

Respiratory Nursing Competencies and beyond



Cycling Proficiency Certificate

Awarded by

*The Royal Society for the Prevention of Accidents.
The Cyclists' Touring Club.
The National Cyclists' Union.*

This is to certify that Jane Toone having satisfied the above organisations in the requirements of safe cycling, and demonstrated ability to ride and control a bicycle on the roads safely and proficiently, is hereby awarded the right to wear the Cycling Proficiency Badge.



Date 4.4.1972

No. 4672/12



Charles J. ...

The Royal Society for the Prevention of Accidents

Hubert ...

The Cyclists' Touring Club

H.S. ...

The National Cyclists' Union

Why?

Delivery of high quality care needs a high quality workforce: skilled and competent practitioners who are fit to deliver care in the future health and social care system

Why

Patients and carers say that they want to be able to access safe and effective care when they needed it and in the right place, delivered by the right person

They wanted to be empowered to ensure that they exercised maximum choice and control over the services they received, working in partnership with professionals

Why?

Workforce Development is important to the Department of Health in terms of planning and developing a workforce to enable appropriate services to be delivered through new models of care, new roles and new types of teams working across organisational boundaries and new settings.

And there aren't enough nurses!!!!

- What is important/specific in ILD?
- The future
- What is an ILD nurse specialist?



Competency

Competency is the ability of an individual to perform a job properly.

Competency

The five levels

proposed by Dreyfus and Dreyfus were:

1. Novice: Rule-based behaviour, strongly limited and inflexible
2. Experienced Beginner: Incorporates aspects of the situation
3. Practitioner: Acting consciously from long-term goals and plans
4. Knowledgeable practitioner: Sees the situation as a whole and acts from personal conviction
5. Expert: Has an intuitive understanding of the situation and zooms in on the central aspects



CASINO ROYALE

7

NOVEMBER 17
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Conscious and Competent

Conscious-Competence model		<i>Competence</i>	
		Incompetent	Competent
Consciousness	Conscious	Conscious Incompetence	Conscious Competence
	Unconscious	Unconscious incompetence	Unconscious Competence

Unconscious incompetence

- As an unconscious incompetent, you do not know what you do not know. You lack knowledge and skills in the area in question and are unaware of this lack
- In this state, where you can exist for a very long time, you are not as competent as one or more of:
 - You think you are
 - You actually could be
 - Other, more competent people
- In this state, you may be in one of two positions. Ignorance is bliss, as they say, and you may well be happily naive, not realizing that you are not competent
- You also may be in a faking state, where you believe you are competent, and either do not realize that you are in this state or are covering up your incompetence (in which state you may be in the next stage)

Conscious incompetence

- As a conscious incompetent, you realize that you are not as expert as perhaps you thought you were or thought you could be
- The transition to this state from being unconsciously incompetent can be a shocking and sudden realization, for example when you meet others who are clearly more competent than you, or when a friend holds up a metaphorical mirror to your real ability
- You can also exist in this state for a long time, depending on factors such as your determination to learn and the real extent to which you accept your incompetence

Conscious competence

- Becoming consciously competent often takes a while, as you steadily learn about the new area, either through experience or more formal learning
- This process can go in fits and starts as you learn, forget, plateau and start anew
- The more complex the new area and the less talent you have for it, the longer this will take
- The good news is that many people have achieved remarkable feats of learning through sheer persistence

Unconscious competence

Eventually you reach a point where you no longer have to think about what you are doing, and are competent without the significant effort that characterizes the state of conscious competence

Competence Frameworks

Focussed on outcomes and are an indispensable tool for those managing and developing a highly skilled workforce

They inform the development of education and training programmes as well as assessment strategies, all of which are going to be vital

Accountability

- Of competency to deliver
- On any shortfalls in delivery



REVALIDATION

NMC Nursing &
Midwifery
Council



How to revalidate with the NMC
Requirements for renewing your registration



Requirements	Supporting evidence
450 practice hours or 900 hours if revalidating as both nurse and midwife	<p>Maintain a record of practice hours you have completed, including:</p> <ul style="list-style-type: none"> • dates of practice; • the number of hours you undertook; • name, address and postcode of the organisation; • scope of practice (see tip box on page 20); • work setting (see tip box on page 20); • a description of the work you undertook, and • evidence of those practice hours (such as timesheets, role profiles or job specifications).
35 hours of continuing professional development (of which 20 must be participatory)	<p>Maintain accurate and verifiable records of your CPD activities, including:</p> <ul style="list-style-type: none"> • the CPD method (examples of 'CPD method' are self-learning, online learning, course); • a brief description of the topic and how it relates to your practice; • dates the CPD activity was undertaken; • the number of hours and participatory hours; • identification of the part of the Code most relevant to the CPD, and • evidence of the CPD activity (for examples see our guidance sheet at revalidation.nmc.org.uk/download-resources/guidance-and-information).
Five pieces of practice-related feedback	<p>Notes of the content of the feedback and how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts. Make sure your notes do not include any personal data (see the section on non-identifiable information on pages 14-16).</p>

