



CONTINUING PROFESSIONAL DEVELOPMENT PORTFOLIO

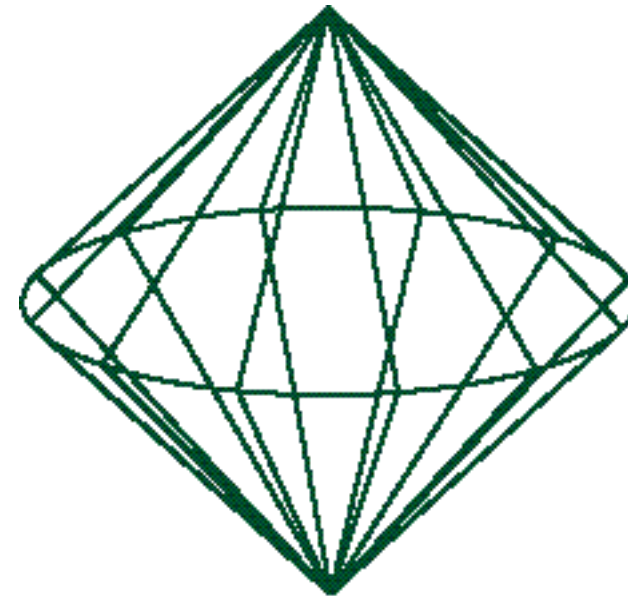
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A Route to Enhanced Competence for Tissue Viability Nurse Specialists

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A Route to Enhanced Competence for Tissue Viability Nurse Specialists

The background features a technical drawing of a mechanical part, possibly a turbine or engine component, with a grid overlay. The drawing includes various labels and dimensions. A data table is overlaid on the right side of the image, containing numerical values in a grid format.

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7	10	2160,00	865,00	2,23	27	17
8	10	2160,00	965,00	2,23	27	17
9	10	2140,00	1035,00	2,25	27	17
10	10	2140,00	1115,00	2,25	27	17
11	10	2120,00	1180,00	2,27	27	17
12	10	2120,00	1255,00	2,27	27	17
13	10	2100,00	1315,00	2,29	27	17
14	10	2100,00	1385,00	2,29	27	17
15	10	2075,00	1475,00	4,53	150	35
16	10	2005,00	1625,00	4,47	150	35
17	10	2100,00	1795,00	4,41	150	35
18	10	2130,00	1970,00	6,48	150	35
19	10	2165,00	2135,00	6,48	150	35
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Foreword

The implementation of competency frameworks within education and practice is a key recommendation in 'Caring for Scotland' Strategy for Nursing and Midwifery in Scotland (2001) and achievement of competencies are now essential for registration. How, then, do we define competence and how do specialists ensure that they are competent to undertake their roles, and offer assurance to their employers and to the public?

Tissue Viability is an area of nursing practice that cuts across all the specialties within healthcare settings – acute, mental health, community, and long-term care. Over the last eight years, Tissue Viability Nurse Specialists have developed new and unique roles within Scotland and to date there are over thirty appointed posts in Scotland within Primary and Secondary Care and others within the Independent sector. Unlike many other specialist nursing roles, Tissue Viability Nurse Specialists are generally not linked to a medical specialty, they often function independently and the contribution of the nurse-led specialty to improving patient care is unquestionable (Flanagan, 1996; Newton, 1999).

However the roles have at times developed haphazardly, in common within many specialist roles, and with little external understanding of the role of the Tissue Viability Nurse Specialist.

This competency document was developed with several goals in mind

1. To define tissue viability specialist nursing
2. To provide a framework for Tissue Viability Nurse Specialists to work within
3. To form a basis for clinical supervision and mentorship
4. To inform curricula for tissue viability education.

This definition and description of practice should be a useful starting point for all Tissue Viability Nurse Specialists, those aspiring to a specialist post, and for managers and executive nurses who have a Tissue Viability Nurse Specialist in post, or who are seeking to make an appointment. The formalisation of a role description, developed by the specialist nurses themselves, will be of benefit not only to nurses, but to their patients who seek to be assured that high standards of care apply across Scotland.

Alison Finnie

Chairperson

National Association of Tissue Viability Nurse Specialists (Scotland)

April 2002

Acknowledgements

National Association of Tissue Viability Nurse Specialists (Scotland) would like to thank Liz Gillies (Professional Officer, NHS Education for Scotland) for encouragement and continued support with this document.

The Association would also like to acknowledge the work undertaken by the Renal Society of Australasia in developing competencies for the advanced practice nurse.

How to get started

This framework is designed to be completed in association with the **NBS Portfolio Route to Enhanced Competence (2000)**. It continues to utilise the framework of reflecting on past experience and learning in order to record continuous professional development to enhance clinical competence in tissue viability. It will help the individual nurse to identify sources of learning and evidence of good practice which relates to providing high quality care.

The features of the portfolio are that it:

- ◆ *Is designed to meet the needs of Tissue Viability Nurse Specialists working in hospitals, primary care and the independent sector, following a period of consolidation of initial training and be undertaken in association with the NBS Portfolio Route to Enhanced Competence.*
- ◆ *Will have application to the preparation of in-house clinical courses as well as having a place in informing curricula developed by Higher Education providers either in partnership with NHS organisations or independently.*
- ◆ *Can be achieved as a work based programme through rotational placements in identified, educationally audited practice placements.*
- ◆ *Is designed to articulate with programmes of preparation for the NMC recordable qualification in specialist practice.*
- ◆ *Will provide for the individual a bank of evidence of achievement in the core competencies which may have career development potential.*
- ◆ *Will be delivered to meet the Standards of the Framework for Quality Assuring Continuing Professional Development in NHS Trusts in Scotland 'Strength Through Partnership', NBS April 2000.*

Steps to Building a Portfolio

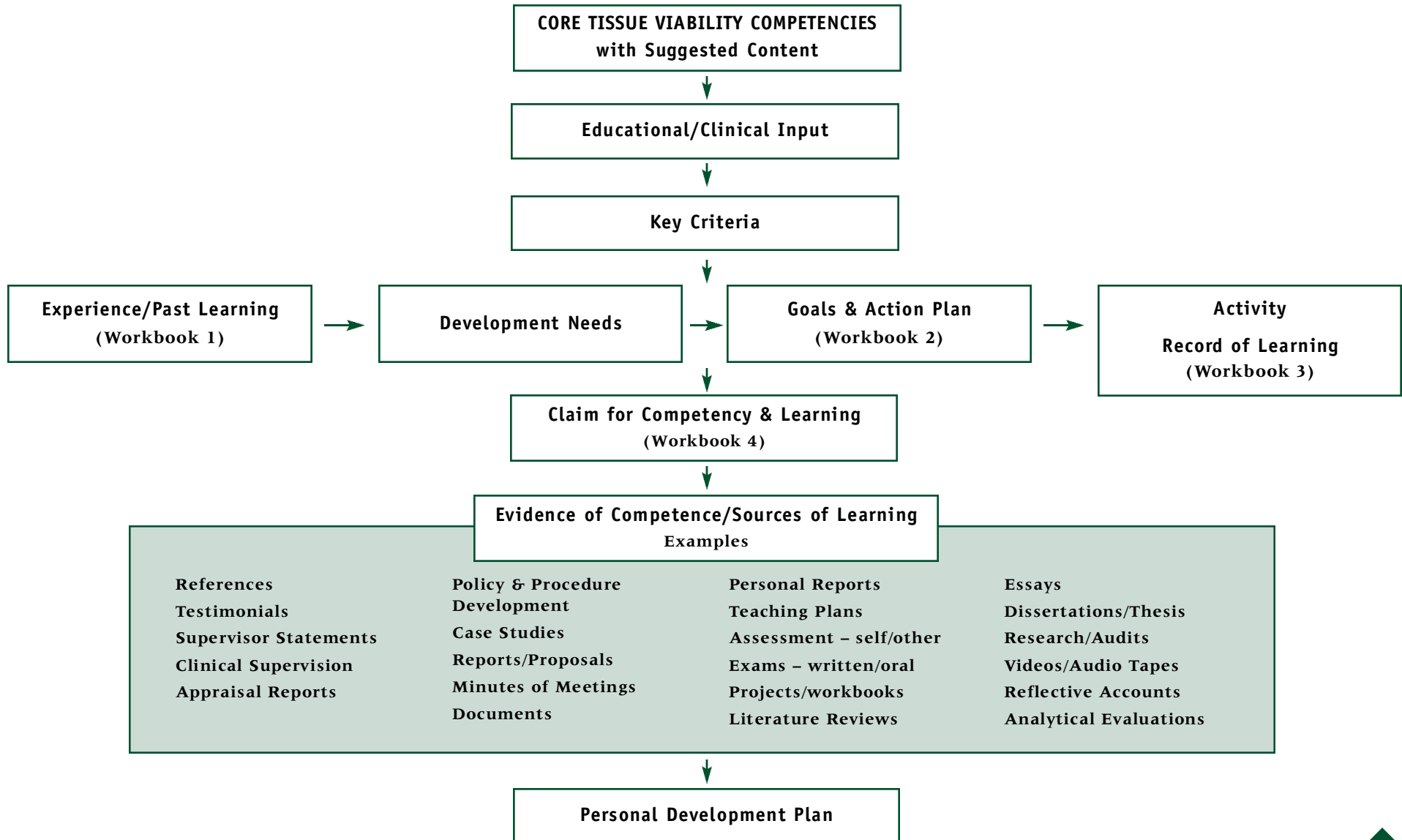
You may already have a personal professional profile which you may wish to incorporate into this NBS portfolio, however, you should continue to use the following steps:

- Step 1 Review your experience and practice to date identifying any core knowledge and skills that you have;*
- Step 2 Appraise your level of competence and identify strengths and any areas that need to be developed;*
- Step 3 Agree with your senior manager, in-house Continuing Professional Development staff and/or Higher Educational Institution a training programme which meets your learning needs;*
- Step 4 Set goals and devise an action plan to achieve the stated core competencies;*
- Step 5 Provide evidence of competence through your portfolio.*

QACPD Portfolio CD

A copy of the NBS Continuing Professional Development Portfolio, 'A Route to Enhanced Competence' and 'A Route to Enhanced Competence for Tissue Viability Nurse Specialists' documents are supplied on the enclosed CD in Acrobat PDF format, they may also be printed out for reference.

