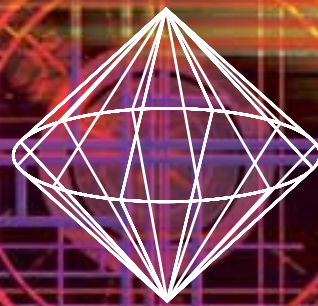


# CONTINUING PROFESSIONAL DEVELOPMENT PORTFOLIO



**A Route to Enhanced Competence in Caring for Older People**

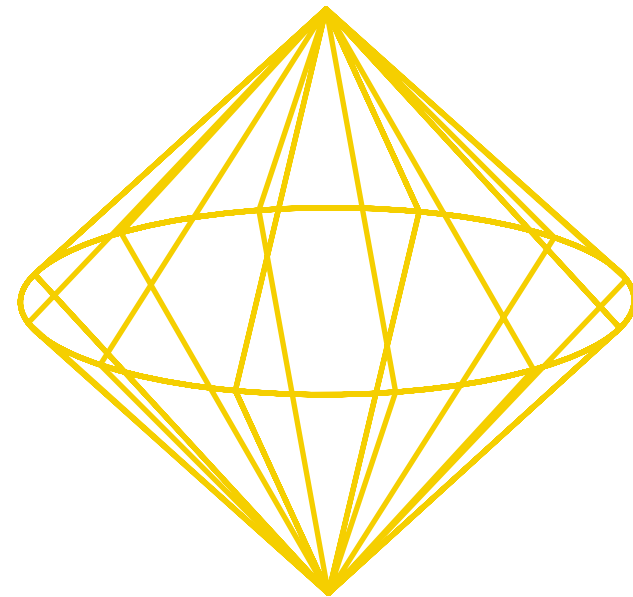


strategy  
structures  
resources  
outcomes

|          |     |      |      |    |      |    |
|----------|-----|------|------|----|------|----|
| 10       | 10  | 10   | 2,19 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,21 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,21 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,23 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,23 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,25 | 27 | 17   | 30 |
| 10       | 10  | 10   | 2,25 | 27 | 17   | 30 |
| 2140,00  | 118 | 2,27 | 27   | 17 | 30   |    |
| 2120,00  |     | 2,27 | 27   | 17 | 30   |    |
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| 2075,00  |     |      | 150  | 35 | 67,5 |    |
| 2100,00  |     |      | 150  | 35 | 67,5 |    |
| 2130,00  |     |      | 150  | 35 | 67,5 |    |
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| 2200,00  | 2   |      | 150  | 35 | 67,5 |    |
| 20184,00 |     |      |      |    |      |    |

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# A Route to Enhanced Competence in Caring for Older People



## Introduction

More than 750,000 people in Scotland are over 65 years old. In general, they are more likely to access healthcare services than any other group in society (1).

Older people, however, do not comprise a homogenised group. Ageing is a gradual process that affects different people in different ways. Defining all people over a certain age as 'older' denies the heterogeneity that exists within the population (2). In addition, differences in healthcare needs, age, socio-economic status and gender may impact on inequalities in the care and services they receive (3).

With the exception of those working in paediatric and maternity services, nurses in all settings in primary and secondary care and across the statutory, voluntary and independent sectors will be providing care for older people as part of their normal duties.

Many excellent services for older people are in place, as the Report of the Expert Group on Health Care for Older People, *Adding Life to Years* (1), points out. Yet the Nursing and Midwifery Advisory Committee to the Department of Health emphasises that older people are the least satisfied of all patient groups with the care they receive, particularly when they are ill (4). Their care often fails to meet their most basic physical and psychosocial needs, and may deprive them of their dignity, autonomy, independence and privacy.

It is therefore important that nurses, wherever they may practise and whatever their area of specialty, are competent in assessing needs and providing and evaluating care for older people. As those needs may be complex, multi-factorial and possibly not directly related to the immediate reason for accessing services, nurses require a framework of core competencies that focus on the specific needs of older people to enable them to provide safe and effective care.