Requirements	Supporting evidence
Five written reflective accounts	Five written reflective accounts that explain what you learnt from your CPD activity and/or feedback and/or an event or experience in your practice, how you changed or improved your work as a result, and how this is relevant to the Code. You must use the NMC form on page 45 and make sure your accounts do not include any personal data (see the section on non-identifiable information).
Reflective discussion	A reflective discussion form which includes the name and NMC Pin of the NMC-registered nurse or midwife that you had the discussion with as well as the date you had the discussion. You must use the NMC form on page 46 and make sure the discussion summary section does not contain any personal data (see the section on non-identifiable information).
Health and character	You will make these declarations as part of your online revalidation application.
Professional indemnity arrangement	<p>Evidence to demonstrate that you have an appropriate indemnity arrangement in place.</p> <p>Whether your indemnity arrangement is through your employer, membership of a professional body or through a private insurance arrangement.</p> <p>If your indemnity arrangement is provided through membership of a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.</p>
Confirmation	A confirmation form signed by your confirmer. You must use the NMC form on pages 47-49.



National quality standard for IPF care



Idiopathic pulmonary fibrosis in adults

Quality standard

Published: 29 January 2015

[nice.org.uk/guidance/qs79](https://www.nice.org.uk/guidance/qs79)

**Commissioning Intentions
2017/2018 and 2018/2019
For Prescribed Specialised
Services**

National quality standard for IPF care

Idiopathic pulmonary fibrosis in adults (QS79)

List of quality statements

Statement 1. People are diagnosed with idiopathic pulmonary fibrosis only with the consensus of a multidisciplinary team with expertise in interstitial lung disease.

Statement 2. People with idiopathic pulmonary fibrosis have an interstitial lung disease specialist nurse available to them.

Statement 3. People with idiopathic pulmonary fibrosis have an assessment for home and ambulatory oxygen therapy at each follow up appointment and before they leave hospital following an exacerbation of the disease.

Statement 4. Pulmonary rehabilitation programmes provide services that are designed specifically for idiopathic pulmonary fibrosis.

Statement 5. People with idiopathic pulmonary fibrosis and their families and carers have access to services that meet their palliative care needs.

**Diagnosis by
expert ILD MDT**

**Availability of an
ILD expert nurse
Oxygen
assessments at
each F/U and
pre-discharge
IPF-specific Pulm
Rehab
Access to
palliative care**