Portfolio Route To Achieving Competence for Tissue Viability Nurse Specialists



Introduction

The role of the Specialist Nurse has evolved considerably in the last few years across Community and Acute areas and in wide and varying specialities. Job descriptions and functions vary, both within, and across, different specialities. The Fitness for Practice Report (UKCC, 1999) highlighted the need for competency achievement for pre-registration nurses. The question of competency, and of being 'fit for practice' relates also to the preparation and activities of Nurse Specialists.

The new initiatives for specialist practice and the proposed higher level of practice (UKCC, 1998) assume that a level of competence is achieved in skills, abilities and values that is also reflected in the educational qualifications of the Specialist Nurse.

Specialist qualifications in each speciality may not be practicable in terms of institutional provision and cost. It may be more appropriate to determine and develop competencies for individual specialities by peer group especially as nurse-led specialities grow and expand, in line with the Scope of Professional Practice (UKCC, 1992). Specialist Nurses working together across different regions may be the best people to take this forward. With this in mind, the National Association of Tissue Viability Nurse Specialists (Scotland) approached the National Board for Scotland for assistance in developing a competency framework for practice.

Background

Australia, and in particular New South Wales and Queensland have been promoting the role of the Clinical Nurse Specialist for many years (Chapman, 1999; Duffield, C. Donoghue, J. and Pelletier, D. 1995; Sellars and Deans, 1999). Many authors internationally highlight the requirements of competence in specialists (DiMauro and Mack, 1989; Woods, 1997; Forbes, 1998; Fenton, 1985). Competency frameworks have been developed to assist with preparation for role, and assessment and evaluation tools demonstrated. In 2000, the Chair and Vice-chair of the NATVNS (Scotland) visited Australia as part of a study tour to explore competency frameworks developed and implemented for Clinical Nurse Specialists in Community, Acute and Academic settings

and their potential applicability to future specialist practice within Scotland (Finnie, 2001). This was funded by the National Board for Nursing Midwifery and Health Visiting (Scotland), The Huntleigh Foundation and the Tissue Viability Forum (West of Scotland). This Australian work was pivotal to the development of this framework.

Tissue Viability as a Nursing Speciality

Tissue Viability Nurse Specialists are a valuable resource. The development of a co-ordinated service can improve patient care, reduce both risk and costs, and improve the care of patients with wounds and skin problems (Gray et al, 2000, Tocher and Watson, 2001). When Tissue Viability Nurse Specialists are appointed quality of care may improve, which can mean a reduction in hospital acquired pressure ulcers through active management, promotion of risk assessment and of education. There also may be a reduction in direct costs as therapeutic interventions are directed appropriately to areas of need, when managed directly by a Specialist (Aitken and Morrison, 1999).

Nurse Specialist work, by its very nature, can be difficult, lonely, challenging and daunting, especially when newly appointed. There are many challenges and misrepresentations, and different nomenclature for the role. Often the success of the role may be due to the tenacity, motivation and interest of the individual post-holder. However on initial appointment, with the considerable demands and stresses placed on the Tissue Viability Nurse Specialist, it is possible that the new postholder may be misguided, or feel very alone in developing the role. This progression may be unstructured in manner, unable to be supported effectively by a line manager, due partly to the specialist nature of the role, and the perennial problem of 'managing the Specialists' (Finnie and Kilpatrick, 1998).

Some Tissue Viability Nurse Specialists will endeavour to discover how other practitioners work within such a role, sharing their knowledge, educating, and collaborating – whilst others may enjoy their promoted role, but remain seriously unchallenged and professionally isolated.

Similarly there may be geographical differences in care. The role, like many specialist posts, has developed haphazardly and often in response to local needs. As such, the job can be diverse. By what means can the public be assured that the service delivered by the Nurse Specialist is of quality?

It is clear that Nurse Specialists require some guidance for practice. The International Council for Nurses in 1992, highlighted the difficulties with global nurse specialist role developments recommending, amongst others, that *'the speciality practice is based on a core body of nursing knowledge which is continually being expanded and refined by research'* and that *'the speciality has established educational and practice standards which are congruent with those of the profession and are set by a recognised nursing body/ies'*.

Tissue Viability Nurse Specialists have chosen to develop this framework to meet these very recommendations.

Developing competence as a specialist nurse

Benner (1984) states that competence is a continuum, where the practitioner moves through different levels and that learning is on going. Therefore, it may not be sufficient for Tissue Viability Nurse Specialists to just maintain a satisfactory level of practice, but progression through to a higher level of competence is considered imperative. As Argyris and Schon (1974) stated *"professional competence is the ability to learn how to learn"*. Competency based education should therefore refer to the real world, where practitioners with a comprehensive understanding of their speciality can also display an intuitive grasp of knowledge, situations, complexities which arise within their own settings (Benner 1982).

A Tissue Viability Nurse Specialist will require not only knowledge, which has been gained from experience, education and acquired skills, but in addition the appropriate behaviour and attitude is fundamental, in order to function competently in all areas of practice as a nurse specialist. At times it can be difficult to document and assess attitudes (Smith 1997). This should not however decrease the importance of attitudes and behaviours as their components play an essential role in every-day tasks.

Reflection can also play a large part in developing behavioural skills and this competency framework may be utilised to facilitate this. The framework is designed not to be restrictive but to allow nurses to develop and flourish within and beyond a structured framework.

Methodology

In 1999 an educational sub-group of the National Association of Tissue Viability Nurse Specialists (Scotland) was set up to examine the role of the Tissue Viability Nurse Specialist and subsequently develop a competency framework. Midway through the project, the National Association was balloted in order to illicit opinion on the appropriateness of the frameworks and support for its development. Over the last two years, the group, with a changing and evolving membership, has worked hard to list aspects of practice that are undertaken by Tissue Viability Nurse Specialists, utilising a modified Delphi technique to enable achievement of consensus. Using a combination of models (Hamric and Spross, 1989; Renal Society of Australasia, 1999 and Australian Nursing Federation, 1997) a framework has evolved that clearly defines the multifaceted nature of the role. The framework lists competencies, which are further broken down into specific role elements, matched with measurable performance criteria for the Tissue Viability Nurse Specialist.

Subsequently a formative draft was produced, and the competencies were piloted by a representative sample (30%) of Tissue Viability Nurse Specialists from across Scotland. Included in this pilot group were a mix of Tissue Viability Nurse Specialists who were newly appointed and experienced Tissue Viability Nurse Specialists, and who had responsibility for paediatrics, acute, community, combined acute/community, and Independent care.

The competency statements that are provided within this workbook describe the attitudes, knowledge and skill, required to fulfil the Tissue Viability Nurse Specialist role. The statements included are assessable and measurable. Examples of how to achieve each competency are given and evidence must be shown on all three areas: knowledge, attitude and skills.

Using the Framework

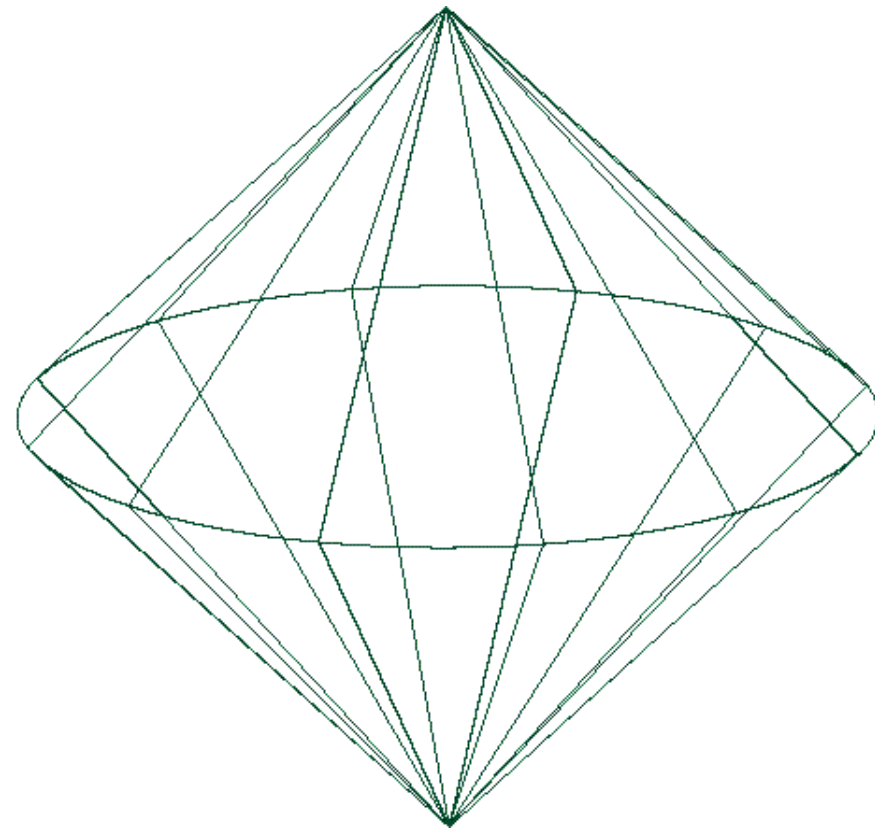
The framework is firstly a definition of practice. This framework may also be utilised to allow peer review, it will provide a minimum standard for benchmarking, and may form a basis for clinical supervision and curriculum development. It is by no means descriptive of the work of every Tissue Viability Nurse Specialist, however it forms a structure that may be utilised to write job descriptions, to support mentorship and clinical supervision, and within a format that will allow all Tissue Viability Nurse Specialists to develop within.

Tissue Viability Nurse Specialists should monitor their own competence, and in addition be assessed by others, in conjunction with clinical supervision.

It is hoped that the competency based framework will provide a structure that would support professional development, being sufficiently flexible for new appointees to follow, whilst providing guidance for development of more senior nurses. The framework is not intended to be restrictive, but to create a model for Tissue Viability Nurse Specialists to both function safely and flourish within.

