

National Competency Framework for Health Care Support Workers in Adult Critical Care Assistive Level (Band 3)



Learner Name	Signature
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Lead Assessor /Mentor Name	Signature
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Foreword

This document has been designed to support Trusts in standardising HCSW proficiencies in Critical Care according to local policies.

The Health Care Support Worker (HCSW) Critical Care assistive proficiencies have been designed to provide you with the generic skills required to safely and professionally assist in the care of the critically ill patient in a general critical care unit, under the supervision of a registered nurse. You will be supported to achieve these proficiencies by your Line Manager and/or Practice Educator.

You will need to be able to acquire and demonstrate underpinning knowledge in relation to all the proficiency statements outlined. You are advised to keep a record of any supportive evidence and reflective practice to assist you during the progress and assessment reviews. These proficiencies can also be used to support your appraisal and plan your development.

It is anticipated that HCSW Critical Care Assistive proficiencies will augment your development in Critical Care. It is expected that these would be completed following the completion of the supportive proficiencies and will be dependent on your previous knowledge and experience, your working hours, shift patterns and local service needs.

To support you in your development your Education Team/ Lead Assessor and Line/Unit Manager will provide the foundations for your individual commitment to learning, your assessor's commitment to the supervision and support you will require and your manager's commitment to providing designated time and opportunities to learn.

We acknowledge the work of Imperial College Healthcare NHS Trust in developing this document.

Assessment of Proficiencies

You will have completed the Supportive (BAND 2) proficiencies prior to commencing this document

Assessment and teaching will be carried out by the experienced HCSWs, registered professionals and Line Manager. Once you have become used to the Critical Care and have undertaken your Trust’s mandatory training you will be assigned to unit nurses to work at the bedside for a series of shifts in a supernumerary capacity.

Mandatory training includes (Trust specific):

<u>Course</u>	<u>Date</u>	<u>Completed</u>
Trust induction		
Care Certificate		
Moving and Handling		
Infection control		
Aseptic Non-Touch Technique (ANTT)		
PPE/Mask fitting		
Food handling		
Basic Life Support (BLS)		
Fire		
Data Security Awareness		
Equality and Diversity and Human Rights		
Health, Safety and Welfare		
Preventing Radicalisation – Basic Prevent Awareness		
Safeguarding- Adults		
Safeguarding -Children		
Conflict Resolution		
Blood glucose monitoring		
HCSW Induction Programme		
Emergency and Airway Resuscitation equipment		

Proficiency is defined throughout this document as:

‘The term proficiency refers to the knowledge, skills and behavior required to perform a job, or an element of it, successfully. A competency measures how people do something’ (NMC, 2018)

The Assessor

The assessor is the person responsible for making the decision on whether the HCSW has met the standards set out in the HCSW Critical Care supportive proficiencies. The assessor must be occupationally competent in the standards they are assessing. All Registered Nurses (RNs) can support the assessment process. The signature verification page is useful to demonstrate the team effort of those contributing to the learning of knowledge and skills for the new HCSW.

Signing a Proficiency

If the assessor finds that teaching, rather than assessment is taking place then use the tracker sheet provided (page 7). Proficiency can be reassessed when the learner has acquired the necessary knowledge, skills and behaviors. Feedback should be discussed with the HCSW.

Introduction:

Who are these proficiencies for?

These proficiencies are designed for use by HCSWs who have already completed the Foundation HCSW proficiencies working in a Critical Care unit.

Critical Care HCSWs play a pivotal role in contributing to the assessment, care and recovery of those patients who experience critical illness. Their knowledge, experience, and proficiency will allow them to work under the leadership, guidance and supervision of a registered professional or nursing associate (NA).

