

National Competency Framework for
Registered Nurses
in Adult Critical Care

Step 3

Step 3 Competencies



Foreword

All step 3 Competencies have been designed to provide you with further core critical care skills building on those already attained in Step 1 & 2, as you progress through this section of your development you will be expected to demonstrate your advanced theoretical knowledge and provide the relevant evidence base for your established practice. You are advised to keep a record of any supportive evidence and reflective practice to assist you during progress and assessment reviews and to inform your NMC Revalidation.

Competence is defined throughout this document as:

'The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions'

It is anticipated that these competencies will form the next steps of your development and will be included as part of your post registration academic programme of education, which will be delivered by your local Higher Educational Institute (HEI).

During this section you will build on a range of skills including:

- Assessing the complex patient
- Interventional application
- Decision making
- Influencing & negotiating
- Communicating
- Engagement & facilitation
- Information & knowledge management
- Leadership & risk assessment
- Rehabilitation & recovery planning

On completing this section you will be able to:

- Demonstrate competent performance in all the activities specified without direct supervision based upon relevant evidenced based knowledge, intuition and established practice
- Independently problem solve complex situations and offer solutions through critical analysis and evaluation
- Supervise and instruct others in a range of activities related to their role and responsibilities
- Apply knowledge, understanding and research to relevant policies, procedures and guidelines to critically analyse and improve practice

Learner Name PRINT	 SIGNATURE
Lead Assesor/Mentor Name PRINT	 SIGNATURE

Contents

Page Title	Page
Learning Contract	4
Authorised Signature Record	5
Step 3 : Tracker Sheet	6
Competencies	
Respiratory System	8
Cardiovascular System	10
Renal System	13
Gastrointestinal System	15
Neurological System	16
End of Life	17
Rehabilitation	19
Professionalism	20
Leadership	21
Assessment, Development & Revalidation Record Summary	
Initial Assessment & Development Plan	23
On-going Assessment & Development Plan	24
Additional Action Planning	25
Step 3 - Final Competency Assessment	26
Annual Competency Review (to accompany local appraisal documentation)	27
NMC Revalidation Checklist	28
Reflective Accounts to inform Revalidation	
Reflective Account	30
Professional Development Discussion (PDD)	31
Abbreviations	32
Learning Resources	33
Acknowledgements	34

Learning Contract

The following Learning Contract applies to the Individual Learner, Lead Assessor/Mentor and Unit Manager/Lead Nurse and should be completed before embarking on this competency development programme. It will provide the foundations for:

- Individual commitment to learning
- Commitment to continuing supervision and support
- Provision of time and opportunities to learn

LEARNERS RESPONSIBILITIES

As a learner I intend to:

- Take responsibility for my own development
- Form a productive working relationship with mentors and assessors
- Deliver effective communication processes with patients and relatives, during clinical practice
- Listen to colleagues, mentors and assessors advice and utilise coaching opportunities
- Use constructive feedback positively to inform my learning
- Meet with my Lead Assessor/Mentor at least 3 monthly
- Adopt a number of learning strategies to assist in my development
- Put myself forward for learning opportunities as they arise
- Complete all Step 2 competencies in the agreed time frame
- Use this competency development programme to inform my annual appraisal, development needs and NMC Revalidation
- Report lack of mentorship/supervision or support directly to the Lead Assessor/Mentor, and escalate to the Clinical Educator/Unit Manager or equivalent if not resolved.
- *Elements shaded grey and italicised only apply to specific centres.*

Learner Name (Print)

Signature Date:

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regularity bodies (NMC, 2008)
- Demonstrate on-going professional development/competence within critical care
- Promote a positive learning environment
- Support the learner to expand their knowledge and understanding
- Highlight learning opportunities
- Set realistic and achievable action plans
- Complete assessments within the recommended timeframe
- Bring to the attention of the HEI, Education Lead and/or Manager concerns related to the individual nurses learning and development
- Plan a series of learning experiences that will meet the individuals defined learning needs
- Prioritise work to accommodate support of learners within their practice roles
- Provide feedback about the effectiveness of learning and assessment in practice

Lead Assessor Name (Print)

Signature Date:

CRITICAL CARE LEAD NURSE/MANAGER

As a critical care service provider I intend to:

- Facilitate a minimum of 40% of learners' clinical practice hours with their mentor/assessor and/or Practice Educator or delegated appropriate other within the multidisciplinary team
- Provide and/or support clinical placements to facilitate the learners' development and achievement of the core competency requirements
- Regulate and quality assure systems for mentorship and standardisation of assessment to ensure validity and transferability of the nurses' competence

Lead Nurse/Manager Name (Print)

Signature Date:

Step 3: Tracker Sheet

The following table allows the tracking of Step 3 Competencies and should be completed by Lead Assessors/Mentors and/or Practice Educators (or equivalent) as the individual achieves each competency statement. This provides an easy and clear system to review and/or audit progress at a glance.

Competency Statement	Date Achieved	Mentor/Assessors Signature
3.1 Respiratory System		
3.1.1 Advanced Anatomy & Physiology		
3.1.2 Advanced Assessment, Monitoring & Observation		
3.2 Cardiovascular System		
3.2.1 Advanced Anatomy & Physiology		
3.2.2 Sepsis Management		
3.2.3 Advanced Shock Management		
3.2.4 Advanced Cardiac Rhythms		
3.2.5 Associated Pharmacology		
3.3 Renal System		
3.3.1 Guidelines & Evidence Base		
3.3.2 Renal Replacement Therapy		
3.4 Gastrointestinal System		
3.4.1 Advanced management		
3.4.2 Associated Pharmacology		
3.5 Neurological System		
3.5.1 Advanced care & treatment in the general setting		

Continued over page

Competency Statement	Date Achieved	Mentor/Assessors Signature
3.6 End of Life Care		
3.6.1 Brain Stem testing and Organ/Tissue Donation		
3.7 Rehabilitation		
3.7.1 Advanced Rehabilitation Needs		
3.8 Professionalism		
3.8.1 Continuing Professional Development		
3.9 Leadership		
3.9.1 Assisting with Critical Care Service Delivery		

3:1 Respiratory System

The following competency statements are about caring for the individual in the critical care environment who requires advanced respiratory support, including monitoring, observation and respiratory care. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2.

