sam belfast
THE SOCIETY FOR ACUTE MEDICINE

5 - 6 May 2016
Titanic Centre, Belfast

National Therapy Competencies in AMU – 'The Journey so far'

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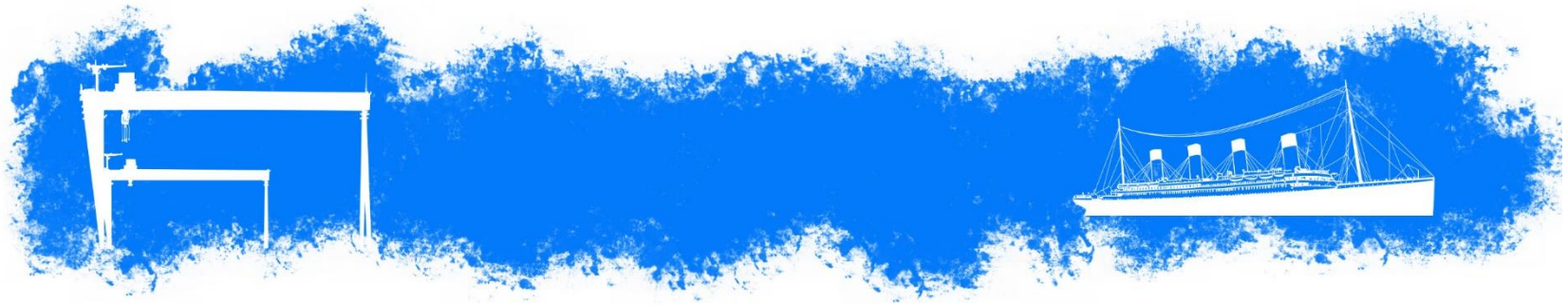


Aims

- Update on AHPs in SAM
- Update on National AHP Acute Medical competencies
- Gather Feedback
- Network for Delphi study volunteers

SAM AHP members

- 2014 - 2 physios and 6 'others' **2014 total = 8**
- 2015 - 5 physio's and 3 Ots **2015 total = 8**
- 2016 – 14 Physio's and 12 Ots **2016 total = 26**

SAM Manchester

- Priorities for AHPs
  - Benchmarking
  - Research
  - Extended scope practice
  - **Competencies – knowledge/skill/interdisciplinary**

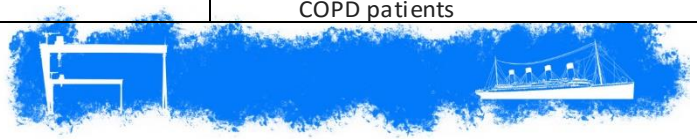
Competency Topics – Sept 2015

- Frailty
- Orthopaedics
- Mental health and Learning Disabilities
- Neurology
- Cognition
- Pressure and Wound care
- Risk Management
- Models of Disability
- Case management

Where to start?

- Project group formed via SAM committee and AHP network
- Sharing of information
- Minimise duplication
- Expert advice from AHP SAM members
- Topics divided

	1. Self-directed / prior Learning	2. Essential Learning	3. Advanced Learning
1. Frailty and Acute Illness	1.1.1. Understands what frailty means and the 5 types of frailty syndrome ☐ 1.1.2. Understands purpose of NEWS score and local escalation procedures ☐ Supervisee:_____ Supervisor:_____ Date:____	1.2.1. Understands frailty curve and recognises frailty syndromes in patients during screening ☐ 1.2.2. Uses ThinkVitals to access clinical observation records ☐ 1.2.3. Understands NEWS-0 red flags ☐ 1.2.4. Understands purpose of setting individual NEWS parameters ☐ 1.2.5. Uses Lastword to access blood results and can identify abnormal results ☐ 1.2.6. Uses Lastword to access x-ray reports ☐ Supervisee:_____ Supervisor:_____ Date:____	1.3.1. Identifies causes of functional decline in 3x frail patients ☐☐☐ 1.3.2. Enters clinical observations for patient on ThinkVitals ☐ 1.3.3. Interprets blood results ☐ 1.3.4. Uses PACS to access x-ray reports ☐ 1.3.5. Interprets x-rays/MRI/CT image ☐ Supervisee:_____ Supervisor:_____ Date:____
2. Airway	2.1.1. Understands the purpose of a swallow assessment ☐ 2.1.2. Understands role of Respiratory Physiotherapy ☐ Supervisee:_____ Supervisor:_____ Date:____	2.2.1. Identifies signs that a patient maybe having difficulty swallowing ☐ 2.2.2. Identifies signs that a patient maybe having difficulty clearing their airway of mucus ☐ 2.2.3. Identifies appropriate patients to discuss with Respiratory Physiotherapy ☐ Supervisee:_____ Supervisor:_____ Date:____	2.3.1. Gives appropriate advice to patients regarding techniques to clear airway ☐ 2.3.2. Understands the purpose of non-invasive ventilation ☐ Supervisee:_____ Supervisor:_____ Date:____
3. Breathing	3.1.1. Understands how the lungs function and the role of gas exchange ☐ 3.1.2. Understands normal oxygen saturations and respiratory rate ☐	3.2.1. Takes oxygen saturations using automatic observation machines and understands reasons for inaccurate reading ☐ 3.2.2. Understands target oxygen saturations for COPD patients ☐	3.3.1. Takes Respiraotry rate ☐ 3.3.2. Understands the term VQ mismatch ☐ 3.3.3. Interprets arterial blood gases