This project meets the international need for definition of specialist practice and provides a standard by which the public should be assured of quality care from Tissue Viability Nurse Specialists. Time will tell if these initiatives are the answer to some of these professional specialist dilemmas.

It is intended that a supplementary project will identify methods of evaluation in the future, but suggested techniques are listed in the appendix 1.



Domain 1 Clinical Problem Solving

Introduction

The competencies in this domain reflect a specialised tissue viability knowledge which has been developed through education, experience and clinical practice. The Tissue Viability Nurse Specialist incorporates an holistic approach to meeting individual clients, departmental needs. Advanced interpretive skills and interventions incorporate the efficient and effective utilisations of resources.

Three competencies are illustrated:

1. Holistically manages complex therapeutic interventions using multiple approaches to decision making
2. Develops and manages a plan of care to achieve predicted outcomes and considers implications for ongoing care
3. Anticipates and plans for effective utilisation of resources within Tissue Viability.

Competency 1: Holistically manages complex therapeutic interventions using multiple approaches to decision making

ELEMENTS	PERFORMANCE CRITERIA
1.1 Demonstrates a sophisticated use of clinical knowledge in tissue viability	Demonstrates a specialist level of knowledge and practical skills in tissue viability Provides holistic structured assessment of patients that is context specific and highly developed. (eg, leg ulcer assessment)
1.2 Incorporates comprehensive assessment and interpretive skills and demonstrates high levels of accountability	Understands disease processes and anticipates normal and abnormal patient responses Ability to identify priorities quickly, maintaining a focus when multiple concurrent stimuli are presented Integrates information, previous experience and data to form decisions utilising assistance from other healthcare professionals and voluntary sectors if applicable
1.3 Integrates assessment findings in order to initiate and manage intervention and treatment plans whilst anticipating future needs	Seeks additional clinical evidence to validate decisions, and strategies are initiated to provide data from other sources Requests and/or performs appropriate investigations Possible and probable consequences of the patient situation are considered and parameters for patient safety are identified
1.4 Effectively manages complex clinical scenarios related to tissue viability and prepares appropriate resources	Initiates an achievable and realistic plan of care and intimates justification for care strategies which are appropriately documented and communicated Interactions are conducted that demonstrate concern for individuals or groups and encourages patients to take responsibility for their health e.g. teaching patients pressure reducing lifts Demonstrates an approachable attitude to patients, carers and all levels of staff and communicates effectively with staff, patients and carers Challenges inappropriate interventions and orders relevant to tissue viability Plans for interventions for resolution of actual or potential deficiencies in service Re-evaluates at appropriate intervals and updates assessments and documentation related to tissue viability

Competency 2: Develops, advises on and/or manages a plan of care to achieve predicted outcomes and considers implications for ongoing care

ELEMENTS	PERFORMANCE CRITERIA
<p>2.1 Assesses effectiveness of management in achieving long term patient outcomes</p> <p>Reviews nursing management in accordance with patient evaluation and audit data and effectively plans for continuity of care within tissue viability</p>	<p>Practice is consistently patient centred and nursing activities are performed with precision, dexterity, and efficiency</p> <hr/> <p>Patient is consulted at all stages of care and response and behaviour are monitored throughout each intervention and care adjusted accordingly</p> <hr/> <p>Proactive strategies are implemented to address potential patient complications, and goals and interventions are amended following changes in patient's health</p> <hr/> <p>Utilises principles of learning and teaching appropriate to the patient and carer based on current and accurate knowledge to facilitate attainment, maintenance, and restoration of health and well being</p> <hr/> <p>Refers patients to other authorities promptly and appropriately, and patients' access to aids and other appropriate physical resources is facilitated and collaboration is promoted within and outwith the profession</p> <hr/> <p>Acts as a positive role model for colleagues</p> <hr/> <p>Encourages open communication between staff and patient</p> <hr/> <p>Demonstrate the use of protocols and guidelines to inform practice</p> <hr/> <p>Patient records are maintained to promote continuity of care</p> <hr/> <p>Flexible and creative approaches are developed in challenging situations demonstrating initiative and increasing independence in routine practice within tissue viability</p> <hr/>

ELEMENTS

2.2 Utilises relevant research within practice and maintains and expands a current knowledge level within tissue viability

PERFORMANCE CRITERIA

Demonstrates the ability to undertake literature searching using electronic, internet and catalogue sourcing

Seeks out relevant research papers

Demonstrates an ability to read, interpret, appraise, evaluate and analyse research

Put relevant research findings into practice

Identify relevant potential research projects and understand methods to take new ideas forward.

Identify key individuals to assist and develop research plans

Plan and implement methods of data collection.

Analyse data, evaluate results and implement changes to practice accordingly

Evaluate and critically review local and national guidelines

Develop local protocols from best available evidence and national guidelines relevant to tissue viability

Link with clinical effectiveness department

Ensure smooth implementation of plans and protocols

Understand change theory and demonstrate use

Demonstrate the ability to undertake a needs assessment through audit

Demonstrate the measures being taken to ensure practice is current and evidence-based

Competency 3: Anticipates and plans for effective and efficient utilisation of resources within tissue viability

ELEMENTS	PERFORMANCE CRITERIA
3.1 Plans and co-ordinates appropriate human resource allocation within the tissue viability service	Negotiates workload with colleagues and manager
	Ensures priorities are based on need acuity, client preferences and optimal time for intervention
	Implements time management strategies to achieve optimal care
	Ensures provision is made to facilitate the practice of colleagues
	Demonstrates clear evidence of succession planning and cover for leave
	Demonstrates active involvement in relevant management meetings that relate to tissue viability services
	Demonstrates evidence of development and implementation of a referral system
	Ensures that an efficient and effective tissue viability service is available to all levels of staff within the multi-disciplinary team
	Ensures that accurate documentation is maintained in accordance with UKCC “Guidelines for Records and Record Keeping”
	Demonstrates ability to comment, discuss and justify treatment options when dealing with members of the multi-disciplinary team
	Acts in an advisory and collaborative role with senior management in relation to issues pertaining to tissue viability
	Ensures, if managing a tissue viability team, adequate staffing for team
	Ascertains the usage of the tissue viability service provided across all user areas
	Demonstrates an awareness of other groups that impact on your role
	Establishes and maintains communication pathways utilising link nurse groups or similar
	Possesses effective communication skills in order to be actively involved in management meetings that concern tissue viability issues
	Establishes and maintains contact with professional bodies and related agencies at local, national and international level

ELEMENTS

3.2 Demonstrates an accurate knowledge of available therapeutic equipment and wound care products and where appropriate manages and co-ordinates technical and financial resources to optimise the delivery of care for tissue viability

3.3 Identifies risk within the sphere of tissue viability and plans, implements and evaluates strategies to reduce and manage risk

PERFORMANCE CRITERIA

Provides Specialist advice and support relating to the purchasing and commissioning of tissue viability resources and services

Investigates new equipment and keeps abreast of new dressing and wound management technologies

Actively searches for evidence base and evaluates new products prior to patient use

Within remit takes responsibility for therapeutic equipment – ensuring that equipment is maintained and hazard notices are actioned

Demonstrates the ability to be involved in tendering and contractual agreements for tissue viability services

Recognises limitations of therapeutic equipment

Demonstrates awareness of nationally agreed targets and international initiatives such as EPUAP guidelines

Educates staff on best practice in relation to tissue viability equipment and products

Demonstrates a business plan and knowledge of budgetary issues

Develops audit tools for tissue viability and audits practice relating to direct patient care and organisational effectiveness

Identifies pressure ulcer and wound grading systems and the benefits and drawbacks of each

Discusses the importance of the concept of grading assessment

Identifies risk assessment tools and evidence of implementation

Plans and implements methods of data collection,

Provides education to involved staff on data collection, collation and assessment

Assesses area participation and troubleshoots non-compliance, demonstrating methods of managing non-compliance

Develops local strategies in the monitoring of pressure sore incidence and/or prevalence

Analyses data, evaluates results and implements changes to practice accordingly

Assesses outcomes after change in practice developed

Domain 2 Professional Practice

Introduction

Professional practice competencies highlight the legal and ethical responsibilities of Tissue Viability Nurse Specialists in relation to self and patients, ensuring that the rights of each are respected. This is a pivotal part of the everyday work of the Tissue Viability Nurse Specialist.

Four competencies are illustrated:

1. Function in accordance with legislation (and common law) affecting practice
2. Actively protects the rights of individuals and groups
3. Demonstrates and justifies accountability in tissue viability nursing practice
4. Contributes to effective, ethical decision making relevant to tissue viability nursing practice

Competency 1: Functions in accordance with legislation (and common law) affecting practice

ELEMENTS	PERFORMANCE CRITERIA
1.1 Demonstrates a functional knowledge of the law pertinent to tissue viability nursing practice	<p>Understands and can discuss the implications of legislation affecting tissue viability nursing</p> <ul style="list-style-type: none">◆ Consent◆ Confidentiality◆ Negligence◆ Equal opportunities <hr/>
1.2 Function in accordance with legislation affecting nursing practice	<p>Current registration with NMC</p> <hr/> <p>Maintains appropriate and accurate records in accordance with UKCC “Guidelines for Records and Record Keeping”</p> <hr/> <p>Practice complies with UKCC “Code of Professional Conduct”</p> <hr/> <p>Practice complies with current Occupational Health and Safety legislation</p> <hr/>
1.3 Consistently promotes adherence to legislation governing practice	<p>Acts as a role model by consistently adhering to legislation and UKCC “Code of Professional Conduct”</p> <hr/> <p>Acts as a role model by consistently adhering to local and national policies and protocols</p> <hr/> <p>Actively participates in the education of less experienced staff regarding legal implications of their practice</p> <hr/> <p>Initiates discussion with staff relating to identifying learning needs arising from changes in legislation</p> <hr/>

ELEMENTS

1.4 Consistently fulfils the duty of care in the course of daily practice

1.5 Contributes to the development and ongoing review of local policies, protocols and pathways relevant to tissue viability