3:1.1 Advanced Anatomy & Physiology

You must be able to demonstrate the advanced knowledge and evidence base in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Pathophysiology, signs and symptoms and management of the following, including how these conditions can affect choices of respiratory support: <ul style="list-style-type: none"> o COPD o Asthma o ARDS/ALI o Pneumonia and VAP o Pulmonary embolism 	

3:1.2 Advanced Respiratory Assessment, Monitoring & Observation

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • National and local policy & guidelines including: <ul style="list-style-type: none"> o Intensive Care Society o British Thoracic Society 	
<ul style="list-style-type: none"> • Advanced respiratory assessment to include information from: <ul style="list-style-type: none"> o Observed rate, frequency and pattern of breathing o Secretions including microbiology results o Previous assessments o ABG, SVO₂ interpretation o Auscultation o Radiography o MDT/ timely referrals 	
<ul style="list-style-type: none"> • Rationale for respiratory intervention determining their respective advantages and disadvantages: <ul style="list-style-type: none"> o Non-invasive therapies over invasive ventilation (refer to Step 2.1.3) o Invasive ventilation therapies (refer to Step 2.1.5): <ul style="list-style-type: none"> - Lung protective ventilation - Pressure support ventilation - Pressure controlled ventilation - Pressure release ventilation - Inverse ratio ventilation - Alveolar recruitment techniques - Volume of time cycle ventilation o Bronchoscopy o Prone positioning/kinetic therapy o Pharmacological therapies 	

3:1.2 Advanced Respiratory Assessment, Monitoring & Observation continued

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Weaning and the strategy recommended and/or prescribed 	
<ul style="list-style-type: none"> • Instigate and manage individualised weaning from mechanical ventilation 	
<ul style="list-style-type: none"> • Identify and where appropriate manage airway/breathing emergencies: <ul style="list-style-type: none"> o Bronchospasm / laryngospasm o Compromised airway o Blocked/misplaced/ or unexpected removal of endotracheal tube o Difficult intubation, referring to the Difficult Airway Society (DAS) guidelines (2015) o Occlusion o Pneumothorax 	
<ul style="list-style-type: none"> • Respond immediately to airway emergencies and implement appropriate interventions: <ul style="list-style-type: none"> o Initiate emergency advanced life support algorithms as appropriate o Unplanned extubation / decannulation 	
<ul style="list-style-type: none"> • Demonstrate risk assessment strategies to enable the safe execution of respiratory interventions (e.g. prone positioning, difficult airway management) 	
<ul style="list-style-type: none"> • Demonstrate the requirement for further investigations: <ul style="list-style-type: none"> o Chest imaging o CT / MRI o Bronchoscopy 	
<ul style="list-style-type: none"> • Demonstrate person-centred care, involve patients / relatives in the decision making process as appropriate 	
<ul style="list-style-type: none"> • Complete incident report in the event of adverse airway incident occurs in line with local policy 	

3:2 Cardiovascular System

The following competency statements are about monitoring and caring for the individual in the critical care environment who is suffering from cardiovascular dysfunction including advanced cardiovascular support. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:2.1 Advanced Anatomy & Physiology

You must be able to demonstrate the advanced knowledge and evidence base in relation to:	Competency Fully Achieved Date/Sign
• Coronary circulation	
• Action cell potential	
• Cardiac versus skeletal muscle	
• Define conditions and discuss the altered physiology in relation to clinical manifestations of: <ul style="list-style-type: none"> o Hypertension o Peripheral Vascular Disease o Angina (stable/unstable) o Myocardial Infarction o Acute Coronary Syndrome o Left ventricular failure o Cardiomyopathy 	
• Identify the priorities of nursing care for the conditions listed above	

3:2.2 Sepsis Management

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
• The pathophysiology of Sepsis <ul style="list-style-type: none"> o Diffuse activation of the immune system o Vasodilatation o Increased permeability o increased coagulation 	
• Local, International and UK Sepsis Guidelines <ul style="list-style-type: none"> o UK Survive Sepsis o SSC International Guidelines 	
• Manage the patient suffering from Severe Sepsis, refer to Step 3.2.3 and implement the appropriate care bundle	

3:2.3 Advanced Shock Management

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
• Classifications, stages, pathophysiology and treatment of: <ul style="list-style-type: none"> o Cardiogenic Shock o Hypovolemic Shock o Distributive: <ul style="list-style-type: none"> - Septic Shock - Neurogenic Shock - Anaphylactic Shock 	
• Altered biochemistry results	
• Correctly follow aligned treatment protocols for hypovolaemia, cardiogenic, septic, neurologic, anaphylactic and obstructive types of shock	
• Assess the effectiveness of the prescribed interventions	

3:2.4 Advanced Cardiac Rhythms

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:

	Competency Fully Achieved Date/Sign
• Normal cardiac conduction pathway	
• Factors which confirm sinus rhythm	
• Performing a 12 lead ECG	
• Managing cardiac dysrhythmias: <ul style="list-style-type: none"> o Bradycardia o Tachycardia o Ectopic beats o Atrial fibrillation o Supra ventricular rhythms o Heart blocks o Atrial flutter o Sinus arrhythmias 	
• Differences between cardioversion and defibrillation and when each would be indicated	
• Managing life threatening cardiac dysrhythmias (including pacing)	
• Recognise and follow BLS/ILS/ALS guidelines where appropriate with particular focus on: <ul style="list-style-type: none"> o Asystole o Pulseless Electrical Activity (PEA) o Ventricular tachycardia o Ventricular fibrillation 	
• Identify and outline management options for Shockable and non-Shockable rhythms (as per European Resuscitation Guidelines)	
• Potential causes of a cardiac arrest <ul style="list-style-type: none"> o 4 "H"s o 4 "T"s 	
• Medications used in cardiac arrest	
• Post arrest management strategies	