## Policy Context

The care of older people in NHSScotland is a priority area for the Scottish Executive (1). A number of Acts that have direct relevance to meeting the needs of older people in Scotland have been introduced – the Adults with Incapacity (Scotland) Act and the Regulation of Care (Scotland) Act, for example. National Care Standards for Care Homes for Older People have been devised (5), setting out the underpinning principles of dignity, privacy, choice, safety, realising potential and equity and diversity that should govern practice.

Successive Scottish Executive policy statements setting out the organisation and priorities for NHSScotland – *Towards a Healthier Scotland* (6), *Our National Health* (7), *Joint Futures* (8) and *Partnership for Care* (9), for instance – have indicated the need to address inequalities in services for older people and the need to ensure high quality care provision. They also emphasise the need for joint planning and delivery of services across sectors and the importance of a multi-professional team approach to care.

These calls culminated in the *Adding Life to Years* report (1), which spells out a vision for improving the quality of service older people receive and enriching their experience of health care in NHSScotland. The report puts older people and their care at the top of the NHSScotland agenda and challenges professionals to develop services that will meet the needs of an increasingly ageing population, now and for the future (1).

Nurses have a strong tradition of working to improve the quality of care offered to older people and have a key role to play in the development and delivery of these services. The Strategy for Nursing in Scotland, *Caring for Scotland* (10), identified the importance of disseminating best practice in the care of older people to ensure standards of care are developed and improved. The Nursing and Midwifery Practice Development Unit (NMPDU) has taken this work forward, producing a best practice statement on nutrition for physically frail older people (11) and a number of other statements on issues with direct relevance to nursing older people.

In the wider arena, standards developed by the Clinical Standards Board for Scotland and the Scottish Health Advisory Service\* are offering benchmarks against which the quality of services to older people can be measured (see, for instance, *Clinical Standards: Older People in Acute Care* (12)).

This competency framework aims to complement and enhance this groundswell of activity focusing on the needs of older people.

## Where the Competencies Fit

The competencies were not written in isolation. They were influenced by and reflect in a very tangible way the work going on throughout Scotland which focuses on setting standards and improving service delivery for older people. A diagrammatic representation of the competencies' relationship to other initiatives is shown in **Figure 1**.

The aspiration is that the competencies will become embedded in the practice of nurses caring for older people and will also influence continuing professional development (CPD) activity.

\*On 1 January 2003, the Clinical Standards Board for Scotland and the Scottish Hospital Advisory Service became part of NHS Quality Improvement Scotland.

**Figure 1: Where the Competencies Fit**



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12. Clinical Standards Board for Scotland. *Clinical Standards. Older People in Acute Care*. Edinburgh: CSBS. October 2002.  
[www.clinicalstandards.org/pdf/finalstand/opac.pdf](http://www.clinicalstandards.org/pdf/finalstand/opac.pdf)

## How to get started

This workbook is designed to be completed in association with **A Route to Enhanced Competence (NBS, 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 Caring for Older People.

It will help the individual nurse to identify sources of learning and evidence of good practice which relates to providing high quality in Caring for Older People. It is essential to access the other workbooks within Unit 2 of the portfolio; however, you do not necessarily need to complete these sections before commencing this workbook.

