

National Competency Framework for
Registered Nurses in Adult Critical Care

Liver

Specialist Competencies





Learner Name PRINT	SIGNATURE
Lead Assesor/Mentor Name PRINT	SIGNATURE

Foreword

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 and interventions'

These competencies are intended to be used in addition to the Critical Care Network's (CC3N) Step Competencies for nurses working in a critical care environment that cares for and manages liver patients.

The CC3N Step One Competencies should be completed first as a pre requisite with the specialist liver competencies following these either before or after CC3N Step Two and Step Three competencies according to unit requirements.

These competencies are intended for use by all critical care facilities that receive liver patients.

There will be variance between different critical care facilities managing liver patients and therefore each individual facility should identify those competencies that are relevant (and thus potentially achievable) with those competencies identified as not relevant being marked 'Not Applicable' or being 'greyed out'.

Aims and Objectives

The aim of this document is to provide comprehensive addition to the National Competency Framework to cover those working in Specialist Liver Centres.

It is anticipated that these competencies will form the next steps in your development and provide you with the knowledge and skills to:

- support the specialist nursing care required by the liver patient
- understand the different needs of the liver injured patient
- understand the importance of involving other specialities and the team contribution to liver care
- refer to or work alongside appropriate regional services for ongoing care

Assessment and Assessors

These competencies are intended to be used in addition to the Critical Care Network's (CC3N) Step Competencies for nurses working in a critical care environment which provides care for patients with liver injury or post liver surgery. The CC3N Step One Competencies should be completed first as a pre-requisite with Specialist Liver Competencies following these either before or after CC3N Step Two and Step Three competencies according to unit requirements.

While these are recommendations from the Critical Care Nurse Education Forum it is also acknowledged that clinical environments and staffing arrangements may vary from unit to unit. This may require adaptation to how this document is operationalized. It is strongly advocated that adaptations to use of this document are approved by Nursing Leads and Unit Managers within the speciality.

This document is designed to be included into the National Competency Framework for Registered Adult Critical Care Nurses. Competencies can be signed by an Assessor who has undertaken post registration critical care specialist training in the relevant speciality and has relevant experience and qualification as a mentor / assessor preferably with an educational qualification.

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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 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.

Learner Name (Print)

Signature

Date:

LEAD ASSESSOR RESPONSIBILITIES

As a Lead Assessor I intend to:

- Meet the standards of regularity bodies (NMC, 2015)
- Demonstrate ongoing 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/essential 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:

Specialist Liver Competencies: Tracker Sheet

Competency Statement	Date Achieved	Mentor/Assessors Signature
1.1 Anatomy & Physiology		
1.1.1 Hepatobiliary Anatomy & Physiology		
1.2 Conditions		
1.2.1 Acute liver failure (ALF)		
1.2.2 Chronic liver failure (CLF)		
1.3 Interventions		
1.3.1 Transjugular intrahepatic portosystemic shunt (TIPSS)		
1.3.2 Endoscopic band ligation		
1.3.3 Sclerotherapy		
1.3.4 Biliary Interventions		
1.3.5 Balloon tamponade tube		
1.3.6 Plasma exchange		
1.4 Surgical procedures		
1.4.1 Local surgical procedures		
1.4.2 PPPD (Whipples)		
1.5 Transplantation		
1.5.1 Liver transplant programmes		
1.5.2 Care of the post-transplant patient		
1.5.3 Immunosuppression		
1.6 Considerations for referring units		

