

## Competency framework evidence examples

This document has been developed to offer guidance to students when completing the competency framework. It is not an “instruction book” but rather a list of suggestions that every individual can use to successfully complete their own framework.

### What constitutes evidence?

To evidence proficiency and understanding of each individual competency within the framework staff should demonstrate they have an understanding and experience of the competency.

This can be done in multiple differing ways, listed below are suggestions:

1. A copy of a portfolio or essay/case study used for a university module completed at Level 11 or above that helps to evidence how you meet a competency. Please reference the relevant page or section in any larger documents.
2. Relevant evidence of learning undertaken during your time as a trainee AP such as – Direct observation of practice (Dops), MiniCex, Case based discussions (CbD). The 22 selected for final sign off must be completed by staff that are Advanced Practice level or higher. Any completed by Students, Technicians, NQP's or Paramedics can be used where appropriate within the Competency Framework such as evidencing you supporting or mentoring colleagues but will not count for the final 22.
3. Feedback from colleagues. Depending on the competency this could be from a qualified Advanced Practitioner, GP, or any other suitably qualified Allied Health Professionals (AHPs). Feedback from students/Technicians/Paramedics you have supported with clinical decision support or teaching/mentoring can also be evidence where appropriate. **Students should gather these during the training period and aim to cover multiple scenarios.**
4. Record of learning activity (ROL) and reflections using your preferred reflective models (please try to use various models). **Students should gather these during the training period and aim to cover multiple scenarios.**
5. It is possible to use anonymised ePRF's or ADAstra patient extracts as evidence where a competency asks for evidence of a specific skill or multiple clinical presentations you have seen. **Students should gather these during the training period and aim to cover multiple scenarios.**

**For example**, an anonymised ePRF documenting the use of the Wells Score for PE would be suitable evidence for “DCC.1 - Demonstrate an awareness of and utilise appropriate assessment tools.”

**Anything that does not evidence learning should such as a certificate of attendance for a course is best avoided however, it could be used as evidence if presented with a reflection or ROL which relates to it.**

## **How to collate evidence.**

All evidence should be uploaded and stored on TURAS. It is recommended that you use the available templates for Dops/MiniCex/CbD, record of learning activity and reflections.

The uploaded documents tab is for evidence that cannot be recorded on TURAS directly such as university portfolios, academic transcripts, course certificates and anonymised ePRF's/ADASTRA patient extracts.

It is suggested that all evidence recorded on TURAS directly using the templates should be numbered sequentially with a brief description of the content, for example:

CbD 1 – 55yoM, acute shortness of breath.

CbD 2 – 81yoF, urinary symptoms.

Dops 1 – 60yoM, Abdo assessment in primary care placement.

Reflection 1 – difficult interaction with family of palliative care patient.

MiniCex 1 – 65yoF, seen in primary care. Knee examination due to ongoing pain. Feedback

1 – GP feedback who observed MiniCex 1.

Evidence recorded as an uploaded document you should name clearly, for example:

AAMII case study.

NMP portfolio.

Patient clinical audit.

ePRF 1 – 66yoM, cardiac chest pain.

ADASTRA 1 – Out of hours home visit 76yoF with cellulitis.

*This will allow you to track the content of the evidence while making it easy to record in the competencies.*

## **SharePack**

As you use evidence that you have recorded on your personal TURAS page you will need to add it to your competency framework SharePack. The link below will explain how you create and edit your SharePack. (press Ctrl + click to open the link)

[How to create a share pack in Turas Portfolio on Vimeo](#)

As you build your SharePack you are able to edit it and move items up or down the list. It is suggested that you try to keep all documents the same together, so they are easier to find i.e. – all uploaded documents **then** all ePRF's **then** all CbD's etc

### **Record of discussion**

Use a few lines to justify why you have used the chosen evidence for the competency.  
When the assessor signs of the competency they will add their own comments.

### **Example of a completed competency**

See Appendix 2 for self-assessment scoring

| <b>4.6 Monitors quality of own practice and participates in continuous quality improvement</b> |                     |  |                     |
|--|---------------------|--|---------------------|
|  | <b>Assessment 1</b> | <b>Assessment 2</b>                    | <b>Assessment 3</b> |
| <b>Self-Assessment (1-5) score and date:</b>   | 4 - 22/11/24        | N/A                                    | N/A                 |
| <b>Assessor Assessment (1-5) score, assessor initials and date:</b>                            | 4 – BB,<br>22/11/24 | N/A                                    | N/A                 |
| <b>Record of discussion</b>  |                     | <b>Evidence (Share pack documents)</b> |                     |

|  |  |   |  |
|--|--|---|--|
| <p>The evidence provided demonstrates both my understanding of QI methodology and the need for self-assessment. The reflection I wrote after reviewing my patient clinical audit enabled me to identify skill gaps and areas for development in my practice. I received positive feedback from colleagues following a CPD session I delivered on respiratory assessment which was an area I had identified as a skill gap myself.</p> <p><u>BB</u> – The evidence shows good understanding of QI and awareness of own limitations but with the skills required to develop their clinical practice.</p> |  | <p><u>Uploaded documents:</u></p> <p>Practical Improvement Science in Healthcare Course + Reflection 1</p> <p>Patient clinical audit (pages 1 – 5)</p> <p><u>Reflections</u> - 3 and 5.</p> <p><u>Feedback</u> – 2 and 7.</p> |  |
| <p><b>Assessor's name and HCPC/NMC/GMC number</b></p>  |  | <p><b>Additional Assessor details (if more than one):</b></p>   |  |
| <p>Bertie Bassett PA<br/>123456</p>  |  |   |  |

## Contents

|  |    |
|--|----|
| Specific Clinical Competency Evidence Suggestions .....                    | 5  |
| Specific Clinical Competency 1: Direct Clinical Care .....                 | 5  |
| Specific Clinical Competency 2: Frailty & Multimorbidity .....             | 18 |
| Specific Clinical Competency 3: Mental Health and Psychological care ..... | 22 |
| Specific Clinical Competency 4: Public Health and Well-Being .....         | 26 |
| Specific Clinical Competency 5: Paediatrics.....                           | 29 |
| Core Competency Evidence Suggestions .....                                 | 33 |
| Core Competency 1: Governance & Supervision.....                           | 33 |
| Core Competency 2: Advanced Communication .....                            | 39 |
| Core Competency 3: Leadership and Collaborative Practice.....              | 43 |
| Core Competency 4: Improving quality and developing practice.....          | 47 |

|  |    |
|--|----|
| Core Competency 5: Developing Self and Others.....                   | 49 |
| Core Competency 6: Public Protection .....                           | 52 |
| Appendix 1 – Common Conditions Learning Needs Assessment (LNA) ..... | 60 |
| Appendix 2 – Self-Assessment Scoring .....                           | 70 |

## Specific Clinical Competency Evidence Suggestions

### Specific Clinical Competency 1: Direct Clinical Care

**Learning Outcome**

Demonstrate the ability to display effective consultation skills to undertake health assessment and management of patients.

**How competence is assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Discussion with Clinical Supervisor/ Mentor/ Assessor \*Project and improvement work review.

**Suggested number of evidence**

The lower number is the minimum required if the evidence provided is of the highest quality. The higher number is a suggestion only and is aimed at preventing the document from become too “busy.” Some competencies will require more evidence than others and this is reflected in the numbers.

**DCC.1**  
 Demonstrate an awareness of and use appropriate assessment tools.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 3-5                           | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u><br><br>Dops/MiniCex/CbD where you have used an evidence-based assessment tool such as Wells score, 4-AT, CURB 65 etc.<br><br>An anonymised ePRF or ADASTRA patient extract where you have documented use of an appropriate assessment tool. |

**DCC.2**  
 Demonstrate the ability to prioritise individuals that required clinical assessment.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 3-5                           | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u><br><br>Dops/MiniCex/CbD relating to a RTC where immediate upgrade was needed. |

An anonymised ePRF or ADASTRA patient extract where you have documented a request for ILT back up.

**DCC.3**  
 Demonstrate clinical competence in clinical skills required for the purpose of the advanced practice role such as:

- Venepuncture and Cannulation
- Male and Female Catheterisation (where required)
- Performing and analysing/interpreting 12 Lead ECG
- Requesting of Radiological Investigations and completion of IRMER training. (Where required)
- Access and use of IT services for patient information.

Assess need for, access lab investigations, analyse and act upon findings.

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|-------------------------------|--------------------|

|  |  |
|--|--|
| 5-8  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where there is evidence of the required clinical skills.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented use of a clinical skill.</p>                                    |
| <p><b>DCC.4</b></p> <p>Demonstrate an understanding of the pathophysiology and presentation of common conditions</p>   |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 5-8  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD which evidence clinical exposure to a range of common conditions.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented diagnosis and understanding of a common condition.</p> |
| <p><b>DCC.5</b></p> <p>Demonstrate critical thinking, diagnostic reasoning, and decision-making skills during clinical assessment.</p>   |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 3-5  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where there is evidence of analytical clinical decision making.</p>   |
| <p>An anonymised ePRF or ADAstra patient extract <b>AND</b> a reflection that demonstrates diagnostic reasoning, critical thinking, and sound clinical decision-making skills.</p> |  |
| <p><b>DCC.6</b></p> <p>Demonstrate the ability to access evidence databases to support decision making and improve clinical practice.</p>  |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |

|   |  |
|---|--|
| 3-5   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where there is evidence of database use. This could include ECS/BNF/Clinical portals/Local Formularies/NICE Guidelines/CKS</p> <p>An anonymised ePRF or ADAstra patient extract <b>AND</b> a reflection that includes evidence-based decision making.</p>   |
| <p><b>DCC.7</b><br/>Demonstrate awareness of referral pathways available within clinical practice areas.</p>  |  |
| Suggested number of evidence.   | <b>Evidence examples.</b>  |
| 3-5   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been referred to an appropriate local or national pathway for further assessment/treatment.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented the use of an appropriate local or national pathway.</p>   |
| <p><b>DCC.8</b><br/>Demonstrate the ability to work within accepted parameters of practice, acknowledge own limitations and recognise when to seek advice or refer.</p> |  |
| Suggested number of evidence.   | <b>Evidence examples.</b>  |
| 3-5   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been discussed with a senior clinician to support your clinical decision or referred to an appropriate local or national pathway for further assessment/treatment because the patient does not fall within your scope of practice.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented you have taken advice from a colleague or GP because the patient does not fall within your scope of practice.</p> |
| <p><b>DCC.9</b><br/>Make comprehensive and detailed assessment and give accurate and safe advice, when managing patients in a range of environments.</p>                |  |
| Suggested number of evidence.   | <b>Evidence examples.</b>  |

|  |   |
|--|---|
| 3-5  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been treated or discharged with appropriate safety netting and red flag advice.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented the patient has been treated or discharged with appropriate safety netting and red flag advice.</p> |
| <p><b>DCC.10</b><br/>Ability to recognise when transfer for increased support and /or higher level of patient care is required.</p>  |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
| 3-5  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been admitted to hospital or transported to A&amp;E by a crew.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient has been admitted to hospital or transported to A&amp;E by a crew.</p>   |
| <p><b>DCC.11</b><br/>Within agreed clinical areas, demonstrate the ability to undertake admission and discharge processes in conjunction with local and national policies.</p> |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been admitted to hospital.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient has been admitted to hospital.</p>   |
| <p><b>DCC.12</b><br/>Obtain a comprehensive history, presenting symptoms, physical findings, and diagnostic information in order to establish a differential diagnosis.</p>    |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
| 3-5  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where a structured patient assessment has been performed.</p> <p>An anonymised ePRF or ADAstra patient extract with a documented well-structured patient assessment has been recorded.</p>   |