October to February

- Challenges –
  - Communication
  - Time
  - Experiences
  - Duplication

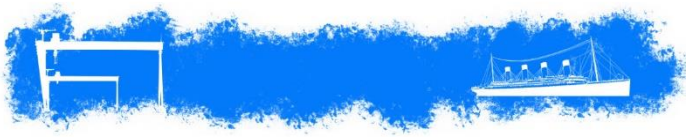
Core Competency

- Observations
- Cardiovascular
- Respiratory
- Renal
- Neurology

Core Acute Medicine Competency

	1. Self-directed / prior Learning	2. Essential Learning	3. Advanced Learning
OBSARVATIONS	1.1. Identify EWS ☐ 1.2. Identify importance of checking SpO2 Analysis, RR, WOB, Temp, Pain ☐ 1.3. Identify the importance of understanding Cardiovascular observations ☐ Supervisee:_____ Supervisor:_____ Date:_____	2.1. Demonstrate an understanding of EWS ☐ 2.2. Demonstrate the ability to assess SpO2 Analysis, RR, WOB, Temp, Pain Assessment ☐ 2.3. Demonstrate the ability to assess BP, HR & Rhythm ☐ ☐ Supervisee:_____ Supervisor:_____ Date:_____	Demonstrate ability to: 3.1. Assess, plan and meet the physical health needs of an adult with a deteriorating EWS ☐ 3.2. Demonstrate the ability to adapt your assessment & treatment in the event of any deterioration in Spo2 analysis, RR, WOB, Temp, Pain Assessment ☐ 3.3. Demonstrate the ability to adapt your assessment & treatment in the event of any deterioration in cardiovascular observations ☐ 3.4. Demonstrate the ability to liaise with MDT in the event of any deterioration in EWS/Observations ☐ Supervisee:_____ Supervisor:_____ Date:_____

RENAL	1. To be able to identify different types of short-term & long term catheters/convene ☐ 2. To understand the importance of blood results ☐ 3. To understand the importance of fluid balance/Input & Output ☐ Supervisee:_____ Supervisor:_____ Date:_____	2.1. Understanding of Urine Dipstick & results ☐ 2.2. Recognising altered blood results ☐ 2.3. Recognise abnormal levels of fluid balance ☐ Supervisee:_____ Supervisor:_____ Date:_____	3.1. To have a good understanding of the anatomy & physiology of Urinary Tract ☐ 3.2. Interpreting blood results and their meaning ☐ 3.3. To understand the cause of abnormal fluid balance ☐ Supervisee:_____ Supervisor:_____ Date:_____



