

Society for Acute Medicine

Allied Health Professionals - Acute Medicine Competencies

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Introduction

This document has been created by members of the Society for Acute Medicine (SAM) Allied Health Professional (AHP) Network group, having identified a lack of national guidelines and frameworks for therapists working in Emergency Departments (ED) and Acute Medical Units (AMU), and therefore identified the development of national competencies as a priority. Leading Occupational Therapists and Physiotherapists from 3 London Acute Foundation Trusts established a collaborative working group to create a set of competencies specifically for Occupational Therapists and Physiotherapists of any banding working in this specialised clinical area. A Delphi Study was used to consult with highly experienced colleagues from around the United Kingdom to refine the competencies as well as the document format and layout.

It is acknowledged that individual therapy teams can differ greatly in staffing, skill mix, and roles. Furthermore how teams work can also greatly vary depending on local pathways and demographics of patients. It was therefore recognised that it would be a challenge to generate a document that meets the needs of all services. Nevertheless it was believed that a single competency document could be achieved and would provide a structured, trans-disciplinary framework for multi-professional career development whilst avoiding duplication of competence assessment.

Defining Competence:

The English Oxford Dictionary defines competence as “the possession of knowledge and skill required for a task”. However one's competence to complete a task should not be seen as forever. To remain competent takes consistent performance, constant updating of practices when appropriate and adaptation as process and systems change and therefore requires on-going review by peers and supervisors.

Methodology:

Therapy processes undertaken to successfully provide comprehensive and appropriate therapy input for patients in ED and AMUs were critically analysed to formulate categories outlining required knowledge and skills. Individual knowledge and skills competencies were then identified and written into a single document. The working group then developed lists of knowledge and skill competencies using national guidelines and best practice documents. A Delphi study was then undertaken to review and develop these competencies further.

The Delphi technique is a common communication tool used relying on a panel of experts in a systematic method for “*a quantitative option aimed at generating consensus. It solicits opinions from groups in an iterative process of answering questions. After each round the responses are summarised and redistributed for discussion in the next round. Through a process of convergence involving the identification of common trends and inspection of outliers, a consensus is reached*” (Better Evaluation, 2014).

Therapists with at least 2 years experience of working in the emergency and acute medical clinical setting were contacted via the SAM AHP Network and invited to participate. Nineteen [19] highly specialised therapists totalling over 100 years of experience in this setting and from across Great Britain including Northern Ireland, Scotland and Wales partook in the Delphi study. The study consisted of 4 rounds to develop and refine the initial set of competencies, and categorise each competency as either core or enhanced. A majority consensus was determined as above 70% agreement, where consensus was not reached the working group made a final decision regarding changes to the competencies.

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Purpose of the Competency Framework:

The document outlines a common framework of knowledge and skills which can have national application for all Occupational Therapists and Physiotherapists working in ED and AMU's, regardless of banding. The overall purpose is to:

- Identify knowledge and skills required to be competent to work in this clinical setting
- Identify staff learning and development needs
- Guide continuing professional development
- Allow transferring of skills and knowledge between employers
- Promote career progression

The document should be used in conjunction with respective professional body and HCPC guidelines, and local induction and other documents when appropriate.

Competencies have been divided into core and enhanced categories, but ultimately it would be for each Trust and Therapies team to decide which competencies are appropriate for each staff group within discipline or banding, based on their teams practice, processes and expectations. A tick box below the competency reference has been included for each Trust to select or deselect competencies as they wish, and would allow them to customise the document in this regard.

We have outlined the scope of each category as:

- **Core:** Competencies essential for the service to operate. Some competencies may only be acquired by one group of professionals but could reasonably be achieved by the other group of professionals with training and support from members of the immediate therapies team. They would primarily be for rotational staff to complete.
- **Enhanced:** These are more specialist skills and knowledge that are beneficial to support professionals in enhancing their role further within acute medicine once the core competencies have been achieved. These competencies may require training and support from outside the immediate therapies team to be achieved. They would primarily be for static therapists in the team.