**DCC.12a EMERGENCY.**

- Demonstrate skills in Advanced life support.
- Recognise when airway support is required and demonstrate the ability to use appropriate adjuncts in a stepwise approach.
- Recognise indications for oxygen therapy and initiate treatment using appropriate delivery method.
- Assess and provide first line treatment for a patient presenting with deterioration in clinical condition.
- Demonstrate the ability to recognise a patient with sepsis and initiate appropriate treatment according to current guidelines i.e., sepsis 6 bundle.
- Demonstrate the ability to recognise the patient in early shock and initiate first line treatment.
- Demonstrate the ability to recognise major haemorrhage.
- Recognise a patient presenting with a metabolic emergency and be able to initiate appropriate treatment.
- Demonstrate knowledge relating to the management of seizures and acute neurological deterioration.

**Suggested number of evidence.****Evidence examples.**

2-3

Dops/MiniCex/CbD where you have attended an emergency/high acuity/ILT patient.

An anonymised ePRF or ADASTRA patient extract for an emergency/high acuity/ILT patient.

A reflection of an emergency/high acuity/ILT patient you attended with a supporting ePRF.

**DCC.12b RESPIRATORY.**

- Demonstrate the ability to undertake a detailed systematic respiratory assessment.
- Demonstrate the ability to formulate a differential diagnosis based on the respiratory assessment.
- Recognise common presenting conditions that require diagnostic tests such as arterial blood gases and chest x-ray.
- Demonstrate the ability to assess patients' presenting with acute respiratory conditions and provide appropriate treatment.
- Ability to assess and provide treatment for a patient with breathlessness and recognise indicators for appropriate oxygen therapy.
- Ability to recognise that increased respiratory support and higher level of care is required and referral for senior help as appropriate.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
|                               | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u> |

|     |   |
|-----|---|
| 2-3 | <p>Dops/MiniCex/CbD where a respiratory patient has been seen.</p> <p>An anonymised ePRF or ADAstra patient extract for a patient presenting with a respiratory condition.</p> <p>A reflection of a respiratory patient with a supporting ePRF.</p> |
|-----|---|

#### **DCC.12c CARDIOVASCULAR.**

- Demonstrate the ability to conduct a detailed systematic cardiovascular examination.
- Demonstrate the ability to formulate a differential diagnosis based on a cardiovascular assessment.
- Recognise and list the common indications for requesting a 12-lead ECG and demonstrate the ability to interpret 12-lead ECG presentations.
- Demonstrate knowledge of ECG changes associated with life threatening arrhythmias and acute coronary syndromes.
- Able to recognise abnormal findings and initiate appropriate treatment and/or referral.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 2-3                           | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where a cardiovascular patient has been seen.</p> <p>An anonymised ePRF or ADAstra patient extract for a patient presenting with a cardiovascular condition.</p> <p>A reflection of a cardiovascular patient with a supporting ePRF.</p> |

**DCC.12d GASTROINTESTINAL.**

- Demonstrate the ability to conduct a detailed systematic clinical gastrointestinal examination.
- Demonstrate the ability to formulate a differential diagnosis based on a gastrointestinal assessment.
- Demonstrate the ability to recognise abnormal findings, initiate appropriate treatment and /or referral if appropriate.
- Ability to recognise acute gastrointestinal bleed, provide initial treatment and referral if appropriate.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 2-3                           | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i><br><br>Dops/MiniCex/CbD where a GI patient has been seen. |

|  |   |
|--|---|
|  | An anonymised ePRF or ADAstra patient extract for a patient presenting with a GI condition.<br><br>A reflection of a GI patient with a supporting ePRF. |
|--|---|

**DCC.12e MUSCULOSKELETAL.**

- Demonstrate the ability to conduct a systematic and detailed musculoskeletal examination.
- Demonstrate the ability to formulate a differential diagnosis based on a musculoskeletal examination.
- Demonstrate the ability to recognise abnormal findings and refer for investigation.
- Ability to recognise common musculoskeletal presentations and provide appropriate treatment and/or referral.

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|                               |                    |

|  |  |
|--|--|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where a MSK patient has been seen.</p> <p>An anonymised ePRF or ADAstra patient extract for a MSK presentation.</p> <p>A reflection of a MSK patient with a supporting ePRF.</p>  |
| <p><b>DCC.12f ENT.</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to conduct a systematic and detailed ENT examination.</li> <li>• Demonstrate the ability to formulate a differential diagnosis based on an ENT examination.</li> <li>• Demonstrate the ability to recognise common ENT presentations, provide treatment and refer if appropriate.</li> </ul> |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where an ENT patient has been seen.</p> <p>An anonymised ePRF or ADAstra patient extract for an ENT presentation.</p> <p>A reflection of an ENT patient with a supporting ePRF.</p> <p><b><i>Clinical Supervisors have access to ENT scenarios which can be used for CbD if you have not encountered any/enough patients.</i></b></p> |
| <p><b>DCC.12g RENAL.</b> • Demonstrate the ability to conduct a systematic and detailed clinical renal examination.</p>  |  |

- Demonstrate the ability to formulate a differential diagnosis based on a renal examination.
- Demonstrate the ability to assess patients for common urological disorders, for example, urinary tract infection.
- Demonstrate the ability to assess common biochemistry results and outline the significance of common electrolyte abnormalities and recognition of renal emergencies such as: Acute kidney injury, hypo / hyperkalaemia, fluid overload or renal obstruction and refer / treat as appropriate.
- Understand the principles of renal replacement therapy and when referral may be appropriate.

| Suggested number of evidence.  | Evidence examples.  |
|--|---|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> <p>Dops/MiniCex/CbD where a renal patient has been seen.</p> <p>An anonymised ePRF or ADAstra patient extract for a renal presentation.</p> <p>A reflection of a renal patient with a supporting ePRF.</p> |
| <p><b>DCC.12h NEUROLOGICAL.</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to conduct a systematic and detailed neurological examination.</li> <li>• Demonstrate the ability to make a differential diagnosis based on a neurological examination.</li> <li>• Ability to conduct neurological assessment of a patient post fall.</li> <li>• Demonstrate the ability to recognise abnormal neurological presentations such as altered GCS and to provide initial treatment and refer as appropriate.</li> <li>• Recognise presentation of acute stroke, initial management, and referral for intervention/investigation.</li> </ul> |   |
| Suggested number of evidence.  | Evidence examples.  |

|   |  |
|---|--|
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where a patient presents with a neurological condition.</p> <p>An anonymised ePRF or ADAstra patient extract for a neurological presentation.</p> <p>A reflection of a patient that presented with a neurological condition with a supporting ePRF.</p> |
| <p><b>DCC.12i PAIN.</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to effectively assess pain, understand the need for timely multimodal analgesic administration and the need for regular reassessment.</li> </ul> |  |

- Initiate or continue prescribed analgesics appropriate for patients 'clinical needs and within own scope and boundaries of competence.
- Demonstrate an understanding of the mechanisms of pain and how it relates to clinical presentation and the physiological effects on the patient.
- Understand the importance role of pain assessment tools and the methods by which pain can be assessed.
- Understand the need for multimodal analgesics and the risks / benefits associated.
- Demonstrate an expert knowledge of the side effects / contraindications of specific groups of analgesics and how to treat adverse effects.

| Suggested number of evidence. | Evidence examples.   |
|-------------------------------|--|
| 2-3                           | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where a patient presents with pain.</p> <p>An anonymised ePRF or ADAstra patient extract for a pain presentation.</p> <p>A reflection of a patient that presented with pain with a supporting ePRF.</p> |

**DCC.12j PALLIATIVE AND END OF LIFE CARE.**

- Demonstrate the ability to effectively conduct a holistic patient assessment, recognise and refer for further assessment of end-of-life care.
- Demonstrate awareness of palliative care services and care options for patients at the end of life.
- Demonstrate an awareness of the Scottish Palliative Care Guidelines and their role in management of end-of-life care.
- Demonstrate confidence in initiating advance/anticipatory care planning in conjunction with the multidisciplinary team.
- Demonstrate an ability to manage symptoms using pharmacological and non- pharmacological treatment strategies within boundaries of own clinical competence.
- Demonstrate the ability to formulate and evaluate treatment plans.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 2-3                           | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient is palliative/end of life.</p> <p>An anonymised ePRF or ADAstra patient extract for a palliative/end of life presentation.</p> |

|  |  |
|--|--|
|  | A reflection of a palliative/end of life patient with a supporting ePRF. |
|--|--|

**DCC.12k DERMATOLOGICAL.**

- Demonstrate the ability to conduct a detailed assessment of common dermatological conditions.
- Demonstrate the ability to formulate a differential diagnosis based on the history and examination findings.
- Demonstrate the ability to recognise abnormal findings and refer where appropriate.
- Ability to recognise common dermatological presentations and provide appropriate treatment and/or referral.