1.6 Intervenes when patient safety is compromised by unsafe or illegal practice in tissue viability

PERFORMANCE CRITERIA

Performs nursing interventions appropriately and safely, cognisant of, and in anticipation of, possible consequences

Documents nursing care outcomes accurately and objectively in accordance with UKCC "Guidelines for Records and Record Keeping"

Delegates patient care with awareness of nurses ability and accountability

Clarifies unclear orders related to tissue viability

Challenges inappropriate interventions and proposes alternatives within the scope of tissue viability

Accidents and incidents are reported and recorded in accordance with local policy. Follow up measures are initiated as appropriate

Actively promotes the nursing role and collaborates with other members of the multi-disciplinary team in the development, review and update of policies, protocols and pathways

Reviews current legislation and Government policy which impact on tissue viability and applies to local policies, protocols and pathways

Reviews current literature and research findings and appropriately applies to local tissue viability policies, protocols and pathways

Identifies and actively seeks definition of inconsistencies between legal principles and local policies and practice

Identifies situations in which interventions are necessary to prevent care being impeded and/or law being contravened

Actively seeks alternatives in collaboration with the multi-disciplinary team for situations where safety may be compromised due to unsafe or illegal practice

Challenges unsafe or illegal practice and proposes alternatives within the scope of tissue viability

Actively involved in producing and implementing strategies to reduce the incidence of unsafe or illegal practice in tissue viability

Competency 2: Actively protects the rights of individuals and groups

ELEMENTS	PERFORMANCE CRITERIA
2.1 Demonstrates a functional knowledge of the rights of individuals who are recipients of care from the Tissue Viability Nurse Specialist	<p>Identifies the rights of individuals in relation to</p> <ul style="list-style-type: none">◆ Confidentiality◆ Privacy◆ Informed choice <hr/> <p>Recognises and promotes the rights of individuals, relatives, carers to full and comprehensive information regarding condition and treatment choices in tissue viability</p> <hr/> <p>Provides sufficient education to promote patient autonomy</p> <hr/> <p>Monitors patient response to information and adjusts methods accordingly</p> <hr/>
2.2 Consistently promotes the rights of individuals who are recipients of care from the Tissue Viability Nurse Specialist	<p>Consistently demonstrates confidentiality when dealing with sensitive information</p> <ul style="list-style-type: none">◆ Respects patient wishes regarding disclosure of information◆ Restricts the discussion of information to therapeutic and learning situations◆ Maintains the confidentiality of medical records <hr/> <p>Protects the privacy of patient details stored on the Tissue Viability Nurse Specialist's database</p> <hr/> <p>Consults patients about, and supports them in their choice of treatment</p> <hr/> <p>Ensures patients do not feel threatened by the presence of learners or pressurised to be part of the learning experience</p> <hr/> <p>Consistently advocates for the rights of individuals and intervenes appropriately when local policies or practice impinges in the individuals' rights</p> <hr/> <p>Strategies are used to maintain and encourage patients independence</p> <hr/>

ELEMENTS

2.3 Identifies instances of unprofessional conduct and responds appropriately

PERFORMANCE CRITERIA

Identifies where intervention is necessary to prevent care being compromised

Responds promptly to situations of inappropriate or unsafe practice

Is actively involved in the development of strategies to identify and reduce the incidence of unsafe practice

Demonstrates the correct procedure for the reporting of unsafe practice

Intervenes promptly where staff are heard to be pressurising or inappropriately discussing patients

Competency 3: Demonstrates and justifies accountability in tissue viability nursing practice

ELEMENTS	PERFORMANCE CRITERIA
3.1 Behaves in accordance with the expectations of the profession	Demonstrates professional conduct at all times consistent with the UKCC “Code of Professional Conduct” <hr/> Reflects on professional practice and accepts constructive criticism of acts and omissions in provision of care <hr/> Provides rationale for choice of actions <hr/>
3.2 Practices within the limits of own capabilities and qualifications	Identifies limitations and seeks further information as appropriate <hr/> Negotiates workload in line with realistic assessment of abilities <hr/> Collaborates with multi-disciplinary colleagues in the provision of care <hr/> Respects the knowledge of colleagues <hr/> Supervises and evaluates care provided by less experienced staff <hr/>
3.3 Clarifies unclear instructions and questions inappropriate interventions, to promote safe outcomes	Collaborates with multi-disciplinary colleagues to ensure ambiguity does not occur <hr/> Clarifies the action of colleagues if they appear inappropriate <hr/> Consults with consultant in charge of patient care to clarify wishes <hr/> Utilises literature to support best practice <hr/>

ELEMENTS

3.4 Makes complex, informed and independent decisions appropriate to tissue viability nursing practice

PERFORMANCE CRITERIA

Identifies priorities of care

Refers to and incorporates information from a wide variety of sources in care planning

Articulates rationale for decisions

Identifies parameters for patient safety

Makes decisions with patients based on their needs and wishes

Risk/benefit analysis is used to inform decision making

Plan, rationale and decisions are appropriately recorded in accordance with UKCC "Guidelines for Records and Record Keeping"

Anticipates and discusses with patient, relative and carer the possible outcomes of the decision and any side-effects of interventions

Competency 4: Contributes to effective, ethical decision making relevant to tissue viability nursing practice

ELEMENTS	PERFORMANCE CRITERIA
4.1 Engages in ethical debate, demonstrating a functional knowledge of contemporary ethical issues impacting on tissue viability nursing	<p>Discusses contemporary ethical issues in a logical and reasonable manner</p> <hr/> <p>Discusses and applies ethical principles to tissue viability nursing practice</p> <hr/> <p>Analyses ethical dilemmas in the workplace</p> <hr/> <p>Provides the opportunity for colleagues to discuss ethical dilemmas and decisions</p> <hr/>
4.2 Incorporates ethical consideration into tissue viability nursing practice	<p>Nursing actions adhere to ethical principles</p> <hr/> <p>Applies the principles of ethics into the practice and analysis of research</p> <hr/> <p>Demonstrates knowledge of local ethical approval process</p> <hr/> <p>Maintains confidentiality of sensitive information</p> <hr/> <p>Discusses with and supports colleagues through ethical dilemmas and decision making</p> <hr/> <p>Maintains a consistent standard of care when confronted by differing beliefs, values and biases</p> <hr/>
4.3 Collaborates with and supports multi-disciplinary colleagues in relation to ethical issues related to tissue viability	<p>Is actively involved in a team approach to ethical decision making</p> <hr/> <p>Discusses ethical decision making with colleagues and provides appropriate information to facilitate the process</p> <hr/> <p>Supports less experienced colleagues in analysing events and relationships from an ethical perspective</p> <hr/> <p>Encourages the input of relatives and carers</p> <hr/> <p>Actively promotes ethically defensible interventions</p> <hr/>
4.4 Challenges inappropriate ethical decisions, which impact on tissue viability nursing	<p>Challenges treatment decisions that are in conflict with patient wishes</p> <hr/> <p>Challenges treatment decisions when a patient has not been fully informed of all choices and consequences</p> <hr/> <p>Challenges actions which contravene ethical principles</p> <hr/>

Domain 3 Teamwork

Introduction

Effective working relationships locally and nationally, are pivotal to the role of the Tissue Viability Nurse Specialist. The competencies in this domain acknowledge the importance of these relationships in the successful co-ordination and implementation of individual and group care strategies.

Two competencies are illustrated.

1. Effectively manages and co-ordinates the care of a variety of individuals and groups with compromised tissue viability
2. Engages in collaborative practice to achieve patient outcomes

Competency 1: Effectively manages and co-ordinates the care of a variety of individuals and groups with compromised tissue viability

ELEMENTS	PERFORMANCE CRITERIA
1.1 Acts as a specialist resource for the management of patients with compromised tissue viability	<p>Appropriately allocates and advises on the use of therapeutic equipment and dressing choice to nursing staff</p> <hr/> <p>Challenges inappropriate interventions within tissue viability and proposes alternatives</p> <hr/> <p>Demonstrates a wide knowledge of issues relating to tissue viability</p> <hr/> <p>Performs procedures with a high level of skill and expertise</p> <hr/>
1.2 Acts as a positive role model for colleagues	<p>Initiates and maintains open communication with all members of the health care team</p> <hr/> <p>Promotes a team approach by encouraging all staff to be involved in planning care</p> <hr/> <p>Provides positive feedback to staff</p> <hr/> <p>Motivates staff to perform at optimal level</p> <hr/> <p>Anticipates and provides appropriate support for colleagues facing challenging or difficult situations</p> <hr/> <p>Establishes and maintains collaborative and constructive relationships with colleagues and other members of the health care team</p> <hr/>
1.3 Organises tissue viability workload to ensure that planned nursing care for individuals and groups is achieved	<p>Undertakes a range of tasks simultaneously</p> <hr/> <p>Liases with management to ensure appropriate staff coverage is available, eg, during holidays</p> <hr/> <p>Anticipates and responds to patient needs e.g. according to available resources</p> <hr/> <p>Liases with hospital and community staff where appropriate to assist in smooth transition across services</p> <hr/> <p>Responds to and advises on tissue viability issues within the health care team, eg, participation in case conference or organisation of training</p> <hr/> <p>Establishes priorities in managing tissue viability services</p> <hr/>

ELEMENTS

1.4 Provides support and direction to members of the health care team to promote safe outcomes in tissue viability practice

1.5 Participates in and contributes to the health care team

PERFORMANCE CRITERIA

Supports and evaluates staff when performing new or complex procedures

Positively encourages less experienced staff within the scope of tissue viability

Contributes tissue viability expertise to unit orientation/induction programmes

Encourages team reflection using tools such as critical and adverse incidents as a focus for learning

Develops effective systems of communication for the exchange of information across the health care system
e.g. link nurses

Informs the health care team of developments in tissue viability

Acknowledges and supports input from other members of the team

Respects and acknowledges the level of expertise of all members of the team

Discusses clinical assessment findings and impressions with other members of the team

Facilitates case conferences where appropriate

Competency 2: Engages in collaborative practice to achieve patient outcomes

ELEMENTS	PERFORMANCE CRITERIA
2.1 Establishes and maintains contact with professional bodies and related agencies at local, national and international level	Demonstrates an awareness of other groups that impact on the role of Tissue Viability Nurse Specialist. i.e. Tissue Viability Nurses' Association, Nursing and Midwifery Practice Development Unit
2.2 Actively pursues the patient's perspective in relation to tissue viability matters	The patients care requirements are clearly articulated using knowledge and experience of tissue viability issues Recommendations related to patient care are suggested Communicates effectively with staff, patients and carers
2.3 Acts in an advisory and collaborative role with senior management in relation to issues pertaining to tissue viability	Provides feedback to senior management on a regular basis Responds to national reports and consultation documents where appropriate Takes an active role in relevant contracts and tenders Utilises national guidelines to inform local policies where applicable

Domain 4 Reflective Practice

Introduction

Reflective Practice incorporates the competencies that enable nurses to maintain and enhance their own practice by a continuous process of self-analysis in conjunction with identification of areas requiring further professional development.

