

TRANSFORMING ROLES

Advanced Nurse Practitioner

Mental Health

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: ¹ | Self Assessment (at start of training) ² | Assessment Methods ³ | Workplace Based Assessment ⁴ (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 | <p><i>F. Smith</i></p> <p><i>1/8/20</i></p> | <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.

¹ Might be HEI modules, or other competency frameworks (add as appropriate)

² On Benner's 5-point novice to expert scale

³ 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

⁴ 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.

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.

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 | | |
| The Mental Health ANP is able to independently request and act upon: diagnostic tests/investigations including routine Bloods, ECG; | | | | | | |
| Review of results within scope of practice at a competent level | | | | | | |
| Apply protective and safeguarding legislation | | | | | | |
| Use of evidence based mental health assessment tools across all specialties. | | | | | | |
| Mental Health ANPs are able to assess and manage risk to inform decision-making for care, support and treatment planning. | | | | | | |
| Has completed IR(ME)R training (<i>if applicable</i>) | | | | | | |

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>Across all mental health specialties including Forensics, Old Age Psychiatry, Children and Adolescent Mental Health Services (CAMHS), Perinatal, Addictions, Rehabilitation, Psychiatric Liaison, Acute Hospital and Community, the Mental Health ANP is able to:</p> <ul style="list-style-type: none"> • Differentiate, advise and educate on a range of mental health presentations | | | | | |
| Provide suicide and self-harm management and treatment | | | | | |
| Understand, and possess knowledge and competence, to manage a range of Mental Health and associated disorders | | | | | |
| Differentiate between treatments for depression, dementia and delirium and correct management across all settings | | | | | |
| Assess and advise on managing acute behavioural disturbance across all settings | | | | | |
| Manage physical healthcare issues within the limitation of the area of practice | | | | | |
| Manage acute substance misuse and detoxification across all settings. | | | | | |

| Competency | Mapped to: | Self Assessment (at start of training) | Assessment Methods | Workplace Based Assessment (Signed and dated) | Cross reference to portfolio evidence |
|---|------------|---|--------------------|--|---------------------------------------|
| Understand both pharmacological and non-pharmacological management of delirium and the management of stress and distress. | | | | | |

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)