1:1 Anatomy & Physiology

1.1.1 Hepatobiliary Anatomy & Physiology

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Liver <ul style="list-style-type: none"> o Gross anatomy o Structure of portal triad o Vascular anatomy 	
<ul style="list-style-type: none"> • Gall Bladder & Common bile ducts <ul style="list-style-type: none"> o Anatomical position o Role and function 	
<ul style="list-style-type: none"> • Spleen <ul style="list-style-type: none"> o Anatomical position o Role and function 	
<ul style="list-style-type: none"> • Hepatocyte role and function including: <ul style="list-style-type: none"> o Coagulation o Production of bile o Homeostasis o Glycaemic control o Storage o Metabolism (nutrient and drug) o Maintaining plasma volume o Detoxification o Regeneration 	
<ul style="list-style-type: none"> • Kupffer cells <ul style="list-style-type: none"> o Role and function 	
<ul style="list-style-type: none"> • Liver physiology <ul style="list-style-type: none"> o Physiological manifestations of liver dysfunction o Interpretation of abnormal liver biochemistry 	
<ul style="list-style-type: none"> • Causes of Liver or biliary dysfunction: <ul style="list-style-type: none"> o Obstruction o Inflammation o Infection o Perforation o Cirrhosis 	

1:2 Conditions

1.2.1 Care and Management of a Patient with Acute Liver Failure (ALF)

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Definition of ALF 	
<ul style="list-style-type: none"> • Recognises common and un-common causes of ALF including obstetric aetiologies 	
<ul style="list-style-type: none"> • Investigations involved in: <ul style="list-style-type: none"> ◦ Diagnosis of ALF ◦ Monitoring the progression of ALF ◦ Provide rationale for the monitoring and management of coagulopathy in a patient with ALF 	
<ul style="list-style-type: none"> • Choose a cause of ALF and describe the underlying pathophysiology e.g. Paracetamol overdose 	
<ul style="list-style-type: none"> • Able to discuss the different grading of ALF <ul style="list-style-type: none"> ◦ Potential aetiologies of different grades ◦ Effects on patient outcomes 	
<ul style="list-style-type: none"> • Clinical manifestations in organs: <ul style="list-style-type: none"> ◦ Brain ◦ Lungs ◦ Heart ◦ Liver ◦ Pancreas ◦ Adrenal Gland ◦ Kidneys ◦ Bone Marrow 	
<p>You must be able to undertake the following in a safe and professional manner:</p>	
<ul style="list-style-type: none"> • Discusses the initial management of a patient with ALF 	
<ul style="list-style-type: none"> • Explain potential treatment options for a patient with ALF 	
<ul style="list-style-type: none"> • The role and action of N-Acetylcysteine 	
<ul style="list-style-type: none"> • Discuss the role of plasma exchange 	
<ul style="list-style-type: none"> • Demonstrates basic understanding of listing criteria for liver transplantation (see transplantation section) 	
<ul style="list-style-type: none"> • Discusses the importance of prevention/ management of sepsis in patients with ALF 	
<ul style="list-style-type: none"> • Discusses the longer-term effects of surviving ALF: <ul style="list-style-type: none"> ◦ Physiological ◦ Psychological 	

1.2.1 Care and Management of a Patient with Acute Liver Failure (ALF) Continued

You must be able to undertake the following in a safe and professional manner:	Competency Fully Achieved Date/Sign
• Assessment of neurological status in ALF	
• Using an A-E approach, identify nursing management strategies to prevent/ minimise /manage cerebral oedema in ALF	
• Discuss additional methods of monitoring cerebral perfusion in ALF	
• As per local policy, administer pharmacological therapy to reduce cerebral oedema in ALF	
• Demonstrate/discuss how you would perform nursing care activities to minimise impact of cerebral oedema as a result of ALF	
• Assess haematological stability to evaluate deteriorating liver function in ALF	
• Discuss specific additional nutritional requirements for patients with ALF	
• Discuss specific considerations for patients with ALF requiring RRT	

1.2.2 Chronic Liver Failure (CLF)

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
• Definition of CLF	
• Recognises common and un-common causes of CLF and their associated pathophysiology: <ul style="list-style-type: none"> o Alcohol related Liver Disease o Non-alcohol related fatty liver disease/ Non-alcohol related steatohepatitis o Viral Hepatitis o Cholestatic liver diseases o Vascular liver diseases o Metabolic causes o Genetic causes 	
• Describe the presentations of CLF <ul style="list-style-type: none"> o Acute de-compensation/acute-on-chronic 	
Complications associated with CLF and their treatments/interventions:	
• Jaundice <ul style="list-style-type: none"> o Physiology of bilirubin production o Liver's role in bilirubin clearance o Causes of pre/intra/post hepatic jaundice o Implications and risks for patient o Treatment strategies 	
• Portal hypertension <ul style="list-style-type: none"> o Explain splanchnic arterial vasodilation theory o Manifestations of portal hypertension o Implications and risks for patient o Treatment strategies 	