Two Competencies are illustrated:

1. Recognises and enhances own professional abilities and level of clinical competence
2. Incorporates evidence based research into tissue viability nursing practice

Competency 1: Recognises and enhances own professional abilities and level of clinical competence

ELEMENTS	PERFORMANCE CRITERIA
1.1 Critically assesses own abilities as a Tissue Viability Nurse Specialist and practice accordingly	<p>Provides evidence that tissue viability nursing practice reflects the remit specific to place of work and that local objectives are fulfilled</p> <hr/> <p>Provides evidence that tissue viability nursing practice is in concurrence with UKCC Registration requirements and accordance with nationally recognised guidelines</p> <hr/> <p>Utilises a structure to promote critical appraisal and reflection of own practice in tissue viability</p> <hr/> <p>Understands own strengths and weaknesses and regularly establish realistic objectives to improve tissue viability nursing practice</p> <hr/> <p>Provides evidence of written documentation of planned objectives and how they are to be implemented</p> <hr/> <p>Provides evidence of evaluation of planned objectives</p> <hr/>
1.2 Demonstrates professional and clinical self-confidence within the clinical setting in relation to tissue viability issues	<p>Demonstrates a specialist level of theoretical knowledge and practical skills in tissue viability</p> <hr/> <p>Portrays a sophisticated use of clinical knowledge of tissue viability nursing practice and adheres to health care setting policy/guidelines</p> <hr/> <p>Possesses an approachable persona</p> <hr/> <p>Demonstrates effective communication skills and the ability to articulate at all levels</p> <hr/> <p>Understands and demonstrates the importance of raising personal profile within the health care setting</p> <hr/>

ELEMENTS

1.3 Consults with nursing colleagues and other members of the health care team when patient care requires expertise beyond own abilities and scope of practice within tissue viability

1.4 Engages in activities to enhance own level of tissue viability nursing practice

PERFORMANCE CRITERIA

Recognises when referral to someone with more expertise or another member of the multi-disciplinary team would be appropriate

Acknowledges and utilises the range of expertise available within the clinical setting

Demonstrates the ability to communicate and collaborate effectively with other members of the multi-disciplinary team

Respects and utilises the knowledge of colleagues who have different skills in tissue viability and learn from them where possible

Identifies, acknowledges and collaborates with colleagues who have different areas of expertise within tissue viability when necessary

Uses reflection and self-assessment to identify areas that require professional development in order to enhance tissue viability practice

Provides evidence of a planned learning strategy

Provides evidence of participation in professional activities to enhance tissue viability nursing practice

Provides documented evidence of how and when achievements have been obtained

Competency 2: Incorporates evidence based research into tissue viability nursing practice

ELEMENTS	PERFORMANCE CRITERIA
2.1 Engages in activities to improve tissue viability nursing practice	<p>Demonstrates that tissue viability practice is up-to-date and evidence based</p> <hr/> <p>Identifies the educational needs of different grades of staff</p> <hr/> <p>Collaborates with key personnel to outline an educational strategy</p> <hr/> <p>Develops and participates in tissue viability educational programmes</p> <hr/> <p>Evaluates tissue viability teaching sessions</p> <hr/>
2.2 Contributes to the process of tissue viability nursing research	<p>Demonstrates the ability to undertake literature searching using an electronic, internet and catalogue sourcing. Seeks out relevant research papers</p> <hr/> <p>Demonstrates an ability to read, interpret, appraise, evaluate and analyse research</p> <hr/> <p>Utilises structured methods of appraisal</p> <hr/> <p>Understands research terminologies within the literature and research theories commonly utilised in tissue viability</p> <hr/> <p>Differentiates between quantitative and qualitative research</p> <hr/> <p>Demonstrates sound knowledge of the key features of the “gold standard” randomised controlled trials</p> <hr/> <p>Identifies key methodological implications for different types of research and their applicability to tissue viability</p> <hr/> <p>Understands the concept of power calculations and minimum sample sizes</p> <hr/> <p>Demonstrates the ability to undertake a needs assessment through audit</p> <hr/> <p>Demonstrates the measures being taken to ensure practice is current and evidence based</p> <hr/> <p>Demonstrates the ability to read widely and evidence sources of awareness</p> <hr/> <p>Identifies relevant potential research projects and understand methods to develop new ideas</p> <hr/>

ELEMENTS

2.2 Contributes to the process of tissue viability nursing research (continued)

2.3 Reflects on tissue viability research outcomes

2.4 Implement appropriate research outcomes in tissue viability nursing practice.

PERFORMANCE CRITERIA

Participates in appropriate research and data collection such as evaluation of new products

Identifies key personnel within area to assist and develop research plans

Devises methodology within a research proposal, determining reliability and validity and acquire ethical approval

Demonstrates the ability to co-ordinate staff involved in collating information for the study

Critically appraises research findings to decide if they constitute “best practice”

Disseminates research findings and outline strategy for change to ensure smooth implementation of plans

Disseminates research findings both locally and nationally

Evaluates and critically reviews local and national guidelines

Develops local protocols from best available evidence and national guidelines

Uses reflective practice to ascertain success in key change areas

Identifies key people to assist in implementing change

Demonstrates education, documents and policies utilised for change

Disseminates information and educates staff

Disseminates research findings nationally to peers

Demonstrates links with clinical effectiveness department

Understands change theory and demonstrates use in implementation of new research

Demonstrates evidence that policy/guideline implementation has improved the delivery of nursing and patient outcomes whilst maintaining quality and cost effectiveness

Domain 5 Empowerment

Introduction

The competencies in this domain encompass the philosophy that tissue viability creates opportunities for individuals and groups to regain a level of independence. This philosophy reflects the value of individual traits and characteristics that are congruent with a person's values, beliefs, culture, psychological and social circumstances.

5 competencies are illustrated:

1. Establishes and maintains a physical and psychological environment which promotes safety, security and optimal health
2. Actively enhances the dignity and integrity of individuals and groups
3. Protects the individual's rights to autonomy and facilitates informed decision-making
4. Establishes and maintains open lines of communication with individuals and groups
5. Assists the individual and or group to plan for the future lifestyle changes associated with maintaining skin integrity or a chronic wound

Competency 1: Establishes and maintains a physical and psychosocial environment which promotes safety, security and optimal health

ELEMENTS	PERFORMANCE CRITERIA
<p>1.1 Consistently identifies situations of risk to individuals and groups within tissue viability remit and responds appropriately</p>	<p>Recognises signs of deviation from normal wound healing</p> <hr/> <p>Provides specialist knowledge on identification of risk factors:</p> <ul style="list-style-type: none"> ◆ Wound care ◆ Diabetic Foot ◆ Leg Ulcers ◆ Pressure Area Care <hr/> <p>Determines appropriate treatment options according to patient assessment</p> <hr/> <p>Demonstrates ability to recognise increased risk factors and provide enhanced management skills</p> <hr/> <p>Ensures treatment is provided in a safe environment in accordance with national/local wound and pressure ulcer policy and/or guidelines</p> <hr/>
<p>1.2 Anticipates and responds effectively to the needs of individuals with compromised tissue viability</p>	<p>Co-ordinates equipment appropriately according to patient needs</p> <hr/> <p>Recognises the psychological, behavioural and social needs of the patient and responds appropriately</p> <hr/> <p>Informs patients of anticipated outcomes of care</p> <hr/> <p>Ensures patient is receiving adequate pain relief prior to and during dressing procedures</p> <hr/> <p>Provides reassurance and explanation of procedures</p> <hr/> <p>Participates in multi-disciplinary discharge planning to access resources</p> <hr/> <p>Recognises need for interpreter support where necessary</p> <hr/>
<p>1.3 Establishes and maintains appropriate and meaningful relationships that are sensitive to the needs of the individual</p>	<p>Adapts communication styles according to individual needs</p> <hr/> <p>Respects individual, cultural, religious beliefs and activities</p> <hr/> <p>Responds to patients anxiety and apprehension regarding treatment</p> <hr/> <p>Promotes patient independence eg, allowing them to undertake their own care of wound or skin</p> <hr/>

Competency 2: Actively enhances the dignity and integrity of individuals and groups

ELEMENTS	PERFORMANCE CRITERIA
2.1 Demonstrates and appreciates individual values, customs and spiritual beliefs and incorporates these into tissue viability nursing practice	<p>Discusses with patient and family/carers regarding appropriate options for treatment, support patient and family through treatment</p> <hr/> <p>Encourages family to participate in care</p> <hr/> <p>Adjusts communication styles as required</p> <hr/> <p>Arranges for continuity of care</p> <hr/> <p>Encourages patients and their family/carers to speak openly about their treatment and concerns regarding care</p> <hr/>
2.2 Assists in achieving and maintaining the individual's optimal quality of life	<p>Arranges where possible treatment/care to suit individuals work commitments</p> <hr/> <p>Identifies the impact that a wound may have on the social life of a patient and take steps to minimise impact</p> <hr/> <p>Co-ordinates and refers patient to support group or society</p> <hr/> <p>Advises on and supports access to care</p> <hr/>
2.3 Implements strategies which uphold the principles of self care and independence	<p>Collaborates with patient and carer to establish education programme goals</p> <hr/> <p>Utilises educational resources to facilitate teaching and learning process</p> <hr/> <p>Provides community support contacts eg, stress and support groups</p> <hr/> <p>Provides advice to nurses in community health services to support individuals at home</p> <hr/> <p>Encourages patient independence eg, to initiate own wound and skin care where appropriate</p> <hr/>
2.4 Accesses psychological counselling support for individuals and group	<p>Recognises and anticipates the need for stress management and counselling</p> <hr/> <p>Identifies a referral system for individuals and groups to access psychological and spiritual leaders</p> <hr/> <p>Liases and communicates with carers to identify patients needs</p> <hr/>