3:2.5 Associated Pharmacology

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:

Competency Fully Achieved
Date/Sign

<ul style="list-style-type: none"> • The pathophysiology of Sepsis <ul style="list-style-type: none"> o Diffuse activation of the immune system o Vasodilatation o Increased permeability o increased coagulation 	
<ul style="list-style-type: none"> • Indications, contra indications and mechanism of action and adverse effects of: <ul style="list-style-type: none"> o Inotropes o Vasopressors o Vasodilators o Anti-arrhythmics o Anti-hypertensive o Diuretics o Anti-coagulants o Anti-platelets o Fibrinolytic agents o Statins 	
<ul style="list-style-type: none"> • Indications, contra indications, rationale for choice and effects of the following fluid challenges: <ul style="list-style-type: none"> o Crystalloids o Colloids o Blood products 	
<ul style="list-style-type: none"> • Evaluate the effectiveness of drug therapy and adjust care accordingly 	
<ul style="list-style-type: none"> • Review with the MDT prescribed medicines in relation to the patient's cardiovascular status 	
<ul style="list-style-type: none"> • Titrate continuous treatment altering medications within prescribed limits to optimise outcomes 	
<ul style="list-style-type: none"> • Interpret clinical findings and observations to form a rationale for increasing or decreasing a particular cardiovascular medication 	
<ul style="list-style-type: none"> • Prepare for and change cardiovascular infusion, in particular vasoactive drugs as per local guidance 	

3:3 Renal system

The following competency statement is about the safe and effective management of acute kidney injury and continuous renal replacement therapy in the critically ill. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:3.1 Guidelines & Evidence Base

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:

Competency Fully Achieved
Date/Sign

- Current national legislation and local policies, protocols and guidelines:
 - o NCEPOD AKI
 - o NICE CG: 169
 - o ICS Renal Replacement Guidelines
 - o High Impact Intervention: Renal haemodialysis
 - o Local policy

3:3.2 Renal Replacement Therapy

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:

Competency Fully Achieved
Date/Sign

NB. The competencies below are to be achieved in centres which deliver RRT

- *Continuous and intermittent replacement therapies and outline the advantages and disadvantages for both*
- *Pre-filtration assessment and trouble shoot with recommendations in relation to:*
 - o *Fluid balance*
 - o *Blood profile*
 - o *Renal function*
- *Advantages and disadvantages of the differing types of replacement fluid*
- *Make recommendations for the type of fluid to be used in different circumstances*
- *Advantages and disadvantages of different anticoagulation therapies and when these should be used*
- *Troubleshoot complication that arise during filtration and action accordingly;*
 - o *Raised pressure Access/return/TMP alarm*
 - o *Balance alarms*
 - o *Clots in chambers*
 - o *Air in system*
 - o *Blood leak detector, if appropriate*
 - o *Fluid balance alarm*
 - o *Machine failure*

3:3.2 Renal Replacement Therapy continued

<p>You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:</p>	<p>Competency Fully Achieved Date/Sign</p>
<p><i>NB. The competencies below are to be achieved in centres which deliver RRT</i></p>	
<ul style="list-style-type: none"> • <i>Make recommendations on pre and post dilution flow rates and outline the indicators for changing these</i> 	
<ul style="list-style-type: none"> • <i>Make recommendations on patient position in relation to line site</i> 	
<ul style="list-style-type: none"> • <i>Demonstrate how to minimise and/or manage complications and risks to individuals during treatment, to include:</i> <ul style="list-style-type: none"> o <i>Sub-optimal treatment due to filter clotting</i> o <i>Anaemia</i> o <i>Haemodynamic instability</i> o <i>Electrolyte imbalance</i> o <i>Haemorrhage, thrombocytopenia/coagulation disruption</i> o <i>Hypothermia</i> o <i>Infection</i> o <i>Air embolism</i> o <i>Filter deterioration</i> o <i>Prioritise treatment need (scan versus filtration)</i> 	
<ul style="list-style-type: none"> • <i>Demonstrate appropriate safety checks and the relevant procedure for reporting faults or problems with the equipment or consumables in line with local policy</i> 	
<ul style="list-style-type: none"> • <i>Impact that filtration has on metabolising medications and manage this appropriately</i> 	
<ul style="list-style-type: none"> • <i>Increasing/decreasing dose</i> 	
<ul style="list-style-type: none"> • <i>On filter and off filter prescriptions</i> 	
<ul style="list-style-type: none"> • <i>Titrate the individuals therapy according to set goals for coagulation, electrolyte and acid base profiles</i> 	
<ul style="list-style-type: none"> • <i>Evaluate the individuals response to treatment and respond appropriately</i> 	
<ul style="list-style-type: none"> • <i>Inform the appropriate MDT member of any abnormalities or changes in physiological status</i> 	
<ul style="list-style-type: none"> • <i>Recognise and respond appropriately to the following complications:</i> <ul style="list-style-type: none"> o <i>Hypotension (due to fluid shifts, reduced blood volume or aggressive fluid loss cycles)</i> o <i>Hypothermia (due to heat loss as the blood passes through the circuit)</i> o <i>Anaemia (due to loss of circuits)</i> o <i>Sub-optimal treatment (due to filter down time)</i> o <i>Thrombocytopenia/coagulation disruption (due to activeanti-coagulant therapy)</i> o <i>Raised lactate levels (depending on type of replacement fluid used)</i> o <i>Raised electrolyte and solutes (due to insufficient treatment delivery)</i> o <i>Infection (secondary to insertion of filter lines)</i> o <i>Deep vein thrombosis</i> o <i>Thromboembolism</i> 	