## QACPD Portfolio CD

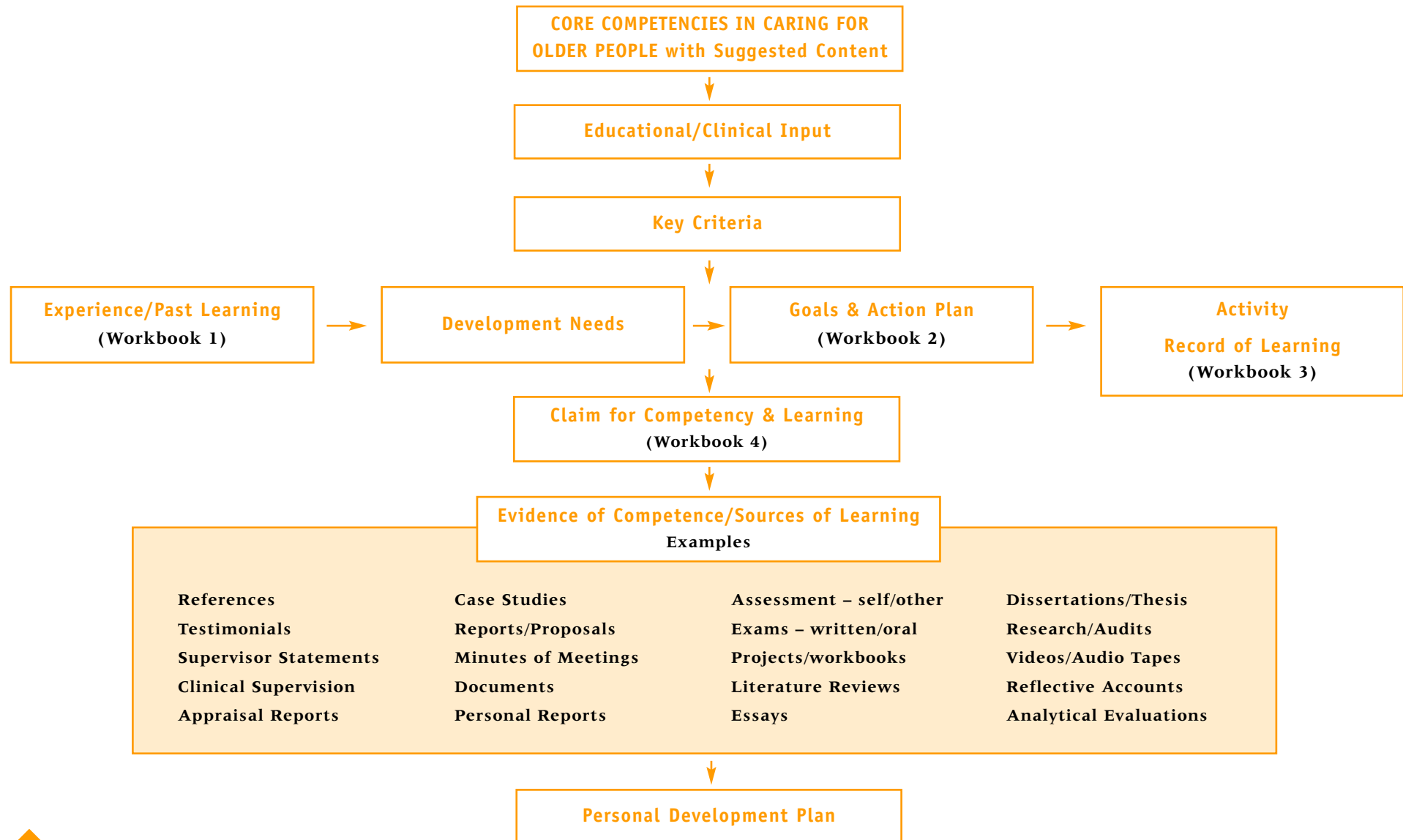
**A copy of the Continuing Professional Development Portfolio,  
'A Route to Enhanced Competence' and  
'A Route to Enhanced Competence in Caring for Older People'  
documents are supplied on the enclosed CD in Acrobat PDF format.  
They may be printed out for reference.**

## Steps to Building a Portfolio

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

- Step 1 Review your experience and practice to date identifying any knowledge and skills you have in Caring for Older People;*
- 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 CPD staff and/or Higher Education Institution a training programme that meets your learning needs;*
- Step 4 Set goals and devise an action plan to achieve the stated Caring for Older People competencies in partnership with your named facilitator;*
- Step 5 Provide evidence of competence through your portfolio.*

## Portfolio Route To Enhanced Competence in Caring for Older People



# The Competency Framework

## Competency Statements and Descriptors



## The Competency Framework

Competencies are more than skills. They are made up of a combination of knowledge, skills and attitudes. The underpinning knowledge has to be understood and applied, and appropriate attitudes must be adopted, before practice becomes competent.