Competency 3: Protects the individuals rights to autonomy and facilitates informed decision-making

ELEMENTS	PERFORMANCE CRITERIA
3.1 Provides relevant, accurate and comprehensible information about pressure area management, wound care and the treatment options	<p>Assesses individual's readiness and ability to learn in relation to physical, psychological and intellectual state eg, withholds education until patient is recovered from surgery</p> <hr/> <p>Accesses written and/or audio-visual teaching materials, information booklets, pamphlets to support teaching</p> <hr/> <p>Involves carers in the teaching process if the patient wishes</p> <hr/> <p>Evaluates the patient's comprehension by utilising formal and informal processes</p> <hr/>
3.2 Co-ordinates the involvement of all members of the health care team	<p>Facilitates referral to multidisciplinary health care team, eg dietician, physiotherapist, diabetic liaison, specialty consultant</p> <hr/> <p>Develops educational material with input from members of the multidisciplinary health care team</p> <hr/>
3.3 Advocates on the individual's behalf	<p>Ensures that the individual has been fully informed of all treatment options including risks and potential complications</p> <hr/> <p>Provides information that is easy to understand, eg, uses illustrations for paediatrics</p> <hr/> <p>Verbalises individual's opinions, desires and needs to other members of the healthcare team</p> <hr/> <p>Informs other members of the healthcare team when patients wishes to withdraw from treatment</p> <hr/>
3.4 Supports the decision of the individuals who refuse treatment	<p>Defends the individual's decision to other members of the healthcare team</p> <hr/> <p>Explains to the individual, the consequences of cessation of treatment</p> <hr/> <p>Continues to provide optimal care for the patient and family in a non-judgmental and supportive environment</p> <hr/> <p>Provides support and opportunities for the patient and carers to discuss the implications of the patient's decision</p> <hr/>

Competency 4: Establishes and maintains open lines of communication with individuals and groups

ELEMENTS	PERFORMANCE CRITERIA
4.1 Utilises effective communication skills to guide and achieve optimal outcomes	<p>Incorporates reflection into listening skills</p> <hr/> <p>Documents and reports information which is intuitive, insightful, comprehensive and appropriate</p> <hr/> <p>Facilitates de-briefing sessions</p> <hr/> <p>Uses humour appropriately</p> <hr/> <p>Utilises effective conflict resolution strategies to ensure patient outcomes are met</p> <hr/> <p>Uses encouragement and positive reinforcement to optimise patient outcomes</p> <hr/> <p>Ensures communication with all personnel involved in care and ensure that they are informed appropriately about changes in management</p> <hr/>
4.2 Monitors and adjusts communication strategies to individual's needs	<p>Ensures interpreter support when required</p> <hr/> <p>Uses appropriate language to enhance understanding when delivering information</p> <hr/> <p>Intervenes when it is evident that the patient does not understand information or has lost interest</p> <hr/> <p>Encourages questions from patient and carers</p> <hr/> <p>Identifies need to provide education information in a variety of languages and formats</p> <hr/> <p>Provides opportunities to revisit certain aspects of care/concepts/training as necessary</p> <hr/>

Competency 5: Assists the individual and/or group to plan for the future lifestyle changes associated with maintaining skin integrity or a chronic wound

ELEMENTS	PERFORMANCE CRITERIA
5.1 Performs a comprehensive assessment of individual and/or group dynamics and social circumstances	<p>Explores the patient's perception of future lifestyle changes</p> <hr/> <p>Assesses and documents the impact of lifestyle changes and difficulties related to treatment. Refer to appropriate agencies for additional support</p> <hr/> <p>Assesses and documents the individual's abilities for self care, and as appropriate refer to relevant discipline</p> <hr/> <p>Participates in family meetings to discuss family support e.g., carer to assist with application of dressing product and or skin care</p> <hr/>
5.2 Establishes an ongoing system of evaluation to ensure that optimal outcomes are achieved	<p>Requests and analyses appropriate investigations to ensure optimal outcome of care e.g. haematological, doppler, nutritional screening</p> <hr/> <p>Follows up individual progress where appropriate</p> <hr/> <p>Assesses and documents wound/pressure area management treatment care plan to ensure optimal delivery of care</p> <hr/> <p>Plans and evaluates the patient's goals for self care e.g., skin care</p> <hr/> <p>Regularly but informally assesses patients techniques e.g., wound dressing application</p> <hr/> <p>Evaluates individuals knowledge base e.g., diet, recognising signs of infection in a wound, and pressure sore development</p> <hr/>
5.3 Introduces and encourages the development of supportive networks	<p>Links individuals/groups with community supports e.g., community nursing</p> <hr/> <p>Links individuals with support groups e.g., scar support</p> <hr/> <p>Encourages exercise where appropriate</p> <hr/>

Domain 6 Leadership

Introduction

In the leadership domain, the Tissue Viability Nurse Specialist can influence clinical processes by working in partnership with other healthcare professionals, and improve quality for patients and achieve results through goal setting. The critical behaviours, knowledge and skills required by the Tissue Viability Nurse Specialist include management, organisation and communicating effectively, operating as a change agent and developing the potential of others to achieve tissue viability related organisational objectives.

Five competencies are illustrated:

1. Establishes and maintains effective communication between the health care team, patients and their families
2. Actively demonstrates management and organisational skills
3. Acts as a change agent implementing appropriate tissue viability practice
4. Recognises the importance of professional development for others
5. Actively supports others to enhance tissue viability practice

Competency 1: Establishes and maintains effective communication between the health care team, patients and their families

ELEMENTS	PERFORMANCE CRITERIA
1.1 Communicates clearly and concisely with members of the health care team, patients and their families	Demonstrates an awareness of the modes of communication available within the health care team
	Demonstrates an understanding of others' views
	Uses language that is appropriate for the audience
	Demonstrates the ability to confidently articulate a point of view clearly
	Understands the importance of listening to other people's perspective
	Selects the most appropriate method of communication for the situation
	Works across boundaries to develop seamless and integrated care for patients with compromised tissue viability
	Actively seeks to involve other staff
	Establishes, maintains and uses new working relationships
	Promotes a positive image for the organisation internally and externally
	Builds partnership by installing trust and credibility

Competency 2: Actively demonstrates management and organisational skills

ELEMENTS	PERFORMANCE CRITERIA
2.1 Leads and manages or participates in managing a tissue viability service effectively within the organisation	<p>Demonstrates evidence of understanding of communication strategies within and outside the organisation</p> <hr/> <p>Demonstrates management and leadership behaviours</p> <hr/> <p>Establishes meaningful working relationship with other healthcare professionals whose role impinges on the tissue viability remit</p> <hr/> <p>Demonstrates understanding of the organisation and line management structure</p> <hr/> <p>Demonstrates evidence of Tissue Viability Nurse Specialist role within the structure of the organisation</p> <hr/> <p>Provides clear role description outlining management and clinical responsibilities</p> <hr/> <p>Provides evidence of:</p> <ul style="list-style-type: none">◆ Record of referrals◆ Documentation◆ Communication pathways◆ Teaching <hr/> <p>Provides evidence of evaluation of the effectiveness of the tissue viability service</p> <hr/>
2.2 Demonstrates ability to organise own workload	<p>Demonstrates ability to prioritise workload and manage time effectively</p> <hr/> <p>Demonstrates the ability to use initiative and work alone or collaboratively where appropriate</p> <hr/>

ELEMENTS

2.3 Effectively operates as a team member and team leader within a variety of settings

2.4 Develops and implements service plans related to tissue viability

2.5 Manages resources effectively

PERFORMANCE CRITERIA

Builds the credibility of the team through open and honest working relationships

Builds team morale and motivates individuals by recognising their contribution

Shares ideas and experiences with others locally and nationally

Appropriately delegates responsibilities

Provides visible leadership and amends “leadership style” depending on circumstances

Promotes multi-disciplinary working

Builds on the ideas of others

Understands national policy frameworks where appropriate and responds to directives appropriately

Translates strategic vision into achievable plans

Identifies own roles and responsibilities within strategies

Identifies needs related to tissue viability.