1.2.2 Chronic Liver Failure (CLF) Continued

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Ascites <ul style="list-style-type: none"> o Discuss pathophysiology underlying the formation of ascites o Implications and risks for patient o Treatment strategies 	
<ul style="list-style-type: none"> • Variceal bleeding <ul style="list-style-type: none"> o Discuss pathophysiology underlying the formation of varices o Implications and risks for patient o Treatment strategies (see section 3.0) 	
<ul style="list-style-type: none"> • Hepatic encephalopathy <ul style="list-style-type: none"> o Discuss theories related to the pathophysiology of hepatic encephalopathy o Implications and risks for patient o Treatment strategies 	
<ul style="list-style-type: none"> • Susceptibility to infection <ul style="list-style-type: none"> o Discuss pathophysiology underlying functional immunosuppression in liver disease o Implications and risks for patient o Treatment strategies 	
<ul style="list-style-type: none"> • Manifestations of extra-hepatic organ failure associated with CLF: <ul style="list-style-type: none"> o Brain o Lungs o Heart o Liver o Pancreas o Adrenal Glands o Kidneys o Bone Marrow 	
<ul style="list-style-type: none"> • Initial management/treatment of CLF: <ul style="list-style-type: none"> o Pharmacological o Surgical o Lifestyle o Psychosocial 	
<ul style="list-style-type: none"> • Discuss the further management of CLF including assessment for transplantation (see also section 1. 5) 	

1.3 Interventions

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
1.3.1 Transjugular Intrahepatic PortoSystemic Shunt (TIPSS)	
<ul style="list-style-type: none"> • Definition of TIPSS <ul style="list-style-type: none"> o Discuss the indications and contraindications for TIPSS o Describe how the procedure is carried out o Recognise the possible associated complications of TIPSS 	
1.3.2 Endoscopic Band Ligation	
<ul style="list-style-type: none"> • Definition of 'Banding' <ul style="list-style-type: none"> o Discuss the indications and contraindications for banding o Describe how the procedure is carried out o Recognise the possible associated complications of banding 	
1.3.3 Injecting (Sclerotherapy)	
<ul style="list-style-type: none"> o Define Sclerotherapy o Discuss the indications for Sclerotherapy o Recognise the possible associated complications of sclerotherapy 	
1.3.4 Biliary Interventions	
<ul style="list-style-type: none"> o Describe the role of endoscopic (ERCP and EUS) and radiological interventions (PTC) o Recognise the complications of biliary interventions o Discuss/instigate appropriate management of complications 	
1.3.5 Balloon Tamponade Tube	
<ul style="list-style-type: none"> o Definition o Discuss the indications/contraindications for the procedure o Describe how the procedure is carried out o Recognise the possible associated complications of balloon tamponade tube o Discuss the nursing management of a balloon tamponade tube 	
1.3.6 Plasma Exchange (plasmapheresis)	
<ul style="list-style-type: none"> o Define Plasma exchange o Discuss the role of plasma exchange in patients with liver failure o Recognise the possible associated complications of plasma exchange 	

1.4 Surgical procedures

1.4.1 Surgical procedures	
You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Discuss surgical procedures which are undertaken in your specialist centre including: <ul style="list-style-type: none"> o Liver resection o Associated Liver Partition and Portal Vein Ligation for staged hepatectomy (ALPSS) 	

1.4.2 Pylorus preserving pancreatoduodectomy (PPPD)/Whipples

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> o Definition of PPPD/Whipples o Discuss the indications and contraindications for PPPD o Discuss the indications and contraindications for Whipples o Recognise the possible associated complications of PPPD o Recognise the possible associated complications of Whipples o Discuss local nursing management procedures 	