The statements and descriptors in this document describe the core competencies nurses must possess to provide safe and effective care for older people, wherever they are practising. The knowledge, skills and attitudes set out are not exhaustive, and individual care areas may wish to expand them. The competencies nevertheless set benchmarks for the standards of care older people are entitled to expect from nurses, regardless of the kind of service they are accessing.

The key 'target' group for these competencies is not the specialist nurse in care of older people. Experienced nurses working in, for example, specialist older people's units in NHSScotland, day care units for people with dementia, care homes for older people or within specialist mental health or learning disabilities services for older people would certainly be expected to possess all these competencies. But they would also be likely to have additional, advanced competencies relevant to their area of practice.

The competencies in this document do not address these advanced levels for specialist nurses. Rather, they aim to describe the competencies required of *all other nurses* whose duties bring them into regular or infrequent contact with older people.

For instance:

- ◆ *Nurses in acute medical or surgical wards in hospitals, or in acute specialties such as cardiology, diabetology or intensive care*
- ◆ *District, practice and other community-based nurses*
- ◆ *Mental health nurses and learning disability nurses in both in-patient and community services*
- ◆ *Nurses in 'outreach' services, such as those providing care for homeless people or refugees*
- ◆ *Nurses working in forensic or prison services*
- ◆ *Registered nurses (either newly qualified or more experienced) entering a care of older people environment for the first time as a staff nurse.*

The competencies are therefore somewhat different in design to those previously developed under the auspices of NHS Education for Scotland (NES), working in collaboration with nurses in key areas. Instead of focusing on 'what' nurses do, these competencies focus on the 'how' – the attitudes and assumptions that govern nursing practice with older people.

Nor are the competencies an end in themselves. Rather, they are seen as acting as the foundation for a series of competency sets which focus on discrete and more specialised areas of practice.

**These competencies therefore provide a core 'hub' from which many specialist 'spokes' that set out competencies in specific areas of practice may emerge over time.**

Although they have been developed primarily with nurses in mind, the competencies may also be applicable to a range of health and social care professionals. Certain elements, particularly around the adoption of appropriate attitudes, may also be applicable to support staff.

## How the competencies were devised

Senior nurses from South Glasgow University Hospitals NHS Trust's specialist unit for older people, the Mansionhouse, commissioned the NBS (now part of NES) to facilitate the process of generating the competency statements. A small reference group of nurses from NHSScotland and independent sector services representing a range of services for older people then drafted the framework, which was widely disseminated throughout Scotland for comment and further refinement. The revised competency framework was then tested in practice settings.

The statements and descriptors focus on the practice of individual nurses. They therefore can be used by nurses to help them assess their own performance as part of ongoing reflective practice, or in devising a Personal Development Plan.

They can also be used by services as part of individual and organisational performance appraisal.

## Textboxes

Textboxes are placed at various points throughout the competency framework. Their purpose is to help practitioners link the basic competencies to other forms of guidance that are available. The textboxes tend to focus on specific domains concentrating on care delivery.

For example, Domain 4 sets out competencies that encourage the provision of 'holistic and individualised care and treatment for older people'. The textbox that accompanies this domain provides information about how practitioners can access systematic reviews of continence management to ensure their practice is evidence-based (see page 15).