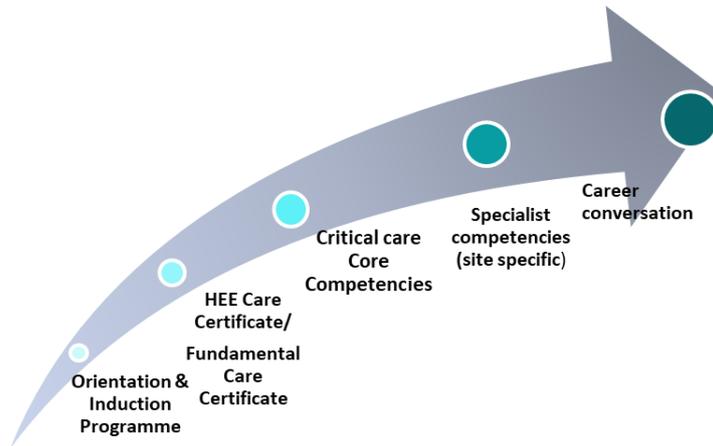
How can I develop proficiency in critical care?

You can use these proficiencies to inform and guide your individual development. Depending on your previous clinical experience, you might already be close to achieving all some of these proficiencies; or you might have a lot of learning and development to undertake. However, the thought processes and actions you need to take will be similar. The difference will be in the amount of experience needed and the level of knowledge required to support you to further your development, and along the steps of proficiency required in this document. These proficiencies describe what an individual is expected and able to do when they are assessed as a consistently competent and safe Critical Care HCSW.

How the proficiency framework fits together:

The proficiency framework starts with supportive proficiencies for Critical Care HCSWs, these may also be supplemented by assistive proficiencies which organisations/Trusts select to specifically reflect their patient groups and local priorities.

When these proficiencies are completed, they should form the basis of a career conversation. The HCSW proficiencies follow the same structure and format as the Nursing Associate and Registered Nurse Critical Care STEP proficiencies, and can help the HCSW build their in Critical Care.



How will I be assessed?

HCSWs aiming to achieve proficiency will be supported in the clinical area by the Critical Care Practice Educator(s)/Lead Assessor (or equivalent) and suitably experienced & competent colleagues and mentors. You will be allocated a Lead Assessor who will oversee your ongoing development; colleagues and mentors will assist you in achieving proficiency in practice. The use of the Assessment and Development Plans at the back of this document will enable you, your mentors, Lead Assessor(s) and Practice Educators (or equivalent) to monitor your developmental needs and overall proficiency progression. Adequate time and supervision will be given as you progress through the proficiencies.

When assessing a HCSW against the required clinical standard the assessor is asked to specify if the individual HCSW can demonstrate proficiency in relation to each statement, as outlined within the document. Proficiency must be demonstrated through **observation** of your practice & against the proficiency statements. However, your assessor may use a combination of the following techniques to support their decision:

- Discussion & probing questions
- Simulation
- Completion of associated workbooks
- Reflective practice
- Portfolio
- Record of achievements

Resolving proficiency issues:

It is your responsibility to work in collaboration with your Lead Assessor and/or Practice Educator to discuss and agree your developmental needs in order to achieve proficiency in Critical Care practice. By following these simple rules, it is hoped you will have a positive experience whilst developing yourself through the “HCSW Critical Care Assistive Proficiencies”.

- Have regular meetings with your Lead Assessor (at least 3 monthly) to assess your current level of proficiency and set a development plan for your progression
- Be realistic
- Do not sign the Assessment and Development Plan if you are not happy with its contents
- Bring any issues of your support in practice to the attention of your line manager at the earliest opportunity

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor and Line Manager/ Unit Matron or equivalent and should be completed before embarking on this proficiency & development programme.

It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn
- Provision of an education and training programme to support the HCSW career development pathway

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with assessors, colleagues & mentors
- Deliver effective communication skills and processes
- Listen to the advice of colleagues, mentors and assessors and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor/Mentor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all HCSW Critical Care proficiencies in the agreed timeframe
- Use this proficiency development programme to inform my annual appraisal and development needs
- Identify their own support needs and escalate any request for support

Learner Name (Print)

Signature

Date:

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of Regulatory body
- Demonstrate on-going professional development/proficiency within Critical Care
- Promotes a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable goals, objectives or action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the Education Lead and/or Line/Unit Manager any concerns related to the individual HCSW's learning and development progress
- Plan learning experiences to meet the individuals defined learning needs
- Prioritise work to include the support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print)

Signature

Date:

CRITICAL CARE LEAD NURSE/UNIT or LINE MANAGER

As a Critical Care service provider I intend to:

- Facilitate clinical hours with a registered professional who is able to support and assess the learner. This may be delegated to another appropriate member of the multidisciplinary team e.g. Physiotherapist, Occupational Therapist, or Speech and Language Therapist.
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the assistive proficiency requirements
- Regulate and quality assure systems for supervision and standardisation of assessment to ensure validity and transferability of the HCSW's proficiency

Lead Nurse/Manager Name (Print)

Signature

Date:

HCSW: Tracker Sheet

The following table allows the tracking of HCSW Proficiencies and should be completed by Lead Assessors/Mentors and/or Practice Educators (or equivalent) as the individual achieves each proficiency statement. This provides an easy and clear system to review and/or audit progress at a glance.