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|                               |                    |

|  |  |
|--|--|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient presents with a dermatology issue.</p> <p>An anonymised ePRF or ADAstra patient extract for a dermatology presentation.</p> <p>A reflection of a dermatology patient with a supporting ePRF.</p>                                |
| <p><b>DCC.12I WOUND AND BURN MANAGEMENT.</b></p> <ul style="list-style-type: none"> <li>• Demonstrate the ability to assess a variety of wound types.</li> <li>• Demonstrate the ability to identify appropriate management and treatment options of diverse types of wounds.</li> <li>• Demonstrate the ability to use the variety of skin closure techniques.</li> <li>• Recognise when onward referral required.</li> </ul> |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient presents with a wound or burn.</p> <p>An anonymised ePRF or ADAstra patient extract for a patient presenting with a wound or burn.</p> <p>A reflection of a patient presenting with a wound or burn with a supporting ePRF.</p> |
| <p><b>DCC.12m (2) EYES.</b></p> <p>Evidence competency and confidence in managing Common Clinical Problems in adults as described in the 'Common conditions LNA' document. (Appendix 1)</p>  |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |

|   |  |
|---|--|
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient presents with an eye condition.</p> <p>An anonymised ePRF or ADAstra patient extract for a patient with an eye condition.</p> <p>A reflection of a patient presenting with an eye condition with a supporting ePRF.</p> <p><b><i>Clinical Supervisors have access to eye scenarios which can be used for CbD if you have not encountered any/enough patients.</i></b></p> |
| <p><b>DCC.12m (2) ENDOCRINE.</b><br/>Evidence competency and confidence in managing Common Clinical Problems in adults as described in the 'Common conditions LNA' document. (Appendix 1)</p> |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient presents with an endocrine condition.</p> <p>An anonymised ePRF or ADAstra patient extract for a patient with an endocrine condition.</p> <p>A reflection of a patient presenting with an endocrine condition with a supporting ePRF.</p>   |

## Specific Clinical Competency 2: Frailty & Multimorbidity

### **Learning Outcome**

To demonstrate competence at this, level the student APP/ANP fulfils the criteria of SAS AP and nursing Competencies.

### **How competence is Assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Peer review \* Prescribing practice supervision \*Prescribing audit data and review \* Discussion with mentor

### **Frail 1**

Promote health and support patients and carers/relatives with information to enable them to make informed choices regarding available treatment and management options for urgent and routine presentations.

| Suggested number of evidence.  | Evidence examples.  |
|--|---|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have offered treatment or management options to a frail patient or their family.</p> <p>An anonymised ePRF or ADAstra patient extract where you have offered treatment or management options to a frail patient or their family.</p> <p>A reflection of a situation where you have offered treatment or management options to a frail patient or their family.</p>   |
| <p><b>Frail 2</b> Work with and involve the relevant multi-disciplinary team for patients who have been identified as living with frailty or those that are at risk.</p>                   |   |
| Suggested number of evidence.  | Evidence examples.  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have involved an appropriate and relevant team to support a patient living with or at risk of frailty.</p> <p>An anonymised ePRF or ADAstra patient extract where you have involved an appropriate and relevant team to support a patient living with or at risk of frailty.</p> <p>A reflection of a situation where you have involved an appropriate and relevant team to support a patient living with or at risk of frailty.</p> |
| <p><b>Frail 3</b> Demonstrate an understanding of the importance of multiagency working (working across professional and agency boundaries) and the principles of information sharing.</p> |   |
| Suggested number of evidence.  | Evidence examples.  |

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have appropriately shared information about a patient living with or at risk of frailty.</p> <p>An anonymised ePRF or ADAstra patient extract where you have appropriately shared information about a patient living with or at risk of frailty.</p> <p>A reflection of a situation where you have appropriately shared information about a patient living with or at risk of frailty.</p> |
|-----|---|

**Frail 4**  
 Demonstrate an awareness and understanding that any 3 of 5 from the following signifiers indicates frailty:

- Weakness (particularly decreasing grip strength)
- Decreased walking speed.

- Low level of physical activity
- Self-reported exhaustion
- Unintentional weight loss

In addition, that any patients exhibiting 1 or 2 of the above are likely to be at risk of frailty.

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|-------------------------------|--------------------|

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> <p>An anonymised ePRF or ADAstra patient extract where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> <p>A reflection of a situation where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> |
|-----|---|

**Frail 5**  
 Awareness and ability to understand the implications of the Rockwood Frailty Index

| Suggested number of evidence.   | Evidence examples.  |
|---|---|
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> <p>An anonymised ePRF or ADAstra patient extract where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> <p>A reflection of a situation where you have identified a patient is living with or at risk of frailty. (Use of the Rockwood frailty scale or other clinical frailty scoring tool to identify those living with or at risk of frailty)</p> |
| <p><b>Frail 6</b><br/>Understand the concept of frailty as a long-term condition and the potential for increased vulnerability (i.e., increased risk of confusion, falls, incontinence, mobility issues and side effects of medication)</p> |   |
| Suggested number of evidence.   | Evidence examples.  |
|   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p>  |
| 2-3   | <p>Dops/MiniCex/CbD where you have identified a patient is living with or at risk of frailty and the associated risks.</p> <p>An anonymised ePRF or ADAstra patient extract where you have identified a patient is living with or at risk of frailty and the associated risks.</p> <p>A reflection of a situation where you have identified a patient is living with or at risk of frailty and the associated risks.</p>  |
| <p><b>Frail 7</b> Be able to identify, assess and sensitively manage people living with frailty in partnership with them and their carers/relatives.</p>  |   |
| Suggested number of evidence.   | Evidence examples.  |

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a patient living with frailty.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a patient living with frailty.</p> <p>A reflection of a situation where you have attended a patient living with frailty.</p> |
|-----|---|

### Specific Clinical Competency 3: Mental Health and Psychological care

#### **Learning Outcome**

To demonstrate competence at this level the student APP/ANP fulfils the criteria of SAS AP and nursing Competencies.

#### **How competence is Assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Peer review \* Prescribing practice supervision \*Prescribing audit data and review \* Discussion with mentor

|  |   |
|--|---|
| <b>MHP 1</b>   |   |
| Develop and maintain links with outside agencies to ensure best practice is in place for the more vulnerable groups. |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
|  | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u> |

|     |  |
|-----|--|
| 2-3 | <p>Dops/MiniCex/CbD where you have involved social services, NHS24 mental health line or other local mental health pathways.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a MH patient and involved social services, NHS24 mental health line or other local mental health pathways.</p> |
|-----|--|

|   |   |
|---|---|
| <b>MHP 2</b> Acts ethically to meet the needs of the patient in all situations, however complex.  |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a complex mental health patient.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a complex mental health patient.</p>   |
| <b>MHP 3</b><br>Encourage and support communication links with Adult & Child protection colleagues and other outside agencies to ensure safeguarding policies and services within the practice, reflect up to date local and national recommendations and provide appropriate access to disadvantaged patient groups. |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have raised Adult and Child protection concerns and implemented safeguarding policies.</p> <p>An anonymised ePRF or ADAstra patient extract where you have raised Adult and Child protection concerns and implemented safeguarding policies.</p> <p>A reflection based upon your experience and knowledge of this subject.</p> |
| <b>MHP 4</b> Work in a collaborative way using a case management and shared approach to care between primary and secondary care.  |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have worked with other health care providers/services to manage a patient.</p> <p>An anonymised ePRF or ADAstra patient extract where you have worked with other health care providers/services to manage a patient.</p>   |

|   |   |
|---|---|
|   | A reflection based upon your experience and knowledge of this subject.  |
| <b>MHP 5</b> Manage and support clinicians consulting with vulnerable patients ensuring appropriate tolls and evidenced based care is applied and available in appropriate forms. |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have worked with other health care providers/services to manage a vulnerable patient.</p> <p>An anonymised ePRF or ADAstra patient extract where you have worked with other health care providers/services to manage a vulnerable patient.</p> <p>A reflection based upon your experience and knowledge of this subject.</p>   |
| <b>MHP 6</b> Assess and take into account the impact of long-term conditions and mental health and wellbeing.   |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a patient with a chronic health condition that may impact their mental health and wellbeing.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a patient with a chronic health condition that may impact their mental health and wellbeing.</p> <p>A reflection based upon your experience and knowledge of this subject.</p> |
| <b>MHP7</b><br>Understand the impact of physical disease related distress, to psychological and psychiatric conditions.   |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a patient with a chronic physical health condition that may impact their mental health and wellbeing.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a patient with a chronic physical health condition that may impact their mental health and wellbeing.</p> |
|-----|---|

|  |  |
|--|--|
|  | A reflection based upon your experience and knowledge of this subject. |
|--|--|

**MHP 8**  
Support the individual with the long-term condition, their carers and family in preventing and reducing any distress that has a negative impact on the individual's general wellbeing and ability to self-manage their illness, and the impact of their illness.

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Suggested number of evidence.</b> | <b>Evidence examples.</b> |
|--------------------------------------|---------------------------|

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a patient with a chronic health condition that may impact their mental health and wellbeing.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a patient with a chronic health condition that may impact their mental health and wellbeing.</p> <p>A reflection based upon your experience and knowledge of this subject.</p> |
|-----|---|

**MHP 9** Encourage self-management of mental health including acceptance of illness, managing symptoms, personal motivation and encourage adherence to treatment regimes.

|                                      |                           |
|--------------------------------------|---------------------------|
| <b>Suggested number of evidence.</b> | <b>Evidence examples.</b> |
|--------------------------------------|---------------------------|

|  |   |
|--|---|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have signposted a patient to self-help resources and encouraged compliance with treatment plans.</p> <p>An anonymised ePRF or ADAstra patient extract where you have signposted a patient to self-help resources and encouraged compliance with treatment plans.</p> <p>A reflection based upon your experience and knowledge of this subject.</p> |
| <p><b>MHP 10</b> Use established evidence-based models of care to inform clinical decisions.</p> |   |
| Suggested number of evidence.  | Evidence examples.  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have used established evidence-based models of care to inform clinical decisions.</p> <p>An anonymised ePRF or ADAstra patient extract where you have used established evidence-based models of care to inform clinical decisions.</p>   |
|  | A reflection based upon your experience and knowledge of established evidence-based models of care to inform clinical decisions.  |

## Specific Clinical Competency 4: Public Health and Well-Being

### Learning Outcome

To demonstrate competence at this level the student APP/ANP fulfils the criteria of SAS AP and nursing Competencies.

