.1										

Urinary Tract Infection (UTI)											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
The symptoms of a UTI including those with cognitive impairment	15.2										
Asymptomatic bacteruria is common in older people	15.3										
Harm associated with inappropriate antibiotic treatment. Knowledge of local antibiotic policies	15.4										
Recurrent UTIs may warrant further investigation and referral on to gynaecology or urology	15.5										
Common investigations for recurrent UTIs	15.6										
Diagnose and refute UTI	15.7										
Recognise atypical presentation of UTI	15.8										
Challenge the assumption that UTI is frequently the cause of delirium and falls without convincing evidence	15.9										

Comprehensive Geriatric Assessment (CGA)											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Recognise that good health encompasses more than physical health alone	16.0										
Understands the domains of CGA	16.1										
Understands the roles of the various MDT members involved in CGA	16.2										
Knowledge of agencies available to provide support & care in & out of hospital	16.3										
Ability to apply the principles of CGA to assess in a holistic manner	16.4										
Ability to demonstrate skills in diagnosis	16.5										
Ability to gather information from other disciplines within the MD T and work with patients to develop an individualised care plan	16.6										
Ability to use CGA to devise a problem list to help guide appropriate care	16.7										
Communicate outcomes of CGA to primary care and community teams	16.8										
Champion the use of CGA as a gold standard for assessing the older patient	16.9										

Polypharmacy											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Indications and side effects of drugs for common medical conditions	17.0										
Common drugs that contribute to frailty syndromes such as falls, incontinence and cognitive impairment	17.1										
Tools to aid the rationalisation of polypharmacy e.g. STOPP/START criteria	17.2										
Take the individual attributes and risks associated with the patient to weigh up the risks and benefits of the drug	17.3										
Take partnership decisions with the patient addressing their personal health beliefs, attitude to risk and treatment goals	17.4										

Pain Management											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Atypical presentations of pain in older people	17.5										
Broad groups of analgesics and their use in older people	17.6										
Common side effects of analgesics in older people	17.7										
Non-pharmacological management of pain	17.8										
Assess pain in older people including in those with cognitive impairment	17.9										
Recognise pain as a potential cause of delirium, agitation	18.0										
Consider the risks and benefits of different analgesics in older people	18.1										
Utilise the skills of local pain team and palliative care teams where indicated	18.2										
Assess patients holistically taking into account the effects of physical and psychiatric comorbidity	18.3										



Planning transfer of care including discharge											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Requirement for nursing homes, residential homes and EMI units	18.4										
Local assessment pathways, their criteria and limitations	18.5										
Broad understanding of the financial aspects of social care including Fast Track discharge	18.6										
local systems for transfer of information (e.g. discharge summaries) and onward referrals	18.7										
Recognising when patients are fit for discharge	18.8										
Recognising when Fast Track discharge may be appropriate	18.9										
Pro-actively planning discharge from the point of admission	19.0										
Assessing capacity of patients to make their own decisions about future care	19.1										
Informative and concise discharge summary/handover of care including all modalities of the CGA	19.2										
Incorporating Advanced Care Planning in to the	19.3										

discharge where appropriate and communicating clearly with primary care											
Striking the right balance between discussion, information gathering and making clear decisions whilst keeping the patient the central focus	19.4										
Working with patients, relatives and carers to promote autonomy and independence	19.5										

End of life care and DNACPR											
Competence = Level 3/4 (Refer to taxonomy of achievement)	Reference Number	Explain normal human structure and functions	Explain the scientific bases for disease presentation	Justify the selection of appropriate investigations	Explain the fundamental principles underlying investigative techniques	Selects appropriate forms of management	Demonstrates sound knowledge of drugs appropriate to diagnosis	Make accurate observations of clinical phenomena & appropriate critical analysis of clinical data	Articulates appropriate clinical status for a discharge decision	Demonstrates awareness of referral pathways to support readmission avoidance	Demonstrates effective safety netting
Understanding of chronic and terminal diseases including frailty	19.6										
Common symptoms in end stage diseases	19.7										
Pharmacological and (non) pharmacological strategies for the management of symptoms at end of life.	19.8										
Frameworks for management at the end of life including The Gold Standards Framework, Amber Care Bundle and IOPC for Care of the Dying	19.9										
Palliative Care Emergencies e.g. Spinal cord compression, hyperkalaemia	20.0										
Undertake a comprehensive holistic assessment	20.1										
Undertake and gather information to assess prognosis	20.2										
Formulate a holistic management plan	20.3										
Communicate prognosis and Palliative care strategies to Patients and their carers	20.4										
Work with the MDT to develop care plans that facilitates the wishes of the family, including future care and place of death	20.5										