First Drafts Jan 2016

	1. Self-directed / prior Learning (Knowledge)	2. Essential Learning (Skills)	3. Advanced Learning (Abilities)
1. Cognition - To identify and demonstrate an understanding of neuro-anatomy, its function, the cognitive components involved, and how to assess, clinically reason and risk manage within the acute environment.	1.1.1. Have a basic understanding of the anatomy of the brain ☐ 1.1.2. Identify different functions of the parts of the brain ☐ 1.1.3. Identify common neurological & medical conditions that may affect cognition (acute or chronic) ☐ 1.1.4. Have and understanding & knowledge of cognitive screens or assessments that are used to assess cognition (standardised/non standardised) ☐ 1.1.5. To have awareness & acknowledge certain functional deficiencies may be mistaken for cognitive impairment eg. Dysphasia, hearing impairment, visual loss ☐ 1.1.6. To demonstrate an awareness of the different types of dementia's and how they may present ☐ 1.1.7. To show an understanding of delirium and how this may present in comparison with dementia 1.1.8. To show an awareness of best practice guidelines for management of patients with cognitive impairments, e.g: Individual/local hospital guidelines, Commissioning for quality and innovation (CQUIN), National Institute of Clinical Excellence (NICE), British Geriatric	1.2.1. Evaluate current presentation & function against known baseline & supports/set up and take into account the medical hx, presenting complaint and medications in reasoning as to how this will impact on cognition ☐ 1.2.2. To demonstrate an awareness and understanding of components of cognition: Registration, attention , spatial perception, Object recognition, memory including working, praxis, executive skills ☐ 1.2.3. To correctly identify the appropriate cognitive screens or assessments and complete ☐ 1.2.4. To identify cognitive deficits and discuss management plans with patients, relatives/carers ☐ 1.2.5. To be aware of alternate reasons for why a patient may present with symptoms of cognitive impairment eg. personality, mental health disorders 1.2.6. To identify areas of risk when discharging patients with these impairments from A&E/AAU ☐ 1.2.7. Identify that a patients behaviour may indicate messages that the person is unable to verbalise such as pain, distress, or confusion and demonstrate appropriate respond ☐ 1.2.8. Demonstrate an understanding that in moderate to severe cognitive impairment, interviewing & assessments can be difficult due contextual difficulties with patients eg. patient not requiring toilet therefore	1.2.1. To assess cognitive impairments using advanced clinical reasoning incorporating a basic knowledge of the medical and pharmaceutical impact on their current presentation ☐ 1.2.2. To develop a treatment and discharge plan in order to manage the persons impairments incorporating risks associated with discharge ☐ 1.2.3. Demonstrate understanding of medical status/implication on function e.g. reduced GCS, drug induced cog impairment i.e. tramadol or morphine ☐ 1.2.4. Able to identify the need to liaise with the medical team in addressing new/acute cognitive impairments and possible (?functional +/or medical) causes for these ☐ 1.2.5. Demonstrate advanced clinical skills in the analysis and treatment planning of patients with cognitive impairment incorporating the following assessment components: • Comprehensive functional assessment • Diagnostics (bloods, CT head, urine dip, memory clinics, medical hx, observations) • Staging (comparing standardised screen/assessment, subjective vs collateral hx, consideration of

	1. Self-directed / prior Learning	2. Essential Learning	3. Advanced Learning
Pressure and Wound Care	1.1. Discusses the importance of pressure and wound care in the management of functional independence in frail people ☐ 1.2. Describe the structure of the skin and its function ☐ 1.3. Identifies risk factors associated with increased risk of developing skin damage ☐ 1.4. Identifies areas of skin at risk of pressure related damage ☐ 1.5. Identifies cause of infected wounds ☐ 1.6. Lists signs and symptoms of a wound infection ☐	2.1. Identifies strategies to minimise risk of skin damage ☐ 2.2. Recognises catagories of pressure damage: Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ 2.3. Identifies potential barriers to catagorisation ☐ 2.4. Lists the equipment options available for: Reducing risk of pressure damage ☐ Treatment of pressure damage ☐ 2.1. List the different wound types ☐ 2.2. Identifies the different stages of wound healing ☐ 2.3. Recognises features of wound tissue: Slough ☐ Necrotic ☐ Granulating ☐ Epithelial ☐	3.1. Identifies the structures involved in the breakdown of each layer of skin ☐ 3.2. Identifies correct category of pressure damage for: Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ 3.3. Undertakes assessment of skin whilst maintaining the dignity and safety of the individual ☐ 3.4. Prescribes appropriate equipment for: Reducing risk of pressure damage ☐ Treatment of pressure damage ☐ 3.5. Identifies which types of dressings are suitable for which wound type or symptoms ☐ 3.6. Undertakes assessment of wound whilst maintaining the dignity and safety of the individual ☐

Feb meeting 2016

- Varied aims
- Refinement
- Mixed emotions
- Knowledge and Skill
- Identified need for wider input - ?Delphi Study
- Link with ANP competencies

