

# TRANSFORMING ROLES

Advanced Nurse Practitioner

Adult Acute Care

Specific Competencies

(Use in conjunction with NES Career Development Framework level 7 competencies)

### Trainee Advanced Nurse Practitioner

Details	
Name:	
Job title:	
NMC Number:	
Email address:	

### Practice Assessor

Details	
Name:	
Job title:	
Qualifications:	
NMC/GMC/HCPC Number:	
Email address:	
Signature:	

## EXAMPLE Clinical Assessment

Competency	Mapped to: <sup>1</sup>	Self Assessment (at start of training) <sup>2</sup>	Assessment Methods <sup>3</sup>	Workplace Based Assessment <sup>4</sup> (Signed and dated)	Cross reference to portfolio evidence
<p><i>EXAMPLE:</i></p> <p>A comprehensive clinical examination of the patient in their entirety, inclusive of physical examination of all systems</p>		<i>2</i>	Clinical Assessment module (with OSCE), miniCEX	<i>F. Smith</i> <i>1/8/20</i>	<p><i>Item 2 – academic transcript evidencing completion of Clinical Assessment module</i></p> <p><i>Items 7,8,9,10,11,12 miniCEXs</i></p> <p><i>Item 23 FFO</i></p>

When you feel you've got sufficient evidence to demonstrate you've met a specific competency, upload that evidence to your TURAS Professional Portfolio and add to your Share Pack. Ask your Practice Assessor to review the evidence and to sign & date if they agree there is sufficient evidence to clearly demonstrate you have met the competency. You may need to provide more than one piece of evidence. Where assessment methods are stipulated you must provide this evidence, however you can also add additional items to strengthen your evidence. In the example above formal evidence of having completed a 'clinical assessment module which includes an OSCE' is required as well as at least one miniCEX. Here the competency has been mapped to the individuals academic transcript evidencing that they have passed a clinical assessment module, It's also been mapped to 6 miniCEX and one Feedback from Others statement. If the Practice Assessor is confident that this is sufficiently robust evidence they can sign and date the competency statement.

Where assessment methods haven't been stipulated you are free to choose what type of evidence you wish to present. However, your Practice Assessor still needs to agree that it is suitable evidence. Guidance on suitable evidence can be sought from the module team.

<sup>1</sup> Might be HEI modules, or other competency frameworks (add as required)

<sup>2</sup> On Benner's 5-point novice to expert scale

<sup>3</sup> On specific competencies only – might specify type of assessment evidence that needs to be in portfolio e.g. academic module, OSCE, miniCEX, DOPS, Cbd etc

<sup>4</sup> Work Based Assessment should be signed by your Practice Assessor. Individual WPBA can be signed by anyone who can be justified to the Practice Assessor as being a reasonable person to assess competence – Practice Supervisors.

## Clinical Assessment

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
A comprehensive clinical examination of the patient in their entirety, inclusive of physical examination of all systems				Clinical Assessment module (with OSCE), miniCEX		
A remote assessment (where appropriate) e.g. Near Me				miniCEX		
Rapidly assess a patient using the Airways, Breathing, Circulation, Disability, Exposure (ABCDE) approach a to intervene clinically in a timeframe that reflects the risk,				miniCEX		
Perform a Mental State Examination (MSE)				miniCEX		

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
Request and undertake diagnostic tests / investigations;				miniCEX, CbD		
Demonstrate effectiveness in prioritising, escalating, de-escalating, providing self-help or management advice and refer for treatment/assessment/decision support in a timely manner within the clinical context of their role;				FFO		
Deliver person centred care by supporting patients to make informed decisions relating to their treatment and provide consent;				Reflection and/or FFO		

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
Prioritise and manage workload to meet the needs of patients;				FFO		
Analyse and synthesise findings from various assessments, clinical tests and investigations;				CbD / miniCEX		
Demonstrate an understanding of the principles and processes of child and adult protection legislation to ensure the safeguarding of children and vulnerable adults						
Undertake assessments of related co-morbidities for individuals with a learning disability and develop with the patient a care plan that reflects the complexity of their health;						
Request and undertake multidisciplinary/agency health and social services assessments.						