3:4 Gastrointestinal System

The following competency statements are about the safe and effective care of the critically ill patient requiring advanced management of gastrointestinal (including the Liver & Biliary system) dysfunction. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:4.1 Advanced Management

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Undertake a comprehensive abdominal assessment, including what signs and symptoms are being observed for 	
<ul style="list-style-type: none"> • Demonstrate an in depth knowledge of the anatomy and physiology of the gastro intestinal system including the liver and pancreas: <ul style="list-style-type: none"> o Exocrine and endocrine functions of pancreas o Vitamin and mineral deficiencies o Disseminated intravascular coagulopathy o Relevant blood profile: <ul style="list-style-type: none"> o Clotting abnormalities o Liver enzymes o Proteins o Lactate o Acid base 	
<ul style="list-style-type: none"> • Undertake the following abdominal hypertension management, outlining: <ul style="list-style-type: none"> o Signs and symptoms o Monitoring techniques o Implications and significance related to the patients underlying condition o Identify potential causes and effects on other organ systems o Interpret results 	
<ul style="list-style-type: none"> • Demonstrate an in-depth knowledge of the care and management of a patient with oesophageal varices, pancreatitis, liver failure, re-feeding syndrome 	
<ul style="list-style-type: none"> • Demonstrate an in depth knowledge of the nutritional needs of individuals relative to their underlying disease condition 	
<ul style="list-style-type: none"> • Recognise and interpret signs and symptoms of shock and deterioration related to gastrointestinal causes 	
<ul style="list-style-type: none"> • Assess the effectiveness of the prescribed interventions 	
<ul style="list-style-type: none"> • Obtain and offer rationale relating to clotting products and indicate how the results can be used to inform the management of the abdominal system 	

3:4.2 Associated Pharmacology

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Clotting products – indications and administration 	
<ul style="list-style-type: none"> • Drug idiosyncrasies (such as contraindications of crushing tablets) 	
<ul style="list-style-type: none"> • Titration of medication to achieve therapeutic targets (e.g. clotting control) 	

3:5 Neurological System

The following competency statements relate to the advanced care and treatment of the neurologically compromised patient in a general critical care setting. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:5.1 Anatomy & Physiology

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to::	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Determining how neurological deficit could compromise patient safety 	
<ul style="list-style-type: none"> • Outlining the physiological measurements and assessments that must be recorded 	
<ul style="list-style-type: none"> • Interpretation and analysis of ongoing monitoring of the neurologically compromised patient within prescribed parameters 	
<ul style="list-style-type: none"> • Evaluation of sudden changing parameters and initiation of timely medical management plan to test neurological deterioration 	
<ul style="list-style-type: none"> • Volume resuscitation and use of appropriate strategy to maintain adequate cerebral perfusion pressure or MAP (if no ICP monitoring is available) such as: <ul style="list-style-type: none"> o Inotrope support o Fluid resuscitation o Osmotic therapy o Specific pharmacological strategies 	
<ul style="list-style-type: none"> • Clinical situations in which the following may be considered: <ul style="list-style-type: none"> o Therapeutic hypothermia o Deep sedation o Advanced monitoring options which may be offered in a tertiary critical care setting 	
<ul style="list-style-type: none"> • Evaluate nursing activities and consider how they may contribute to raising ICP and adjust plan of care accordingly 	
<ul style="list-style-type: none"> • Work as part of the MDT in planning for and transferring the patient to a tertiary centre for further management 	

3:6 End of Life Care

The following competency statement is about Brain Stem testing and Organ Donation in critical care. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:6.1 Brain Stem testing and Organ/Tissue Donation

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:

Competency Fully Achieved
Date/Sign

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> • Anatomy and physiology of the brain stem | |
| <ul style="list-style-type: none"> • Reversible causes of unconsciousness | |
| <ul style="list-style-type: none"> • Preconditions to testing for brain stem death | |
| <ul style="list-style-type: none"> • Clinical/blood tests for brain stem death consistent with the UK Code of Practice for the diagnosis of brain stem death and the recommendations of the Intensive Care Society working group on Organ Donation: <ul style="list-style-type: none"> o Absence of brain stem reflexes confirmed by absence of papillary response to light o Corneal reflex o Vestibulo-ocular reflex o Motor response to suborbital pressure o Gag reflex o Cough reflex o Respiratory movement when the patient is disconnected from the ventilator | |
| <ul style="list-style-type: none"> • Defined clinical triggers to ensure early identification of all potential organ and tissue donors | |
| <ul style="list-style-type: none"> • Initiate and promptly apply the appropriate clinical management (donor care bundle) to support the physiological optimisation of potential DBD with respect to: <ul style="list-style-type: none"> o Cardiovascular support o Endocrine and metabolic support o Respiratory support o Renal support o Haematological support o Temperature support | |
| <ul style="list-style-type: none"> • Assist and ensure that brain stem testing is consistent with the UK Code of Practice and the Intensive Care Society Working Group on Organ Donation to establish diagnosis of brain stem death (this may be achieved through simulation/scenario sessions): <ul style="list-style-type: none"> o Assemble all relevant equipment to perform brain stem tests o Record time of death as when brain stem death criteria were first met o Ensure all relevant persons complete relevant documentation and procedures for certification of death o Optimise and manage the patient in preparation for organ donation o Recognise the family are in the grieving process and provide additional support as necessary involving the broader multi-disciplinary team o Facilitate safe transfer of the patient to theatre for organ donation o Assemble all relevant equipment and perform last offices treating the patient with respect and dignity | |