Further Considerations:

Therapists in ED/AMU are exposed to a broad range of medical conditions and presentations. It is essential for competencies to reflect the extensive set of knowledge and skills required to incorporate most eventualities. Trusts have different expectations on teams working in this environment, therefore in order for this document to be useful and appropriate for any acute therapist, a broad, comprehensive range of competencies have been drawn up to support best practice.

The document is written in a broad, non-specific format for clarity, and to enable transferrable use across differing services to avoid drawn-out detailed descriptions and unlimited examples. This has resulted in a lengthy, but comprehensive set of knowledge & skill sets that departments can use in full, or adapt according to their own competency needs.

Many of the core skill sets have specifically been included to acknowledge the additional elements of time pressure, lack of space, stressful environment, limited MDT involvement, acutely unwell patients and high risk scenarios which are present in the ED/AMU clinical setting. It is not practical to provide competencies for specific conditions. The competencies ensure that all skills are covered for services which will use this as a standalone document regardless of other policies, appraisals or paperwork that may differ. Staff can include the document as part of their CPD portfolio and should be able to take it with them when moving between employers.

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Using the Document:

Competencies have been divided into relevant topics, knowledge and skill, and core or enhanced. Each competency has a unique reference [REF] number that can be used to reference against evidence or during discussion. The check box below each competency reference can be selected/deselected by the Team Manager to adapt the document to different bands and groups of professionals or individuals if they wish, without removing or changing the competencies overall.

There is also an option to select the type of evidence provided for each competency, and for line managers to date and initial each competency once they have been achieved. At the end of each topic, a text box has been provided to add any further information regarding evidence or more specific information to support the achievement of competencies.

Ref	Competency	Evidence	Signed
1.1.1. <input checked="" type="checkbox"/>	Example competency	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

It is not expected that every competency is observed or discussed. It is for the individual therapist and their line manager to decide how this is managed. However it is suggested that a range of evidence is used to demonstrate competence of each topic. At the start of the document, there is also space for the therapist and their line manager to include their details so that competence can be tracked across multiple settings.

Governance and Responsibility for Completing the Document:

The competencies are a shared document between the staff member and their line manager. The staff member is responsible for maintaining an accurate record of their continued professional development and competency to carry out their role. The line manager is responsible for assessing the competence of the staff member and ensuring that the document is updated to reflect the staff member's ability throughout their employment. It is therefore recommended that both the staff member and line manager retain a separate saved up to date version. It is also recommended that the line managers include contact details on the Line Managers page of the document to support communication and clarification with previous line managers, and where possible line managers are encouraged to directly hand on competencies to the next line manager.

Each new line manager should still ensure they make an assessment of new staff member's competencies, regardless of the availability of a document. When a staff member arrives with the competency document having been part completed, a line manager should then be ensuring that they agree with any competencies previously signed off from the previous workplaces. This may include the line manager requesting that the new staff member continues to work on a competency if they feel it is required. The document will provide a point of reference for new line managers but shouldn't be a reason to omit observation and assessment of their staff.

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Therapist, Employment and Line Manager Details

By completing the Employer and Line Manager's details, this indicates that both employee and the line manager have read the introduction to the document and that they take shared responsibility to ensure that the document is accurate and is kept up to date throughout the staff member's employment.

Name of Therapist completing competencies:

Signature of Therapist completing competencies:

Name and Address of Trust	Position Held	Start Date	Line Managers Full Name and Job Title	Line Managers Signature	Line Managers Email Address / Telephone Number

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1. Information Gathering			
CORE KNOWLEDGE			
Ref	Competency	Evidence	Signed
1.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding for the range of common acute medical conditions, symptoms, investigations and treatments found in the ED/AMU setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of local documentation/ information systems to gain information about patients in the ED/AMU setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of multi-disciplinary team [MDT] members involved in a patients care in the ED/AMU setting, and their roles both within the hospital and community.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the process for gathering detailed social, functional and environmental history within the ED/AMU setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding for the use of information	<input type="checkbox"/> Observed	Initials:
CORE SKILLS			
Ref	Competency	Evidence	Signed
1.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to receive referral and ask appropriate questions regarding case.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to gather appropriate information from available sources both from the hospital MDT and the community.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to analyse information in order to determine appropriateness, prioritise and understand any precautions for therapy involvement.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to gather information from a patient and other sources regarding their background medical and social history, functional abilities and their presenting condition.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
1.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to identify specific items of	<input type="checkbox"/> Observed	Initials:

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	gathering to identify concerns regarding cognition.	<input type="checkbox"/> Discussed <input type="checkbox"/> Other	Date:
1.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of when further collateral history is required and how to access this information from multiple sources in the ED/AMU setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed

	equipment or medical appliances used at home that are required to promote function and health in hospital.	<input type="checkbox"/> Discussed <input type="checkbox"/> Other	Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
1.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to challenge reasoning for referrals from MDT.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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2. Screening and Prioritisation							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
2.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of best practice and national guidelines for management of patients in acute and emergency medicine.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	2.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to prioritise patients according to local policy and their clinical need.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
2.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the local prioritisation policy.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	2.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to liaise with team members regarding caseload management	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
2.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the reasons for certain medical investigations and how this may impact on the patients hospital stay.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	2.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to appropriately delegate tasks or patient caseload to meet the needs of patients and the service.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
2.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of common conditions that would indicate the need for therapy assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
2.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of relevant national and local clinical targets that may impact effective provision of therapy services.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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Comments:

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3. Clinical Observations							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
3.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the purpose of a National Early Warning System [NEWS] or local alternative.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	3.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to assess and record patient vital signs using appropriate technique.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the normal parameters for vital signs and physiology underpinning these.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	3.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to liaise with the MDT in the event of any deterioration in vital signs and escalate concerns through appropriate channels.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for assessing and monitoring patient vital signs.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	3.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to manage medical equipment in use by the patient.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of clinical observation chart features and method of calculating scores.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	3.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to adapt assessment and treatment in the event of any clinical observations and escalate concerns promptly.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for safe use of oxygen therapy apparatus.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	3.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to recognise the acutely unwell patient, take prompt actions and escalate accordingly.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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3.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of respiratory, cardio-vascular and neurological contra-indications to assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance of awaiting completed investigations and reports where indicated prior to commencing assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding that some patients have abnormal parameters of vital signs and how this can impact on function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
3.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of common blood tests used, normal parameters and common reasons for abnormal results.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
3.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of common medical equipment attachments used and reasons for use.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

3.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to safely manage oxygen therapy apparatus in accordance with medical prescription.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
3.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to access and interpret a patient's medication chart.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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4. Musculo-skeletal Assessment including Upper and Lower Limb							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
4.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the basic anatomy of the peripheral joints.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	4.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to assess functional range of movement [ROM] of the limbs.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
4.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the anatomy of the spine.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	4.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to assess strength using the oxford grading scale.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				4.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to provide basic exercises for improving upper or lower limb ROM, strength and balance.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
4.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the different reasons for joint, limb and back pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
4.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of red flags associated with back pain and contra-indication for assessment & treatment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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4.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of yellow flags associated with back pain and how they may impact on treatment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
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Comments:

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5. Functional Assessment							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
5.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the components for a functional assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	5.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to identify and demonstrate safe manual handling techniques using appropriately identified equipment safely and required level of assistance needed.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the association between physical and cognitive functioning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	5.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to identify environmental hazards and manage them appropriately.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for orientating patients with cognitive difficulties in the ED/AMU setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	5.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to assess patient functional ability and analyse the method of movement, type of furniture and equipment used: <ul style="list-style-type: none"> • Bed mobility • Transfers (including bed, chair, commode, toilet) • Balance: (including sitting, standing, static, dynamic) • Mobility and gait (including Indoor, outdoor) • Stairs • Activities of daily living (including Personal care and toileting) In an environment pressured by noise and time constraints.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of weight limits for all equipment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
5.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of equipment available to facilitate functional performance.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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5.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of various manual handling techniques and equipment available.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of hazards and risks and maintaining patient & therapist safety.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of functional assessment tools, outcome measures and standardised tests.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