<u>Proficiency</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Assessors Signature</u>
Supportive (Band 2) proficiencies completed			
1 Promoting a positive patient experience			
2 Respiratory System			
2.1 Anatomy & Physiology			
2.2 Respiratory Assessment, Monitoring & Observation			
2.3 Airway & Tracheostomy Care			
3 Cardiovascular System			
3.1 Anatomy & Physiology			
3.2 Assessment, Monitoring & Observation			
3.3 ECG			
3.4 Arterial Access			
3.5 Cardiac Dysrhythmias			
4 Renal System			
4.1 Anatomy & Physiology			
4.2 Assessment, Monitoring & Observation			
4.3 Supporting intake and output			
5 Gastrointestinal System			
5.1 Assessment and Management of Patients with GI conditions			
5.2 Nutrition in Critical Illness			
6 Neurological System			
6.1 Pain control			
7 Fundamental care required by critically ill patients			
7.1 Mouth care, eye care and personal care			
7.2 Repositioning, joint positioning and range of movement			
8 Rehabilitation			
8.1 Rehabilitation			
9 Admission & Discharge			
9.1 Admission to Critical Care			
9.2 Discharge from Critical Care			
10 End of Life Care			
10.1 End of Life Requirements			
10.2 Assessment, Decision Making and Initiation of an End of Life Care			

11 Assisting with Intra & Inter Hospital Transfer			
12 Communication & Teamwork			
13 Infection Prevention & Control			
14 Evidenced Based Practice			
14.1 Evidenced Based Practice			
15 Defensible Documentation			
16 Mental Capacity			
17 Leadership and Followership			
18 Critical Care preparation for procedures			
18.1 Preparation for procedures			

1 Promoting Psychosocial Wellbeing

The following proficiency statements are about the psychosocial needs of a patient during their Critical Care stay. The proficiencies outlined need to be applied to all care and treatment undertaken by the health care support worker (HCSW) and within the Critical Care environment.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

2 Respiratory System

The following proficiency statements are about caring for the individual in the critical care environment who requires respiratory support, including basic observation

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
2.1 Anatomy & Physiology			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
A basic understanding of the respiratory system, identifying - <ul style="list-style-type: none"> • Normal values for oxygen saturations • The need to escalate abnormal readings immediately to registered staff 			
2.2 Assessment, Monitoring and Observation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Recognises when a patient is having breathing difficulties 			
<ul style="list-style-type: none"> • Delivery of oxygen via a facemask / nasal specs/venturi mask, ensuring a registered health care professional is aware and immediately in attendance 			
<ul style="list-style-type: none"> • The importance of checking the bed spaces in relation to patient safety, including: <ul style="list-style-type: none"> - Importance of identifying and ensuring full oxygen cylinders are present at the patient's bedside and are stored correctly - Suction equipment / bag, valve mask (BVM) / Waters Circuit are present and working correctly 			
The ability to assembly relevant equipment required to administer first			