3:6.1 Brain Stem testing and Organ/Tissue Donation continued

<p>You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:</p>	<p>Competency Fully Achieved Date/Sign</p>
<ul style="list-style-type: none"> • Provide support for the family: <ul style="list-style-type: none"> o Ensure the family have already had explained, and understand, that it is likely that their relative is dead o Explain to the family what is to take place and the way in which it removes any remaining uncertainty that the patient is dead (e.g. that the testing follows the satisfying of the preconditions, how the tests work) o Explain to family members the team members that will be present, what each test achieves and assure them that the patient feels no pain o Enable those family members who wish to see and be with the patient during the tests and ensure that there is immediate support should they become distressed o Where the family members become distressed or raise objections, respond in a way that provides comfort and is consistent with maintaining their commitment to donation (e.g. developing the families understanding rather than simply providing reassurance) o Beliefs about donation and transplantation among religious groups o Sources of on-going support to families of organ donors at time of donation 	
<ul style="list-style-type: none"> • Current national and local policies, protocols and guidelines in relation to Brain stem testing and Organ Donation: <ul style="list-style-type: none"> o ICS Guidelines for adult organ and tissue donation o Human Tissue Act o Organ donation for transplantation: Improving donor identification and consent rates for deceased organ donation. NICE Clinical Guideline 135 o Legal issues relating to non-heart beating organ donation o An ethical framework for controlled donation after circulatory death (UK Donation Ethics Committee) o Code of Practice for the diagnosing and confirmation of death (Academy of Royal Medical Colleges) 	
<ul style="list-style-type: none"> • Best practice procedures for early identification of potential organ donors (Donation After Circulatory Death – DCD and Donation after Brain-stem Death - DBD) and for making a systematic and timely referral to Specialist Nurse – Organ Donation team 	
<ul style="list-style-type: none"> • Best practice procedure for planning and conducting a collaborative approach to families for consent for organ and tissue donation 	
<ul style="list-style-type: none"> • Role of the Specialist Nurse in Organ Donation <ul style="list-style-type: none"> o Access to resources o Referral guidelines o Exclusion criteria o Facilitating the organ and tissue donation process o Donor family approach and support 	
<ul style="list-style-type: none"> • Legal, ethical and consent issues for organ and tissue donation for transplantation and research 	
<ul style="list-style-type: none"> • Issues of maintenance of patient confidentiality in the critical care and donation context 	

3.7 Rehabilitation

The following competency statement is about the advanced rehabilitation requirement of the critical care patient, including those that have suffered a major trauma. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:7.1 Advanced Rehabilitation Needs

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Relevant national guidance, policies and procedures relating to the rehabilitation needs of the critically ill: <ul style="list-style-type: none"> o NICE CG 83 o Trauma rehabilitation pathways o NICE CG 50 	
<ul style="list-style-type: none"> • Setting patient centred rehabilitation goals in critical care: <ul style="list-style-type: none"> o Short term goals o Medium term goals o Long term goals 	
<ul style="list-style-type: none"> • Importance of setting rehabilitation goals in consultation with the MDT that are SMART (Specific, Measurable, Achievable, Realistic, Timely) in order that patient outcomes can be measured against agreed rehabilitation prescription plans 	
<ul style="list-style-type: none"> • Utilise specialist therapies required for rehabilitation in the critically ill: <ul style="list-style-type: none"> o Goal setting and therapy o Therapy interventions o Motivational strategies 	
<ul style="list-style-type: none"> • Include the patient and significant others in the rehabilitation process and outline the challenges associated with this in the critical care environment 	
<ul style="list-style-type: none"> • Evaluate patients rehabilitation progress and recovery in conjunction with their set goals and targets 	
<ul style="list-style-type: none"> • Assist in the promotion of health and life style changes that are appropriate to the patient and family 	

3.8 Professionalism

The following competency statement is about continuing professional development in critical care. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2

3:7.1 Continuing Professional Development

You must be able to demonstrate the advanced knowledge and skills required to safely and professionally perform evidence based practice in relation to:	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • NMC Code (2015) Professional standards of practice and behaviour for nurses and midwives 	
<ul style="list-style-type: none"> • Act in a professional manner as a role model to junior members of staff and students 	
<ul style="list-style-type: none"> • Demonstrate organisational awareness of how critical care services are planned and commissioned within the local organisation 	
<ul style="list-style-type: none"> • Articulate the role, function and benefit of the following key critical care organisations: <ul style="list-style-type: none"> o BACCN o Critical Care Networks o Critical Care Clinical Reference Group (CRG) o ICS o RCN o Other Operational Delivery Networks 	
<ul style="list-style-type: none"> • Demonstrate political awareness of major health initiatives/policies that impact upon critical services, locally and nationally 	

3:9 Leadership

The following competency statement is about developing leadership styles and skills throughout your professional development in critical care. It is intended that the competencies in this section will build on the knowledge and skills you gained in Step 1 & 2.

3:9.1 Demonstrating Personal Qualities

You must be able to demonstrate through discussion essential knowledge of (and its application to your supervised practice):	Competency Fully Achieved Date/Sign
• Service and improvement plans relating to critical care within your area	
• Effective use of resources including workforce, capacity, supplies, equipment and consumables	
• Teaching and reviewing the practice of others	
• Supporting junior team members	
• Assisting with the competency development of new starters	
• Sharing attained knowledge and skills	
• Feedback to mentors, assessors, appraisers any issues relating to the practice of others	
• Motivating and encouraging new starters to develop competence	
• Implementation of local critical care service plans and projects	
• Supporting the development of guidelines and policies for critical care practices	
• Identifying local resource issues (e.g. low stocks, damaged equipment, consumables not fit for purpose) and report them through appropriate local systems	
• Awareness of cost and ways to reduce waste	
• Identifying possible actions from patient feedback	
• Making recommendations for developing practice to challenge performance & culture	
• Leading on change for the benefit of the workforce and the service	
• Providing leadership and support on projects in your unit to improve service	

Assessment, Development & Revalidation Record Summary

Date	Assessment Completed	Lead Assessor/Mentor Signature

Initial Assessment & Development Plan

Date | | | (Please add date to the Assessment Record Summary)

This meeting between Learner and Lead Assessor/Mentor should take place within 3 months of starting this section of your development. It is to identify the learning needs of the nurse during their Step 3 development and to identify those areas on which to concentrate.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

Lined area for writing current critical care knowledge, understanding and skills.