5.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to identify and provide appropriate equipment and strategies for patients to perform these tasks safely with or without assistance <ul style="list-style-type: none"> • Bed mobility • Transfers (including bed, chair, commode, toilet) • Balance: (including sitting, standing, static, dynamic) • Mobility and gait (including Indoor, outdoor) • Stairs • Activities of daily living (including Personal care and toileting). 	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to complete an assessment in a clinical setting and relate the assessment to how the patient will perform in their own environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
5.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to adjust methods of assessment according to patient performance and presentation.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed

ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
5.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to use information gathered to: <ul style="list-style-type: none"> Identify appropriate equipment required for assessment Ensure recommended braces/slings/POP in situ Follow appropriate precautions during assessment/Contraindications Identify the need for multiple staff to assist assessment 	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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6. Cognitive Assessment							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
6.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of common neurological and medical conditions that may cause acute and chronic cognitive impairment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	6.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to identify need for, and complete appropriate cognitive screens or formal assessments.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of potential inaccuracies in patient information giving and ensure accurate details are gathered from support networks.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	6.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to identify areas of risk when discharging patients with identified cognitive impairments.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the different types of dementia.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of delirium and difference with dementia and/or other mental health conditions such as depression.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of best practice for management of patients with cognitive impairments in the ED / AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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6.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of appropriate strategies to reduce anxiety, distress and disorientation in patients with cognitive impairment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of the Mental Capacity Act and how mental capacity may impact on decision making and discharge planning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of Deprivation Of Liberty Safeguarding.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of the role of Independent Mental Capacity Advocates [IMCA] and Power Of Attorney [POA] in supporting decision making.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
6.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of community support and memory services available to follow people up on discharge to address any undiagnosed impairments, and those with diagnosis of dementia.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
6.1.11. <input checked="" type="checkbox"/>	Demonstrates understanding of the brain regions and their roles in relation to cognitive function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.12. <input checked="" type="checkbox"/>	Demonstrates understanding of common medications that may impact on patients' cognition.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.13. <input checked="" type="checkbox"/>	Demonstrates understanding of the various cognitive screens and assessments that are used.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.14. <input checked="" type="checkbox"/>	Demonstrates understanding of conditions that may mimic cognitive impairment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.15. <input checked="" type="checkbox"/>	Demonstrates understanding of components of cognition.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.1.16. <input checked="" type="checkbox"/>	Demonstrates understanding of different types of diagnostic investigations for cognitive impairment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
6.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to assess cognitive function through functional assessments.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to recognise differences in current cognitive function in comparison to known cognitive function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to assess for delirium and use an appropriate standardised assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.2.6. <input checked="" type="checkbox"/>	Demonstrate ability to assess mental capacity regarding decisions involving managing risk.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
6.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to make decision of less restrictive option in the patient's best interest regarding decisions involving managing risk.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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7. Analysis and Clinical Reasoning							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
7.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of multiple social and environmental factors that can impact on function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	7.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to analyse information gathered to identify patients who require therapy input.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
7.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the difference between acute, chronic and acute on chronic conditions and their impact on function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	7.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to analyse information gathered to prioritise patient caseloads for differing priorities.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
7.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the steps and processes of clinical reasoning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	7.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to identify whether a patient is medically fit for assessment and discuss with the most appropriate professional.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				7.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to analyse current presentation and function against known baseline and support/set up.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				7.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to analyse patient functional presentation back to current medical status and past medical history.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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				7.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to analyse information gathered from subjective and objective assessments to draw conclusions, set SMART goals, formulate a problem list and action plan.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				7.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to analyse the impact that identified impairments will have on the patient's functional ability and safety at home.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				7.2.8. <input checked="" type="checkbox"/>	Demonstrates ability to liaise with the medical team regarding new/acute changes in function, and discuss possible causes for these.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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8. Risk Identification and Management							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
8.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the common risks experienced in the ED / AMU environment in relation to admission to, and discharge from hospital: <ul style="list-style-type: none"> Falls and fractures Illness / injury Environmental Functional decline Pressure ulcers Self neglect Mental capacity Safe guarding and protection of vulnerable adult End of life care 	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	8.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to undertake comprehensive assessment of multiple risk factors to identify current and future risks associated with admission to, and discharge from, hospital.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of Adult and Children Safeguarding and local referral pathways to escalate concerns in the ED/AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	8.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to determine overall risk to patients and other persons involved in their care, and make clinical decisions based on one-off rapid assessment in clinical area, when often difficult to simulate existing home set up.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of how the patients' functional status can impact on the level of risk and that this can differ from person to person.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	8.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to anticipate the severity of risk, likelihood of occurrence of risk, and acceptability for the level of risk.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				8.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to identify risks related to the patient's home environment from information gathered.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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8.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of appropriate channels to report concerns regarding specific risk factors.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of risks associated with admission to hospital for frail patients.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for prevention and risk factors for prevention and development of pressure ulcerations.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of need to promote function in order to reduce risks associated with skin integrity.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding regarding areas of skin most at risk most at risk of pressure ulceration.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
8.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of relevant national and local guidelines and policies regarding risk assessment and management of older people and people with dementia.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

8.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to provide appropriate recommendations and onward referrals to effectively manage risk factors on discharge.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
8.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to manage challenging behaviours from patients or relatives.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed

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8.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of how the combination of risk factors will inform overall risk differently for each individual.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
8.1.11. <input checked="" type="checkbox"/>	Demonstrates understanding of how specific medical conditions can inform likelihood and severity of these risk factors.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
8.1.12. <input checked="" type="checkbox"/>	Demonstrates understanding of available resources, equipment, interventions and supports that can reduce specific risks factors.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
8.1.13. <input checked="" type="checkbox"/>	Demonstrates understanding of available assessment tools to evaluate these risk factors within local setting.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
8.1.14. <input checked="" type="checkbox"/>	Demonstrates understanding of best practice for continence management.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

Comments:

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9. Interventions							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
9.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of guidelines and care pathways for common conditions seen by the service.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to identify an appropriate intervention plans for each patient that both reflect the needs of the patient and discharge planning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of available community services to facilitate discharge.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to identify and provide aids and equipment required for discharge using local processes.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of referral, paperwork and process for internal and community services.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to provide instruction, strategies and education regarding function, safety and services to patients, carers or other appropriate persons.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of local availability and process for mobility aid and equipment provision.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to provide accurate and relevant referral information to community services or the MDT in facilitating discharge (see communication and documentation).	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of telecare equipment available and how to access these.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to problem solve when services or equipment are not available to facilitate discharge.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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9.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of local sources of advice and information to provide patients and families.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to appropriately identify the most appropriate person(s) to provide information, education and strategies.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for early discharge planning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	9.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to delegate and implement interventions within a reasonable time frame that reflects the needs of the service.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
9.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of local lone working and home/environmental assessment policies and guidelines.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
9.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of the use of education and resources available to assist with condition management.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
9.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of energy conservation techniques.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
9.1.11. <input checked="" type="checkbox"/>	Demonstrates understanding of how to access local specialist therapy interventions.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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10. Care o-ordination and MDT Working							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
10.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the role for therapies in co-ordinating the patient's care in the ED / AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	10.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to independently manage and prioritise own workload including patient care, administration, teaching and training and supervisory responsibilities.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
10.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the members of the MDT and their role in patient care co-ordination.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	10.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to ensure that patients/carers are referred to other relevant services as appropriate.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
10.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of care co-ordination in facilitating patient flow and discharge planning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	10.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to identify potential barriers to facilitating discharge and takes appropriate actions.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
10.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for confidentiality, equality and diversity when working in the ED / AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	10.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to advocate for the patient and maintain objectivity at all times.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				10.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to work within the limits of own knowledge and skill while seeking advice and support from the MDT as appropriate.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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				10.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to discuss issues or complex cases appropriately with supervisor/line manager or other relevant senior colleagues.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
				10.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to co-ordinate and lead patient related case conferences and multi-agency team meetings.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				10.2.8. <input checked="" type="checkbox"/>	Demonstrates ability to negotiate on a range of issues and situations, recognising and resolving potential conflict and breakdown when it occurs.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				10.2.9. <input checked="" type="checkbox"/>	Demonstrates ability to anticipate periods of high demand and manage caseload accordingly.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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11. Communication and Documentation							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
11.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for Clinical Governance in the ED / AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to build rapport that facilitates good communication between therapist, patients and family/carers throughout the therapeutic process.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance for effective communication in the ED / AMU environment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to effectively communicate therapy process, plan and recommendations to patient, family and MDT members.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of how own behaviour and body language can influence communication with others.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to negotiate with the MDT or external services to facilitate effective discharge.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance of listening to and involving family and carers in planning care and decision making.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to uses a range of appropriate strategies to communicate with those who have difficulties communicating.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of behaviours that may indicate important messages such as pain, distress, or confusion in a person who is unable to communicate verbally.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to identify and use strategies to communicate effectively with people with cognitive impairments.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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11.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of importance for clear and consistent communication, and the need to communicate with those who have difficulties communicating and those in distress.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to collaborate with family carers and/or paid carers to support communication with a person who has difficulties communicating.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of local documentation procedures and modalities.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to motivate patients and/or carers to engage in the therapeutic process.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of resources available to aid communication with patients, family or colleagues.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.8. <input checked="" type="checkbox"/>	Demonstrates ability to communicate empathetically and sensitively with people in distress, in a way which is calming and reassuring, and seeks to reduce their distress.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
11.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of local language interpretation services and how to access these.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	11.2.9. <input checked="" type="checkbox"/>	Demonstrates ability to maintain up to date and accurate documentation relevant to therapy information, assessment findings and recommendations as per local policy.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				11.2.10. <input checked="" type="checkbox"/>	Demonstrates ability to complete accurate and relevant referrals required for discharge in a timely manner.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed

11.2.11. <input checked="" type="checkbox"/>	Demonstrates ability to keep accurate statistics on your activity.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
11.2.12. <input checked="" type="checkbox"/>	Demonstrates ability to identify and uses a range of appropriate strategies that aim to manage conflict and disagreement with patients, family and other MDT members.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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12. Frailty							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
12.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the ageing process and frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	12.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to refer to, and liaise with, geriatrician consultants where frailty is associated with significant complexity, diagnostic, uncertainty or challenging symptom control or challenging behaviour.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
12.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of frailty syndrome and importance of recognising frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	12.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to liaise with Pharmacy or Medical team regarding medication review.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
12.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the need to address reversible medical conditions.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
12.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the impact of polypharmacy and importance of medication reviews for older people with frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
12.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance of a thorough multi-factorial falls assessment for patients with frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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12.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of and develop person centred goals to manage frailty in older people.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
12.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of the purpose and components of Comprehensive Geriatric Assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
12.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of national guidelines related to frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
12.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of the difference between frailty, long term conditions and disability.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
12.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of the impact of other factors i.e. ETOH/Low Mood on patients with frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
12.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to contribute to a comprehensive geriatric assessment by undertaking a comprehensive therapy assessment including medical, physical, cognitive,, psychological and social needs, and communicating the outcome with the MDT.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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12.1.11. <input checked="" type="checkbox"/>	Demonstrates understanding of different assessments for identifying frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
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Comments:

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13. Falls							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
13.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the factors that may contribute to falls.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to assess for orthostatic hypotension, and interpret the results.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of medical conditions and medications that may increase a risk of falls.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to complete a comprehensive falls assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of NICE guidelines regarding falls assessment and management.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to use appropriate tools to assess falls risk.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of local guidelines and falls pathways.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.4. <input checked="" type="checkbox"/>	Demonstrates ability to refer appropriately to community services.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of assessment tools (standardised and non-standardised) available to identify falls risk.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to identify cause of falls and implement appropriate management plan when able.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of community falls services available.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	13.2.6. <input checked="" type="checkbox"/>	Demonstrates ability to effectively communicate with the MDT regarding patient falls risk and management plan.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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13.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of equipment available to minimise or monitor falls.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
13.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of current thinking/research in the falls arena.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of the benefits of bone protection.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of the considerations needed when assessing a fall with suspected head injury or an unwitnessed fall.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

13.2.7. <input checked="" type="checkbox"/>	Demonstrates ability to recognise reduced confidence, self limitation of activity and fear of falling during assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.2.8. <input checked="" type="checkbox"/>	Demonstrates ability to appropriately manage a fall on the ward.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
13.2.9. <input checked="" type="checkbox"/>	Demonstrates ability to provide advice and education to patients and families on falls management and equipment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed

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Comments:

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14. Respiratory Conditions

CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
14.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the anatomy & physiology of the Respiratory System.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
14.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of common Respiratory conditions and impact on function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
14.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the reasons for oxygen therapy, contra-indications and the impact of oxygen use during therapy intervention.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
14.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the signs and symptoms of the breathless patient.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
14.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of the role of Respiratory Physiotherapy and when/how to refer where appropriate.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
14.1.6. ☒	Demonstrates understanding of the impact of the results of the chest x-ray on assessment & treatment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	14.2.1. ☒	Demonstrates ability to review and interpret relevant information on a chest x-ray report and the impact of the results on the patient prior to assessment & treatment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
14.1.7. ☒	Demonstrates understanding of appropriate questions/outcome measure to assess the breathless patient at rest and during functional activities.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	14.2.2. ☒	Demonstrates ability to implement techniques that aim to reduce breathlessness in a respiratory patient at rest and during function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				14.2.3. ☒	Demonstrates ability to use appropriate outcome measures to assess the breathless patient.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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15. Cardiovascular [CV] Conditions							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
15.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the anatomy & physiology of the CV System.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
15.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance of recognising common CV diseases & Risk factors.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
15.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the need to have an awareness of common CV medications and implications.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
15.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of features of a normal ECG rhythm.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

Comments:

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16. Orthopaedic Conditions

CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
16.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of bone and skeleton anatomy.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	16.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to adapt assessment and treatment depending on injury and site of fracture.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
16.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the signs and symptoms of a fracture.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	16.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to assess a patient's functioning with consideration for their weightbearing status.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
16.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of the most common types of fractures affecting patients with frailty.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
16.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the signs and symptoms of infected wound.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
16.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of different Weight Bearing status.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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16.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of local trauma pathways and inform specialist trauma teams.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
16.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of language used in results and reports for plain film x-ray, MRI and CT imaging.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
16.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of different types of fractures.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
16.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of fractured ribs on respiratory function and relevant local pathways.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
16.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to fit a variety of surgical appliances in line with local policies.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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17. Neurological Conditions							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
17.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the anatomy & physiology of the central and peripheral nervous system	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
17.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the components for a neurological assessment	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
17.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of common head and brain Injuries	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
17.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of common neurological conditions and associated common symptoms	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
17.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of local acute Neurology pathways and how to access acute neurology services.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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17.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of post head injury advice for patients being discharged.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
17.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of common Neurology Medications	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

ENHANCED SKILLS			
Ref	Competency	Evidence	Signed
17.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to carry out a neurological assessment and problem list & treatment plan	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
17.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to use appropriate questions/outcome measure to assess Neurological patient	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
17.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to carry out appropriate standardised assessment such as Post Traumatic Amnesia assessment [PTA] following a head injury	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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18. Pain Assessment and Management

CORE KNOWLEDGE			
Ref	Competency	Evidence	Signed
18.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of contra-indications and side effects experienced by elderly and frail patients with common analgesics.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
18.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of psycho-social factors that can influence the experience of pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
18.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of neuroceptive and neuropathic pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
18.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of the WHO analgesic ladder and common analgesics.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

CORE SKILLS			
Ref	Competency	Evidence	Signed
18.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to use the numeric rating scale effectively to assess pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
18.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to use the descriptive rating scale effectively to assess pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
18.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to use the visual analogue scale effectively to assess pain.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed

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18.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of pain management techniques.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
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Comments:

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19. Renal Conditions			
CORE KNOWLEDGE			
Ref	Competency	Evidence	Signed
ENHANCED KNOWLEDGE			
Ref	Competency	Evidence	Signed
19.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of the importance of fluid balance/Input & Output.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
19.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the use and positive / negative results for a mid stream and catheter Urine Dipstick test.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
19.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms of common renal conditions.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
19.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of Urea and Electrolyte blood results and the impact that these can have on physical and cognitive functioning.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

CORE SKILLS			
Ref	Competency	Evidence	Signed
19.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to relate diagnosis of urine tract infection to functional assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED SKILLS			
Ref	Competency	Evidence	Signed

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20. Mental Health and Learning Disabilities

CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
20.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of common mental health conditions experienced by people who present to the Emergency Department and Acute Medical Unit.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	20.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to seek help and support to ensure the immediate safety of someone experiencing a mental health crisis.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
20.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms of depression.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms of anxiety.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms drug or alcohol dependency and withdrawal.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.5. <input checked="" type="checkbox"/>	Demonstrates understanding of the signs and symptoms of a mental health crisis.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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20.1.6. <input checked="" type="checkbox"/>	Demonstrates understanding of the interaction between physical and mental.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.7. <input checked="" type="checkbox"/>	Demonstrates understanding of the impact that a mental health condition can have on a person's own behaviour, feelings and perceptions.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.8. <input checked="" type="checkbox"/>	Demonstrates understanding of the impact of learning disabilities on function.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
20.1.9. <input checked="" type="checkbox"/>	Demonstrates understanding of person centred documents such as "This is Me" and Learning Disability Hospital passports.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
20.1.10. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms of psychosis.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	20.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to assess a person's mental health using non-standardised or standardised assessment.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

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20.1.11. <input checked="" type="checkbox"/>	Demonstrates understanding of signs and symptoms of psychosis.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
20.2.3. <input checked="" type="checkbox"/>	Demonstrate ability to analyse information from the mental health assessment and makes a judgement in the immediate situation when dealing with and supporting a person with mental health problems experiencing a mental health crisis and refers to appropriate service.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
20.2.4. <input checked="" type="checkbox"/>	Demonstrate ability to facilitate person centred decision making with those with mental health problems, applying the mental capacity act where appropriate.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
20.2.5. <input checked="" type="checkbox"/>	Demonstrates ability to facilitate person centred decision making with those with a learning disability, applying the mental capacity act where appropriate.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:

Comments:

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21. End of Life Care							
CORE KNOWLEDGE				CORE SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
21.1.1. <input checked="" type="checkbox"/>	Demonstrates understanding of Palliative Care team role and how to access this service.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:	21.2.1. <input checked="" type="checkbox"/>	Demonstrates ability to recognise signs of the dying patient.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				21.2.2. <input checked="" type="checkbox"/>	Demonstrates ability to recognise need and refer patients to the palliative care team.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
				21.2.3. <input checked="" type="checkbox"/>	Demonstrates ability to recognise when therapy intervention is not appropriate for the dying patient.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:
ENHANCED KNOWLEDGE				ENHANCED SKILLS			
Ref	Competency	Evidence	Signed	Ref	Competency	Evidence	Signed
21.1.2. <input checked="" type="checkbox"/>	Demonstrates understanding of the principles of the 'Gold Standard Framework' and NICE guidelines for End of life care.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

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21.1.3. <input checked="" type="checkbox"/>	Demonstrates understanding of advance care planning and the Gold Standard Framework for End of Life care.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				
21.1.4. <input checked="" type="checkbox"/>	Demonstrates understanding of how to recognise patients with end stage chronic diseases and how these conditions may impact on decisions around treatment of acute illness.	<input type="checkbox"/> Observed <input type="checkbox"/> Discussed <input type="checkbox"/> Other	Initials: Date:				

Comments:

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Bibliography and Further Reading

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