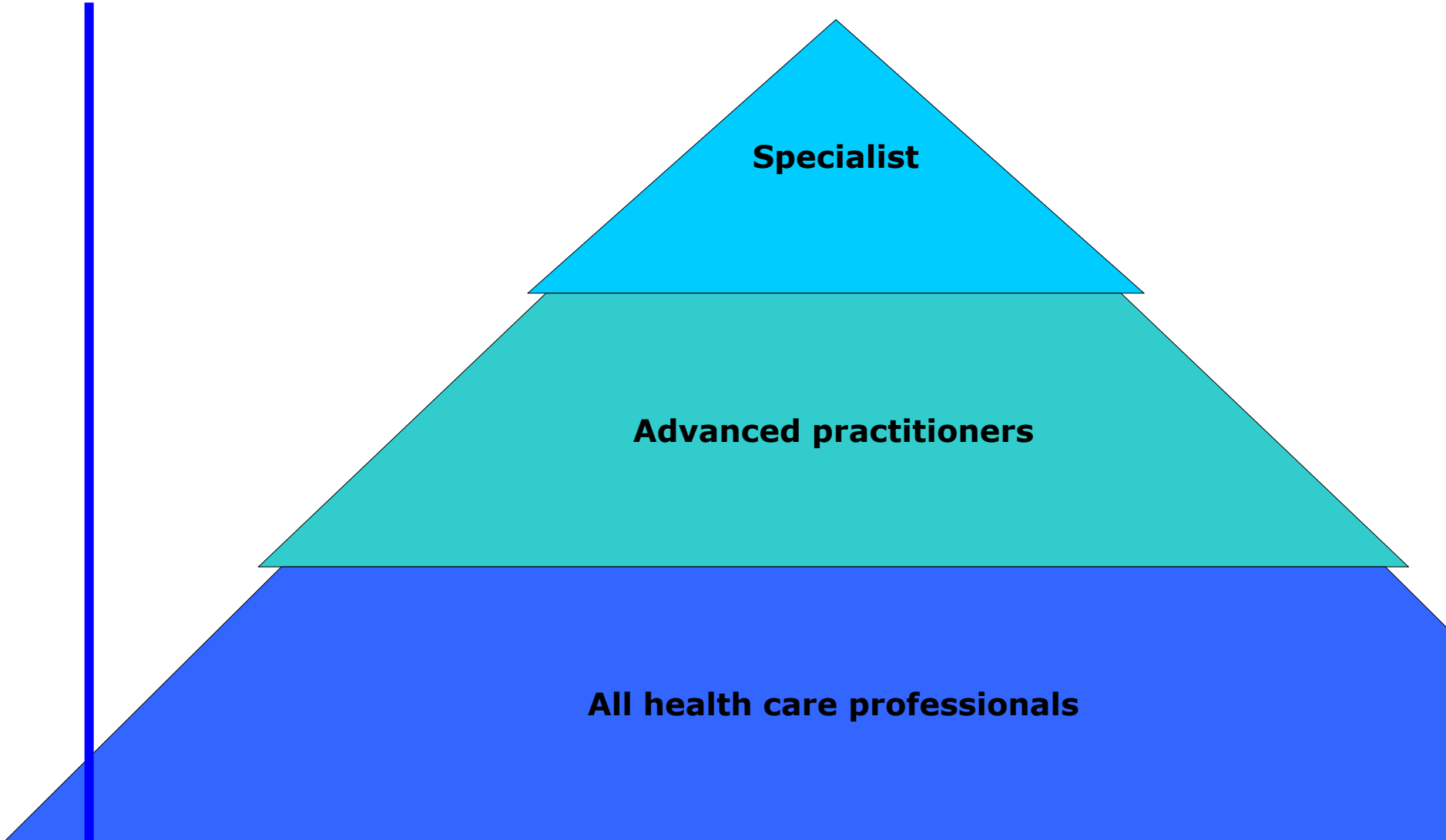
Integrated MDT





Levels of competency

Expert

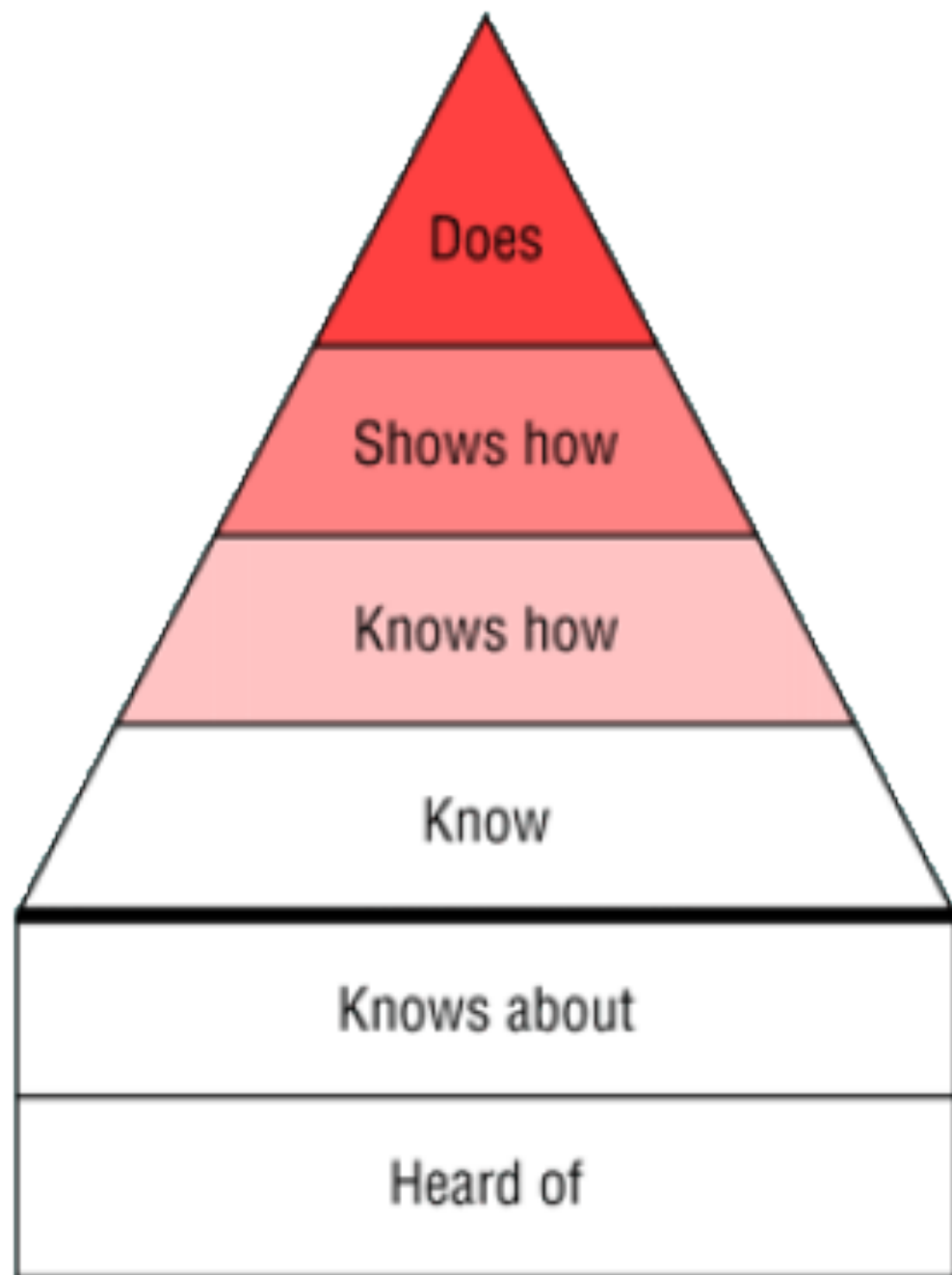


Specialist

Advanced practitioners

All health care professionals

Novice



**Awareness levels
which may underpin
higher levels of
knowledge**

Sustainability



Clinical leadership and local accountability



Leadership Qualities Framework



Effective care by competent professionals

- Defining competency
- Education not just training
- Reflective practice

What is an ILD nurse specialist?