Ability to pro-actively plan discharge from the point of admission	20.6										
Respect the wishes of the patient and value their autonomy	20.7										

## **Assessment**

Adapted from P. Benner (1984) Model of Skills Acquisition

### **Novice**

- Beginner with no experience
- Taught general rules to help perform tasks
- Rules are: context-free, independent of specific cases, and applied universally
- Rule-governed behaviour is limited and inflexible

### **Advanced Beginner**

- Demonstrates acceptable performance
- Has gained prior experience in actual situations to recognize recurring meaningful components
- Principles, based on experiences, begin to be formulated to guide actions

### **Competent**

- Typically a practitioner with 2-3 years' experience on the job in the same area or in similar day-to-day situations
- More aware of long-term goals
- Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization

### **Proficient**

- Perceives and understands situations as whole parts
- More holistic understanding improves decision-making
- Learns from experiences what to expect in certain situations and how to modify plans

### **Expert**

- No longer relies on principles, rules, or guidelines to connect situations and determine actions

- Background of greater experience
- Has intuitive grasp of clinical situations
- Performance is now fluid, flexible, and highly-proficient

### **Advanced Practice**

It is proposed that Benner's 5 stages of performance can be used to describe your performance at this advanced level. For example, in Pillar 1, entitled 'Management and Leadership', the first criterion is described as:

'Identifying need for change, leading innovation and managing change, including service development'.

In assessing your current level of performance against this particular criterion consider whether you would assess yourself as functioning at the stage of:

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

Benner's (1984) Stages of Skill Acquisition are used to finely describe practice, in terms of advanced level. As such, the practitioner, new to working at this level of practice may be seen as an 'advanced beginner'. Alternatively the practitioner who has been working at this advanced level for some time will have moved from the 'novice' stage to another stage, for example, that of 'proficient'. All practitioners may vary in differing aspects of their roles.

Benner's stages of skill acquisition have been adapted for use within the following Taxonomy of achievement which has aimed to provide a guide for assessment with level 3 & 4 regarded as advanced level practice

## TAXONOMY OF ACHIEVEMENT (TOA)

Grade	Classification	Description
0	<i>Novice</i>  <i>Potentially Unsafe</i>  <i>Requires full supervision</i>	The ACP <ul style="list-style-type: none"> <li>• Has poor history taking and examination skills</li> <li>• Has poor theoretical knowledge and/or is unable to apply theoretical knowledge to the situation</li> <li>• Fails to take into account patients' (carers') concerns</li> </ul>
1	<i>Inexperienced</i>	The ACP <ul style="list-style-type: none"> <li>• Is able to practise under close supervision</li> <li>• Has reasonable theoretical knowledge</li> <li>• Has prior knowledge of the situation and has observed relevant practice</li> <li>• Respects the patient</li> </ul>
2	<i>Borderline</i>	The ACP <ul style="list-style-type: none"> <li>• Is able to practise with minimal supervision</li> <li>• Has sound underpinning theoretical knowledge</li> <li>• Can integrate theory into practice and identify priorities</li> <li>• Can communicate satisfactorily with other health professionals</li> <li>• Can manage his/her workload with minimal supervision</li> <li>• Has a patient centred approach and recognises circumstances that threaten patient dignity</li> </ul>
3	<i>Competent</i>	The ACP <ul style="list-style-type: none"> <li>• Is able to practise autonomously</li> <li>• Has very good theoretical knowledge</li> <li>• Can demonstrate a systematic application of knowledge and a critical awareness to the current situation</li> <li>• Can demonstrate high levels of decision making</li> <li>• Can act autonomously in planning and implementing care</li> <li>• Can work effectively in a multidisciplinary team</li> <li>• Can liaise appropriately and communicate effectively with health care workers from own and other specialities and with other agencies</li> <li>• Treats the patient with respect and dignity and is able to address and discuss circumstances which may threaten this</li> <li>• Can communicate effectively with patients and</li> </ul>

		relatives
4	<i>Expert</i>	<p>The ACP</p> <ul style="list-style-type: none"> <li>• Is able to act autonomously and can disseminate knowledge and supervise learners within the multidisciplinary team</li> <li>• Has excellent in-depth theoretical knowledge</li> <li>• Shows an intuitive understanding of critical situations and perceives possibilities that may arise</li> <li>• Has the capability to creatively move practice forward</li> <li>• Demonstrates an ability to put the patient at the heart of all developments and an ability to empower the patient</li> </ul>