The competencies below are to be achieved in centres which perform liver transplantation

1.5 Liver Transplantation**1.5.1 Liver Transplantation**

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
• Indications for Liver Transplantation-acute liver failure	
• Indications for Liver Transplantation-chronic liver failure	
• Assessing results of blood tests pre-transplantation	
• Categories for Super urgent Listing (acute liver failure) <ul style="list-style-type: none"> o Responsibilities of the bedside nurse for the listed patient 	
• The role of Transplant Co-ordinators	
• Awareness of national liver offering scheme with consideration of donor and recipient characteristics	
• Living related donor programmes	
• Ethical considerations in transplantation	
• Contraindications to transplantation	

1.5.2 Assessment and Management of Post Liver Transplant Patient

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
• Awareness of common post-operative complications	
• Considerations for patient monitoring as per local guidelines (A-E assessment)	
• Considerations for results of post-transplant imaging	
• Blood Results and assessment	
• Assessment and management of haemostasis	
• Anti-rejection Drugs (see 1.5.3 immunosuppression section)	
• Nutritional considerations	
• Implications of ABO mismatched donor liver	
• Psychological Care	
• Care of Relatives	

1.5.3 Immunosuppression

You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • Understand necessity for immunosuppressive therapy and methods of action 	
<ul style="list-style-type: none"> • Discuss different types of immunosuppression with awareness of local policy and practices 	
<ul style="list-style-type: none"> • Awareness of alternate agents/regimes 	
<ul style="list-style-type: none"> • Adhere to local policy for monitoring of levels 	
<ul style="list-style-type: none"> • Adverse effects and risks to patient 	

Liver patients can be unstable and unpredictable, below is a section intended to prepare the nurse for safe management of a critically ill liver patient outside a specialist liver centre, or to facilitate the safe transfer to a liver specialist centre

1.6 Considerations for referring units	
You must be able to demonstrate through discussion essential knowledge of (and its application to your evidence based practice):	Competency Fully Achieved Date/Sign
<ul style="list-style-type: none"> • The importance of timely nursing and medical advice from specialist liver centre 	
<ul style="list-style-type: none"> • Have awareness of key considerations for patients suffering from acute and chronic liver dysfunction, specifically frequent monitoring of: <ul style="list-style-type: none"> o Physiological manifestations of liver dysfunction o Coagulopathy o Neurological status/grading of hepatic encephalopathy o Blood glucose levels 	
<ul style="list-style-type: none"> • On decision to transfer: <ul style="list-style-type: none"> o Ensure specialist nursing and medical advice from receiving facility is in place o Adhere to local Critical Care Network guidelines for safe Transfer o Have awareness of potential airway compromise related to worsening encephalopathy during transfer 	

Initial Assessment & Development Plan

Date | | |

This meeting between Learner and Lead Assessor should take place on commencement of these competencies. It is to identify the needs of the nurse and those competencies that should be attained within the first 3 months of commencing the competency development programme.

CURRENT CRITICAL CARE KNOWLEDGE, UNDERSTANDING AND SKILLS

COMPETENCIES TO BE ACHIEVED

SPECIFIC SUPPORTIVE STRATEGIES REQUIRED

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE: | | |

Ongoing Assessment & Development Plan

Date | | |

This meeting between Learner and Lead Assessor is to identify the progress made by the nurse in achieving competence in practice against those competencies identified in the initial/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

Horizontal lines for listing competencies yet to be met.

REASONS FOR NOT ACHIEVING

Horizontal lines for listing reasons for not achieving.

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

Horizontal lines for listing specific objectives.

KEY AREAS & ADDITIONAL COMPETENCIES TO BE ACHIEVED BEFORE NEXT MEETING

Horizontal lines for listing key areas and additional competencies.

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE: | | |

Final Competency Assessment

Date | | |

This meeting is to identify that all the competencies 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 to support on-going competence and declare any training development needs to their line manager or appropriated other.

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

LEAD ASSESSORS COMMENTS

LEARNERS COMMENTS

Learners Signature:

Lead Assessors / Practice Educators Signature:

NEXT AGREED MEETING DATE: | | |

Annual Competency Review

Date | | |

This record is a statement between the nurse who has completed their Liver competencies successfully and their Assessor /Practice Educator and/or Appraiser. It should be used and reviewed 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 further development details.

SPECIFIC OBJECTIVES TO ACHIEVE COMPETENCE

Horizontal lines for writing specific objectives.

FURTHER COMMENTS

Horizontal lines for writing further comments.

Learners signature:

Horizontal line for learner signature.

Lead Assessors / Practice Educators Signature:

Horizontal line for assessor signature.

NEXT AGREED MEETING DATE: | | |

Horizontal line for meeting date.

NMC Revalidation Checklist

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 REFLECTING ON CPD 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

LEARNERS NAME

LEARNERS PIN

CONFIRMERS NAME

CONFIRMERS JOB TITLE

CONFIRMERS PIN

CONFIRMERS EMAIL ADDRESS

Reflective Accounts to inform NMC Revalidation

You are required to record a minimum of five written reflections on the NMC Code 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/ Mentor 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/Mentor 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)

Learners 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/Mentor 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:

DECLARATION: I CONFIRM THAT I HAVE DISCUSSED THE NUMBER OF REFLECTIVE ACCOUNTS LISTED ABOVE, WITH THE ABOVE NAMED REGISTRANT, AS PART OF A PDD AND IN LINE WITH THE 'HOW TO REVALIDATE WITH THE NMC'

Signature: _____

Specialist Centres

There are seven hospitals in the UK with Adult Liver Transplant Units:

Hospital	Address	Contact Number:
London – Royal Free Hospital	Pond Street, Hamstead, London NW3 2QG.	General Enquiry – 020 3758 2000 Liver Unit - 020 7794 0500 x 36896
London – Kings College Hospital	Denmark Hill, London SE5 9RS.	General Enquiry – 0203 299 9000
Birmingham – Queen Elizabeth Hospital	Mindelsohn Way, Edgbaston, Birmingham B15 2WB.	General Enquiry – 0121 371 2000 ICU 0121 371 6330
Leeds – St Jame’s Univesity Hospital	Beckett St, Leeds, West Yorkshire LS9 7TF	General Enquiry – 0113 243 3144 Liver ICU - 0113 206 9154.
Newcastle – Freeman Hospital	Freeman Road, Leeds, High Heation, Newcastle upon Tyne NE7 7DN	General Enquiry – 0191 233 6161
Cambridge - Addenbrooke’s Hospital	Hills Road, Cambridge, CB2 0QQ	General Enquiry – 10223 245151
Edinburgh Royal Infirmary	Little France Crescent, Edinburgh EH16 4SA	General Enquiry – 0131 242 3041

Abbreviations

ALF Acute Liver Failure

ALPSS Associated Liver Partition and Portal Vein Ligation for staged hepatectomy

CLF Chronic Liver Failure

CNS Central Nervous System

CT Computerised Tomography

CVP Central Venous Pressure

CVS Cardio Vascular System

ERCP Endoscopic Retrograde Cholangio-Pancreatography

ETT Endotracheal Tube

EUS Endoscopic Ultrasound

GCS Glasgow Coma Scale

MAP Mean Arterial Pressure

MDT Multi-disciplinary Team

PPPDS Pylorus preserving pancreatoduodectomy

PTC Percutaneous Transhepatic Cholangiogram

RRT Renal Replacement Therapy

SMART Specific, Measureable, Attainable, Relevant, Timely

TIPSS Transjugular Intrahepatic PortoSystemic Shunt

VTE Venous Thromboembolism

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Jane Reeves	University Hospitals Birmingham NHS Foundation Trust
Juanita Nittla	Royal Free London NHS Foundation Trust
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Sara Bardell	University Hospitals Birmingham NHS Foundation Trust
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Critical Care Networks-National Nurse Leads (CC3N) 2015

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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.