## Competency Statements and Descriptors

| DOMAIN                                                               | COMPETENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <b>Respecting and valuing older people as individuals.</b></p> | <p>Demonstrates awareness of the impact of his or her behaviour and demeanour on older people</p> <hr/> <p>Demonstrates understanding of the need to practise in a non-discriminatory manner</p> <hr/> <p>Demonstrates respect for older people’s uniqueness and diversity</p> <hr/> <p>Demonstrates respect for cultural and ethnic diversity</p> <hr/> <p>Supports older people in exercising religious and/or spiritual beliefs, when appropriate</p> <hr/> <p>Demonstrates an awareness of options and choices in care for older people</p> <hr/> <p>Protects older people’s dignity, autonomy and right to independence</p> <hr/> <p>Demonstrates respect for older people’s rights to privacy</p> <hr/> <p>Observes rules of confidentiality at all times in relation to older people and their families and carers</p> <hr/> | <p>Understanding of the ageing process and its effects on the physical, psychological, social and spiritual functioning of older people</p> <hr/> <p>Sensitive and empathic approach</p> <hr/> <p>Inclusive and collaborative ethos</p> <hr/> <p>Patience</p> <hr/> <p>Knowledge of issues relating to spirituality and religious rites</p> <hr/> <p>Knowledge of relevant legislation such as the Human Rights (Scotland) Act, the Adults with Incapacity (Scotland) Act, Mental Health (Scotland) Act, the Disability Discrimination Act, the Regulation of Care Act, and the Race Relations (Amendment 2000) Act.</p> <hr/> <p>Knowledge of National Care Standards</p> <hr/> |

## DOMAIN

2. **Balancing older people's right to self-determination with the need to maintain safety.**

## COMPETENCIES

Encourages older people to exercise their independence and autonomy

Demonstrates understanding of the impact of the care environment on older people

Offers information to older people, wherever possible, to enable them to make an informed choice concerning risks

Takes least restrictive measures to minimise the risk of physical and emotional trauma to older people, based on risk assessments

Explores and critically appraises options in risk management strategies with older people and their carers

Demonstrates awareness of and ability to access organisational policies and procedures designed to protect vulnerable older people, and can discuss them effectively with older people

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Positive belief about the potential for enhanced independence among older people

Knowledge of relevant models of risk assessment and risk management

Knowledge of relevant legislation such as the Human Rights (Scotland) Act, The Adults with Incapacity (Scotland) Act, Mental Health (Scotland) Act, the Disability Discrimination Act, the Regulation of Care Act, and the Race Relations (Amendment 2000) Act

Knowledge of National Care Standards

## DOMAIN

### 3. Maximising the capability of older people.

## COMPETENCIES

Demonstrates awareness that older people may adopt a variety of coping strategies

Bases interventions to maximise the abilities of older people on comprehensive evidence-based assessments from a variety of disciplines

Demonstrates ability to contribute to and implement a personalised plan of care based on assessment results

Seeks to empower older people to be active participants in care

Adopts positive expectations of care outcomes which take account of older people's wishes

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Positive belief about the potential for enhanced independence among older people

Understanding of the ageing process and its effects on the physical, psychological, social and spiritual functioning of older people

Knowledge of a range of relevant validated assessment tools and techniques

Knowledge of Single Shared Assessment processes

Willingness and ability to work with a range of fellow professionals, agencies, service users and carers

Knowledge of relevant health promotion issues for older people

Knowledge of relevant models of risk assessment and risk management

Inclusive and collaborative ethos

## DOMAIN

### 4. Providing holistic and individualised care and treatment for older people.

#### Continence

An example of basing practice on best available evidence can be found in relation to continence.

The Cochrane Collaboration has produced two systematic reviews of the evidence on bowel (faecal) and urinary incontinence ([www.cochraneconsumer.com/index.asp?SHOW=Topics](http://www.cochraneconsumer.com/index.asp?SHOW=Topics)). These reviews provide practitioners with the evidence-base to enable them to effectively promote and manage continence among their patients and clients.

## COMPETENCIES

Bases practice on appropriate ethical, legal and professional frameworks

Bases practice on best available evidence

Bases practice on an understanding of the older person's life experiences, expectations and preferences

Bases practice on ongoing assessments and evaluations of older people's status, function and needs

Demonstrates a working knowledge of relevant structured assessment tools that are valid and reliable for use with older people

Demonstrates insights and abilities in adapting assessment methodologies to the needs of older people and the care setting

Pursues and values information provided by other agencies and professionals, ensuring it contributes to the development of a personalised plan of care

Ensures that care reflects the multi-dimensional nature of older people's lives and needs

Seeks advice on care and makes appropriate referrals to other professionals and agencies

Accurately records observations and data and contributes to personalised plans of care in accordance with national guidelines and local protocols

Contributes effectively to recording and information management systems to facilitate the regular evaluation of care and treatment

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Knowledge of relevant ethical, legal and professional frameworks

Respect for the multi-dimensional nature of older people's lives and needs

Knowledge of a range of relevant validated assessment tools and techniques

Knowledge and skills in relation to observation within a holistic, systematic approach to care

Knowledge of how to explore end-of-life issues with older people and their carers

Inclusive and collaborative ethos

Willingness and ability to work with a range of fellow professionals, service users and carers

Critical appraisal skills

Knowledge of current best practice and national and local guidelines in relation to care delivery and record-keeping

Willingness to participate in clinical supervision, clinical audit, CPD activities and other methods of maintaining and enhancing standards of care

## DOMAIN

### 5. Delivering person-centred care within a multi-professional and multi-agency context.

#### Nutrition

A number of national guidelines on nutrition of older people have been developed. These inform practice and can be used as benchmarks. For instance, in response to concerns about the nutritional status of older people in Scotland's hospitals, the Chief Nursing Officer commissioned a review which was published in February 2002 ([www.show.scot.nhs.uk/sehd/publications/NNMHVAC/pnoap.pdf](http://www.show.scot.nhs.uk/sehd/publications/NNMHVAC/pnoap.pdf)). The review provides a model for multidisciplinary assessment, management and monitoring of older people's nutrition and offers advice on relevant local policies, audit and training. The Nursing and Midwifery Practice Development Unit also published a best practice statement on nutrition for physically frail older people ([www.nmpdu.org/projects/nutelder.html](http://www.nmpdu.org/projects/nutelder.html)).

## COMPETENCIES

Demonstrates and promotes understanding of his or her role and the contributions of colleagues and others in the delivery of person-centred care to older people

Develops partnerships with older people and their carers in assessing, delivering and evaluating care

Collaborates with professional and support staff and respects their contribution to the holistic care of older people

Adopts a questioning and reflective approach to analysing own and others' contributions to care

Critically appraises local and national guidelines and benchmarks which impact on the care of older people

Seeks opportunities to develop professional skills and knowledge through, for example, clinical supervision, peer review and continuing professional development (CPD) activities

Recognises sub-optimal contributions to care and acts appropriately according to local policies and protocols

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Inclusive and collaborative ethos

Willingness and ability to work with a range of fellow professionals, service users and carers

Knowledge of Single Shared Assessment processes

Knowledge of signs of abuse of older people, including physical, emotional, social, financial and sexual abuse.

Critical appraisal skills

Knowledge of current best practice and national and local guidelines, policies and protocols

Knowledge of Adults with Incapacity (Scotland) Act

Knowledge of relevant PIN Guidelines and Staff Governance Standards

Willingness to participate in clinical supervision, clinical audit, CPD activities and other methods of maintaining and enhancing standards of care

## DOMAIN

### 6. Maximising older people's capacity to communicate effectively.

#### Confusion

Communication with older people can present a range of challenges. Work carried out by the Dementia Services Development Centre at the University of Stirling ([www.stir.ac.uk/Departments/HumanSciences/AppSocSci/DS/About.htm](http://www.stir.ac.uk/Departments/HumanSciences/AppSocSci/DS/About.htm)) provides practical advice and ideas for enhancing communication with older people who may have a range of communication difficulties.

## COMPETENCIES

Adopts a respectful and attentive demeanour with older people and recognises the importance of allowing time for effective communication

Takes every opportunity to engage older people in meaningful communication and activity

Listens attentively and reacts positively to older people's comments, requests, concerns and complaints

Offers information in a timely, clear and appropriate manner, based on an assessment of the needs of individual older people

Builds on and adapts knowledge and skills in relation to interpersonal communication to meet the needs of older people

Utilises a range of communication skills – verbal, non-verbal, written and information technology-based – aimed at maximising older people's capacity to communicate effectively

Critically appraises the effects of the environment on older people's ability to communicate effectively

Acts to enhance environmental conditions to promote effective interpersonal communication

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Understanding of the ageing process and its effects on the physical, psychological, social and spiritual functioning of older people

Sensitive and empathic approach

Listening skills

Patience

Interpersonal communication theory

**DOMAIN**

**6. Maximising older people’s capacity to communicate effectively. (continued)**

**COMPETENCIES**

- Demonstrates an understanding of the significance of both sensory and cognitive elements of communication with older people
- Demonstrates sensitivity to the emotional and psychological indicators in older people’s communications
- Demonstrates an understanding of the multi-dimensional nature of communication and recognises the importance of verbal and non-verbal communication, including touch
- Uses resources and equipment appropriately to enhance communication
- Recognises indicators that specialist interventions might be required to assist older people with communication, and reports/refers appropriately
- Communicates with older people in a way that is appropriate to their age, gender and culture
- Assesses when access to an interpreter may be appropriate to meet the older person’s needs
- Assesses when access to an appropriate advocacy service may be appropriate to meet older people’s communication needs, and demonstrates ability to provide advocacy for older people within the bounds of own knowledge and competence

**UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES**

- Knowledge of local resources (such as hearing aids, loop systems and communicators) and referral processes
- Knowledge of how to arrange for an interpreter to be present to assess health need accurately and to ensure communication with the patient
- Knowledge of how to access advocacy services for older people
- Knowledge of how to advocate on older person’s behalf
- Knowledge of Data Protection Act and Caldicott Guardian Guidance

## DOMAIN

7. **Develops effective partnerships with family members and carers, based on an understanding of their role in the care of an older person.**

## COMPETENCIES

Pursues, collects and values assessment data obtained from older people's family members and carers, with the older person's permission (when appropriate)

Makes appropriate assessments of families' and carers' needs and wishes

Demonstrates ability to answer families' and carers' questions within limits of own knowledge and competence, and recognises when to refer enquiries to other sources

Observes rules of confidentiality at all times in relation to older people and their families and carers

## UNDERPINNING KNOWLEDGE, SKILLS AND ATTITUDES

Knowledge of Carers Strategies (Department of Health, 1996), the Carers Recognition and Services Act 1995, *Strategy for Carers in Scotland*, The Community Care and Health Bill

Knowledge of tools to assist in assessing families' and carers' needs

Sensitive and empathic approach

Inclusive and collaborative ethos

Patience

Interpersonal communication theory

Knowledge of local referral systems to, for instance, social services departments and senior health professionals

## Further Reading

- National Board for Nursing, Midwifery and Health Visiting for Scotland. *The Work of Newly Qualified Nurses: Core Skills and Competencies*. (Boxed set) Edinburgh: NBS. 2000.
- Norman, IJ, Redfern, SJ (Eds). *Mental Health Care for Elderly People*. Edinburgh: Churchill Livingstone. 1997.
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- Redfern, SJ, Ross, FM (Eds). *Nursing Older People, 3rd Edition*. Edinburgh: Churchill Livingstone. 1999.
- Royal College of Nursing. *The Value and Skills of Nurses Working with Older People*. London: RCN. October 1996.
- Royal College of Nursing. *Guidelines for Assessing Mental Health Needs in Older Age*. London: RCN. (No date).
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. *Requirements for Pre-registration Nursing Programmes*. London: UKCC. April 2001. [www.nmc-uk.org/cms/content/Publications/Reqforpre-regnursingpage.pdf](http://www.nmc-uk.org/cms/content/Publications/Reqforpre-regnursingpage.pdf)

