**Competency Framework**

**Name……………………………………… Date of self- assessment………………………………………………………….**

 **Date of sign off assessment…………………………………………………….**

 **Name/ signature of assessor……………………………….............................**

**Role / Band……………………………….**

 **Level of competency expected of role 1 □ 2 □ 3 □ 4 □**

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| **Competency:** **Management of venous and mixed aetiology leg ulcers** |
| **Competency Statement:** **To be able to implement a management plan that’s reflects the needs of the patient and supports the 24 week healing timeframe.**  |

*Initially please self-assess your current level of competence in relation to the competency statements outlined. You may feel that you are at different levels for different components of this competency. For example you may feel that you are safe to practice autonomously in some aspects of the competency but only understand basic principles for other elements. Initial and date where you feel that you are for each statement. This information will help you focus your learning needs. Agree with your assessor a timeframe to complete the competency. At the end of this period reassess your competence and ask your assessor to do the same*

The NMC code (2008) states: As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions”. For the full code: [The code in full | Nursing and Midwifery Council](http://www.nmc-uk.org/Nurses-and-midwives/The-code/The-code-in-full)

| ***Link to KSF dimensions and levels*** | ***1. Understands basic principles******Self-Assessment******At Induction*** | ***2. Consistently able to demonstrate principles and apply to practice******Following Training*** | ***3. Safe to practice unsupervised******Following formal assessment*** | ***4. Autonomous******Clinical decision making******By First 1 year PDR*** | ***Negotiated timeframe for successful completion*** |
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| **Knowledge required**Has knowledge about the leg ulcer referral pathway and can discuss when a patient would need referring and to whom. |  |  |  |  |  |
| Demonstrates a good understanding of the venous and mixed aetiology pathways and how they are used. |  |  |  |  |  |
| Can discuss the 24 week timeframe expected for leg ulcer healing and how the treatment pathway supports this. |  |  |  |  |  |
| Is able to use the information gained from the leg ulcer assessment to confidently allocate a patient to one of the pathways. |  |  |  |  |  |
| Has a good understanding of the dressings that are included in the treatment pathway. i.e. Indications for use, mode of action, length of treatment etc. |  |  |  |  |  |
| Has a good understanding of the wound formulary and how dressings are obtained. Demonstrates an awareness of cost effective wound dressing management.  |  |  |  |  |  |
| Has a good understanding of the compression therapy bandage systems and leg ulcer hosiery kits available to clinicians, how you would select the most appropriate product based on assessment and aetiology and how to obtain it. |  |  |  |  |  |
| Is able to discuss the core components of a holistic leg ulcer care plan and how this should be documented. |  |  |  |  |  |
| Is able to discuss the causes of leg ulcer associated pain and the key considerations of a pain care plan. |  |  |  |  |  |
| Is able to discuss how you would recognise delayed wound healing and the action that is required if a wound fails to progress. |  |  |  |  |  |
| Is able to discuss the timeline for reassessment and what is included in this review. |  |  |  |  |  |
| Can demonstrate a good understanding of patient non-concordance and the reasons why this may happen. |  |  |  |  |  |
| Is able to discuss the theory behind motivational interviewing as a technique for improved patient engagement/ concordance. |  |  |  |  |  |
| Is able to recognise when healing may not be possible and when a leg ulcer may become ‘palliative’. |  |  |  |  |  |
| Demonstrates knowledge about other MDT services that can support elements of the wider patient management plan |  |  |  |  |  |
| **ADD UP ALL OF YOUR KNOWLEDGE SCORES** |  |  |  | ***Total score***  |  |
| **Skills required**Demonstrates the ability to put in place a care pathway that reflects the aetiology of the leg ulcer. |  |  |  |  |  |
| Demonstrates good documentation and a clear care plan. |  |  |  |  |  |
| Demonstrates good interpersonal skills to engage patients in collaborative care plan options. |  |  |  |  |  |
| Demonstrates good wound management skills in terms of dressing selection and clinical application. |  |  |  |  |  |
| Demonstrates good skin care skills in terms of skin cleansing and emollient therapy application. |  |  |  |  |  |
| If applicable, demonstrates the ability to use Debrisoft to manually debride a leg ulcer on the complex VLU and mixed aetiology pathway. |  |  |  |  |  |
| Demonstrates good bandaging skills in all product options. This includes K Two, Actico, K Two reduced and Ko Flex. |  |  |  |  |  |
| Demonstrates skills in wound reassessment/ wound mapping and working out surface area in cm² |  |  |  |  |  |
| If applicable, Is able to confidently identify and discuss with tissue viability the factors that may be impacting on wound progression and be able to work collaboratively to improve healing potential. |  |  |  |  |  |
| **ADD UP ALL OF YOUR SKILLS SCORES** |  |  |  | ***Total score***  |  |

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| **Clinicians Comments** | **Assessors Comments** |
| **Signature****Date** | **Signature****Date** |