COMPETENCIES TO BE ACHIEVED

Lined area for writing competencies to be achieved.

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Lined area for writing specific supportive strategies required.

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE: | | |

Ongoing Assessment & Development Plan

Date | | | (Please add date to the Assessment Record Summary)

This meeting between Learner and Lead Assessor/Mentor is to identify the progress made by the nurse in achieving the competencies identified in the initial and/or previous meetings. It is here further objectives will be set. Ongoing assessments should take place at least every 3 months. If the learner requires additional support a further action plan can be completed.

REVIEW OF COMPETENCIES ACHIEVED

ON TARGET: YES NO

IF NOT WHICH COMPETENCIES HAVE YET TO BE MET

REASONS FOR NOT ACHIEVING

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE: | | |

Step 3 - Final Competency Assessment

Date | | | (Please add date to the Assessment Record Summary)

This meeting is to identify that all the competencies within Step 3 have been achieved and that the nurse is considered a safe competent practitioner.

COMPETENCY STATEMENT:

The nurse has been assessed against the competencies within this document and measured against the definition of competence below by critical care colleagues, mentors and assessors and is considered a competent safe practitioner within the critical care environment:

“The combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective critical care nursing care and interventions”

As part of quality assurance the nurse is expected to maintain a portfolio of practice as part of NMC regulations and revalidation to support ongoing competence and declare any training and/or development needs to their line manager or appropriated other.

Competency will be reviewed annually as part of staff personal development plans and evidence of this will be required for NMC revalidation. Where necessary objectives will be set to further develop any emerging competency required to work safely within the critical care environment.

LEAD ASSESSORS COMMENTS

Multiple horizontal lines for lead assessors' comments.

LEARNERS COMMENTS

Multiple horizontal lines for learners' comments.

Learners Signature:

Horizontal line for learner signature.

Lead Assessors / Practice Educators Signature:

Horizontal line for lead assessors signature.

NEXT AGREED MEETING DATE: | | |

Horizontal line for next meeting date.

Annual Competency Review (to accompany local appraisal documentation)

Date | | | (Please add date to the Assessment Record Summary)

This record is a statement between the nurse who has completed Step 3 competencies successfully and their Appraiser. It should be used alongside local appraisal systems annually to ensure that the nurse continues to demonstrate themselves as a safe competent critical care practitioner

OVERALL COMPETENCY MAINTAINED YES NO

IF NOT WHICH COMPETENCIES REQUIRE FURTHER DEVELOPMENT

Horizontal lines for writing competencies requiring further development.

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

Horizontal lines for writing specific objectives to achieve competence.

FURTHER COMMENTS

Horizontal lines for writing further comments.

Signature:

Horizontal line for signature.

Lead Assessors / Practice Educators Signature:

Horizontal line for signature.

NEXT AGREED MEETING DATE: | | |

Horizontal line for meeting date.

NMC Revalidation Checklist (every 3 years)

Date | | | (Please add date to the Assessment Record Summary)

Revalidation is a continuous process that nurses need to engage with throughout their career. It is not a point in time activity or assessment; however, you will need to be able to provide evidence of achievement against the NMC requirements. This document should be completed as part of your local appraisal.

EVIDENCE OF COMPLETING 450 PRACTICE HOURS IN CRITICAL CARE YES NO

LIST EVIDENCE PRODUCED BELOW

EVIDENCE OF COMPLETING 40 HOURS CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) YES NO

(20 HOURS NEED TO BE PARTICIPATORY LEARNING, LIST EVIDENCE PRODUCED BELOW)

EVIDENCE OF 5 REFLECTIONS YES NO

LIST EVIDENCE PRODUCED BELOW

EVIDENCE OF APPROPRIATE PROFESSIONAL INDEMNITY ARRANGEMENTS YES NO

LIST EVIDENCE PRODUCED BELOW

NMC Revalidation Checklist continued

3rd PARTY CONFIRMATION

LEARNER

CONFIRMER

LEARNERS NAME

CONFIRMERS NAME

LEARNERS SIGNATURE

CONFIRMERS SIGNATURE

LEARNERS JOB TITLE

CONFIRMERS JOB TITLE

LEARNERS PIN

CONFIRMERS PIN

LEARNERS E MAIL ADDRESS

CONFIRMERS E MAIL ADDRESS

Reflective Accounts to inform NMC Revalidation

You are required to record a minimum of five written reflections on the NMC Code (2015) and your Continuous Professional Development as well as gaining practice-related feedback, as outlined in 'How to revalidate with the NMC'.

You are advised to complete the following documents during your critical care development to inform your NMC Revalidation, you are required to discuss these reflections with your Mentor/Lead Assessor and/or Practice Educator at your on-going assessment reviews, your final assessment and/or your annual progress review as part of your local appraisal process. Once you have discussed these reflections your Mentor/Lead Assessor and/or Practice Educator will need to complete the relevant 'Professional Development Discussions' (PDD) documentation to provide evidence of this.

Reflective Account

Date | |

Please fill in a page for each of your reflections, ensuring you do not include any information that might identify a specific patient or service user. You must discuss these reflections as part of a professional development discussion (PDD) with another NMC registrant who will need to complete the PDD document to provide evidence of this taking place.