Deploys people and equipment appropriately

Monitors and evaluates the use of resources amending policies, protocols and guidelines as appropriate

Establishes systems to maintain and improve service quality

Competency 3: Acts as a change agent implementing appropriate tissue viability practice

ELEMENTS	PERFORMANCE CRITERIA
3.1 Acts as a consultant implementing and disseminating change through policy and guideline development based on Tissue Viability evidence	<p>Develops local protocols from best available evidence and national guidelines</p> <hr/> <p>Demonstrates links with clinical effectiveness/audit/quality departments</p> <hr/> <p>Demonstrates the use of change theory in implementation of new research</p> <hr/> <p>Demonstrates awareness and implementation of nationally agreed targets</p> <hr/> <p>Demonstrates ability to source new documents and hazard notices of relevance</p> <hr/> <p>Demonstrates awareness of national and international initiatives such as EPUAP</p> <hr/> <p>Defines audit tools and can assess reliability and validity of tools by demonstrating methods of assessment</p> <hr/> <p>Identifies grading systems and the benefits and drawbacks of each</p> <hr/> <p>Discusses the importance of the concept of grading assessment</p> <hr/> <p>Identifies risk assessment tools and evidence of implementation</p> <hr/> <p>Plans and implements methods of data collection</p> <hr/> <p>Provides education to staff involved on data collection, collation and assessment</p> <hr/> <p>Demonstrates a variety of data collection methods – individualise these as necessary</p> <hr/> <p>Assesses area participation and troubleshoots non-compliance</p> <hr/> <p>Demonstrates methods of managing non-compliance</p> <hr/>

ELEMENTS

3.2 Demonstrates an awareness of issues that require to be re-designed within the Tissue Viability remit

PERFORMANCE CRITERIA

Provides evidence of audit to identify needs for change and/or use of or devising needs assessment tool

Demonstrates ability to identify the major problem areas which require change utilising audit and needs assessment

Identifies the opportunity for change and be able to rationalise the need for change

Consults and collaborates with appropriate personnel to identify suitable change strategies

Creates a climate for change by displaying readiness and commitment to change through activities such as positive attitude and behaviours eg. listening to and communicating openly and honestly, displaying tolerance and perseverance, offering assistance and demonstrating ability during the change efforts

Initiates, facilitates and implements the change

Uses the introduction of change as a learning opportunity for self/others

Functions within a climate resistant to change and uses this as a learning opportunity for self/others

Utilises audit methods to ensure that change has been effective

Establishes a method of sustaining the change effort with staff and be able to evaluate the effectiveness of the change

Demonstrates knowledge and insight into managing resistance to change

Competency 4: Recognises the importance of professional development for others

ELEMENTS	PERFORMANCE CRITERIA
4.1 Enhances the professional development of self and others in relation to tissue viability nursing	Demonstrates a commitment to on-going professional development for self and others
	Understands the principles of adult learning
	Develops own knowledge of the key skills of higher level practice in tissue viability nursing and can holistically manage complex therapeutic tissue viability interventions
	Utilises knowledge and skills to assist staff with upgrading of clinical nursing practice in specific areas of tissue viability
	Accesses alternative training facilities such as company packs
	Assesses training and education needs based on: questionnaire, audit, personal discussion, identification of poor practice, complaints and national guidelines
	Contributes to and participates in curriculum planning and education of undergraduate and/or postgraduate students where applicable
	Compiles a teaching plan to meet individual needs
	Optimises clinical teaching opportunities within tissue viability remit
	Creates opportunities to disseminate information
	Discusses individual cases/new wound care and therapeutic equipment products/research with colleagues
	Enhances staff skills on best practice in relation to tissue viability

ELEMENTS

4.2 Views learning and education as integral to service planning and delivery

4.3 Supports and motivates others to maximise their potential

PERFORMANCE CRITERIA

Links learning and development with workforce planning within the tissue viability team

Creates a personal development plan

Maintains and broadens knowledge

Attends conferences and study days regularly to update

Where appropriate, regularly reviews team and staff performance and supports the development of personal development plans

Encourages others to give and receive constructive feedback

Supports others in pursuit of development opportunities and a broader skill base

Actively works towards succession planning

Provides equity of access to developments and educational opportunities for staff and others e.g. link nurses

Encourages sharing of new ideas and good practice locally and nationally

Promotes networking activities across and outside the organisation

Competency 5: Actively supports others to enhance tissue viability practice

ELEMENTS	PERFORMANCE CRITERIA
5.1 Acts as a positive role model for peers and other members of the health care team	<p>Uses a respectful and objective approach to suggestions and feedback from clinical areas</p> <hr/> <p>Demonstrates an approachable attitude to patients with compromised tissue viability, carers and all levels of staff that the Tissue Viability Nurse Specialist is in contact with</p> <hr/> <p>Communicates effectively with staff, patients and carers</p> <hr/> <p>Demonstrates the ability to identify in a positive manner when intervention is necessary to prevent tissue viability nursing care being compromised</p> <hr/> <p>Establishes two way communication links with staff to promote tissue viability issues</p> <hr/> <p>Initiates and maintains open communication with all members of the health care team, eg, co-ordinates education</p> <hr/> <p>Promotes a team approach by encouraging all staff to be involved in planning care</p> <hr/> <p>Provides positive feedback to staff</p> <hr/> <p>Motivates staff to perform at optimal level</p> <hr/> <p>Anticipates and provides appropriate support for colleagues facing challenging or difficult situation</p> <hr/> <p>Establishes and maintains collaborative and constructive relationships with colleagues and other members of the health care team</p> <hr/> <p>Maintains confidentiality of personal information</p> <hr/> <p>Engenders trust and empathy</p> <hr/> <p>Displays an approachable persona</p> <hr/> <p>Helps others to deal with work problems where appropriate</p> <hr/> <p>Demonstrates flexibility when dealing with staff and work related problems where appropriate</p> <hr/> <p>Promotes equal opportunities</p> <hr/>

ELEMENTS

5.2 Provides support and direction to members of the health care team to promote safe outcomes in tissue viability practice

5.3 Within the team (own and as part of others) listens and facilitates delivery of shared goals

PERFORMANCE CRITERIA

Supports and evaluates staff when performing new or complex procedures

Positively encourages less experienced staff within the scope of tissue viability

Contributes tissue viability expertise to unit orientation/induction programmes

Encourages team reflection using tools such as critical incidents and has a focus for learning

Exchanges information across the health care system eg, link nursing

Informs the health care team of developments in tissue viability

Encourages individuals and teams to look at things from different perspectives

Accepts personal responsibility for “making things happen”

Shows consideration for the position and arguments of others

Shows ability to resolve conflict and initiate change

References

- Aitken, F. and Morrison, K. (1999) Economic appraisal of an educational policy in pressure sore management: an incidence-based study. Proceedings of 8th European Conference on Advances in Wound Management, Madrid, Spain.
- Argyris, C., Schon DA (1974) Theory in Practice: increasing professional effectiveness San Francisco: Joey Bass.
- Australian Nursing Federation (1997) Competency Standards for the Advanced Nurse. Australian Nursing Federation. Melbourne.
- Benner, P. (1982) Issues in competency-based testing Nursing Outlook (May): 303-309.
- Benner, P. (1984) From Novice to Expert. Excellence and Power in Clinical Nursing Practice. Addison Wesley: California.
- Chapman H. (1999) Some important limitations of competency-based education with respect to nurse education: an Australian perspective. Nurse Education Today. Vol.19 pp. 129-135.
- DiMauro, K. and Mack, L.B. (1989) A Competency-based Orientation program for the Clinical Nurse Specialist. Journal of Continuing Education in Nursing. Vol. 20 (2) pp. 74-78.
- Duffield, C., Donoghue, J. and Pelletier, D. (1996) CNS's perceptions of role competencies: one Australian perspective. Clinical Nurse Specialist. Vol. 9 (1) pp.13-22.
- Fenton, M.V. (1985) Identifying competencies of Clinical Nurse Specialists. Journal of Nursing Administration. Vol. 15 (12) pp. 31-7.
- Finnie, A (2001) An exploration of competency frameworks developed and implemented for Clinical Nurse Specialists in Community, Acute and Academic settings and their potential applicability to future specialist practice within Scotland. Proceedings of NBS Research Dissemination Conference Dundee 6th December 2001.
- Finnie, A and Kilpatrick, C. (1998) Clinical supervision of newly appointed Tissue Viability Nurses: A suggestion to develop practice. Presentation to the 9th European Conference in Advances in Wound Management, Harrogate, England.
- Flanagan, M. (1996) The role of the clinical nurse specialist in tissue viability. British Journal of Nursing. Vol. 5 pp. 11-13.
- Forbes, K.E. (1998) scary new world – students entering graduate programs for advanced practice must have previous clinical work experience. Clinical Nurse Specialist. Vol. 12 (2) pp. 66.
- Gray, D.G. , Cooper, P.J. and Clark, M. (2000) Pressure ulcer prevention in an Acute Hospital – a three year study. Presentation at the European Pressure Ulcer Advisory Panel Annual Conference, Amsterdam.
- Hamric A. and Spross J. (1989) The Clinical Nurse Specialist in Theory and Practice 2nd edition Philadelphia: Saunders.
- International Council of Nurses. (1992) Guidelines on Specialisation in Nursing. Geneva Switzerland: International Council of Nurses.
- Newton, H. (1999) Improving wound care through clinical governance. Nursing Standard. Vol. 13 (9) pp. 51-6.
- Renal Society of Australasia (1999) Competency Standards for the Australian Advanced Practice Nephrology Nurse. Renal Society of Australasia, Sydney.
- Scottish Executive (2001) Caring for Scotland The Strategy for Nursing and Midwifery in Scotland. NHS Scotland Edinburgh.
- Sellers, E. T. and Deans, C. (1999) Nurse education in Australian universities in a period of change: expectations of nurse academics for the year 2005. Nurse Education Today. Vol. 19 pp. 53-61.
- Smith, C. (1997) Professional competence- can it be accurately measured or defined? Nursing in Critical Care. Vol. 2 (4) pp. 186-190.
- Tocher, R and Watson, W. (2001) Handling the pressure Nursing Older People. Vol. 13 (9) pp. 17-19.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)(1992) The Scope of Professional Practice. UKCC London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)(1998) A Higher Level of Practice Consultation Document. UKCC London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)(1999) Fitness for Practice UKCC London.
- Woods, L.P. (1997) Conceptualising advanced nursing practice. Journal of Advanced Nursing. Vol. 25. pp. 820-8.

Bibliography

- Aitken, F. and Morrison, K. (1999) Economic appraisal of an educational policy in pressure sore management: an incidence-based study. Proceedings of 8th European Conference on Advances in Wound Management, Madrid, Spain.
- Alspach, J.G. (1984) Designing a competency-based orientation for critical care nurses. *Heart and Lung* 13 (6) 655-662.
- Argyris, C., Schon, D.A. (1974) *Theory in Practice: increasing professional effectiveness*. San Francisco: Jossey-Bass.
- Australian College of Critical Care Nurses (ACCCN) (1998) *Competency Standards for Specialist Critical Care Nurses*. Ink press Victoria.
- Australian College of Midwives (1998) *ACMI Competency Standards for Midwives*. Australian College of Midwives Incorporated. Melbourne.
- ANCI (2000) *ANCI National Competency Standards for the Registered and the Enrolled Nurse*. Australian Nursing Council Inc. <http://www.anci.org.au/competencystandards.htm>
- Andrews, J. and Bujack, E. (1996) *Competency Standards for the Advanced Nurse Clinician*. Australian Nursing Journal. Vol. 3 (11) pp. 27-29.
- Australian Nurses for Continence (2000) *Competency Standards for Continence Nurse Advisors*. Australian Nurses for Continence. Adelaide.
- Australian Nursing Federation (1997) *Competency Standards for the Advanced Nurse*. Australian Nursing Federation. Melbourne.
- Benner P. (1982) Issues in competency-based testing. *Nursing Outlook* (May): 303-309.
- Benner, P. (1984) *From Novice to Expert. Excellence and Power in Clinical Nursing Practice*. Addison Wesley: California.
- Chapman, H. (1999) Some important limitations of competency-based education with respect to nurse education: an Australian perspective. *Nurse Education Today*. Vol. 19 pp. 129-135.
- Community Health Nurses in Western Australia. (1998) *Competency Standards for the community health nurse*. Community Health Nurses in Western Australia.
- Davey, G.D. (1995) Developing Competency Standards for Occupational Health Nurses in Australia. *Australian Association of Occupational Health Nurses Journal*. Vol. 43 (3) pp. 138-143.
- DiMauro, K. and Mack, L.B. (1989) A Competency-based Orientation program for the Clinical Nurse Specialist. *Journal of Continuing Education in Nursing*. Vol. 20 (2) pp. 74-78.
- Duffield, C., Donoghue, J. and Pelletier, D. (1996) CNS's perceptions of role competencies: one Australian perspective. *Clinical Nurse Specialist*. Vol. 9 (1) pp. 13-22.
- Elliot, D., Giles, B., deLeon, T., McGurgan, M. Smith, M. and Thornton, G. (1992) Development and implementation of an instrument measuring CNCs' activities. *The Australian Journal of Advanced Nursing* Vol. 10 (1) pp. 26-34.
- European Pressure Ulcer Advisory panel (EPUAP) (1998) *Pressure Ulcer Prevention Guidelines*. <http://www.epuap.com>
- European Pressure Ulcer Advisory panel (EPUAP) (1998) *Pressure Ulcer Treatment Guidelines*. <http://www.epuap.com>
- Fenton, M.V. (1985) Identifying competencies of Clinical Nurse Specialists. *Journal of Nursing Administration*. Vol. 15 (12) pp. 31-7.
- Finnie, A and Kilpatrick, C. (1998) *Clinical Supervision of Newly Appointed Tissue Viability Nurses: A suggestion to develop practice*. Poster Presentation to the 9th European Conference in Advances in Wound Management, Harrogate, England.
- Finnie, A. (2001) Development of a competency framework for Tissue Viability Nurse Specialists in Scotland. Oral presentation, on behalf of the educational sub-group of the National Association of Tissue Viability Nurse Specialists (Scotland) 11th European Conference in Advances in Wound Management, Dublin, Ireland. May 2001.
- Finnie, A. (2001) An exploration of competency frameworks developed and implemented for Clinical Nurse Specialists in Community, Acute and Academic settings and their potential applicability to future specialist practice within Scotland. Proceedings of NBS Research Dissemination Conference Dundee 6th December 2001.

Bibliography (cont)

- Flanagan, M. (1996) The role of the clinical nurse specialist in tissue viability. *British Journal of Nursing*. Vol. 5 pp. 11-13.
- Forbes K.E. (1998) scary new world – students entering graduate programs for advanced practice must have previous clinical work experience. *Clinical Nurse Specialist*. Vol. 12 (2) pp. 66.
- Giot, E. A. (1993) Assessment of competence in clinical practice – a review of the literature. *Nurse Education Today* Vol. 13, pp. 83- 90.
- Gray, D.G. , Cooper, P.J. and Clark, M. (2000) Pressure ulcer prevention in an Acute Hospital – a three year study. Presentation at the European Pressure Ulcer Advisory Panel Annual Conference, Amsterdam.
- Hamric A. and Spross J. (1989) *The Clinical Nurse Specialist in Theory and Practice* 2nd edition Philadelphia: Saunders.
- Hasson, F. Keeney, S. and McKenna, H. (2000) Research guidelines for the Delphi survey technique. *Journal of Advanced Nursing* Vol. 32 (4) pp 1008-1015.
- International Council of Nurses. (1992) *Guidelines on Specialisation in Nursing*. Geneva Switzerland: International Council of Nurses.
- McAllister, M. (1998) Competency Standards: Clarifying the issues. *Contemporary Nurse* Vol. 7 pp. 131-137.
- Mead, D. and Moseley, L. (2001) The use of the Delphi as a research approach. *Nurse Researcher* Vol. 8 (4) pp. 4 -23.
- Moseley, L. and Mead, D. (2001) Considerations in using the Delphi approach: design, questions and answers. *Nurse Researcher* Vol. 8 (4) pp. 24-37.
- National Nursing Organisations (1999) *Criteria for Specialities in Nursing. Principles of Credentiaing*. National Nursing Organisations Secretariat Melbourne.
- Newton, H. (1999) Improving wound care through clinical governance. *Nursing Standard*. Vol. 13 (9) pp. 51-6.
- Pearce, R. and Trenerry, A. (2000) Developing a competency-based nursing programme. *Professional Nurse* Vol. 15 (5) pp. 326-329.
- Pearson, A. (Ed) (1999) *A study to identify the indicators of continuing competence in Nursing: Final Report*. ANCI, Adelaide.
- Renal Society of Australasia (1999) *Competency Standards for the Australian Advanced Practice Nephrology Nurse*. Renal Society of Australasia, Sydney.
- Rudge, T. and Gerschwitz, M. (1995) Validation of cues for competencies of beginning level mental health nurses an exploratory study in South Australian mental health agencies. *Australian and New Zealand Journal of Mental Health Nursing* Vol. 4 pp. 31-41.
- Smith, C. (1997) Professional competence- can it be accurately measured or defined? *Nursing in Critical Care*. Vol. 2 (4) pp. 186-190.
- Sutton, F.A. and Arbon, P.A. (1994) Australian Nursing - moving forward? Competencies and the nursing profession. *Nurse Education Today*. Vol. 14 pp. 388-393.
- Tocher, R and Watson, W. (2001) *Handling the pressure* In press.
- Tolson, D. and West, B. (2000) *An explanation of Role Development in Nursing and Midwifery: Scotland Scientific Report*. Scottish Executive Health Department. Edinburgh.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1992) *Code of Professional Conduct*. UKCC London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1998) *Guidelines for Records and Record Keeping*. UKCC London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1999) *Fitness for Practice*. UKCC London.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC)(1998) *A Higher Level of Practice Consultation Document*. UKCC London.
- Wilson-Barnett, J. (1988) Australian Regrading. *Nursing Times* Vol. 84 (39) pp. 40-41.
- Woods, L.P. (1997) Conceptualising advanced nursing practice. *Journal of Advanced Nursing*. Vol. 25. pp. 820-8.

Appendix 1

Possible Methods of Evaluation

The following suggestions have been considered as methods of demonstrating competence:

- ◆ Assignments undertaken as part of educational courses
- ◆ Case-studies or case-reviews
- ◆ Critical incident reviews
- ◆ Discussion with, or statements from colleagues and peers
- ◆ Discussion with patients, relatives, carers
- ◆ Evidence of care planning
- ◆ Evidence of learning strategies
- ◆ Evidence of literature review
- ◆ Evidence of methods of recording information
- ◆ Evidence of participation in relevant management and specialty meetings
- ◆ Evidence of planning of actions and associated rationale
- ◆ Evidence of UKCC registration and professional portfolio
- ◆ Evidence of teaching plans and education programme for staff
- ◆ Link nurse groups
- ◆ Membership of relevant tissue viability and special interest groups
- ◆ Multi-disciplinary feedback
- ◆ Observation of practice
- ◆ Patient information/education documentation
- ◆ Peer review
- ◆ Evidence of internal external and multi-disciplinary collaboration
- ◆ Review of documentation and records
- ◆ The use of narrative, oral or written
- ◆ Verbalisation and discussion with panel

Appendix 2

Glossary of terms

Domains: a cluster of competencies that have similar intents, functions and meanings

Competencies: a broad statement of a combination of knowledge, skills and attitudes

Elements of the domain: a clearly defined aspect of the competency

Nurse Specialist: Experts in a particular area of nursing care demonstrating refined clinical practice

Performance criteria (or cues): a measurable parameter for each of the competency statements

Tissue Viability: The occurrence and treatment of wounds and ulcers, including patient care, pain, nutrition, wound healing, research, prevention, mobility, social problems and management

QACPD Website

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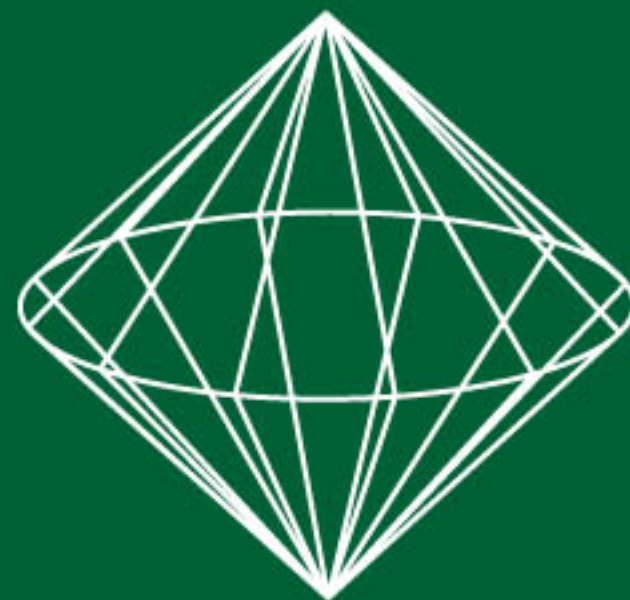
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