<p>line oxygen therapy (under supervision) via:</p> <ul style="list-style-type: none"> • Nasal cannula • Simple face mask with & without humidification • Venturi mask • Non–Rebreathe mask (reservoir mask) • High flow oxygen • NIV / CPAP ventilator 			
<p>The ability to assemble under supervision an invasive ventilator and is able to perform short self-test (SST) according to Trust policy</p>			
<p>Dismantles equipment after use and decontaminates:</p> <ul style="list-style-type: none"> • Non-invasive/CPAP ventilator • Invasive Ventilator • Nasal High Flow 			
2.3 Airway and Tracheostomy Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<p>Understanding of the anatomical position of a tracheostomy</p>			
<p>Types of tracheostomies</p> <ul style="list-style-type: none"> ○ Percutaneous tracheostomy ○ Surgical tracheostomy ○ Mini tracheostomy ○ Cuffed and uncuffed 			
<ul style="list-style-type: none"> • The rationale for standardised tracheostomy safety equipment at the bedside • The ability to identify and assemble, under supervision of an RN, the tracheostomy specific bedside equipment for normal tracheostomy care • The ability to perform a safety check of the bedside tracheostomy equipment and escalates any concerns or missing equipment to the registered nurses • The ability to locate and display the correct bedside signage for patient with a tracheostomy or laryngectomy • The difference between a Tracheostomy and Laryngectomy • Is aware of the weaning process and the signs from observing the patient that weaning is not going well, signs of distress and who to escalate and get help • Perform suction to clear 			

secretions, with Yankauer (oral) and inline suction under supervision <ul style="list-style-type: none"> • Recognizes the role of the HCSW as a patient advocate and demonstrates the ability to empower the patient and reduce anxiety • Is able to demonstrate different methods of communication for a patient with a tracheostomy or laryngectomy • Ensures the patient has passed a documented swallowing assessment prior to offering food or drinks • Perform swallowing assessment if completed training and is deemed competent • Understand your role in assisting a registered professional to change a tracheostomy stoma dressing or tracheostomy ties 			
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3 Cardiovascular System

The following proficiency statements are about monitoring and caring for the individual in the critical care who has cardiovascular dysfunction.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
3.1 Anatomy & Physiology			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Factors which influence cardiac dysfunction in critical care, including <ul style="list-style-type: none"> ○ Basic understanding of dehydration ○ Electrolytes and how they impact of a patient’s cardiovascular system particularly in critical illness • The negative effects of prolonged bed rest on the cardiovascular function 			

3.2 Assessment, Monitoring & Observation

You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):

The types of haemodynamic monitoring in relation to the critically ill adult:

- Invasive
- Non-Invasive

You must be able to undertake the following in a safe and professional manner:

- The normal values of the following physiological observations as directed:
 - Temperature (tympanic and axilla)
 - Urine output
 - Heart rate (including manual pulse check)
 - Non-invasive blood pressure
- The ability to recognise abnormal findings and escalate to the registered nurse immediately
- The ability to accurately document physiological observations, as per local policy
- The ability to correctly calculate an Early Warning Score in patients who are ready to be discharged

3.3 ECG (if applicable to local policy and training)

You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):

- Use of the ECG machine including -
- Identify power connections, power and battery indicator lights
 - Turn on the machine or bedside monitor and the use of 'extra' leads
 - Identify wireless devices and its indicator lights, as applicable
 - Demonstrate how to load paper, if applicable
 - Explain the different screen icons
 - Identify the function keypad area on main keyboard
 - Navigate Setup Menus
 - Demonstrate how to correctly enter patient data
 - Explain the procedure to the patient and obtain consent from the patient
 - Offer reassurance and encourage relaxation
 - Demonstrate how to use barcode reader (if applicable)
 - Demonstrate skin preparation prior to electrode placement
 - Demonstrate correct electrode placement
 - Verify lead quality using display
 - Demonstrate changing filters, gain

<ul style="list-style-type: none"> and paper speed where applicable • Demonstrate how to select, print and delete a record • Able to troubleshoot issues with ECG machine that may occur – i.e. tangled leads, electrical interference etc. 			
Maintaining patient dignity throughout the procedure			
Referring the ECG recording to a registered professional competent in ECG interpretation for review			
How ECG machine and leads and machines are decontaminated between each use			
3.4 Arterial Access (as per local policy)			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Indications for arterial line insertion in critically ill patients			
Demonstrates knowledge of the equipment required to insert an arterial line and can prepare an insertion trolley			
Assist the registered nurse with dressing changes for arterial lines and monitoring of line sites for signs of infection / complications			
Able to use blood gas machine as per unit policy, to process the sample and report results immediately to the registered nurse			
3.5 Cardiac Dysrhythmias			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Basic Life Support (BLS) sits in Core Skills Training			
<ul style="list-style-type: none"> • Is able to identify the location of 'emergency' equipment including defibrillator, resus trolley and difficult airway trolley • Demonstrates awareness of the contents and use of the equipment 			