WHAT WAS THE NATURE OF THE CPD ACTIVITY/ PRACTICE-RELATED FEEDBACK?

WHAT DID YOU LEARN FROM THE CPD ACTIVITY AND/OR FEEDBACK?

HOW DID YOU CHANGE OR IMPROVE YOUR WORK AS A RESULT?

HOW IS THIS RELEVANT TO THE CODE?

(Select a theme, Prioritise people - Practice effectively - Preserve safety - Promote professionalism and trust)

Signature:

Professional Development Discussion (PDD)

Date | | |

You are required to have a PDD with another NMC registrant covering your written reflections on the Code, your CPD and practice-related feedback. This form should be completed by the registrant (Mentor/Lead Assessor and/or Practice Educator) with whom you have had the discussion.

NAME

NMC PIN

EMAIL ADDRESS

PROFESSIONAL ADDRESS (INCLUDING POSTCODE)

NAME OF REGISTRANT WITH WHOM YOU HAD A PDD DISCUSSION

NMC PIN OF REGISTRANT WITH WHOM YOU HAD A PDD DISCUSSION

NUMBER OF REFLECTIONS DISCUSSED:

Lined area for writing the number of reflections discussed.

DECLARATION: I CONFIRM THAT I HAVE DISCUSSED THE NUMBER OF REFLECTIVE ACCOUNTS LISTED ABOVE, WITH THE ABOVE NAMED REGISTRANT, AS PART OF A PDD

Signature:

Signature line

Abbreviations

A,B,C,D,E	Airway, Breathing, Circulation, Disability, Exposure	ICNARC	Intensive Care National Audit & Research Centre
ABG	Arterial Blood Gas	ICP	Intracranial Pressure
ADH	Anti-Diuretic Hormone	ICS	Intensive Care Society
AHP	Allied Health Care Professional	ICU	Intensive Care Unit
AKI	Acute Kidney Injury	I:E Ratio	Inspiratory : Expiratory Ratio
ALI	Acute Lung Injury	IHD	Intermittent Haemo Dialysis
ALS	Advanced Life Support	ILS	Intermediate Life Support
ANTT	Aseptic Non Touch Technique	IPC	Infection Prevention & Control
ARDS	Acute Respiratory Distress Syndrome	IRV	Inverse Ration Ventilation
AVPU	Alert, Voice, Pain, Unresponsive	IV	Intravenous
BACCN	British Association of critical Care Nurses	JVP	Jugular Venous Pressure
BLS	Basic Life Support	KSF	Knowledge & Skills Framework
BNF	British National Formulary	MAP	Mean Arterial Pressure
BP	Blood Pressure	MDT	Multidisciplinary Team
BTS	British Thoracic Society	MEDUSA	Injectable Drug Administration Guide
CAM-ICU	Confusion Assessment Method	MRI	Magnetic Resonance Imaging
CC3N	Critical Care Networks National Nurse Lead Group	MRSA	Methicillin-resistant Staphylococcus Aureus
CCMDS	Critical Care Minimum Data Set	MUST	Malnutrition Universal Screen Tool
C-Diff	Clostridium difficile	NEWS	National Early Warning Score
CMS	Capacity Management System	NG	Nasogastric
CO	Cardiac Output	NHS	National Health Service
CO2	Carbon Dioxide	NICE	National Institute of Clinical Excellence
COPD	Chronic Obstructive Pulmonary Disease	NICE CG	National Institute of Clinical Excellence- Clinical Guideline
COSHH	Control of Substances Hazardous to Health	NIV	Non Invasive Ventilation
CPAP	Continuous Positive Airway Pressure	NJ	Naso-jejunal
CPD	Continuing Professional Development	NMC	Nursing & Midwifery Council
CPE	Carbapenemase Producing Enterobacteriaceae	NPSA	National Patient Safety Agency
CPP	Cerebral Perfusion Pressure	PCA	Patient Controlled Analgesia
CRBSI	Catheter Related Blood Stream Infection	PDD	Professional Development Discussion
CSF	Cerebrospinal Fluid	PEA	Pulseless Electrical Activity
CT	Computerised Tomography	PEG	Percutaneous Endoscopic Gastroscopy
CV	Cardiovascular	PIN	Personal Identification Number
CVP	Central Venous Pressure	PPE	Personal Protective Equipment
CVVH	Continuous Veno Venous Haemofiltration	RCN	Royal College of Nursing
CVVDH	Continuous Veno Venous Dialysis	RIG	Radiologically Inserted Gastrostomy
CVVHDF	Continuous Veno Venous Haemodiafiltration	RR	Respiratory Rate
CXR	Chest X-Ray	RRT	Renal Replacement Therapy
DBD	Donation following Brain Death	SAH	Subarachnoid Haemorrhage
DCD	Donation following Circulatory Death	SALT	Speech and Language Therapy
DOH	Department of Health	SIRS	Systemic Inflammatory Response Syndrome
DOS	Directory of Service	SLEDD	Sustained Low-Efficiency Dialysis
ECG	Electrocardiograph	SMART	Specific, Measurable, Achievable, Realistic, Timely
EPUAP	European Pressure Ulcer Advisory Panel	SNOD	Specialist Organ Donation Nurse
ET	Endotracheal	SPO2	Saturated Oxygen
EtCO2	End Tidal Carbon Dioxide	SR	Sinus Rhythm
ETT	Endotracheal Tube	SVO2	Mixed Venous Oxygen Saturation
GCS	Glasgow Coma Scale	SV	Stroke Volume
GI	Gastrointestinal	SVR	Systemic Vascular Resistance
H2 Antagonist	Histamine H2-receptor antagonists	SVT	Sinus Ventricular Tachycardia
HEI	Higher Educational Institute	TMP	Trans Membrane Pressure
HII	High Impact Intervention	VAP	Ventilator Associated Pneumonia
HME	Heat Moisture Exchange	V/Q	Ventilation / Perfusion
HR	Heart Rate	VRE	Vancomycin Resistant Enterococci
		VTE	Venous thromboembolism

Learning Resources

BACCN website: www.baccn.org.uk

Brain Trauma Foundation (2007) Guidelines for the management of traumatic brain injury. *Journal of Neuro Trauma*. 24 (1) pp S- 59 S - 64. p 17-23. p 47-74

Borthwick, M, Bourne, R, Craig, M, Egan, A and Oxley, J (2006) Detection, prevention and treatment of delirium in critically ill patient. United kingdom Clinical Pharmacy association.