Second Drafts – March 2016
T&O/MSK

Knowledge
To understand the meaning of Xray/MRI/CT scan results and reports
To have a basic understanding of human anatomy
To understand the 4 stages of bone healing (1) the formation of hematoma at the break 2) the formation of a fibrocartilaginous callus 3) the formation of a bony callus 4) remodeling and addition of compact bone.)
In the absence of a fracture, be aware of other reasons for pain (muscle, tendon, nerve, ligament)
To recognise analgesia medications and how they interact with each other
To be able to list the signs and symptoms of a fracture (pain, swelling, deformity, bruising, heat, loss of function)
To be aware of the signs and symptoms of infection (heat, change of colour, swelling, pain)
To be aware of the different types of fracture (spiral, oblique, comminuted)
To be aware of the most common types of fractures affecting patients with frailty (NOF/Colles/ Humeral Shaft)
To understand the meaning of Weight Bearing status
To be aware of trauma pathways and inform specialist head injury and trauma teams
To be aware of #rib pathway and inform specialist resp team
To be able to list the red and yellow flags associated with back pain and understand there meaning
Skill
To be able to complete a basic MSK joint assessment and devise a problem list and plan
To be competent fitting a variety of surgical appliances (collar and cuff/ broad arm sling/futura splint/aircast boot/ cricket pad/ hinge knee)
To be competent fitting Miami J collars and TSLO braces
To be competent completing a full neurological assessment
To be able to adapt assessment and treatment depending on injury and pain
To be competent in assessing a patient mobilising FWB/PWB/TWB/NWB and provide appropriate walking aid
To be able to assess and comment on gait pattern
To provide appropriate minor equipment required for d.c
To be able to provide basic exercises appropriate for the patients injury

Cognition draft 2

	Knowledge	Skills and Abilities
1. **Cognition - To identify and demonstrate an understanding of neuro-anatomy, its function, the cognitive components involved, and how to assess, clinically reason and risk manage within the acute environment.**	1.1.1. Have a basic understanding of the anatomy and function of the brain ☐ 1.1.2. Identify common neurological & medical conditions that may affect cognition (acute or chronic) ☐ 1.1.3. Be aware of potential inaccuracies in patient information giving and ensure accurate details are gathered from support networks ☐ 1.1.4. Have an understanding & knowledge of cognitive screens or assessments that are used to assess cognition (standardised/non standardised) ☐ 1.1.5. To have awareness of conditions that may mimic cognitive imparment.eg. Dysphasia, hearing impairment, visual loss ☐ 1.1.6. To demonstrate an awareness of the different types of dementia's ☐ 1.1.7. To show an understanding of delirium compared to dementia 1.1.8. To demonstrate an awareness and understanding of components of cognition: ☐ 1.1.9. To show an awareness of best practice and national guidelines for management of patients with cognitive impairments ☐ 1.1.10. Awareness of different types of diagnostic investigations. ☐ 1.1.11. Be aware of community support available to follow people up on discharge to address any undiagnosed impairments (memory clinic, frailty hubs, community OT) ☐	1.2.1. To identify and complete the appropriate cognitive screens or assessments. 1.2.2. To assess cognitive impairments using clinical reasoning incorporating a basic knowledge of the medical and pharmaceutical impact on their current presentation ☐ 1.2.3. Identify differences in current presentation to known baseline 1.2.4. Demonstrate understanding of medical status/implication on cognitive function. 1.2.5. To develop a treatment and discharge plan in order to manage the persons impairments incorporating risks associated with discharge ☐ 1.2.6. Demonstrate ability to analyse and identify cognitive deficits based on a one-off assessment in a foreign environment ☐ 1.2.7. To identify areas of risk when discharging patients with identified cognitive impairments ☐ 1.2.1. Be able to make clinical decisions and plan treatment and interventions for a risk managed discharge ☐ 1.2.2. Identify and manage risk together with MDT during a patients time in hospital to maximise patient safety ☐ 1.2.8. Be creative with use of assessments tools and encouragement of patients who are unwilling to participate secondary to severe cognitive impairment. 1.2.9. Be able to liaise with the medical team regarding new/acute cognitive impairments and possible causes for these ☐ 1.2.10. Demonstrate ability to assess capacity regarding decisions involving risk or safe management in the community i.e. falls risk, recommendations for needs on discharge, discharge destination ☐
	Supervisee:_____ Supervisor:_____ Date:_____	

Future

- Banded competencies
- Professional specific competencies
- ?How staff meet competencies - national v local
- Delphi Study
- Obtain specialist group recognition

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belfast

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Titanic Centre, Belfast

Thank you,
Any Questions