## Differential Diagnosis

Competency	Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
The ANP applies high level decision-making and assessment skills to formulate appropriate differential diagnoses based on synthesis of clinical findings. This requires clinical reasoning to manage risk while dealing with undifferentiated client groups across the age spectrum.			CbD, FFO		

## Investigations

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
The ANP has the autonomy and authority to apply judgement and clinical reasoning to request, where indicated, appropriate diagnostic tests/investigations based on differential diagnoses				miniCEX, CbD		
Can act on previously requested results of tests/investigations working collaboratively with other healthcare professionals				miniCEX/ CbD		
Is able to request and interpret Chest X-rays						
Is able to record a 12-lead ECG				DOPS		
Is able to interpret a 12-lead ECG						
Is able to take an Arterial Blood Gas (ABG) sample				DOPS		
Is able to analyse a ABG sample				DOPS		



Competency	Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
Is able to interpret ABG samples					
The Acute Care ANP is able to request and interpret the following investigations: <ul style="list-style-type: none"> <li>Routinely requested blood tests</li> </ul>					
Depending on specialist area, the Acute Care ANP may be able to request and act on other investigations <i>(Can be added here if applicable)</i>					
Has completed IR(ME)R training					

## Treatment

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
The ANP formulates an action plan for the treatment of the patient, synthesising clinical information based on the patient's presentation, history, clinical assessment and findings from relevant investigations, using appropriate evidence based practice.				miniCEX, CbD, FFO		
The ANP is an independent prescriber				NMP module, recorded with NMC/HCPC as NMP		
Implements non-pharmacological related interventions/ therapies, dependent on situation and technical requirements of care				Reflection, or CbD		
The ANP must be able to initially and independently manage a broad range of presenting conditions.				Anonymised patient log, FFO		

Competency	Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
<p>Adult Acute Care ANPs are able to manage all aspect of patient care relating to the following:</p> <ul style="list-style-type: none"> <li>• Medical Emergencies, including <i>anaphylaxis, respiratory failure, cardiac arrest, sepsis, shock, and the unconscious patient</i></li> </ul>			ALS certificate		
<ul style="list-style-type: none"> <li>• Common presentations, including <i>abdominal pain, acute pain, bleeding, breathlessness, chest pain and palpitations, collapse/black out/syncope (fainting) and pre-syncope, acute confusion/delirium, altered consciousness and disturbed behaviour, diarrhoea and vomiting, dizziness and vertigo, falls, fever, fits/seizures, headache, head injury, jaundice, limb pain, swelling and abnormalities, the oliguric patient, poisoning, rash, suicidal ideation, nausea and vomiting, weakness and paralysis, and wound assessment and management.</i></li> </ul>					

Competency		Mapped to:			Cross reference to portfolio evidence
	Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
<p>The Acute Care ANP will also have a good working knowledge of symptom management in palliative and end of life</p> <p>Has completed Confirmation of Death (CoD) training</p>					

## Admission, Discharge and Referral

Competency		Mapped to:	Self Assessment (at start of training)	Assessment Methods	Workplace Based Assessment (Signed and dated)	Cross reference to portfolio evidence
The ANP has autonomy and authority to admit to and discharge from identified clinical areas, dependent on patient need at time of review. This includes the autonomy and authority to refer to, and work in partnership with, all appropriate health and social care professional groups and agencies.				miniCEX, CbD		

### Key:

- TRACANP Transforming Roles Acute Care ANP competencies (CNOD 2021)
- miniCEX Mini-Clinical Examination (form in TURAS Professional Portfolio)
- CbD Case Based Discussion (form in TURAS Professional Portfolio)
- DOPS Direct Observation of Procedural Skill (form in TURAS Professional Portfolio)
- REF Reflection (form in TURAS Professional Portfolio or upload written reflection)
- FFO Feedback from others (form in TURAS Professional Portfolio or upload written feedback)