### How competence is Assessed:

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Peer review \* Prescribing practice supervision \*Prescribing audit data and review \* Discussion with mentor

### PHWB 1

Promotes health and well-being through collaborative working using a variety of health promotion and disease prevention strategies in line with local and national policies, including motivational behaviour strategies.

| Suggested number of evidence.  | Evidence examples.  |
|--|---|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have sign posted patients to public health and wellbeing services, for example smoking cessation services, befriending groups, peer support groups etc.</p> <p>An anonymised ePRF or ADAstra patient extract where you have sign posted patients to public health and wellbeing services, for example smoking cessation services, befriending groups, peer support groups etc.</p> <p>A reflection based upon your experience and knowledge of public health and wellbeing services.</p> |
| <p><b>PHWB 2</b><br/>Evaluates access to and offers opportunistic advice and information on screening and services to individual, families, and groups of patients.</p>                  |   |
| Suggested number of evidence.  | Evidence examples.  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have sign posted patients to public health and wellbeing services, for example smoking cessation services, befriending groups, peer support groups etc.</p>  |
|  | <p>An anonymised ePRF or ADAstra patient extract where you have sign posted patients to public health and wellbeing services, for example smoking cessation services, befriending groups, peer support groups etc.</p> <p>A reflection based upon your experience and knowledge of public health and wellbeing services.</p>  |
| <p><b>PHWB 3</b><br/>Is able to compassionately identify patients with drug and alcohol problems and prioritise supportive actions based upon clinical need and patient willingness.</p> |   |
| Suggested number of evidence.  | Evidence examples.  |

|  |  |
|--|--|
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have sign posted patients that have a history of drug or alcohol issues to appropriate public health and wellbeing services.</p> <p>An anonymised ePRF or ADAstra patient extract where you have sign posted patients that have a history of drug or alcohol issues to appropriate public health and wellbeing services.</p> <p>A reflection based upon your experiences of dealing with patients that have a history of drug or alcohol issues you have sign posted to appropriate public health and wellbeing services.</p> |
| <p><b>PHWB 4</b><br/>Carries out an assessment of extent of drug or alcohol use and makes onward referral as appropriate using primary case-based interventions where relevant e.g., alcohol brief intervention.</p> |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have referred patients that have a history of drug or alcohol issues to appropriate public health and wellbeing services.</p> <p>An anonymised ePRF or ADAstra patient extract where you have referred patients that have a history of drug or alcohol issues to appropriate public health and wellbeing services.</p> <p>A reflection based upon your experiences of dealing with patients that have a history of drug or alcohol issues you have referred to appropriate public health and wellbeing services.</p>          |
| <p><b>PHWB 5</b><br/>Provides on-going regular support and risk assessment to patients, assessing implications of social circumstances balancing these with effective interventions.</p>                             |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |

|     |  |
|-----|--|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have supported patients that may be at risk due to social circumstances.</p> <p>An anonymised ePRF or ADAstra patient extract where you have supported patients that may be at risk due to social circumstances.</p> <p>A reflection based upon your experiences of dealing with patients that have supported patients that may be at risk due to social circumstances.</p> |
|-----|--|

## Specific Clinical Competency 5: Paediatrics

### Learning Outcome

To demonstrate competence at this, level the student APP/ANP fulfils the criteria of SAS AP and nursing Competencies. Currently SAS APP/ANP should adhere to SAS paramedic scope of practice guidelines in the treatment of Paediatrics. **Please keep this in mind when identifying evidence How competence is Assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Peer review \* Prescribing practice supervision \*Prescribing audit data and review  
\*Discussion with mentor.

|   |   |
|---|---|
| <b>Paediatrics 1</b>  |   |
| Promote health and support parents with information to enable them to make informed choices regarding available treatment options for urgent and routine presentations. Awareness of managing situations where parents' wishes would contradict best interest of child. |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have provided signposting to parents for services such as Pharmacy First or NHS Inform.</p> <p>An anonymised ePRF or ADAstra patient extract where you have provided signposting to parents for services such as Pharmacy First or NHS Inform.</p> <p>A reflection based upon your experiences of dealing with parents of children that have needed support or signposting to services such as Pharmacy First or NHS Inform.</p> |

**Paediatrics 2**

Work with and involve the relevant multi-disciplinary team for patients who have life limiting/ life changing illness including long term condition, genetic conditions, or cancers.

| <b>Suggested number of evidence.</b> | <b>Evidence examples.</b>   |
|--------------------------------------|---|
| 1-2                                  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have been involved in the treatment of a patient with a life limiting/life changing illness including long term condition, genetic condition, or cancer.</p> <p>An anonymised ePRF or ADAstra patient extract where you have been involved in the treatment of a patient with a life limiting/life changing illness including long term condition, genetic condition, or cancer.</p> <p>A reflection based upon have been involved in the treatment of a patient with a life limiting/life changing illness including long term condition, genetic condition, or cancer.</p> |

**Paediatrics 3** Demonstrate and understanding of the importance of multiagency working (Working across professional and agency boundaries) and the principles of information sharing.

| <b>Suggested number of evidence.</b> | <b>Evidence examples.</b>   |
|--------------------------------------|---|
| 1-2                                  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have been involved in sharing information with other agencies and/or professions.</p> <p>An anonymised ePRF or ADAstra patient extract where you have involved in sharing information with other agencies and/or professions regarding a patient.</p> <p>A reflection based upon sharing information with other agencies and/or professions regarding a patient.</p> |

**Paediatrics 4**  
Ensure that parents or carers, children and young people receive information, advice, and support to enable them to:

- Self-manage minor illnesses where appropriate, utilising community pharmacies and triage services where required.
- Access support groups

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 1-2                           | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a low acuity case and discharged following a prof-to-prof call and signposted the parents to other services.</p> |

|  |  |
|--|--|
|  | <p>An anonymised ePRF or ADAstra patient extract where you have attended a low acuity case and discharged following a prof-to-prof call and signposted the parents to other services.</p> <p>A reflection based upon a time you have attended a low acuity case and discharged following a prof-to-prof call and signposted the parents to other services.</p> |
|--|--|

**Paediatrics 5**  
Understanding the needs of ethnic minorities and cultural differences in beliefs about illness and the use of medicines

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 1-2                           | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a case that required understanding the needs of ethnic minorities and the cultural differences in beliefs about illness and the use of medicines.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a case that required understanding the needs of ethnic minorities and the cultural differences in beliefs about illness and the use of medicines.</p> <p>A reflection based upon understanding the needs of ethnic minorities and the cultural differences in beliefs about illness and the use of medicines.</p> |

**Paediatrics 6**  
Have an awareness of disease prevention, well-being and safety in children and adolescents, including in the following areas:

- Healthy diet and exercise for children and young people
- Social and emotional well-being
- Keeping children and young people safe, safeguarding, accident prevention

| Suggested number of evidence.  | Evidence examples.  |
|--|---|
| 1-2  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a case that relates to this competency.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a case that relates to this competency.</p> <p>A reflection based upon a case or training you have completed that relates to this competency.</p> |
| <p><b>Paediatrics 7</b> Demonstrate knowledge and sensitivity in caring for terminally ill children and recognise and manage parent and patient ideas, concerns, and expectations.</p>             |   |
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a case that relates to this competency.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a case that relates to this competency.</p> <p>A reflection based upon a case or training you have completed that relates to this competency.</p> |
| <p><b>Paediatrics 8</b><br/>Evidence competency and confidence in managing Common Clinical Problems in relation to Paediatrics as described in the Common Conditions LNA document (Appendix 1)</p> |   |
| Suggested number of evidence.  | Evidence examples.  |

|     |   |
|-----|---|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where you have attended a case that relates to common paediatric clinical presentations and conditions.</p> <p>An anonymised ePRF or ADAstra patient extract where you have attended a case that relates to common paediatric clinical presentations and conditions.</p> <p>A reflection based upon common paediatric clinical presentations and conditions.</p> |
|-----|---|

## Core Competency Evidence Suggestions

### Core Competency 1: Governance & Supervision

#### **Learning Outcome**

Applies and promotes quality governance strategies to ensure consultations interventions and services are fit for purpose, evolving and dynamic.

#### **How competence is Assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Prescribing practice supervision \*Prescribing audit data and review \* Discussion with mentor

|   |                           |
|---|---------------------------|
| <p><b>1.1</b><br/>Demonstrate a good level of knowledge of Advanced (Paramedic/Nursing) Practice and uphold the principles established by the HCPC/NMC, SAS (Scottish Ambulance Service) and the Scottish Advanced Academies.</p> |                           |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b> |

|   |  |
|---|--|
| 5 | <p>A short reflection, covering HCPC registration and standards, awareness of all SAS guidelines on @SAS and how to access them, and understanding of the 4 pillars of Advanced Practice.</p> <p>A piece of evidence relating to each of the 4 pillars of Advanced Practice:</p> <p><b>Education</b> – University transcript.<br/> <b>Research</b> – ARM module essay.<br/> <b>Clinical Practice</b> – Audit of patients seen in different clinical settings and RTC. <b>Leadership</b> – Feedback from staff you have supported in some way (Students, Technicians, NQP's, Paramedics etc).</p> |
|---|--|

**1.2**  
 Demonstrate an advanced level of knowledge and skills in managing a range of clinical conditions.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 1-8                           | <p>Any Clinical log you have kept is acceptable evidence, for example:</p> <ul style="list-style-type: none"> <li>• Patient audit.</li> <li>• Non-Medical Prescribing portfolio.</li> <li>• A selection of ePRF's or ADAstra patient extracts.</li> </ul> |

**1.3**  
 Demonstrates knowledge and understanding of clinical governance frameworks within own organisation and take responsibility for clinical governance within a defined setting.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 1-2                           | <p>The Scottish Ambulance Service have a Clinical Governance Framework available on @SAS available here - <a href="#">Clinical Governance</a> (Ctrl+Click to follow the link)</p> <p>Write a short reflection on this policy and how it applies to your clinical practice and role as an Advanced Practitioner.</p> |

**1.4**  
 Achieve competence in Advanced life support Life Support

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|-------------------------------|--------------------|

|   |  |
|---|--|
| 2-3   | <p>An anonymised ePRF where you have attended and conducted ALS.</p> <p>A current ALS certificate.</p> <p>A reflection on your experience of ALS. This may include statutory or mandatory ALS training, experience of 3RU involvement or any ALS teaching you have offered.</p> <p>Feedback from colleagues you have supported at an ALS case.</p>   |
| <p><b>1.5</b><br/>Apply appropriate evidence-based interventions in clinical practice to ensure the delivery of safe, effective, person-centred care.</p> |  |
| Suggested number of evidence.   | <b>Evidence examples.</b>  |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> <p>Dops/MiniCex/CbD where you have used an evidence-based assessment tool such as Wells score, 4-AT, CURB 65 etc.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented use of an appropriate assessment tool.</p> |
| <p><b>1.6</b><br/>Apply critical decision-making skills to all areas of clinical practice.</p>  |  |
| Suggested number of evidence.   | <b>Evidence examples.</b>  |
|   | <p>Evidence found within your Prescribing portfolio will count as evidence. <i>Please reference the relevant page or section.</i></p> <p>Dops/MiniCex/CbD where the patient outcome required you to use critical decision making.</p>  |

|  |  |
|--|--|
| 3-5  | <p>An anonymised ePRF or ADAstra patient extract where the patient outcome required you to use critical decision making.</p> <p>A reflection on the Scottish Ambulance Service Clinical Decision-Making Framework available here - <a href="https://scottish.sharepoint.com/sites/@SAS/Clinical/Forms/AllItems.aspx?id=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins%2F2022-01-10%2FClinical%2FBulletin%2F001-2022%2FClinical%2FDecision%2FMaking%2FFramework%2Epdf&amp;parent=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins">scottish.sharepoint.com/sites/@SAS/Clinical/Forms/AllItems.aspx?id=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins%2F2022-01-10 Clinical Bulletin 001-2022 Clinical Decision Making Framework%2Epdf&amp;parent=%2Fsites%2F%40SAS%2FClinical%2FClinical Bulletin%2F2022 bulletins</a></p> <p>(Ctrl+Click to follow the link)</p>   |
| <p><b>1.7</b><br/>Demonstrate the ability to understand the complex presentations and needs of unwell adults</p>   |  |
| Suggested number of evidence.  | Evidence examples.   |
| 2-3  | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> <p>Dops/MiniCex/CbD where the patient presentation was complex.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient presentation was complex.</p> <p>A reflection on the Scottish Ambulance Service Clinical Decision-Making Framework available here – <a href="https://scottish.sharepoint.com/sites/@SAS/Clinical/Forms/AllItems.aspx?id=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins%2F2022-01-10%2FClinical%2FBulletin%2F001-2022%2FClinical%2FDecision%2FFramework%2Epdf&amp;parent=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins">scottish.sharepoint.com/sites/@SAS/Clinical/Forms/AllItems.aspx?id=%2Fsites%2F%40SAS%2FClinical%2FClinical%2FBulletins%2F2022%2Fbulletins%2F2022-01-10 Clinical Bulletin 001-2022 Clinical Decision Making Framework%2Epdf&amp;parent=%2Fsites%2F%40SAS%2FClinical%2FClinical Bulletin%2F2022 bulletins</a></p> <p>(Ctrl+Click to follow the link)</p> |
| <p><b>1.8</b><br/>Demonstrate respect for the dignity of patients' regardless of age, gender, religion, socio-economic class, sexual orientation, ethnic or culture.</p> |  |
| Suggested number of evidence.  | Evidence examples.   |

|            |  |
|------------|--|
| 2-3        | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient relates to this competence.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient relates to this competence.</p> <p>A reflection on your own experiences or training you have done that relates to this competence.</p> |
| <b>1.9</b> |  |

| Demonstrate accountability and understand its role within Advanced Paramedic/Nursing Practice.                     |   |
|--|---|
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>A short reflection of how HCPC or NMC Code of conduct relates to your practice available here -</p> <p><a href="#">Confidentiality and accountability   The HCPC</a></p> <p>(Ctrl+Click to follow link)</p> <p><a href="#">The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council</a></p> <p>(Ctrl+Click to follow link)</p> |
| <b>1.10</b>  |   |
| Apply appropriate underpinning of professional, ethical, and legal principles to all aspects of clinical practice. |   |
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>A short reflection of how you are a registered health care professional on the HCPC or NMC register and a Non-Medical Prescriber. How does this influence your scope of practice while still following HCPC or NMC guidelines?</p>   |
| <b>1.11</b>  |   |
| Demonstrate understanding of the professional implications of working in a clinically autonomous role.             |   |
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>A short reflection that demonstrates your knowledge of clinical decision-making processes and the use of clinical guidelines to support them. For example, the use of NICE Guidelines to treat a condition or your local Formulary to support a prescribing decision.</p>  |
| <b>1.12</b>  |   |
| Apply the principles of informed consent to Advanced Paramedic/Nursing Practice                                    |   |

| Suggested number of evidence.   | Evidence examples.  |
|---|---|
| 1-2   | <p>Evidence found within your Prescribing portfolio will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> <p>An anonymised ePRF or ADAstra patient extract where you have documented issues surrounding informed consent.</p> <p>A short reflection of informed consent relating to the HCPC or NMC code of conduct available here -</p> <p><a href="#">Consent and confidentiality   The HCPC</a></p> <p>(Ctrl+Click to follow link)</p> |
|   | <p><a href="#">The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council</a></p> <p>(Ctrl+Click to follow link)</p>  |
| <p><b>1.13</b><br/>Demonstrate understanding of the national and local key policy documents that govern service design and delivery of care.</p>                          |   |
| Suggested number of evidence.   | Evidence examples.  |
| 1-2   | <p>A short reflection of national policies relating to delivery of care and/or Advanced practice -</p> <p><a href="#">Our 2030 Strategy</a></p> <p>(Ctrl+Click to follow link)</p> <p><a href="#">Advanced practice review - The Nursing and Midwifery Council</a></p> <p>(Ctrl+Click to follow link)</p>   |
| <p><b>1.14</b><br/>Demonstrate understanding of personal and professional competencies and procedures relating to the role of Advanced Paramedic/ Nurse Practitioner.</p> |   |
| Suggested number of evidence.   | Evidence examples.  |
| 1-2   | <p>A short reflection of how you apply the HCPC or NMC guidelines to your scope of clinical practice as an Advanced Practitioner.</p>   |
| <p><b>1.15</b><br/>Adhere to data protection regulations and guidelines when accessing electronic data.</p>   |   |
| Suggested number of evidence.   | Evidence examples.  |

|     |  |
|-----|--|
| 1-2 | <p>A short reflection of how you apply the principles of data protection when accessing ECS/KIS/Health and social care portals/C3.</p> <p>A completed Record of Learning for the TURAS Learn module available here -</p> <p><a href="#">Safe information handling   Turas   Learn</a></p> <p>(Ctrl+Click to follow link)</p> |
|-----|--|

## Core Competency 2: Advanced Communication

### Learning Outcome

Demonstrates the ability to use effective advanced communication skills to undertake health assessment and management of patients and their families.

### How competence is Assessed:

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Prescribing practice supervision \* Discussion with mentor \* Evidence of supportive mentorship \* Evidence of leadership

|   |  |
|---|--|
| <p><b>2.1</b><br/>Use expertise in advanced communication strategies to develop and enhance therapeutic relationships with patients' and others.</p>              |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has been admitted to hospital.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient has been admitted to hospital.</p> <p>A short reflection on an RTC case where you used Goodsam.</p> |
| <p><b>2.2</b><br/>Facilitate, develop, and maintain patient involvement in all care, respecting the patient's right to make the final decision over treatment</p> |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |

|     |  |
|-----|--|
| 2-3 | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>Dops/MiniCex/CbD where the patient has capacity and has declined treatment.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient has capacity and has declined treatment.</p> <p>A short reflection on an RTC case where a patient has capacity and has declined treatment leading to you agreeing a secondary treatment plan with them.</p> |
|-----|--|

### 2.3

Acknowledge the effects the environment may have upon interaction with the patient in complex, urgent or emergency situations.

| Suggested number of evidence. | Evidence examples.  |
|-------------------------------|---|
| 2-3                           | <p>Dops/MiniCex/CbD where the patient was in a difficult environment.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient was in a difficult environment.</p> <p>A short reflection on an RTC case where a patient was in a difficult environment.</p> |

**Example difficult environments** – Property with no lighting, property that is cluttered and/or extremely dirty. Difficult terrain such as a remote footpath, on a beach, on a hillside, in a wooded area/forest. Weather such as outside in wind, rain, sleet, or snow.

### 2.4

Develop and implement quality assurance and risk management strategies to ensure patient / carer safety during the consultation process.

| Suggested number of evidence. | Evidence examples.   |
|-------------------------------|--|
| 2-3                           | <p>Any example of providing good safety netting to a patient and/or their family/carers such as any of the following –</p> <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD.</li> <li>• An anonymised ePRF or ADAstra patient extract.</li> </ul> |

### 2.5

Demonstrate the ability to manage, minimise and control aggressive situations.

| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|
|                               |                    |

|   |   |
|---|---|
| 2-3   | <p>Any example of attending a patient where they and/or their family/carers became aggressive causing you to withdraw or request police attendance such as any of the following -</p> <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD.</li> <li>• An anonymised ePRF or ADAstra patient extract.</li> </ul> <p>A reflection on any RTC case where you identified an aggressive situation and requested police attend.</p> |
| <p><b>2.6</b><br/>Initiate timely and appropriate consultation with other health professionals as indicated by patient needs, when the problem exceeds the practitioner's scope of practice and/or expertise.</p> |   |
| Suggested number of evidence.   | Evidence examples.  |
| 2-3   | <p>Any example of attending a patient where referred a patient for further care which was out with your scope of practice such as any of the following -</p> <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD.</li> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• A reflection</li> </ul>  |
| <p><b>2.7</b><br/>Demonstrate the ability to work within scope of professional practice and refer to appropriate services, as necessary.</p>  |   |
| Suggested number of evidence.   | Evidence examples.  |
|   | <p>Any example of attending a patient where referred a patient for further care which was out with your scope of practice such as any of the following -</p>  |
| 2-3   | <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD.</li> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• A reflection</li> </ul>   |
| <p><b>2.8</b><br/>Document the patients' episode of care using appropriate structure terminology and format.</p>  |   |
| Suggested number of evidence.   | Evidence examples.  |

|  |  |
|--|--|
| 2-3  | Any anonymised PRF where you can demonstrate use of SBAR format or PC HPC O/E etc  |
| <b>2.9</b><br>Provide supporting evidence to justify clinical decisions.   |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>Any of the following where you used evidence-based practice -</p> <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD.</li> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></li> </ul> <p>Where you have used a Centor Score to justify giving or withholding an antibiotic or Ottawa knee or ankle rule to exclude the need to attend hospital for an X-Ray.</p> |
| <b>2.10</b><br>Maintain confidentiality while recording interventions and treatment plans in accordance with HCPC/NMC guidelines and local policy. |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>A safe handling of documentation example –</p> <ul style="list-style-type: none"> <li>• An anonymised ePRF or ADAstra patient extract</li> </ul>  |
| <b>2.11</b><br>Ensure on-going assessment and clinical audit of documentation.   |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>Any of the following –</p> <ul style="list-style-type: none"> <li>• Record of Clinical Supervision on TURAS.</li> <li>• Patient audit.</li> <li>• Prescribing audit.</li> </ul>   |
|  | <ul style="list-style-type: none"> <li>• Record of CPD hours.</li> </ul>   |

|   |  |
|---|--|
| <b>2.12</b><br>Demonstrate effective SBAR (Situation, Background, Assessment, Recommendation) & ATMIS communication and handover during referral. |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> <p>Dops/MiniCex/CbD where you have used SBAR or ATMIST.</p> <p>An anonymised ePRF or ADAstra patient extract where you have used SBAR or ATMIST.</p> <p>A short reflection on a time you used SBAR or ATMIST to refer or hand over a patient.</p> |
| <b>2.13</b><br>Demonstrate the ability to use Telehealth and Telecare as appropriate to provide effective, efficient consultations.               |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 1-2   | A short reflection on your experiences of Remote Telephone Consultation.   |
| <b>2.14</b><br>Demonstrate the ability to use Information technology to ensure effective documentation and communication across many boundaries.  |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>A short reflection on your experiences using IT for effective communication and documentation, for example –</p> <ul style="list-style-type: none"> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• BNF app,</li> <li>• Goodsam</li> <li>• ECS</li> </ul>   |

### [Core Competency 3: Leadership and Collaborative Practice](#)

## Learning Outcome

Demonstrates effective leadership behaviours and qualities to secure an appropriate culture and climate to advance the Advance Practitioners' contribution to the healthcare team, patient care and the wider health and social care team.

### How competence is Assessed:

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Prescribing practice supervision

\* Discussion with mentor \* Evidence of supportive mentorship \* Evidence of leadership \*Awareness of budget scrutiny

|  |   |
|--|---|
| <b>3.1</b><br>Demonstrates resilience and leadership qualities in engaging and maintaining networks and partnerships to influence and improve the health and social care of patients.                |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
| 1-2  | A short reflection on any projects or working groups you have been a part of this may include for example – <ul style="list-style-type: none"><li>• Staff huddles within Primary Care or Urgent Care settings.</li><li>• A time you have represented SAS when working with another care or service provider on a project.</li></ul> |
| <b>3.2</b><br>Functions in a variety of role dimensions (educator, coach, advocate, advanced care provider etc).   |   |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>   |
| 2-3  | A short reflection on providing mentorship or supporting any of the following – <ul style="list-style-type: none"><li>• Year 1 student AP's.</li><li>• Paramedics.</li><li>• NQP's.</li><li>• Student Paramedics.</li><li>• Technicians.</li></ul>  |
| <b>3.3</b><br>Participates as a key member of a multi –professional team and advocates the development of collaborative and innovative practice using high level negotiating and influencing skills. |   |

| Suggested number of evidence.  | Evidence examples.   |
|--|--|
| 1-2  | A short reflection on your role as an AP in any of the following Multi-Disciplinary Teams – <ul style="list-style-type: none"> <li>• Primary Care.</li> <li>• Urgent Care Service.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• ACC Integrated Clinical Hub.</li> </ul>   |  |
| <b>3.4</b><br>Evaluates implications for practice providing professional advice to colleagues and other organisations on therapeutic interventions, practice, and service development to better meet the needs of patient and the service. |  |
| Suggested number of evidence.  | Evidence examples.   |
| 1-2  | An example of a case where you gave advice to a crew either remotely or Face to face, how did you document this? <ul style="list-style-type: none"> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• Dops/MiniCex/CbD that meets the competency.</li> <li>• A short reflection on a case where you have offered support to assist with a clinical decision.</li> </ul>  |
| <b>3.5</b><br>Understands and demonstrates financial acumen.   |  |
| Suggested number of evidence.  | Evidence examples.   |
| 1-2  | Any case where you have accessed the BNF App, PGD's or local Drug Formulary evidenced by – <ul style="list-style-type: none"> <li>• Dops/MiniCex/CbD where you have considered drug therapy cost.</li> <li>• An anonymised ePRF or ADAstra patient extract where you have considered drug therapy cost.</li> <li>• A short reflection of any RTC case where you were able request a patient makes his or her own way to hospital when safe to do so saving an Ambulance resource or SAS Taxi.</li> </ul> |
| <b>3.6</b><br>Provides a caring safe environment to enable the team to do their jobs effectively.  |  |
| Suggested number of evidence.  | Evidence examples.   |

|  |   |
|--|---|
| 2-3  | <p>A short reflection on providing mentorship or supporting any of the following – •</p> <ul style="list-style-type: none"> <li>• Year 1 student AP's.</li> <li>• Paramedics.</li> <li>• NQP's.</li> <li>• Student Paramedics.</li> <li>• Technicians.</li> </ul> <p><b>OR</b></p> <p>Feedback from any of the above staff group, which supports this competency.</p> |
|  |   |
| <p><b>3.7</b><br/>Can demonstrate how to engage the team to provide collaborative, compassionate person-centred care.</p>                                  |   |
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>A short reflection on working collaboratively to provide compassionate person-centred care.</p> <p>An anonymised ePRF or ADAstra patient extract where you have evidence of this competency.</p>   |
| <p><b>3.8</b><br/>Demonstrates the ability to work across organisational and / or professional boundaries to enhance quality, productivity, and value.</p> |   |
| Suggested number of evidence.  | Evidence examples.  |
| 1-2  | <p>Dops/MiniCex/CbD where the patient required admission to hospital.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient required admission to hospital.</p>  |

## Core Competency 4: Improving quality and developing practice.

### Learning Outcome

Applies and promotes quality governance strategies to ensure consultations interventions and services are fit for purpose, evolving and dynamic.

### How competence is Assessed:

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Discussion with mentor \*Project and improvement work review

| <b>4.1</b><br>Acquires and critiques evidence, research and evaluations and applies the information to improve practice. |  |
|--|--|
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
|  |  |
| 2-3  | Any of the following where you used evidence-based practice for example –<br>Centor Score to justify giving or withholding an antibiotic or Ottawa knee or ankle rule to exclude the need to attend hospital for an X-Ray documented in any of the following- • Dops/MiniCex/CbD. <ul style="list-style-type: none"><li>• An anonymised ePRF or ADAstra patient extract.</li><li>• Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></li></ul> |
| <b>4.2</b><br>Participates in mentoring of colleagues and others in the health care team.                                |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |

|  |  |
|--|--|
| 2-3  | <p>A short reflection on providing mentorship or supporting any of the following –</p> <ul style="list-style-type: none"> <li>• Year 1 student AP's.</li> <li>• Paramedics.</li> <li>• NQP's.</li> <li>• Student Paramedics.</li> <li>• Technicians.</li> </ul>  |
| <p><b>4.3</b><br/>Promotes and uses an evidence-based approach to the management of an individual's care and applies research findings or best practice pertinent to the individuals care management and outcomes.</p> |  |
| Suggested number of evidence.  | <b>Evidence examples.</b>  |
| 2-3  | <p>Any of the following where you used evidence-based practice for example –<br/>Centor Score to justify giving or withholding an antibiotic or Ottawa knee or ankle rule to exclude the need to attend hospital for an X-Ray documented in any of the following- • Dops/MiniCex/CbD.</p> <ul style="list-style-type: none"> <li>• An anonymised ePRF or ADAstra patient extract.</li> <li>• Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></li> </ul> <p><b>OR</b></p> <p>A short reflection on your experiences applying evidence-based practice to clinical decision making.</p> |
| <p><b>4.4</b><br/>Demonstrated an understanding of research methodologies.</p>   |  |
| Suggested number of evidence.  | <b>Evidence examples.</b>  |
| 1-2  | A short reflection on the Advance Research Methods module.   |
| <p><b>4.5</b><br/>Actively contributes to or initiates audit and acts upon the findings.</p>   |  |

|   |   |
|---|---|
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 1-2   | A short reflection on any audits you contribute to or keep in for identifying your learning needs or strengths.   |
| <b>4.6</b><br>Monitors quality of own practice and participates in continuous quality improvement.  |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 1-2   | A short reflection on any patient presentation you were unfamiliar with and required support with and you later researched and later shared with your peers as CPD or a CbD.  |
| <b>4.7</b><br>Identifies the need for change, builds capability for service improvement amongst colleagues and the wider team, and utilises evidence-based tools and techniques to redesign or influence modification of services around patient needs. |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 1-2   | A short reflection on any projects or working groups you have been a part of this may include for example – •<br>Staff huddles within Primary Care or Urgent Care settings.<br>• A time you have represented SAS when working with another care or service provider on a project.<br>• Any projects you have worked on. |

## [Core Competency 5: Developing Self and Others](#)

### **Learning Outcome**

Works to increase personal / self-awareness and develops capability in others. Advocates the principals of continuous professional development and supports colleagues and peers in understanding and contributing to the quality governance agenda. Advocates the advanced role of Paramedicine/Nursing in healthcare provision.

### **How competence is Assessed:**

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Prescribing practice supervision \*Prescribing audit data and review \* Discussion with mentor

|  |  |
|--|--|
| <b>5.1</b><br>Participates in activities that monitor and improve the quality of healthcare and the effectiveness of their own and others practice.                    |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | A short reflection on offering mentorship to any of the following – •<br>Year 1 student AP's. <ul style="list-style-type: none"> <li>• Paramedics.</li> <li>• NQP's.</li> <li>• Student Paramedics.</li> <li>• Technicians.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Feedback from any of the above staff group, which supports this competency.</li> <li>• Messages of thanks from patients or their family.</li> </ul> |
| <b>5.2</b><br>Contributes to organisational decision-making, interpret variations in outcomes and uses data from a variety of information sources to improve practice. |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 1-2  | A short reflection on any projects or working groups you have been a part of this may include for example – <ul style="list-style-type: none"> <li>• A time you have represented SAS when working with another care or service provider on a project. •</li> <li>Minutes from a meeting where your contribution is evidenced.</li> </ul>   |
| <b>5.3</b>   |  |

|   |  |
|---|--|
| Accepts personal responsibility for professional development and the maintenance of professional competencies and credentials. Maintains a suitable record of their development e.g., E-portfolio, Learning Needs Analysis and Personal Development Plan (PDP). |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 1-2   | <p>A short reflection on how you maintain competencies and record evidence of this for example –</p> <ul style="list-style-type: none"> <li>• Use of TURAS professional portfolio.</li> <li>• Record of CPD events.</li> <li>• Using audits to record the patients and conditions you have seen, PGD's administered or medicines you have prescribed to identify any gaps in knowledge or learning opportunities.</li> </ul> |
| <b>5.4</b>  |  |
| Monitors and reflects on own response to interaction with individuals, carers and families and uses this knowledge to further therapeutic interactions.   |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 1-2   | <p>A short reflection on a challenging case where the patient or their family had expectations that were difficult to meet.</p> <p>Dops/MiniCex/CbD where the patient or their family had expectations that were difficult to meet.</p> <p>An anonymised ePRF or ADAstra patient extract where the patient or their family had expectations that were difficult to meet.</p>   |
| <b>5.5</b>  |  |
| Advocates and participates in the development of a culture that supports lifelong learning and development, using evidence-based practice and succession planning.  |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |

|   |  |
|---|--|
| 2-3   | <p>A short reflection on your own educational journey and development as an Advanced Practitioner.</p> <p>Feedback from any of the following staff group, which evidences how you supported them or delivered a CPD session or offered learning -</p> <ul style="list-style-type: none"> <li>• Year 1 student AP's.</li> <li>• Paramedics.</li> <li>• NQP's.</li> <li>• Student Paramedics.</li> <li>• Technicians.</li> </ul> |
| <b>5.6</b>  |  |
| <p>Develops capability in others (colleagues and patients) by designing appropriate plans of care. This incorporates the individuals preferred approach, motivation, and development stage. It will comprise of sequential, cumulative steps acknowledging relapse and the need for practice, reinforcement, support, and re-teaching when necessary.</p> |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 1-2   | <p>A short reflection on how you have developed as a coach and mentor while continuing to maintain and develop your own clinical practice knowledge and skills.</p>  |

## Core Competency 6: Public Protection

### Learning Outcome

Recognise: when someone is at risk of harm

Respond: how to respond to a situation

Record: all information, actions and where **no** action was taken

**Demonstrate Competencies as defined by Level 3 'Adult Safeguarding: Roles and Competencies for Health Care Staff', August 2018.**

Suggested Competency Evidence V1.3

Created by - S. McIntyre

Updated 12/3/2025

## How competence is Assessed:

\*Experiential learning \* Peer review \*Direct Observation/ Supervision \*Case review \* Discussion with Assessor/ Clinical Supervisor or line manager

| 6.1<br>Draw on Clinical and professional knowledge and expertise of what constitutes adult abuse, harm, or neglect to support others in fulfilling their adult safeguarding duties. |  |
|---|--|
| Suggested number of evidence.   | Evidence examples.   |
| 2-3   | <p>A completed Record of Learning Activity on TURAS for each of the following resources –</p> <ul style="list-style-type: none"><li>• <a href="#">SAS: Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li><li>• <a href="#">Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li></ul> <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had Public Protection concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented Public Protection concerns.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> |
| 6.2   |  |

Undertakes capacity assessments within the framework of the relevant legislation (if appropriate to role and job plan) and can understand who needs to be included or consulted with making decisions in a person's best interests.

|                               |                    |
|-------------------------------|--------------------|
| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|

|     |  |
|-----|--|
| 2-3 | <p>A completed Record of Learning Activity on TURAS for each of the following resources –</p> <ul style="list-style-type: none"> <li>• <a href="#">SAS: Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li> <li>• <a href="#">Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li> </ul> <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had safeguarding/safety netting concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented safeguarding/safety netting.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> |
|-----|--|

**6.3**  
Discusses the situation with the person, documents, and reports concerns, recording the wishes and views of the adult at risk. Undertaking history taking and physical examination in a manner that is appropriate for safeguarding and legal processes, as appropriate to role.

|                               |                    |
|-------------------------------|--------------------|
| Suggested number of evidence. | Evidence examples. |
|-------------------------------|--------------------|

|  |  |
|--|--|
|  |  |
|--|--|

|  |   |
|--|---|
| 2-3  | <p>Dops/MiniCex/CbD where you have had safeguarding/safety netting concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented safeguarding/safety netting.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> <p>A short reflection on a case you attended where you had concerns for a patient's safety.</p>       |
| <p><b>6.4</b><br/>Awareness of supporting inter-agency assessments or enquiries. Gathering and sharing information, including the person's views on risk and risk management. Where appropriate, analysis of risk including supporting others to undertake these activities.</p> |   |
| Suggested number of evidence.  | <b>Evidence examples.</b>   |
| 2-3  | <p>A completed Record of Learning Activity on TURAS for each of the following resources –</p> <ul style="list-style-type: none"> <li>• <a href="#">SAS: Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li> <li>• <a href="#">Public Protection   Turas   Learn</a><br/>(Ctrl+Click to follow link)</li> </ul> <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had safeguarding/safety netting concerns.</p> |

|   |  |
|---|--|
|   | <p>An anonymised ePRF or ADAstra patient extract where you have documented safeguarding/safety netting.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p>   |
| <p><b>6.5</b><br/>Understands the purpose and process of case reviews.</p>  |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p>  |
| <p><b>6.6</b><br/>Contributes and understands protection planning, resolution, and recovery – as appropriate to safeguarding concern.</p> |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had safeguarding/safety netting concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented safeguarding/safety netting.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> |

|   |   |
|---|---|
|   |   |
| <b>6.7</b><br>Undertakes regular documented reviews of own safeguarding practice, as part of Governance, supervision, and learning.     |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had safeguarding/safety netting concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented safeguarding/safety netting.</p> <p>A copy of any audit you keep that relates to patients and clinical practice</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <i>Please reference the relevant page or section in any larger documents.</i></p> |
| <b>6.8</b><br>Attends relevant multidisciplinary meetings to present supporting evidence within relevant information sharing protocols. |   |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>   |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had Public Protection concerns.</p>   |

|   |  |
|---|--|
|   | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u>  |
| <b>6.9</b><br>Contributes to case reviews, panels, internal partnerships, and local forms of review.  |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have discussed Public Protection concerns.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> |
| <b>6.10</b><br>Works with professionals and agencies with adults and their families where there are safeguarding concerns in risk management and protection planning. |  |
| <b>Suggested number of evidence.</b>  | <b>Evidence examples.</b>  |
| 2-3   | <p>A short reflection specific to this part of the competence.</p> <p>Dops/MiniCex/CbD where you have had Public Protection concerns.</p> <p>An anonymised ePRF or ADAstra patient extract where you have documented Public Protection concerns.</p>   |

|  |  |
|--|--|
|  | Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u>  |
| <b>6.11</b><br>Applies lessons learnt form audit and case reviews to improve practice.                       |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 2-3  | <p>A copy of any audit you keep that relates to patients and clinical practice</p> <p>A short reflection specific to this part of the competence.</p> <p>Evidence found within your university portfolios/case studies/essay's etc will count as evidence. <u>Please reference the relevant page or section in any larger documents.</u></p> |
| <b>6.12</b><br>Advises others on appropriate information sharing   |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
| 1-2  | <p>A short reflection on a time you have discussed information sharing with a colleague.</p> <p>Dops/MiniCex/CbD where you have had concerns for a patient and discussed information sharing with a colleague.</p>   |
| <b>6.13</b><br>Undertakes clinical supervision and provides support for other staff, as appropriate to role. |  |
| <b>Suggested number of evidence.</b>   | <b>Evidence examples.</b>  |
|  |  |

|     |  |
|-----|--|
| 2-3 | <p>A short reflection specific to this part of the competence.</p> <p>Feedback provided by colleagues relating to support/training/CPD you have offered relating to clinical practice.</p> |
|-----|--|

## Appendix 1 – Common Conditions Learning Needs Assessment (LNA)

Examples of anatomy, physiology and common clinical problems Advanced Practitioners should be safe in Assessing, Diagnosing, planning treatment & management of by end of Clinical Practice Module:

|               |   |   |  |
|---------------|---|---|--|
| <b>1. ENT</b> | Review the Anatomy of the head, ears, neck. | <b>Clinical problems:</b><br>Earache, hearing loss, nasal obstruction, sore throat, epistaxis, swollen glands and nodes, hoarseness, sinus pain | <b><u>Diseases:</u></b><br><br>1. Ears: <ul style="list-style-type: none"> <li>• otitis media</li> <li>• perforation of tympanic membrane</li> <li>• otitis externa</li> <li>• cerumen impaction</li> <li>• labyrinthitis</li> </ul> |
|---------------|---|---|--|

|  |  |                           |  |
|--|--|---------------------------|--|
|  |  |                           | <p>2. Nose:</p> <ul style="list-style-type: none"> <li>• Pharynx and throat- rhinitis</li> <li>• sinusitis</li> <li>• epistaxis</li> <li>• foreign body in nose/ear/ pharyngitis/tonsillitis</li> <li>• mastoiditis</li> <li>• glandular fever</li> <li>• Ca throat</li> </ul> <p>3. Mouth/Gums/Teeth:</p> <ul style="list-style-type: none"> <li>• stomatitis</li> <li>• halitosis</li> <li>• oral thrush</li> <li>• dental carries/abscess</li> <li>• salivary gland disorder</li> </ul> |
|  |  |                           | <ul style="list-style-type: none"> <li>• peritonsillar abscess</li> <li>• herpes simplex</li> <li>• leucoplakia</li> <li>• Oral Cancers</li> </ul> <p>4. Neck:</p> <ul style="list-style-type: none"> <li>• cervical adenitis</li> </ul>   |
|  |  | <b>Clinical problems:</b> |  |