CC3N website: www.cc3n.org.uk

Department of Health (1996) Guidelines on admission to and discharge from intensive care and high dependency units. DoH, London

Department of Health (2009) Reference guide to consent for examination or treatment (2nd edition) London: DH

Department of Health (2008). Clean, safe care: Reducing infections and saving lives. Gateway ref: 9278

Department of Health (2010) High Impact Intervention: Renal haemodialysis. DOH guideline.

Department of Health (2012) Health and Social Care Act. March 2012, TSO

EPUAP (2009) European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Treatment of pressure ulcers: Quick Reference Guide. Washington DC: National Pressure Ulcer Advisory Panel

Faculty of Intensive Care Medicine website: www.ficm.ac.uk

ICU Steps website: www.icusteps.org

ICNARC website: www.icnarc.org

Intensive Care Society website: www.ics.ac.uk

Intensive Care Society (2004) Guidelines for Adult Organ and Tissue Donation Prepared on behalf of the Intensive Care Society by the Society's Working Group on Organ and Tissue Donation

Intensive Care Society (2009) Standards and recommendations for the provision of renal replacement therapy on the intensive care unit in the United Kingdom. ICS guideline

Intensive Care Society (2011) Guidelines for the transport of critically ill adults. Standards and Guidelines

National Institute for Clinical Excellence (2007) Head Injury: Triage, Assessment and Early Management of Head Injury in Children, Infants and Adults. www.nice.org.uk/CG056

NCEPOD (2009) Adding Insult to injury: a review of the care of patients who dies in hospital with a primary diagnosis of acute kidney injury (acute renal failure. NICE publication

NHS England website: www.england.nhs.uk

NHS Confederation (2012): The NHS handbook: The essential guide to the new NHS. Available at www.nhsconfed.org

NORF website: www.norf.org.uk

NMC website: www.nmc.org.uk

RCN website: www.rcn.org.uk

Tortora G. J. and Derrickson B., H. (2011) Principles of Anatomy and Physiology, International Student Version (13th Edition). John Wiley & sons, inc. New York.

UK Code of Practice for the diagnosis of brain stem death; including guidelines for the identification and management of potential organs and tissue donors. Working Party established through the Royal College of Physicians on behalf of the Academy of Medical Royal Colleges (1998)

Acknowledgements

This framework has been developed in partnership with a wide range of stakeholders from practice and academia within the critical care community across England, Wales and Northern Ireland. Thanks are extended to all contributors specifically the following:

CHAIR:

Melanie Kynaston, Cheshire & Mersey Critical Care Network & Deputy Chair: CC3N

WORKING PARTY (2015):

Andrea Baldwin, Lancs & South Cumbria Critical Care Network & CO Chair: National Network Directors

Andrea Berry, Greater Manchester Critical Care Network & Chair: UKCCNA

Angela Himsworth, Central England, Birmingham & the Black Country and North West Midlands Critical Care Network & Chair: CC3N

Ann Price, BACCN Representative & Canterbury Christ Church University

Anne Miles, Wye Valley NHS Trust, Hereford

Alison East, East Of England Critical Care Network

Alison Eddleston, University of Central Lancashire University

Amelda Blignaut, IHAS Representative

Caroline Wood, Mid Trent Critical Care Network

Diane Eady, Mid Trent Critical Care Network

Helen Jones, Cheshire & Mersey Critical Care Network & The Walton Centre NHS Foundation Trust

Julie Platten, North of England Critical Care Network

Kate Deacon, University of Wolverhampton

Karen Donnelly, South Tees NHS Foundation Trust

Neville Rumsby, Liverpool Heart & Chest Hospital NHS Foundation Trust

Nicola Witton, Keele University

Lesley Durham, North of England Critical Care Network

Lorna Johnson, West Yorkshire Critical Care Network

Lorraine Marsons, Birmingham City University

Pauline Freeman, University of Hertfordshire

Robin Duncan, North of England Critical Care Network, City Hospitals Sunderland NHS Trust

Samantha Cook, Greater Manchester Skills Institute

Sheila Kinoulty, Critical Care Network of Northern Ireland, CCaNNI

Thanks is also extended to the original 2012 working party

Critical Care Networks-National Nurse Leads (CC3N) 2015

All rights reserved. No reproduction, copy or transmission of this publication may be made without written permission. No paragraph of this publication may be reproduced, copied or transmitted save with written permission or in accordance with the provisions of the Copyright, Designs and patents Act 1988.

Neither the Critical Care Networks-National Nurse Leads (CC3N) nor the authors accept any responsibility for any loss or damage arising from actions or decisions based on the information contained in this publication. Ultimate responsibility for the treatment of patients and interpretation of the published materials lies with the Registered Nurse.

This document has been produced with support from these organisations and is available through the CC3N website: www.cc3n.org.uk. It has received interest internationally and may be available in the future in alternative languages, it has also be used to inform registered nurse competency development in specialities outside of critical care.



www.cc3n.org.uk



www.baccn.org.uk



www.ics.ac.uk



www.rcn.org.uk



www.icusteps.org.uk



www.norf.org.uk



www.aiho.org.uk