4 Renal System

The following proficiency statements are about monitoring of fluid balance and care of the patient at risk of Acute Kidney Injury (AKI) in the critical care environment

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
4.1 Anatomy & Physiology			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			

<ul style="list-style-type: none"> • Demonstrates a basic understanding of renal impairment • Demonstrates a basic understanding of the risk factors in critically ill patients 			
4.2 Assessment, Monitoring & Observation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Is able to accurately record urine output (in catheterised and uncatheterised patients) • Raises any concerns about the patient's urinary output or quality of the urine to the Registered Nurse • Is able to identify the usual parameters for urine output and escalates variance to the registered nurse • Dates and monitors duration of urometer and changes this using ANTT • Demonstrates ability to apply a urofix/ catheter securing device • Prepares equipment for urinary catheterisation and assists with insertion • Able to perform monitoring post catheter removal, if applicable 			
4.3. Managing Fluid Replacement			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> • Is aware of fluid restrictions for individual patients • Clarifies with the registered nurse whether a patient can drink / has any food or drink allergies • Safely assists patients to drink when appropriate • Prepares drinks for patients and visitors • Can provide oral hygiene for patients not able to drink (comfort measures) i.e. ice / sponges • Assists patients to clean their teeth with toothbrush and paste when appropriate • Records oral fluid intake accurately 			
<p>Assists with patient receiving renal replacement therapy (if appropriate)</p> <ul style="list-style-type: none"> • Prepares and primes haemofilter for use • Dismantles and decontaminates haemofilter after use 			

5 Gastrointestinal System

The following proficiency statements are about the safe and effective care of the critically ill patient requiring nutritional support and management of dysregulated glycemc control.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
5.1 Assessment and Management of patient with GI Conditions			
You must be able to demonstrate through discussion essential knowledge of (and its application during your supervised practice):			
<ul style="list-style-type: none"> Discusses why a faecal management system may be used on a patient Is able to change faecal management system bags Accurately records and documents faecal output 			
<ul style="list-style-type: none"> Be able to empty an stoma bag and record findings 			
<ul style="list-style-type: none"> Be able to empty naso-gastric tube bag; report and record findings 			
5.2 Nutrition in Critical Illness			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Nutritional needs of adults and how to maintain a healthy gut Food groups required The importance of calorific intake in critically ill patients The importance of calorific intake in critically ill patients Normal blood sugar levels & when to escalate changes/abnormalities 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Undertakes additional training to perform swallow assessments under instruction of registered nurse / SLT 			
<ul style="list-style-type: none"> States normal blood sugar values. Has been assessed as competent to use their local blood glucose monitor including QC checking process Carries out blood glucose monitoring, under supervision from a registered professional including: <ul style="list-style-type: none"> Identifying the patient (according to Trust policy), Obtaining verbal consent if possible, Completing the point of care measurement accurately Documenting / informing the RN of the result. Describes signs and symptoms of 			

hyperglycaemia and is aware of need to escalate concerns immediately <ul style="list-style-type: none"> • Describes treatment of hypoglycaemia in a patient who is conscious and can swallow 			
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6 Neurological System

The following proficiency statement is about the assessment and management of the neurologically compromised patient in the general critical care environment.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
6.1 Pain Control			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Discuss the definition of pain			
<ul style="list-style-type: none"> • Understand methods of pain assessment and non-verbal signs of pain • Can calculate and correctly document pain score in patients • Escalates concerns to about pain management to the registered professional 			
Potential causes of agitation such as: <ul style="list-style-type: none"> ○ Constipation ○ Full bladder and/or blocked urinary catheter ○ Poor positioning ○ Incontinence ○ Medication/nicotine withdrawal 			
Non pharmacological strategies for pain control: <ul style="list-style-type: none"> ○ Deep breathing exercises ○ Reassurance and control of environmental stimulus ○ Positioning for comfort 			
<ul style="list-style-type: none"> • Use of relaxation and diversion, limiting the noise and lighting diversion techniques 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Use positioning and posture to maximise patient comfort 			