|                              |   |   |   |
|------------------------------|---|---|---|
| <p><b>2. EYES</b></p>        | <p>Review the anatomy of the eye.</p>                               | <p>Red eye, painful eye, visual changes</p>   | <p><b><u>Diseases:</u></b></p> <ul style="list-style-type: none"> <li>• Blepharitis</li> <li>• stye arcus senilis</li> <li>• chalazion</li> <li>• herpetic keratitis</li> <li>• foreign body</li> <li>• corneal ulcer</li> <li>• corneal abrasion</li> <li>• allergic conjunctivitis</li> <li>• bacterial and viral conjunctivitis</li> <li>• sub conjunctival haemorrhage.</li> <li>• entropion</li> <li>• ectropion</li> <li>• dry eye</li> <li>• strabismus</li> <li>• glaucoma</li> </ul> |
| <p><b>3. Respiratory</b></p> | <p>Review the anatomy and physiology of the Respiratory System.</p> | <p><b>Clinical problems:</b><br/>Cough, chest pain (with reference to respiratory</p> | <p><b><u>Diseases:</u></b></p> <ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease</li> </ul>  |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>problems only), shortness of breath/dyspnoea, wheezing, haemoptysis.</p> | <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Pleurisy</li> <li>• Lower respiratory tract infection/pneumonia</li> <li>• Common cold and associated illnesses</li> <li>• Hyperventilation</li> <li>• Tuberculosis</li> <li>• Pulmonary embolism</li> <li>• Pulmonary oedema</li> <li>• Pleural effusion</li> <li>• Cor pulmonale</li> <li>• Cystic fibrosis</li> <li>• Lung cancer</li> </ul> <p><u>Think also of relevant investigations</u></p> |
|  |  | <p><b>Clinical problems:</b></p>  |  |

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>4. Circulatory</b> | Review the anatomy and physiology of the Circulatory System | Chest pain, hypertension, palpitations, irregular pulse, murmurs, bruits, orthopnoea, dyspnoea, fatigue, cyanosis, postural hypotension, ankle oedema, intermittent claudication, varicosities, ulceration. | <b><u>Diseases</u></b> <ul style="list-style-type: none"> <li>• Coronary artery disease</li> <li>• Myocardial infarction</li> <li>• Heart failure- New York Classification</li> <li>• Hypertension</li> <li>• Basic arrhythmias</li> <li>• Hyperlipidaemia</li> <li>• Peripheral vascular disease.</li> <li>• Arterial and venous embolism</li> <li>• Valvular disease, rheumatic heart disease</li> <li>• Pericarditis.</li> </ul> |
|-----------------------|---|---|---|

|                            |  |                           |  |
|----------------------------|--|---------------------------|--|
| <b>5. Gastrointestinal</b> |  | <b>Clinical problems:</b> |  |
|----------------------------|--|---------------------------|--|

|  |  |   |   |
|--|--|---|---|
|  | <p>Review the anatomy and physiology of the Gastrointestinal system.</p> | <p>Nausea and vomiting, abdominal pain – acute and chronic, heartburn, dysphagia, diarrhoea, constipation, blood in stools, dehydration, colic, anal itching, haemorrhoids, hernia, weight loss, jaundice, bowel obstruction.</p> | <p><b><u>Diseases:</u></b></p> <ul style="list-style-type: none"> <li>• Reflux oesophagitis</li> <li>• acute gastritis</li> <li>• gastroenteritis</li> <li>• peptic/duodenal ulcer</li> <li>• irritable bowel syndrome</li> <li>• haemorrhoids</li> <li>• anal fissures</li> <li>• diverticulitis</li> <li>• ulcerative colitis</li> <li>• Crohn’s disease</li> <li>• hepatitis</li> <li>• cirrhosis</li> <li>• cancer of the gastrointestinal tract</li> <li>• appendicitis</li> <li>• pancreatitis</li> <li>• Cholecystitis</li> <li>• Biliary colic</li> </ul> |
|  |  | <p><b>Clinical problems:</b></p>  |   |

|                            |  |  |  |
|----------------------------|--|--|--|
| <p><b>6. Endocrine</b></p> | <p>Specific areas to cover are:<br/>All organs of endocrine system, understanding of the major effects of all hormones involved in this system.<br/>The feedback mechanism between the</p> | <p>Unexplained weight change<br/>Goitre<br/>Polyuria, polydipsia</p> | <p><b><u>Diseases:</u></b></p> <ul style="list-style-type: none"> <li>• Diabetes (Type 1 and 2)</li> <li>• Thyroid disease</li> <li>• Osteoporosis</li> <li>• Hyperparathyroidism</li> <li>• Acromegaly</li> </ul> |
|                            | <p>hypothalamus&gt; pituitary<br/>&gt;receptor glands</p>  |  | <ul style="list-style-type: none"> <li>• Pituitary disorders</li> </ul>  |
|                            | <p>Review the anatomy and</p>  | <p><b>Clinical Problems</b></p>                                      |  |

|                                    |   |  |   |
|------------------------------------|---|--|---|
| <b>7. Musculo –Skeletal System</b> | physiology of the Musculo- System.  | Trauma, fractures, aches and pains, muscle weakness, joint pain/swelling. Bone pain  | <b><u>Diseases:</u></b> <ul style="list-style-type: none"> <li>• Arthritis</li> <li>• sprains</li> <li>• scoliosis</li> <li>• kyphosis</li> <li>• lordosis</li> <li>• unstable joints</li> <li>• fractures/dislocation</li> <li>• osteomyelitis</li> <li>• carpal tunnel syndrome</li> <li>• rickets</li> <li>• gout</li> <li>• osteoporosis</li> <li>• tumours</li> <li>• back pain</li> <li>• Cauda equina</li> </ul> |
| <b>8. Urinary -genital System</b>  | Review the anatomy and physiology of the UrinaryGenital System – male and female. | <b><u>Clinical Problems:</u></b><br>Haematuria, dysuria/ urgency, frequency, proteinuria, recurrent UTIs, continence, BPH,<br><br>Breast pain, discharge, mass, vaginal discharge, irritation, menstrual irregularities, contraception, menopausal symptoms. | <b><u>Diseases:</u></b> <ul style="list-style-type: none"> <li>• UTI,</li> <li>• Vulvovaginitis</li> <li>• PID</li> <li>• Bartholin’s cysts</li> <li>• fibroids</li> <li>• ovarian cysts</li> </ul>   |

|                        |   |  |   |
|------------------------|---|--|---|
|                        |   |  | <ul style="list-style-type: none"> <li>• ectopic pregnancy</li> <li>• toxic shock</li> <li>• breast cancer</li> <li>• Pyelonephritis</li> <li>• renal colic</li> <li>• Benign prostatic hypertrophy</li> <li>• prostatitis</li> <li>• testicular torsion</li> <li>• Cystocele</li> <li>• rectocele</li> </ul>   |
| <b>9. Neurological</b> | <p>Review the anatomy and physiology of the Neurological System in sufficient depth for clinical application.</p> <p>Review – brain and spinal cord anatomy including vascular supply to the brain.</p> <p>Motor and sensory pathways</p> <p>Cranial Nerves</p> | <p><b>Clinical Problems</b></p> <p>Headaches, convulsions, weakness, paralysis, dysphagia, faint, numbness/paraesthesia, visual disturbance, dizziness, vertigo, facial pain, head injury.</p> | <p><b>Diseases</b></p> <ul style="list-style-type: none"> <li>• Headache (including migraine)</li> <li>• head trauma</li> <li>• insomnia</li> <li>• concussion</li> <li>• Stroke/transient ischaemic attack.</li> <li>• Meniere’s disease (normally put under ENT)</li> <li>• Parkinson,</li> <li>• Multiple sclerosis</li> <li>• intracranial haemorrhage,</li> <li>• meningitis,</li> <li>• febrile seizure.</li> </ul> |
|                        |   | <b>Clinical Problems:</b>  |   |

|                              |   |  |   |
|------------------------------|---|--|---|
| <b>10. Skin/ Dermatology</b> | You are already expected to be an expert on the physiology of |  | <b>Diseases:</b> •<br>Acne,   |
|                              | inflammation and wound healing.                               | Rashes-petechial, vesicular, maculopapular, papulovesicular<br><br>Urticaria, pruritis/ itching, angiooedema, burns, abscess, pigmented lesions, ulceration, IGTN. | <ul style="list-style-type: none"> <li>• atopic dermatitis/eczema, contact dermatitis,</li> <li>• Impetigo, paronychia, urticarial,</li> <li>•</li> <li>•</li> <li>• infectious diseases,</li> <li>• Psoriasis,</li> <li>• Skin lesions awareness including melanomatous and nonmelanomatous skin cancer</li> </ul> |

## Appendix 2 – Self-Assessment Scoring

| Competence Level                               | Self-Assessment  | Assessor   | Performance Indicator  |
|--|--|--|--|
| Level 1 – Potentially Unsafe 'Novice'          | I know nothing about this. I need step by step guidance in every aspect.             | Student has no knowledge about this, Needs step by step guidance in every aspect                 | Has little or no experience of the issue or situation. Requires direct supported supervision.  |
| Level 2 – Inexperience but advanced 'Beginner' | I have some knowledge but no practice. I need specific direction and demonstration.  | Student can demonstrate early understanding. Needs specific direction and demonstration.         | Requires support in making sense of the issue/situation and contributing to the provision of care in that situation.   |
| Level 3 – Borderline 'Competent'               | I can perform/understand this area. I need general direction to perform effectively. | Student can perform/understand this area. Further clarification of ideas may be required.        | Able to select and prioritise immediate and potential situation and is considered to be safe in aspects of practice.   |
| Level 4 – Competent and Proficient             | I can perform independently and with confidence, can relate theory to practice.      | I am confident in the student's knowledge and ability to perform. Can relate theory to practice. | Accurate global perspective of the whole issue/situation care is of a high standard demonstrated through outcomes.   |
| Level 5 – Expert                               | I could teach this skill/knowledge to another. I show initiative.                    | The student could teach this skill /knowledge to another, shows initiative.                      | Demonstrates initiative in clinical situations bringing dynamic solutions to problems and providing high quality of care with the ability to pass on this information. |