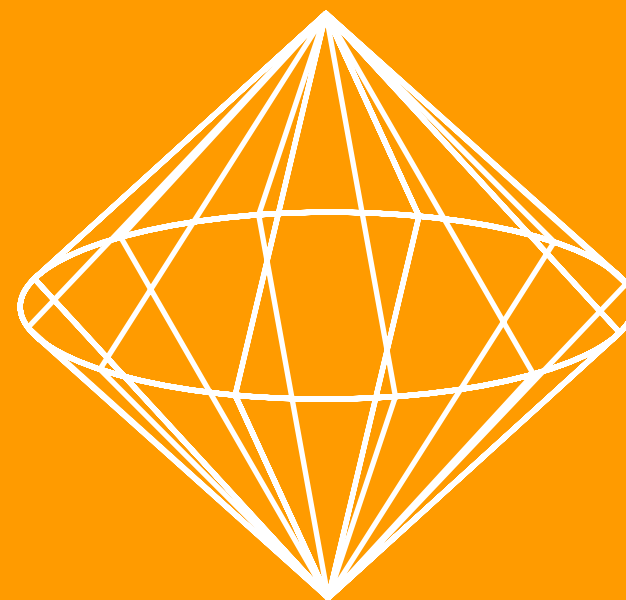
## Useful Websites

- NHS Education for Scotland (NES):  
[www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)
- NES QACPD initiative:  
[www.qacpd.org.uk](http://www.qacpd.org.uk)
- NHS Quality Improvement Scotland (NHSQIS): website currently under development, but you can access information from:  
[www.clinicalstandards.org/nhsqis](http://www.clinicalstandards.org/nhsqis)
- Nursing and Midwifery Practice Development Unit (NMPDU):  
[www.nmpdu.org](http://www.nmpdu.org)
- Scottish Intercollegiate Guidelines Network (SIGN):  
[www.show.scot.nhs.uk/sign/index.html](http://www.show.scot.nhs.uk/sign/index.html)

The image features a complex architectural drawing of a circular building, possibly a stadium or arena, with a grid overlay. The drawing includes various structural elements, lines, and annotations. A table of data is visible on the right side of the image, containing numerical values and units. The entire image has a warm, orange-toned background.

[www.qacpd.org.uk](http://www.qacpd.org.uk)

|          |      |     |    |    |
|----------|------|-----|----|----|
| 2100,00  | 2,19 | 27  | 17 | 30 |
| 2100,00  | 2,21 | 27  | 17 | 30 |
| 2100,00  | 2,23 | 27  | 17 | 30 |
| 2100,00  | 2,25 | 27  | 17 | 30 |
| 2140,00  | 2,25 | 27  | 17 | 30 |
| 2120,00  | 2,27 | 27  | 17 | 30 |
| 2120,00  | 2,27 | 27  | 17 | 30 |
| 2100,00  | 2,29 | 27  | 17 | 30 |
| 2100,00  | 2,29 | 27  | 17 | 30 |
| 2075,00  | 53   | 150 | 35 | 67 |
| 2095,00  | 53   | 150 | 35 | 67 |
| 2130,00  | 53   | 150 | 35 | 67 |
| 2150,00  | 53   | 150 | 35 | 67 |
| 2165,00  | 2    | 150 | 35 | 67 |
| 2300,70  | 2    | 150 | 35 | 67 |
| 20183,00 |      |     |    |    |



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