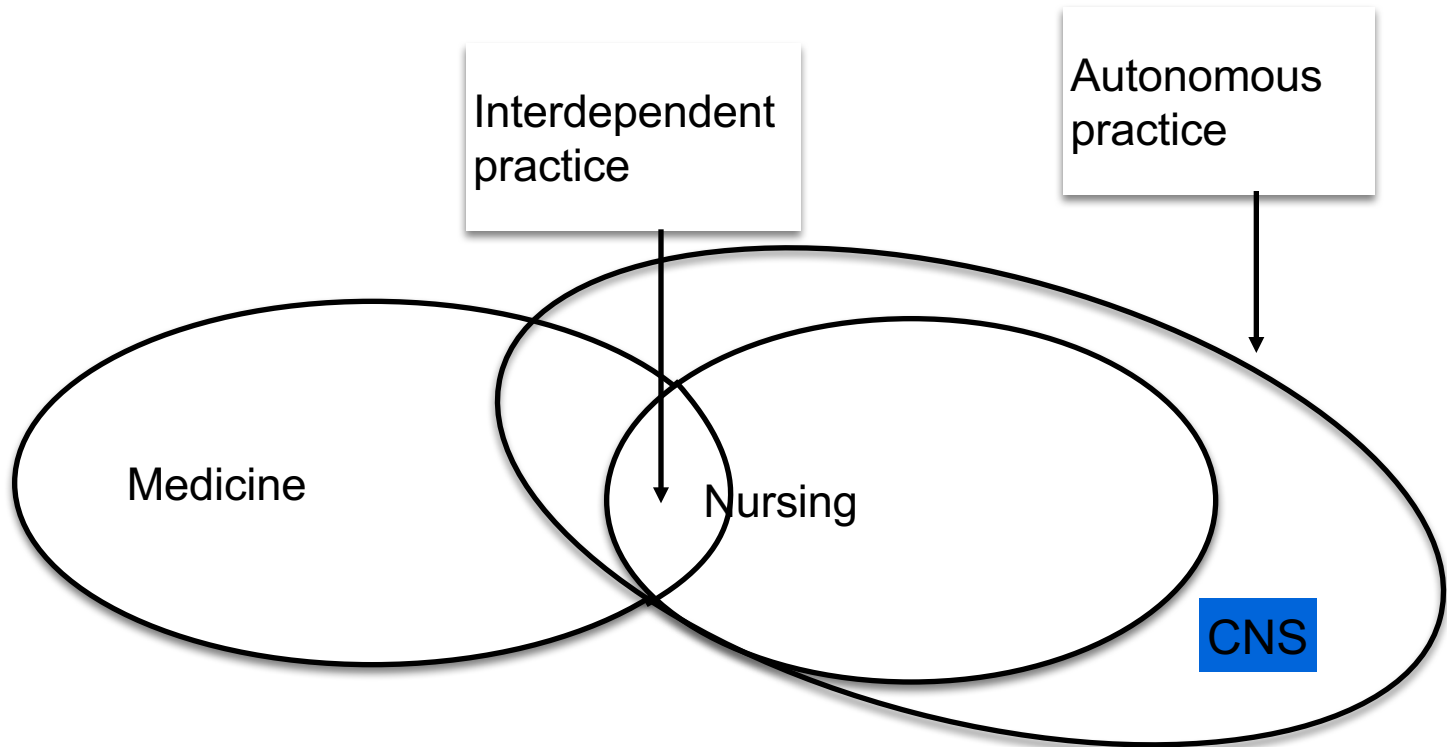
Specialist

Specialist nurses need time to fulfil the key aspects of their role

Job descriptions and workload should recognise and allow time for the core elements of the role, which include providing clinical expertise, leadership, and education and training

It is important that the role and function of specialist nurses, the services they provide and the impact they have can be accurately described and measured

Specialist



Clinical

- They provide direct patient care and can play a vital role in educating patients on how best to manage their symptoms, as well as offering support following diagnosis
- In many cases the involvement of a specialist nurse can prevent patients being re-hospitalised

Patients views

In a national survey of health advocacy groups (RCN/ National Voices, 2009) patients consistently rated specialist nurses higher than any other health and social care professionals in:

- understanding patient needs
- designing and implementing care pathways
- obtaining patient feedback
- being transparent and honest.

Diagnosis



Diagnosis



Education





Treatment



**“Each capsule contains your medication,
plus a treatment for each of its side effects.”**

Prognosis



Prognosis

Help patients and their significant others to understand when they are in an advanced/ dying phase:

- Ensure that their wishes are respected
- Provide patients with adequate control of their symptoms to relieve breathlessness, anxiety and distress
- Provide emotional support
- Encourage acceptance by patient and their significant others
- Facilitate a 'good death'
- Be there!



'Giving up really is your best option'.

Practical Advice



Exercise and relaxation



Diet



Symptom Control



"I'm having trouble with my hamstrings."

Support



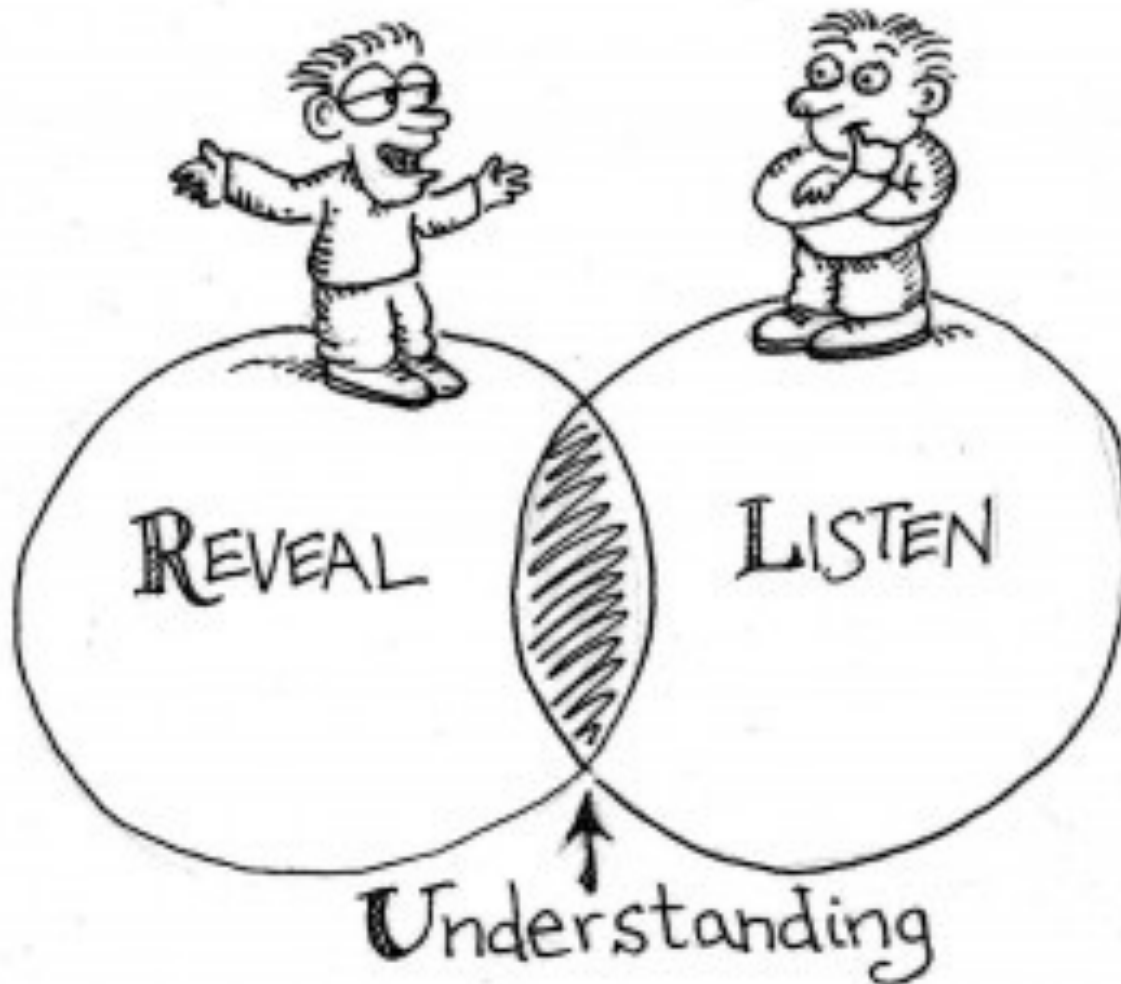
Support

Referring to palliative care for symptom control, physical, emotional and spiritual support

Assess coping strategies and facilitate the development of new effective strategies to help patients regain a sense of control (Duck 2008)

- Referring to relevant bodies to help with financial and practical support
- Signposting to support groups and relevant helplines/information
- Arranging for support from a spiritual advisor if appropriate

Understanding



Value for Money

It is important that specialist nurses are able to clearly demonstrate that they offer value for money, and this information is often unreliable. These nurses are not good at doing this proactively, so, whenever their services are under threat, they are often unable to provide robust data with which to fight their cause, relying on unsystematic data and anecdotal information.



The Role

It is important that the role and function of specialist nurses, the services they provide and the impact they have can be accurately described and measured

And specialist nurses need to ensure they have evidence that their services are cost-effective, enhance patient safety and improve the quality of service delivery

A Business Case

What are you trying to achieve?

- How you will do it?
- Why should this service be considered a funding priority?
- Are there alternative ways of meeting the perceived needs? If so, state and cost these

Is the service:

- Meeting local and national targets?
- Increasing activity/throughput?
- Improving access to services?
- Improving the quality of the service?
- Improving patient satisfaction/patient safety?

Consider any “value-added” outcomes and nationally recognised best practice

Information on costs

- What are the recurrent and non-recurrent costs?
- What costs relate to staff and non-staff pay?
- How will the costs be covered?
- Is there any income generation from the new activity?
- Does the service save money elsewhere

Evaluation

- Well-defined, measurable targets
- Clarity about how each target will be measured
- Baseline measurement
- Ensure there is a performance and monitoring framework in place and that the data is retrievable

Source: Fletcher and Walmsley, 2009

How specialist nurses add value to the NHS and social care



- Delivering services closer to home
- Developing innovative service delivery frameworks
- Promoting seamless care across sectors
- Developing and implementing care plans
- Delivering structured educational programmes for people with long-term conditions, which may lead to improved health outcomes
- Helping other staff to develop new skills by providing education and training

Communicate



Remember

A PERFECT PERSON
DOESN'T SMOKE
DOESN'T DRINK
DOESN'T CRY
DOESN'T FAIL
AND
DOESN'T EXIST.

A motivational quote is displayed over a background image of a suspension bridge at sunset. The sky is filled with warm, golden light and scattered clouds. The bridge's cables and deck are visible, extending from the top right towards the center. A single bird is seen in flight in the lower center of the frame. The text is presented in two lines, with the first line in black and the second line in white, both set against semi-transparent rectangular backgrounds.

The bigger the challenge

The bigger the opportunity

The English Brownie Law is: A **Brownie guide** thinks of others before herself and does a good turn every day.

The English Brownie **Motto** is: "Lend A Hand"



- Competence frameworks are focussed on outcomes and are an indispensable tool for those managing and developing a highly skilled workforce. They inform the development of education and training programmes as well as assessment strategies
- They can be used to develop the workforce so that the quality and efficiency of services provided for people with ILD are improved across the care spectrum from prevention and early identification through to end of life

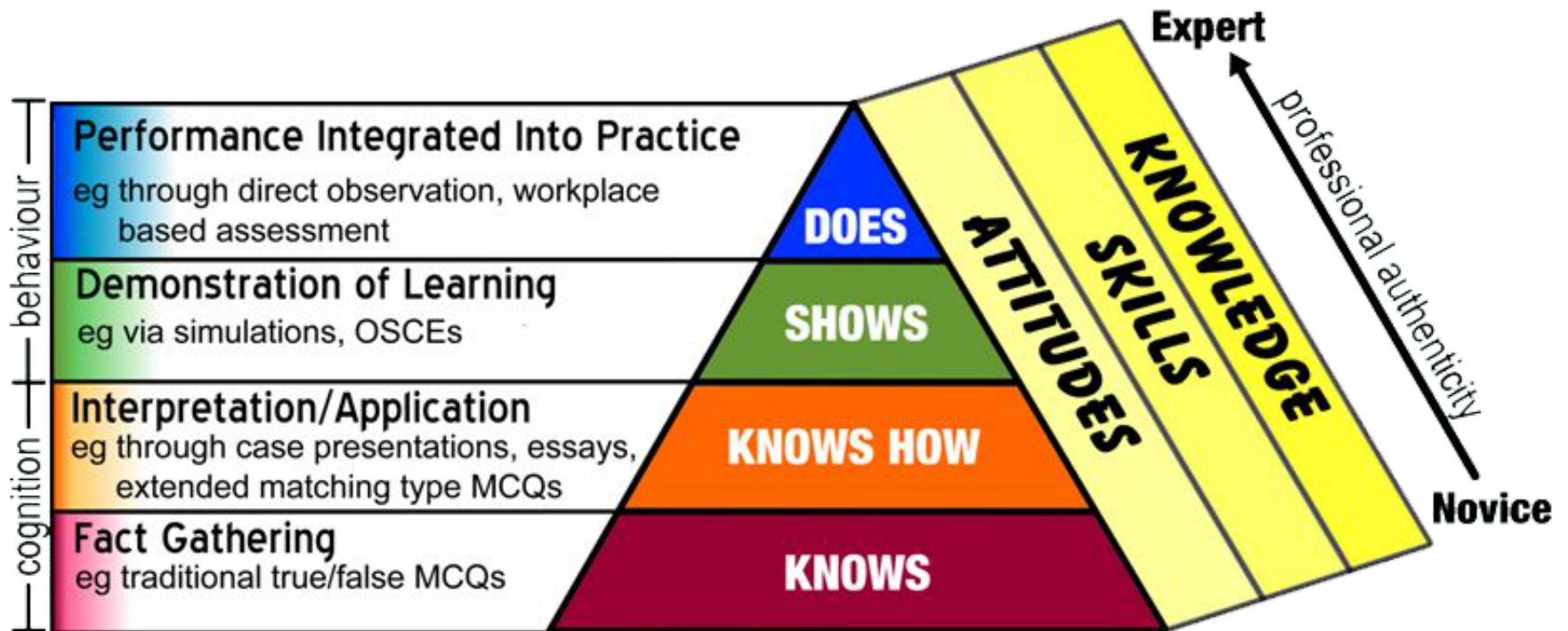




Standards

MILLER'S PRISM OF CLINICAL COMPETENCE (aka Miller's Pyramid)

it is only in the "does" triangle that the doctor truly performs



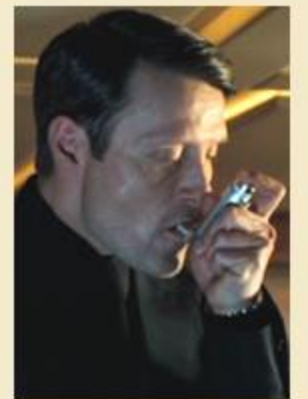
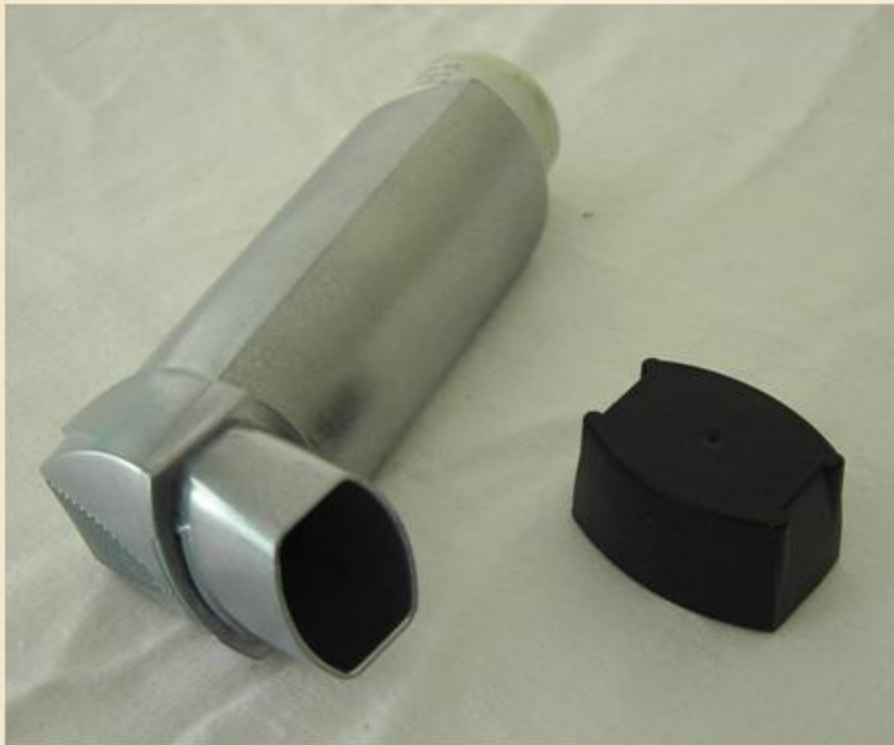
Based on work by Miller GE, *The Assessment of Clinical Skills/Competence/Performance*; *Acad. Med.* 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)



Patient centred



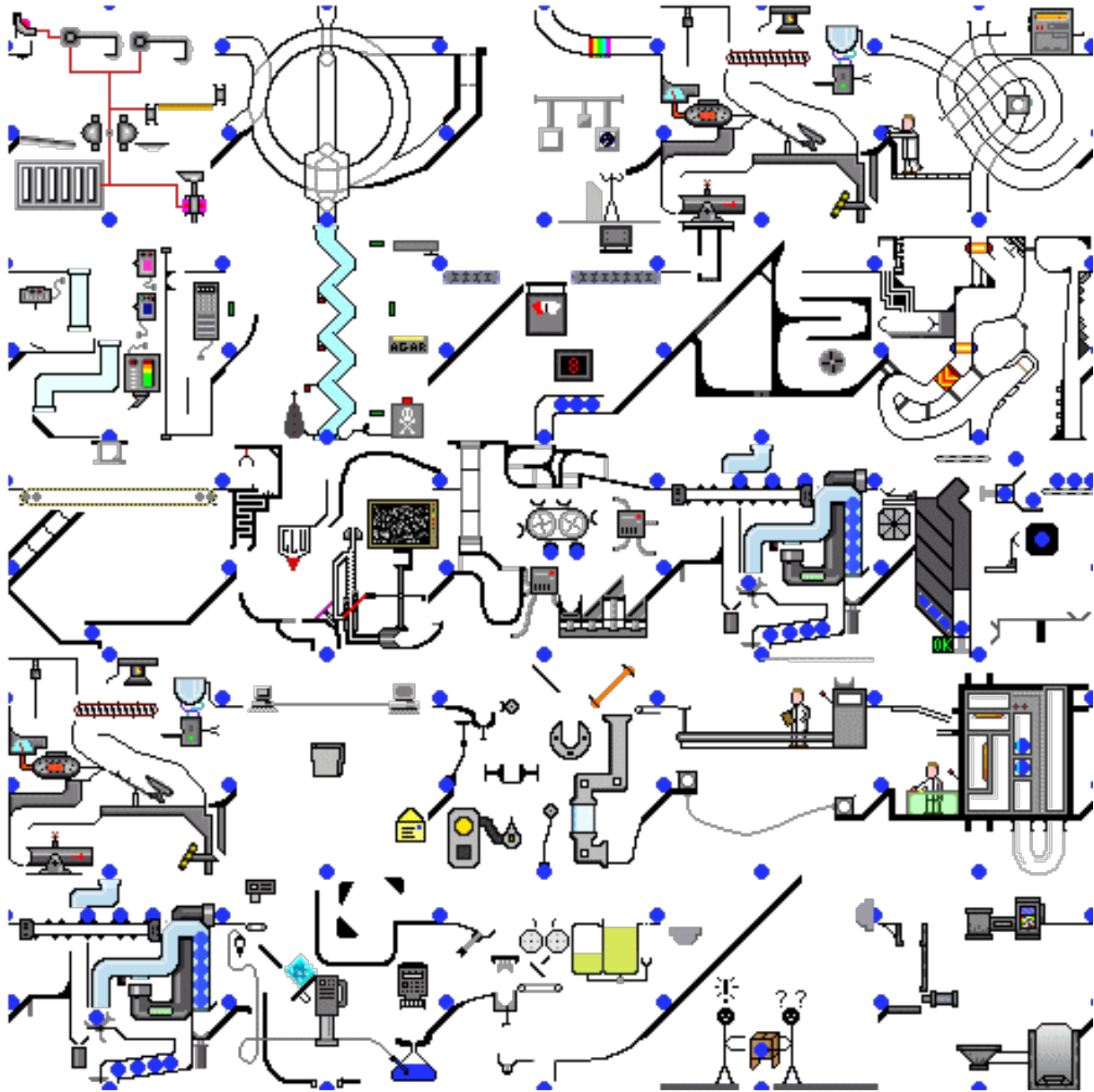




The problem

- Can we define a specialist career pathway?
- Can we provide a supporting statement
- Can we explain the role of and support respiratory nurses given the new commissioning framework

- The role is to provide a quality nursing service for patients with respiratory conditions in hospital and the community; to be a resource person, an educator and facilitator. The nurse should be responsible for setting, implementing and improving standards of respiratory care, using research based knowledge, and act as a patients advocate
- Any person with respiratory problems will be assessed, their needs identified and care planned using a multidisciplinary approach. This should incorporate support, education and counselling

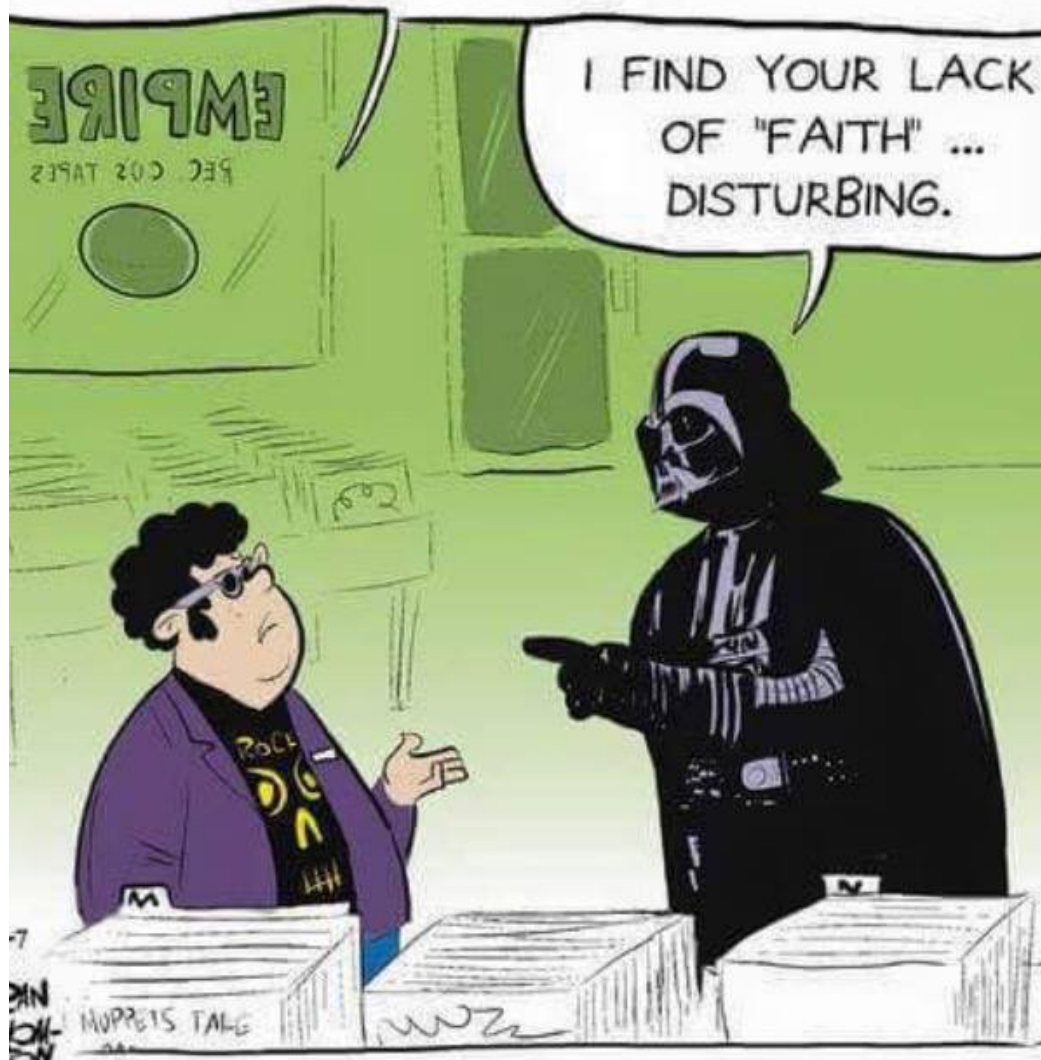


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