7 Fundamental Care required by a Critically Ill patient

The following proficiency statements are about maintaining skin integrity and positioning patients in the critical care environment. Also, includes other key elements of care such as VTE prevention and eye and mouth care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
7.1 Mouth Care, Eye Care and Personal Care			
You must be able undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Assesses mouth using local guidelines/ assessment tools and documents findings and reports findings to Registered Nurse 			
<ul style="list-style-type: none"> Performs (and documents) oral hygiene as per local guidance on a: <ul style="list-style-type: none"> Ventilated patient (under supervision of RN) Self-ventilating patient 			
<ul style="list-style-type: none"> Performs assessment of the eye and appropriate eye care documents findings and reports findings to Registered Nurse 			
<ul style="list-style-type: none"> The importance of promoting continence and the resources available 			
7.2 Repositioning, Joint Positioning & Range of Movement			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Concept of 'range of movement' and the potential for damage by poor joint positioning Be aware of risk factors for joint damage 			
<ul style="list-style-type: none"> Concept of foot drop and how to prevent it in critically ill patients. 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Assist with performing a full range of passive exercises for the patient at the time intervals specified 			
<ul style="list-style-type: none"> Position patients' ankles to reduce the risk of foot drop 			
<ul style="list-style-type: none"> Apply any appropriate ankle/foot splint for patients at high risk of foot drop under the supervision of the RN 			
<ul style="list-style-type: none"> Position shoulders to prevent excessive joint stretch when lying a patient on their side 			

8 Rehabilitation

The following proficiency statements are about the initial rehabilitation needs of the patient in a critical care environment, including those that have suffered a major trauma.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
8.1 Rehabilitation			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Awareness of Critical Care guidelines on rehabilitation promoting the importance of: <ul style="list-style-type: none"> • An early rehabilitation assessment, within 4 days of admission or prior to discharge • A rehabilitation plan • Information giving for patients and family • Follow-up clinics 			
Identify members of the MDT who contribute to the rehabilitation needs of patients, where possible, understand their role by discussion with therapists who attend the unit (where able) <ul style="list-style-type: none"> • Pharmacy • Dietician • Physiotherapy • Occupational Therapy • Speech & Language • Clinical psychology 			
Other equipment and resources that may benefit critical care patients with rehabilitation needs (including but not limited to): <ul style="list-style-type: none"> • Patient diaries • Mobility aids to promote independence • Communication aids • Promotion of natural sleep 			
Discuss the relationship between physical and psychological impairment as a result of critical illness (how they affect each other) to include: <ul style="list-style-type: none"> • Muscle weakness • Fatigue • Weight loss • Poor Appetite • Swallowing issues • Pain • Cognitive difficulties • Anxiety • Depression 			

<ul style="list-style-type: none"> • Delirium • Sleep deprivation • Nightmares 			
<p>Show an understanding through discussion of the environmental factors in critical care that may impact on rehabilitation needs:</p> <ul style="list-style-type: none"> • Noise / alarms • Equipment • Lack of activity • Disturbance for observation and care needs • Invasive treatments / devices • Isolation 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> • Provide emotional reassurance and support • Follow any planned therapy prescribed or recommended by the MDT members involved in the patient's rehabilitation journey • Observe and participate under supervision in delirium screening • Reduce (where possible) the critical care environmental effects on the patient • Proactively involve the patient and significant others in the rehabilitation process as appropriate and able. • Proactively involve the patient in setting their rehabilitation plan as appropriate 			

9 Admission & Discharge

The following proficiency statements are about immediate patient care on admission to the critical care environment and safe discharge back to a level 1 area.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
9.1 Admission to Critical Care			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
Enter patient details onto electronic patient record (Unit and Trust system)			
Complete relevant documentation			
Enter current data into DoS twice a day (am/pm) if applicable to role			

9.2 Discharge from Critical Care

You must be able to undertake the following in a safe and professional manner

<ul style="list-style-type: none"> Discharge Patient from the Patient record system and tracks their destination 			
<ul style="list-style-type: none"> Ensures patients notes are filed correctly 			

10 End of Life Care

The following proficiency statements are about End of Life care requirements for patients within the critical care environment.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
10.1 End of Life Requirements			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Aware of current local policies, protocols, and guidelines in relation to End of Life care 			
10.2 Assessment, Decision Making and Initiation of an End of Life Care Plan			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Stages a patient may pass through within the dying process Understand the benefits of organ and tissue donation for both donor families and recipients Following the death of a patient, facilitate processes after death (including but not limited to): <ul style="list-style-type: none"> Collection of death certificate and patient property Provision of support documents 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Provide emotional reassurance and support 			
<ul style="list-style-type: none"> Demonstrate an understanding of the emotional and spiritual support the patient and family may required Assists in the delivery of last offices 			

11 Assisting with Intra & Inter Hospital Transfer

The following proficiency statement is about the effective coordination and management of intra & Inter hospital transfers for critically ill patients. It includes those individuals who require emergency transport to a different location for investigation, treatment, intervention or on-going care.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

12 Communication & Teamwork

The following proficiency statements are about communicating effectively with individuals in the critical care environment, you will be expected to communicate effectively with a number of people in a variety of ways and in differing situations.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

13 Infection Prevention & Control

This proficiency is about developing knowledge, understanding and skills to contribute to Infection Prevention and Control in critical care.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

14 Evidenced Based Practice

The following proficiency statement is about applying evidence based practice to the activities you undertake in critical care.

<u>Proficiency Statement</u>	<u>Date experience gained (optional)</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
14.1 Evidenced Based Practice			
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):			
<ul style="list-style-type: none"> Insight into the relevance of local and national guidance in underpinning good care. 			
You must be able to undertake the following in a safe and professional manner:			
<ul style="list-style-type: none"> Demonstrates the ability to access SOP's/ local guidance and apply to a care activity. 			

15 Defensible Documentation

This proficiency statement is about the legal and accountable aspects of documentation within the critical care environment.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

16 Mental Capacity

This proficiency statement is about the management of those patients who may have diminished mental capacity within the critical care setting

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

17 Leadership and Followership

The following proficiency statements are about developing leadership styles and skills throughout your professional development in critical care.

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
All proficiencies signed off in supportive level		

18 Critical Care Preparation for Procedures

<u>Proficiency Statement</u>	<u>Date Achieved</u>	<u>Supervisor/Assessors Signature</u>
18.1 Critical Care Preparation for Procedures		
You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):		
• Discusses why patients are admitted to Critical Care		
• Discusses the needs of relatives and visitors to Critical Care.		
• Has read the patient and relative Critical Care information leaflets and ICUSteps information leaflets.		

Initial Assessment & Development Plan

Date:

This meeting between Learner and Lead Assessor should take place during induction. It is to identify the learning needs of the HCSW.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

PROFICIENCIES TO BE ACHIEVED

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE:

Ongoing Assessment & Development Plan	
Date	
<p>This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving the proficiencies identified in the initial and/or previous meetings. It is here further objectives will be set. On-going assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.</p>	
REVIEW OF PROFICIENCIES ACHIEVED	
ON TARGET:	YES / NO
IF NOT WHICH PROFICIENCIES HAVE YET TO BE MET	
REASONS FOR NOT ACHIEVING	
SPECIFIC OBJECTIVES TO ACHIEVE PROFICIENCY	
KEY AREAS & ADDITIONAL PROFICIENCIES TO BE ACHIEVED BEFORE NEXT MEETING	
Learners Signature:	
Lead Assessors / Practice Educators Signature:	
NEXT AGREED MEETING DATE:	

Additional Action Planning

Date:

This document is to be completed as required to set SMART objectives for the learner who requires additional support to achieve certain proficiencies (these will have been identified during the 3 monthly Ongoing Assessment & Development plan).

AREAS FOR FURTHER ACTION PLANNING

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE:

Final Competency Assessment

Date:

This meeting is to identify that all the proficiencies within Supportive Level have been achieved.

PROFICIENCY STATEMENT:

The HCSW has been assessed against the proficiencies within this document and measured against the definition of proficiency below by critical care colleagues, mentors and assessors.

“The term proficiency refers to the knowledge, skills and behaviour required to perform a job, or an element of it, successfully. A competency measures how people do something” (NMC, 2018)

LEAD ASSESSORS COMMENTS

LEARNERS COMMENTS

Learners Signature:

Lead Assessors / Practice Educators Signature: