**Community Cardiac Specialist Nurse Service**

****

**Training Plan**

**For**

**Trainee Cardiac Clinical Nurse Specialist**

**Cardiac Clinical Nurse Specialist Service**

|  |  |
| --- | --- |
| **Name** |  |
| **Position and band** |  |
| **Date** |  |
| **Mentor name** |  |
| **Position** |  |

**How to use this framework**

This training plan has been developed by the Team Leader; Community Cardiac Specialist Nurse Service to support newly employed Trainee Cardiac Clinical Nurse Specialist (CNS) to complete the necessary competencies required for the role of Cardiac CNS.

This plan will be used along with the British Association for Cardiovascular Prevention and Rehabilitation (BACPR) competency frameworks; **physical activity and exercise component and health behaviour change and education.** The competencies advise on the training and educational requirements that underpin specialist practice, reflecting personal and professional development, as well as a documented record of achievement

This programme will provide a professional development structure which should be achieved within the first 2 years in post. The Trainee Cardiac CNS will obtain the necessary knowledge and experience from a wide range of formal and informal learning opportunities including pieces of reflection and regular peer review. Suggested learning opportunities are listed after each competency.

The Knowledge and Skills Framework (NHS Employers, 2004) and revalidation process as described in The Code: Professional Standards of practice and behaviour for nurses and midwives (NMC 2014) highlights the responsibility of the nurse to develop their own portfolio of evidence that demonstrates competency for the role they undertake. The completion of this programme will align with these responsibilities and need not to be duplicated. The documentation to support the programme will include the structured observation of practice, supervised practice, reflective pieces on patient consultations (with feedback), and observed delivery of education to other health professionals and case history discussions and participatory learning.

Following completion of training the Trainee Cardiac CNS should be committed to ongoing personal development and lifelong learning.

During the first 2 years in post the Trainee Cardiac CNS will receive an appraisal every 6 months to discuss progress and assess development. They will also have the opportunity to meet with their mentor regularly to discuss any issues or concerns.

**Cardiac CNS**

The Cardiac CNS is an experienced and educated registered nurse working within field of cardiology. They manage, deliver, advise and support the care of people with various cardiac conditions. Educated at minimum degree level in an appropriate subject, they are assessed as clinically competent in their defined speciality of cardiology including rehabilitation.

Supported by the Team Leader and Cardiac CNS mentors the Trainee Cardiac CNS so they achieve the autonomy to act and accept responsibility and accountability for their actions, acting as an expert advisor or resource for others. This includes specialist assessment and treatment using a holistic approach to managing complex, multidimensional situations. This may require management over a prolonged period of time. Their practice is characterised by a high level of clinical decision making based on in-depth, expert knowledge.

Working as part of the multidisciplinary team they can work in or across all settings, dependent on their area of expertise.

The Trainee Cardiac CNS will work within the four pillars of practice at a level less advanced than the CR Specialist Nurse. When required the Trainee Cardiac CNS will receive support from the Cardiac CNS.

The four pillars of practice include;

* Clinical practice
* Leadership
* Facilitation of learning
* Evidence, research and development

Competence in practice assures safe, effective and person centred care and remains embedded within the NMC code and in nursing governance structures.

The Trainee Cardiac CNS will work within the scope of professional practice, acknowledge limitations in knowledge, understanding and clinical competence and recognise when to seek expert advice.

**Educational requirements**

Ensure completion of the following courses;

|  |  |  |
| --- | --- | --- |
| **Course** | **Date achieved**  | **Signature & comments** |
| **Mandatory** |  |  |
| Independent Non Medical Prescribing (Level 11) |  |  |
| Advanced Clinical Assessment and Decision Making (Level 11) |  |  |
| BACPR Physical Activity Training Parts 1 and 2 |  |  |
| Emotion matters (Turas)* Increase understanding & awareness of psycho-social aspects of living with a long term condition
* Provide skills that will enable more holistic, collaborative and person-centred care
 |  |  |
| **Desirable** |  |  |
| BACPR HF Physical Activity Training |  |  |

**Induction & training checklist**

|  |  |  |
| --- | --- | --- |
| Domain for assessment | Achieve in 1 monthYes/No | Comments & signatures |
| Review of job description and confirm role and responsibilities |  |  |
| Tour of bases |  |  |
| Given a 4 week induction timetable – assign time to meet with staff involved in cardiac care |  |  |
| Discuss plan & apply for required formal education when available |  |  |
| Discuss expectation of completing competencies  |  |  |
| Review mandatory training requirements for post and book on required courses if not already achieved.  |  |  |
| 1. BLS
 |  |  |
| 1. Anaphylaxis
 |  |  |
| 1. Manual handling – non-client handling
 |  |  |
| 1. Infection control
 |  |  |
| 1. Information governance
 |  |  |
| 1. Think capacity think consent
 |  |  |
| 1. Equality and diversity
 |  |  |
| 1. Management of aggression & violence
 |  |  |
| 1. Fire training
 |  |  |
| Book in 6 month appraisal |  |  |
| Book in time with chosen clinical supervisor |  |  |
| Consider joining BACPR and CRIGS  |  |  |
| Organise visits as directed by mentor |  |  |
| Discuss competency framework and how this will be measured. |  |  |
| Support sessions to be arranged on: |  |  |
| 1. Prioritisation of caseload
 |  |  |
| 1. Use of telephone advice line
 |  |  |
| 1. Clinical systems
 |  |  |
| 1. Recording statistics
 |  |  |
| 1. Managing diary
 |  |  |
| 1. Comprehensive cardiac assessment
 |  |  |

**Clinical Practice**

The competencies for this pillar can be achieved through completion of the BACPR competency frameworks; **health behaviour change and education and physical activity and exercise components.**

Health Behaviour Change and Education Component

Competency Statement 1: Core Knowledge

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of :
 |
| 1.1 | The potential significance and impact of social and cultural difference on the effectiveness and acceptability of an intervention, across a range of domains including:* Ethnicity
* Culture
* Education
* Deprivation level / socioeconomic status
* Religion
* Gender
* Age
* Disability
* Sexual orientation
 |  |  |
| 1.2 | Health behaviour and health behaviour considerations including:* Common health behaviour considerations during assessment and when carrying out interventions. Including knowledge of nation guidelines for health behaviours
* Factors associated with the initiation and maintenance of health behaviours
* Usual patterns of health behaviour and modifiable risk factors
* Ways in which health behaviour can impact on health and functioning
* Usual knowledge and understanding that people may have about their health behaviour
* Barriers to health behaviour change adoption and maintenance
* Assessment of literacy
 |  |  |
| No. | Performance Criteria | Date Achieved | Comments |
| 1.3 | Key cardiac or other misconceptions (including any about cardiac prevention and rehabilitation) and illness perceptions that may lead to increased disability and distress. |  |  |
| 1.4  | Key lifestyle risk factors and corresponding lifestyle targets as defined by the most relevant current national guidelines for CR. |  |  |
| 1.5No. | The appropriate use of behaviour change models/theories to assist in developing interventions and ongoing behaviour change.* Knowledge of the key factors common to behaviour change models / theories and methods
* Positive working relationship between health professional and individual, characterised by warmth, respect, acceptance, empathy and trust
* Active participation of the individual and significant others
* Opportunities for the individual to discuss matters of concern

Performance criteria | Date Achieved | Comments |
| 1.6 | Key behaviour change techniques for individual motivation maintenance and development, including:* developing self-efficacy: encouraging individual to believe in herself/himself and the possibilities of improvement
* establishing level of understanding of health behaviour
* seeking permission to provide information about the behaviour and behaviour change
* providing information about the causes and consequences of the behaviour and record appropriately
* providing general information about the behaviour and behaviour change
* providing &/or identifying potential sources of social support and give generalised positive feedback
* decision-making: generating alternative courses of action, and pros and cons of each, and weighing them up
* using appropriate communication methods, e.g. motivational interviewing
* reframing: encouraging individual to adopt a different perspective on behaviour in order to change attitude
* generating a contract of agreed performance of target behaviour, (written and signed or verbal)
* providing comparisons of previous and current behaviour, including comparison between self and other people
* providing and/or identifying sources of social support
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance criteria | Date Achieved | Comments |
| 1.7 | Techniques for action on motivation:* Self monitoring of behaviour: record the specified behaviour e.g. diary
* Facilitation patient identification of and setting behavioural goals
* Agree clear step by step instructions to achieve the goal
* Coping planning: adopt a SMART approach
* Goal review
* Provide feedback of monitored (including self monitored) behaviour
* Agree home based tasks that repeat or build on work done with individual
 |  |  |
| 1.8  | Address therapeutic alliance components:* The relationship or bond between health care professional and individual
* Consensus between the health professional and individual regarding the goals of intervention
* Consensus between the health professional and individual regarding the techniques / methods employed in the intervention
 |  |  |
| 1.9No. | Commonly used questionnaires and rating scales, which are relevant to health behaviourPerformance criteria | Date Achieved | Comments |
| 1.10 | Apply the above competencies (1.1 – 1.9) to support long term self management (and significant others) |  |  |
| 1.11 | Techniques to support self monitoring:* Appropriate use of self-monitoring forms and mobile apps
* Advantages of using self-monitoring to assess change and provide feedback
* The use of self-monitoring as a collaborative tool

1. |  |  |
| 1.12 | Adult learning and its application to thedevelopment and delivery of an educationcomponent, which encourages individualengagement and facilitates learning, including:* principles of adult learning
* theories of learning
* learner styles
* factors influencing effective learning
 |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 2: Professional behaviour

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 2.1 | General Show evidence of:* current professional body registration
 |  |  |
|  | * reflective practice
 |  |  |
|  | * appropriate liability and indemnity insurance
 |  |  |
|  | * Disclosure & Barring Service (DBS) clearance or equivalent
 |  |  |
|  | * continuing professional development including revalidation and reflective practice
 |  |  |
|  | * practice within legal and ethical boundaries
 |  |  |
|  | * delivering services which comply with their professional code of conduct & relevant medico-legal requirements
 |  |  |
|  | * work in accordance with evidence based practice and recognised best practice
 |  |  |
| No. | Performance Criteria | Date Achieved | Comments |
| 2.2 | Equality and diversity* Ensure practice in a non-discriminatory manner (in line with the Equality Act, 2010)
* Be respectful of individuals and of their rights, recognising physical, psychological, environmental, cultural and socio-economic differences, adopting good practice in challenging discrimination and unfairness.
 |  |  |
| 2.3 | Confidentiality and record keeping* Demonstrate compliance with the Data Protection Act, Information Governance and Caldicott principles
* Provide evidence of comprehensive and accurate record keeping in line with local protocols as appropriate.
 |  |  |
| 2.4 | Informed consent* Understand the importance of, and be able to obtain informed consent and be compliant with local and national policies.
 |  |  |
| 2.5No. | Duty of care* Exercise the professional duty of care and to act in the best interests of the individual at all times
* Ensure the individual’s privacy, dignity, wishes and beliefs are respected, whilst minimising any unnecessary discomfort.

Performance criteria | Date Achieved | Comments |
| 2.6 | Working relationships Conduct professional working relationships with individuals, significant others, colleagues and partners/stakeholders, to ensure:* honesty
 |  |  |
|  | * accuracy
 |  |  |
|  | * co-operation
 |  |  |
|  | * avoidance of misrepresentation
 |  |  |
|  | * avoidance of any conflict of interest
 |  |  |
|  | * integrity and high standards of professional conduct ensuring avoidance of any inappropriate behaviour
 |  |  |
|  | * integrity and high standards of professional conduct ensuring avoidance of any inappropriate behaviour
 |  |  |
|  | * work is within your own scope of practice and expertise, seeking advice or referring to another professional as appropriate
 |  |  |
|  | * professional boundaries and standards of others are respected
 |  |  |
|  | * development of the knowledge and practice of others
 |  |  |
|  | * Mentor support for colleagues is provided
 |  |  |
| No. | * You act as a good role model

Performance record | Date Achieved | Comments |
| 2.7 | Health and safety Be aware of and compliant with, applicable health and safety legislation, including incident reporting and be able to act accordingly. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 3: Communication

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated the ability to:
 |
| 3.1 | Work and communicate effectively with individuals, groups, significant others (including spouses, partners, relatives, families):* Deliver information in a manner that can be understood by individuals/group members
* Use simple, jargon free language and clearly explain any technical language, checking back to ensure understanding
* Provide information in a manner the individual/group members can understand and build on this when needed
* Seek permission to provide advice in a manner that enables the individual to choose whether or not to follow it
* Check individuals’ understandings of the information provided
* Provide information about additional resources and support relevant to the health behaviour
 |  |  |
| 3.2 | Communicate effectively in consideration of individual differences: culture, age, ethnicity, gender, religious beliefs, socio-economic status, physical, emotional, psychological, educational, environmental factors and sexual orientation. |  |  |
| 3.3 | Use interpersonal skills and active (or reflective) listening techniques to encourage understanding, cooperation, informed decision-making and active engagement with individuals |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 3.4 | Select, use and adapt communication methods in a format and at a level that is based upon the individual/group needs and abilities (e.g. verbal and non-verbal). |  |  |
| 3.5 | Show sensitivity and empathy when responding in a non-judgmental manner, to concerns and questions raised by individuals, giving clear, concise and accurate information (verbal and written). |  |  |
| 3.6 | Establish and maintain effective communication with and between team members, health care professionals and partners/stakeholders, exploring differing perspectives to reach consensus on required future action. |  |  |
| 3.7No. | Provide timely and accurate reports and handovers (communicating current status, progress and outcomes) to ensure seamless transition between agencies/service providers.Performance criteria | Date Achieved | Comments |
| 3.8 | Engage an individual:* To initiate a discussion about health behaviour

  |  |  |
|  | * To show appropriate levels of warmth, concern, confidence and genuineness, matched to the individual’s need, whilst maintaining professional boundaries
 |  |  |
|  | * To engender/establish trust
 |  |  |
|  | * To develop rapport
 |  |  |
|  | * To adapt personal style so that it blends with that of the individual/group
 |  |  |
|  | * To adjust the level and structure of the session to individual/group needs
 |  |  |
|  | * To be aware of own feelings/emotions in response to individual/group behaviour and ability to effectively manage these (e.g. impatience, frustration)
 |  |  |
| No. | * To convey an appropriate level of confidence and competence

Performance criteria | Date Achieved | Comments |
| 3.9 | Have capacity to develop and maintain the partnership, and:* listen to concerns in a manner that is non judgmental, supportive and sensitive and which conveys a comfortable attitude when the individual describes their behaviour and experience
 |  |  |
|  | * help the individual/s express any concerns or doubts they have about the intervention and/or the health professional, especially where this relates to mistrust or scepticism
 |  |  |
|  | * respond appropriately to disagreements about tasks and goals
 |  |  |
|  | * check that the individual is clear about the rationale for the intervention and to review this with them and/or clarify any misunderstandings
 |  |  |
| No. | * accurately summarise individual contributions and group discussions

Performance criteria | Date Achieved | Comments |
| 3.10 | Manage the individual’s/group’s expectation of the intervention:* communicate the frequency and duration of consultations/sessions
 |  |  |
|  | * communicate what is expected of individual/s between consultations/sessions
 |  |  |
|  | * manage endings:

– signal the ending of the intervention at appropriate points during the intervention (e.g. when agreeing the intervention contract, and especially as the intervention draws to close) in a way which acknowledges the potential importance of this transition for the individual – review the work undertaken together |  |  |
|  | * Say ‘goodbye’
 |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 4: Prepare, adapt and restore the environment

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 4.1 | Apply national health & safety guidelines and local operational policies when conducting environmental health and safety assessments. |  |  |
| 4.2 | Identify potential risks and minimise any resulting hazards in the environment where the session will take place, e.g. inadequate heating, lighting, ventilation, humidity. |  |  |
| 4.3 | Ensure that any necessary equipment, furniture or resources are prepared, available, in a fit state and ready for use, and if not, take any necessary remedial action. |  |  |
| 4.4 | Ensure the environment is conducive to one to one and group learning, health behaviour change interventions e.g. seating, confidentiality. |  |  |
| 4.5No. | Follow the correct procedures and protocols to report and record problems with the environment, equipment and materials.Performance criteria | Date Achieved | Comments |
| 4.6 | Move and handle equipment and resources in an appropriate, safe manner which is consistent with current legal and organisational requirements. |  |  |
| 4.7 | Return equipment, furniture and resources to the correct location for storage or transportation after use and leave the environment in a condition suitable for future use. |  |  |
| 4.8 | Ensure compliance to current organisational infection |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 5: Facilitating health behaviour change - one to one and group work

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 5.1 | Recognise the opportunities and barriers to implementing interventions:* organisational barriers:
* availability of time and resources
* organisational attitudes
* provision of supervision and ongoing support to practice
* individual health professional barriers and facilitators:
* own beliefs and attitudes to health behaviour and behaviour change
* individual opportunities and barriers:
* beliefs, attitudes, health condition

 * social and physical environment
 |  |  |
| 5.2No. | Agree goals for the intervention:* negotiate a specific agenda for the discussion in partnership with individual(s)
* managing opening exchanges and developing therapeutic alliance
* help the individual(s) generate their own goals and to reach a shared agreement by helping them to develop SMART goals

Performance criteria | Date Achieved | Comments |
| 5.3 | Implement behaviour change in a manner consistent with its underlying philosophy:* balance the need to structure consultations, allowing the individual to make choices and to take responsibility
* maintain a problem-solving perspective
* implement behaviour change flexibly, that supports the individual’s autonomy, avoiding a manner which becomes didactic, directive, or controlling
 |  |  |
| 5.4No. | Make and review action plans based on identified goals:* to develop action plans and relapse prevention
* to work with the individual to agree appropriate and manageable action plans
* to work with individual to identify strategies
* to review & discuss action plans with the individual
* to help individuals appraise the outcomes of action plans
* to use summaries and feedback to structure the consultation and adapt the action plan accordingly
* to structure the consultation by regularly giving feedback to the individual, and by eliciting regular feedback from the individual

Performance criteria | Date Achieved | Comments |
| 5.5 | Carry out health behaviour problem solving:* explain the rationale for problem-solving to the individual
* help the individual specify the problem(s), and break down larger problems into smaller (more manageable) parts
* facilitate the identification of achievable goals with the individual, in line with the individual’s resources
* help the individual generate possible solutions
* help the individual select, plan and implement a preferred solution
* help the individual evaluate the outcome of the implementation
 |  |  |
| 5.6 | End the intervention in a planned manner and to plan for long-term maintenance of the new health behaviours |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 6: Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 6.1 | Obtain an approved referral document containing sufficient and meaningful information.  |  |  |
| 6.2 | Collate and interpret information prior to the assessment. |  |  |
| 6.3 | Ascertain:* relevant past medical history
* past and current cardiac status
* co-morbidities and functional impairment
* current symptoms
 |  |  |
| 6.4No. | Undertake a generic assessment:* obtain a general idea of the nature of the individual’s health behaviour
* gauge the individual’s ability to engage with the HBC &E component (e.g. literacy or cognitive considerations/needs)
* elicit information regarding health behaviours and diagnosis
* elicit information about past history and present life situation
* elicit information about behavioural and other risk factors for disease
* screen individual for suitability for group based support, where appropriate
* screen for suitability for health behaviour change or referral to specialist help
* gauge the individual’s motivation for a behaviour change intervention
* select and interpret appropriate assessment (and re-assessment) measures relevant to the individual’s health behaviours

Performance criteria | Date Achieved | Comments |
| 6.5 | Elicit and establish the individual’s illness representations:* identity
* cause
* timeline
* consequences
* cure/control
 |  |  |
| 6.6 | Identify inappropriate referrals and deal with these according to local procedure. |  |  |
| 6.7 | Identify current medications and the implications for health behaviour change and education. |  |  |
| 6.8 | Ascertain previous and current levels of health behaviours through discussion and using appropriate validated tools. |  |  |
| 6.9No. | Assess the individual’s importance and confidence to participate in health behaviour change activities.Performance criteria | Date Achieved | Comments |
| 6.10 | Identify the knowledge and skills required by individuals to enable them to effectively self manage. |  |  |
| 6.11 | Assess individuals’ self-monitoring skills. |  |  |
| 6.12 | Identify the existing knowledge and skills of the individual/group |  |  |
| 6.13 | Ensure the time taken to conduct the assessment reflects the process and information to be collected |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 7: Delivering the education component (group)

|  |  |  |  |
| --- | --- | --- | --- |
| No | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated the ability to:
 |
| 7.1 | Plan and prepare for the delivery of group education sessions. * use knowledge of adult learning principles and theories to inform the development and delivery of the session
 |  |  |
|  | * use evidence-based health behaviour theory to inform the planning and delivery of education/ health behaviour change sessions
 |  |  |
|  | * produce specific aims and learning objectives for the session based on learning needs of individuals/group
 |  |  |
|  | * develop a session plan with appropriate structure, content, sequence and timing
 |  |  |
|  | * prepare a range of delivery methods and learning opportunities to accommodate different learning styles and promote active involvement in learning
 |  |  |
|  | * provide specific support for individuals within the group, e.g. visually impaired
 |  |  |
|  | * provide high quality visual aids and learning resources to support learning
 |  |  |
|  | * finalise learning materials and organise environment, technology and equipment needs
 |  |  |
| No. | * work effectively with co-facilitators or outside speakers

Performance criteria | Date Achieved | Comments |
| 7.2 | Establish an environment for group sessions in which individuals feel safe and comfortable:* organise the space in a way that promotes interaction, maximises learning and ensures confidentiality e.g. set-up of room, furniture, light, noise, ventilation
 |  |  |
|  | * welcome individuals and accompanying person(s)
 |  |  |
|  | * make appropriate introductions including any observers
 |  |  |
|  | * explain the aims and objectives of the session and how the planned activities will support these
 |  |  |
|  | * explain the participatory style of the session

 |  |  |
|  | * explain and negotiate ground rules, as appropriate, and facilitate the group’s maintenance of them, e.g. confidentiality and respect
 |  |  |
| No. | * convey an appropriate level of confidence and competence

Performance criteria | Date Achieved | Comments |
| 7.3 | Deliver and facilitate a session.* deliver the session according to session plan, modified where appropriate, to meet individual/group needs
 |  |  |
|  | * manage the group environment in order that individuals feel valued, supported, confident and able to learn
 |  |  |
|  | * encourage individuals to share their knowledge, skills and experience, and build on this to facilitate group learning, inviting individuals to share an experience of making a change in their life
 |  |  |
|  | * acknowledge and thank individuals for their contributions
 |  |  |
|  | * manage group dynamics to ensure effective participation, and maintain effective relationships, e.g. establish and maintain effective group rules
 |  |  |
|  | * use effective facilitation skills to encourage interaction and communication with and between individuals
 |  |  |
|  | * manage challenging situations e.g. overly participatory individuals, inappropriate behaviour
 |  |  |
| 7.4 | Support learning in groups.* use the individual journey as a resource for learning.
 |  |  |
|  | * initiate discussion about cardiac health and relevant health behaviour, whilst emphasising autonomy, choice and personal responsibility
 |  |  |
|  | * balance and adjust delivery to meet individual needs while achieving planned group outcomes and agreements
 |  |  |
|  | * monitor individual responses and use appropriate strategies to motivate individuals, individually and collectively
 |  |  |
|  | * facilitate individuals to ‘group solve’ problems
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance criteria | Date Achieved | Comments |
| 7.5 | Utilise appropriate delivery methods and learning resources to facilitate learning such as:* ice breakers
 |  |  |
|  | * group discussions
 |  |  |
|  | * presentations
 |  |  |
|  | * freethinking activities
 |  |  |
|  | * group learning activities e.g. case studies, card sorts
 |  |  |
|  | * demonstrations
 |  |  |
|  | * interactive, participative and collaborative methods
 |  |  |
| 7.6 | Ensure the number of individuals attending the group education sessions promotes a participatory rather than a didactic approach.  |  |  |
| 7.7 | Review and evaluate effectiveness of delivery: Use appropriate methods to obtain feedback from individual and peers |  |  |
|  | Reflect on performance in relation to content and delivery of session (self-review and peer review) |  |  |
|  | Identify and document areas for improvement |  |  |
|  | Implement appropriate changes to enhance the learning experience |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 8: Forward planning

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 8.1 | Conduct an appropriate assessment on completion of the programme which evaluates health behaviour change (progress) to date and establishes an exit strategy for the individual. |  |  |
| 8.2 | Provide information on future options for maintenance of health behaviour change and support for relapse, e.g. national organisations such as BHF or local community based initiatives. |  |  |
| 8.3 | Reinforce the benefits of long-term maintenance of health behaviour change. |  |  |
| 8.4 | Transfer timely and accurate information to the primary care team and other healthcare professionals, as necessary, using appropriate documentation/referral information. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 9: Managing the unwell individual

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 9.1 | Act in a calm, sensitive, efficient manner when dealing with an identified unwell individual. |  |  |
| 9.2 | Use the skills and support of colleagues when managing an unwell individual, be able to adapt your role within the team in response to a developing situation and ensure other group individuals are managed appropriately. |  |  |
| 9.3 | Assess for signs and symptoms which may indicate a change in cardiac status and take appropriate action. |  |  |
| 9.4No. | Recognise signs and symptoms which may indicate a new condition or a change in an underlying condition and take appropriate action.Performance criteria | Date Achieved | Comments |
| 9.5 | Differentiate between cardiac and non-cardiac symptoms and take appropriate action. |  |  |
| 9.6 | Deal appropriately with individuals who present with medical complications that require intervention. |  |  |
| 9.7 | Describe the local emergency protocols for summoning assistance when an individual becomes unwell. |  |  |
| 9.8 | Rapidly assess an individual who has collapsed and provide appropriate treatment, as per Resuscitation Council Guidelines, if he/she is:1. unconscious but breathing normally
2. unconscious and not breathing
 |  |  |
| 9.9 | Give a concise and accurate handover to the relevant health professional and complete the appropriate documentation. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 10: Educational materials

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 10.1 | Provide individuals with the information necessary to enable them to make informed decisions about health behaviour change, e.g. written resources, online courses and electronic information. |  |  |
| 10.2 | Provide, or signpost to, relevant resources to support health behaviour change as appropriate, e.g. record sheets, diaries, interactive behaviour change technology. |  |  |
| 10.3 | Know the local availability and cost of appropriate publications and self-help manuals, and be able to facilitate the effective use of these resources. |  |  |
| 10.4 | Plan, design and produce resources to meet a specific purpose, taking into account time, money and expertise available. |  |  |
| 10.5 | Ensure promotional materials are consistent with other related services. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 10.6 | Evaluate existing and new material to determine the validity, accuracy, accessibility and appropriateness and customise to meet local needs as required. |  |  |
| 10.7 | Distribute resources effectively, utilising appropriate routes including dissemination to targeted groups. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 11: Educational materials

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 11.1 | Agree and establish clear service aims and objectives with measurable outcomes. |  |  |
| 11.2 | Plan, develop and implement operational procedures and protocols for service delivery including inclusion and exclusion criteria, in line with local and national guidelines, current evidence and organizational objectives. |  |  |
| 11.3 | Develop, adapt and regularly review protocols and procedures as required, proposing changes in existing structures, systems and methods to improve the health behaviour change and education component for individuals / groups. |  |  |
| 11.4 | Develop, implement and ensure systems are in place to allow effective service evaluation and development. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 11.5 | Be accountable for record keeping and management in line with clinical and information governance. |  |  |
| 11.6 | Engage in effective partnership working to promote quality, continuity of care and a cost effective service. |  |  |
| 11.7 | Ensure that the service promotes equality and diversity in accordance with legislation, policies, procedures and relevant standards. |  |  |
| 11.8 | Be accountable for implementation of health & safety legislation and any security policies and procedures. |  |  |
| 11.9 | Provide evidence of effective consultation with service users when planning and developing the service. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 11.10 | Provide evidence of the team’s personal and public liability and indemnity Insurance as appropriate. |  |  |
| 11.11 | Ensure that all professionals hold the appropriate qualifications, knowledge and skills. |  |  |
| 11.12 | Contribute to the development of others by facilitating a wide range of CPD opportunities as appropriate to fulfill service needs and objectives of self and others. |  |  |
| 11.13 | Manage individual performance through a range of recognised methods in accordance with local policy (e.g. appraisal, peer review, mentoring). |  |  |
| 11.14 | Provide effective workforce planning including recruitment and selection. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 11.15 | Identify, organise and provide suitable location(s) for the service. |  |  |
| 11.16 | Provide effective operational management of the team prioritising workload, ensuring adequate staffing levels and skill mix to cover service provision. |  |  |
| 11.17 | Provide effective management of resources (including finances and educational materials). |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 12: Service evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to health behaviour change and education, the CR professional has demonstrated knowledge and understanding of the ability to:
 |
| 12.1 | Identify, develop and implement appropriate monitoring systems to enable comprehensive service evaluation of the HBC&E component. |  |  |
| 12.2 | Identify, develop and use appropriate valid, reliable and cost effective quantitative and qualitative assessment tools and techniques to measure the quality and value of the HBC&E component. |  |  |
| 12.3 | Collect and record individual patient outcome measures on a cardiac rehabilitation database (e.g. NACR to enable local and national analysis). |  |  |
| 12.4 | Accurately collect and record key service data, including referral information, uptake, attendance and adherence records. |  |  |
| 12.5 | Ensure that the service users have contributed to the evaluation process. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 12.6 | Analyse local service data using reliable methods to compare with recognised standards / guidelines and highlight the differences. |  |  |
| 12.7 | Draw valid conclusions; make recommendations based on the evidence and implement service improvement, as appropriate. |  |  |
| 12.8 | Present relevant information in appropriate formats (e.g. reports) including current service delivery for managers / commissioners/stakeholders to influence future service delivery. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Core Competencies for Physical Activity and Exercise

Competency Statement 1: Core Knowledge

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * In relation to physical activity and exercise, the CR professional has demonstrated knowledge and understanding of :
 |
| 1.1 | Cardiovascular:* Anatomy
* Physiology
 |  |  |
| 1.2 | Process of arteriosclerosis and pathogenesis of cardiovascular risk factors. |  |  |
| 1.3 | Pathophysiology of cardiovascular conditions and related signs and symptoms.  |  |  |
| 1.4  | Cardiovascular assessments, diagnostic tests, interventions and medical and surgical management. |  |  |
| 1.5 | Timescales for recovery after a new cardiac diagnosis or event. |  |  |
| 1.6 | Cardiac arrhythmias (e.g. complex PVCs, atrial fibrillation, SVT) and their influence on physical activity and symptoms. |  |  |
| 1.7 | Beneficial effects and potential risks of physical activity and exercise on CVD. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance criteria | Date Achieved | Comments |
| 1.8 | Physiological responses (normal and abnormal) to acute exercise and adaptations to chronic exercise. |  |  |
| 1.9  | Risk stratification according to assessment of the individual. |  |  |
| 1.10 | Submaximal functional capacity testing. |  |  |
| 1.11 | Exercise prescription methodology for cardiovascular endurance exercise and resistance training in patients with heart disease.1. |  |  |
| 1.12 | Absolute and relative contraindications to exercise and indications to terminate an exercise session. |  |  |
| 1.13 | Co-morbidities, limiting or otherwise that may influence an individual’s ability to exercise or undertake physical activity. |  |  |
| 1.14 | Current recommendations (FITT) for exercise and physical activity for individuals with CVD. |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 1.15 | Metabolic requirements for recreational, occupational and sexual activities. |  |  |
| 1.16 | Pharmacologic therapy for CVD and risk factor management. |  |  |
| 1.17 | Effective behaviour change strategies based on common theoretical models and adult learning strategies. |  |  |
| 1.18 | Relevant national standards, policies and guidelines. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 2: Professional behaviour

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional is able to demonstrate adherence to the highest standard of ethical and professional behaviour and has demonstrated the ability to:
 |
| 2.1 | General Show evidence of:* current professional body registration
 |  |  |
|  | * appropriate liability and indemnity insurance
 |  |  |
|  | * CRB clearance or equivalent
 |  |  |
|  | * continuing professional development including revalidation
 |  |  |
|  | * practice within legal and ethical boundaries
 |  |  |
|  | * deliver services which comply with their professional code of conduct & relevant medico-legal requirements
 |  |  |
|  | * work in accordance with evidence based practice and recognised best practice
 |  |  |
| 2.2No. | Equality and diversity* Ensure practice in a non-discriminatory manner (in line with the Equality Act, 2010).
* Be respectful of individuals and of their rights, recognising physical, psychological, environmental, cultural and socio-economic differences, adopting good practice in challenging discrimination and unfairness.

Performance criteria | Date Achieved | Comments |
| 2.3 | Confidentiality and record keeping* Demonstrate compliance with the Data Protection Act, Information Governance and Caldicott principles
* Provide evidence of comprehensive and accurate record keeping in line with local protocols as appropriate.
 |  |  |
| 2.4 | Informed consent* Understand the importance of, and be able to obtain informed consent and be compliant with local and national policies.
 |  |  |
| 2.5 | Duty of care* Exercise the professional duty of care and to act in the best interests of the individual at all times.
* Ensure the individual’s privacy, dignity, wishes and beliefs are respected, whilst minimising any unnecessary discomfort.
 |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 2.6 | Working relationshipsConduct professional working relationships with individuals, significant others, colleagues and partners / stakeholders, to ensure: |  |  |
|  | * honesty
 |  |  |
|  | * accuracy
 |  |  |
|  | * co-operation
 |  |  |
|  | * avoidance of misrepresentation
 |  |  |
|  | * avoidance of any conflict of interest
 |  |  |
|  | * integrity and high standards of professional conduct ensuring avoidance of any inappropriate behaviour
 |  |  |
|  | * work is within your own scope of practice and expertise, and if not, you seek advice or refer to another professional
 |  |  |
|  | * professional boundaries and standards of others are respected
 |  |  |
|  | * development of the knowledge and practice of others
 |  |  |
|  | * mentor support for colleagues is provided
 |  |  |
|  | * you act as a good role model
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance criteria | Date Achieved | Comments |
| 2.7 | Health and safetyBe aware of and compliant with, health and safety legislation, including incident reporting and be able to act accordingly. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 3: Communication

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR Professional is able to communicate effectively with the individual, relatives, carers & professional others, and has demonstrated the ability to:
 |
| 3.1 | Communicate effectively in consideration of individual differences: culture, age, ethnicity, gender, religious beliefs, socio-economic status, physical, emotional, psychological, educational and environmental factors. |  |  |
| 3.2 | Use interpersonal skills and active listening techniques to encourage understanding, cooperation, informed decision-making and active engagement with individuals. |  |  |
| 3.3No. | Select, use and adapt communication methods in a format and at a level that is based upon the individual/group needs and abilities (e.g. verbal and non-verbal).Performance criteria | DateAchieved | Comments |
| 3.4 | Show sensitivity and empathy when responding in a non judgmental manner, to concerns and questions raised by individuals, giving clear, concise and accurate information (verbal and written). |  |  |
| 3.5 | Establish and maintain effective communication with and between team members, health care professionals and partners/stakeholders, exploring differing perspectives to reach consensus on required future action. |  |  |
| 3.6 | Provide timely and accurate reports and handovers (communicating current status, progress and physical activity/exercise outcomes) to ensure seamless transition between agencies/services providers. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 4: Prepare, adapt and restore the environment and equipment

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 4.1 | Apply national health & safety guidelines and local operational policies when conducting environmental health and safety assessments. |  |  |
| 4.2 | Identify potential risks and minimise any resulting hazards in the environment where the session will take place, e.g. inadequate heating, lighting, ventilation, humidity. |  |  |
| 4.3 | Ensure that any necessary equipment, furniture or resources are prepared, available, in a fit state and ready for use, and if not, take any necessary remedial action. |  |  |
| 4.4 | Follow the correct procedures and protocols to report and record problems with the environment, equipment and materials. |  |  |
| 4.5No. | Ensure availability of appropriate resuscitation equipment which is checked and ready for use.Performance criteria | Date Achieved | Comments |
| 4.6 | Adapt exercise equipment and the environment during exercise sessions as appropriate. |  |  |
| 4.7 | Move and handle equipment and resources in an appropriate, safe manner which is consistent with current legal and organizational requirements. |  |  |
| 4.8 | Return equipment, furniture and resources to the correct location for storage or transportation after use and leave the environment in a condition suitable for future use. |  |  |
| 4.9 | Ensure compliance to current organisational infection control requirements. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 5: Preparing the individual for supervised exercise

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 5.1 | Ensure the individual understands the purpose, structure, procedures and objectives of the session and how these link to their goals. |  |  |
| 5.2 | Identify and respond to any information about the individual’s response to the previous session or any change in physical condition, through pre-exercise screening and appropriate use of clinical measures. |  |  |
| 5.3 | Negotiate, agree and record with the individual any changes to the planned activities. |  |  |
| 5.4 | Ensure individuals have all necessary medication plus blood glucose management requirements as appropriate. |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 5.5 | Reinforce the rationale for a safe and effective exercise session and the way in which this can be achieved.  |  |  |
| 5.6 | Ensure individuals are appropriately dressed and equipped for exercise, e.g. footwear, loose comfortable clothing, heart rate monitor if required. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 6: Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has the ability to assess the individual’s needs and abilities before planning exercise and physical activity, and can demonstrate the ability to:
 |
| 6.1 | Obtain an approved referral document containing sufficient and meaningful information.  |  |  |
| 6.2 | Collate and interpret information prior to the assessment. |  |  |
| 6.3 | Welcome the individual and explain the assessment process. |  |  |
| 6.4 | Ascertain:* relevant past medical history
 |  |  |
|  | * past and current cardiac status
 |  |  |
|  | * co-morbidities and functional impairment
 |  |  |
|  | * current symptoms
 |  |  |
| 6.5 | Identify inappropriate referrals including consideration of any absolute/relative contraindications to exercise (in line with BACPR guidelines) and deal with these according to local procedure. |  |  |
| 6.6 | Identify current medications and the implications for physical activity/exercise. |  |  |
| 6.7 | Ascertain previous and current levels of physical activity/ exercise through discussion and using appropriate validated tools. |  |  |
| 6.8No. | Assess the individual’s readiness to participate: adopt appropriate behavioural change strategies and motivational interviewing techniques to establish and agree physical activity/exercise short and long term goals.Performance criteria | Date Achieved | Comments |
| 6.9 | Conduct and record appropriate serial measurements of:* blood pressure (automated and manual)
 |  |  |
|  | * heart rate (palpation and heart rate monitoring devices)
 |  |  |
|  | * RPE
 |  |  |
|  | * Blood glucose
 |  |  |
|  | * Pulse oximetry
 |  |  |
| 6.10 | Conduct and record an ECG in line with available equipment. |  |  |
| 6.11 | Undertake comprehensive risk stratification for exercise in line with recognised guidelines (e.g. BACPR and AACVPR guidelines). |  |  |
| 6.12 | Select and conduct an appropriate sub-maximal functional capacity assessment, in line with protocols:* Chester step test
 |  |  |
|  | * Incremental Shuttle Walk Test
 |  |  |
|  | * Cycle ergometer test
 |  |  |
|  | * 6 min walk test
 |  |  |
|  | * Other:
 |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 6.13 | Critically evaluate the information to determine:* physical activity plan
* exercise prescription
 |  |  |
| 6.14 | Ensure the time taken to conduct the assessment reflects the process and information to be collected. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 7: Physical activity planning and exercise prescription

|  |  |  |  |
| --- | --- | --- | --- |
| No | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 7.1 | Agree an individualised physical activity plan with SMART goals including activities of daily living and a home/ unsupervised programme. |  |  |
| 7.2 | Prescribe and adapt safe and effective exercise appropriate to the individual’s needs in line with guidelines and the FITT principle for:* warm up and cool down
 |  |  |
|  | * cardiovascular endurance exercise
 |  |  |
|  | * resistance exercise
 |  |  |
|  | * flexibility
 |  |  |
|  | * other e.g. balance, coordination
 |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 7.3 | Use objective physiological measures to inform individualised exercise prescription, e.g. METs, HR, RPE. |  |  |
| 7.4 | Encourage effective use of appropriate resources to help the individual achieve agreed goals and objectives, e.g. self help manuals, activity diaries etc. |  |  |
| 7.5 | Educate and support individuals on safe and effective independent physical activity/exercise including appropriate warm up and cool down, signs and symptoms of over-exertion or under-achievement and activities to avoid. |  |  |
| 7.6 | Review and adapt the physical activity plan and exercise prescription in response to the individual’s motivation, needs and ability, and progress/regress the prescription accordingly. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 8: Lead and / or deliver the supervised exercise session

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 8.1 | Teach, review and adapt individual and group exercise in response to changing circumstances and individual’s response to exercise. |  |  |
| 8.2 | Establish and justify the staff/patient ratio based on supervision requirements and risk stratification. |  |  |
| 8.3 | Utilise other members of staff appropriately during the exercise session to ensure safe and effective class management. |  |  |
| 8.4 | Structure and lead exercise sessions in line with the FITT principle appropriate to individual needs and functional abilities. |  |  |
| 8.5 | Provide individuals with warm up and cool-down exercises that are appropriate to their clinical status and ability. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance criteria | Date Achieved | Comments |
| 8.6 | Provide a conditioning component which is individualised according to the needs of the individual. |  |  |
| 8.7 | Provide instruction, explanations and exercise demonstrations that are technically correct and appropriate to the individual’s/groups needs. |  |  |
| 8.8 | Monitor the individual’s exercise performance by:* Using subjective (e.g. RPE) and objective (e.g. HR, BP) methods to effectively monitor exercise intensity.
 |  |  |
|  | * Being aware of the individual’s response to exercise and taking appropriate action as required.
 |  |  |
|  | * Determining how and when to effectively monitor individuals.
 |  |  |
|  | * Observing individuals throughout the exercise session and taking appropriate action as required.
 |  |  |
|  | * Adapting the monitoring method as determined by the individual’s progress and their understanding of self-monitoring.
 |  |  |
| 8.9 | Effectively use verbal instruction, demonstration, audio and visual cues, and motivational techniques when delivering group exercise. |  |  |
| No. | Performance criteria | Date Achieved | Comments |
| 8.10 | Observe and analyse individual’s exercise performance and correct their technique at appropriate points providing positive reinforcement throughout. |  |  |
| 8.11 | Teach and monitor the performance of all individuals within a group setting. |  |  |
| 8.12 | Provide individuals with an appropriate period of post exercise supervision. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 9: Forward planning

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional is able to plan for the individual’s onward journey and has demonstrated the ability to:
 |
| 9.1 | Conduct an appropriate assessment on completion of the physical activity/exercise programme which evaluates progress to date and establishes an exit strategy for the individual. |  |  |
| 9.2 | Provide information on future options for continued physical activity including home based exercise and supervised/ unsupervised exercise programmes. |  |  |
| 9.3 | Reinforce the benefits of long term regular physical activity/ exercise. |  |  |
| 9.4No. | Make timely onward referral to appropriately qualified professionals using recognised local or BACPR documentation.Performance criteria | Date Achieved | Comments |
| 9.5 | Enable individuals to carry out self monitoring in order to ensure safe and effective physical activity/exercise. |  |  |
| 9.6 | Transfer timely and accurate information to the primary care team and other healthcare professionals, as appropriate. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 10: Managing the unwell individual

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional is able to plan for the individual’s onward journey and has demonstrated the ability to:
 |
| 10.1 | Act in a calm, sensitive, efficient manner when dealing with an unwell individual. |  |  |
| 10.2 | Use the skills and support of colleagues when managing an unwell individual, be able to adapt your role within the team in response to a developing situation and ensure other group participants are managed appropriately. |  |  |
| 10.3 | Assess for signs and symptoms which may indicate a change in cardiac status and take appropriate action. |  |  |
| 10.4 | Recognise other signs and symptoms which may indicate a new condition or a change in an underlying condition and take appropriate action. |  |  |
| 10.5 | Differentiate between cardiac and non-cardiac symptoms and take appropriate action. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 10.6 | Deal appropriately with individuals who present with medical complications that require intervention but do not necessarily require exclusion from exercise e.g. angina, hypotension, hypertension, poor diabetic control, slow or fast HR etc. |  |  |
| 10.7 | Describe the local emergency protocols for summoning assistance when an individual becomes unwell. |  |  |
| 10.8 | Rapidly assess an individual who has collapsed and provide appropriate treatment, as per Resuscitation Council Guidelines, if he/she is:1. unconscious but breathing normally
2. unconscious and not breathing
 |  |  |
| 10.9 | Give a concise and accurate handover to the relevant health professional and complete the appropriate documentation. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 11: Educational materials

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 11.1 | Understand the need to provide individuals with the information necessary to enable them to make informed decisions about physical activity and exercise. |  |  |
| 11.2 | Provide relevant resources relating to physical activity and supervised/unsupervised exercise as appropriate. |  |  |
| 11.3 | Know the local availability and cost of appropriate publications and self help manuals, and be able to facilitate the effective use of these resources. |  |  |
| 11.4 | Plan, design and produce resources to meet a specific purpose, taking into account time, money and expertise available. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 11.5 | Ensure promotional materials are consistent with other related services. |  |  |
| 11.6 | Evaluate existing and new material to determine the validity, accuracy, accessibility and appropriateness, and customise to meet local needs as required. |  |  |
| 11.7 | Distribute resources effectively, utilising appropriate routes including dissemination to targeted groups. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 12: Service planning and management

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 12.1 | Agree and establish clear service aims and objectives with measurable outcomes for physical activity/exercise. |  |  |
| 12.2 | Plan, develop and implement operational procedures and protocols for service delivery including inclusion and exclusion criteria, in line with local and national guidelines, current evidence and organisational objectives. |  |  |
| 12.3 | Develop, adapt and regularly review protocols and procedures as required. |  |  |
| 12.4 | Develop, implement and ensure systems are in place to allow effective service evaluation and development. |  |  |
| 12.5 | Be accountable for record keeping and management in line with clinical and information governance. |  |  |
| 12.6 | Engage in effective partnership working to promote quality, continuity of care and a cost effective service. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 12.7 | Ensure that the service promotes equality and diversity in accordance with legislation, policies, procedures and relevant standards. |  |  |
| 12.8 | Be accountable for implementation of health & safety legislation and any security policies and procedures. |  |  |
| 12.9 | Provide evidence of effective consultation with service users when planning and developing the service. |  |  |
| 12.10 | Provide evidence of the team’s personal and public liability and indemnity insurance as appropriate. |  |  |
| 12.11 | Ensure that all professionals delivering the exercise component hold the appropriate qualifications, knowledge and skills as defined in the BACPR EPG Position Statement. |  |  |
| 12.12 | Contribute to the development of others by facilitating a wide range of CPD opportunities as appropriate to fulfill service needs and objectives. |  |  |
| 12.13 | Manage individual performance through a range of recognised methods in accordance with local policy (e.g. appraisal, peer review, mentoring). |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| 12.14 | Provide effective workforce planning including recruitment and selection. |  |  |
| 12.15 | Identify, organise and provide suitable location(s) for the service. |  |  |
| 12.16 | Provide effective operational management of the team prioritising workload, ensuring adequate staffing levels and skill mix to cover service provision. |  |  |
| 12.17 | Provide effective management of resources (including finances and educational materials). |  |  |
| 12.18 | Provide up to date comprehensive information to enable the team to appropriately refer on/sign-post to tailored physical activity/exercise opportunities. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

Competency 13: Service evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Performance Criteria | Date Achieved | Comments |
| * The CR professional has demonstrated the ability to:
 |
| 13.1 | Identify, develop and implement appropriate monitoring systems to enable comprehensive service evaluation of the physical activity/exercise component. |  |  |
| 13.2 | Identify, develop and use appropriate valid, reliable and cost effective quantitative and qualitative assessment tools and techniques to measure the quality and value of the physical activity/exercise interventions. |  |  |
| 13.3 | Collect & record individual patient outcome measures (including short and long term physical activity behaviours and functional capacity) on a cardiac rehabilitation database (e.g. NACR) to enable local and national analysis. |  |  |
| 13.4 | Accurately collect and record key service data, including referral information, uptake, attendance and adherence records. |  |  |
| 13.5 | Ensure that the service users have contributed to the evaluation process. |  |  |
| No. | Performance Criteria | Date Achieved | Comments |
| 13.6 | Analyse local service data using reliable methods to compare with recognised standards/guidelines and highlight the differences. |  |  |
| 13.7 | Draw valid conclusions; make recommendations based on the evidence and implement service improvement as appropriate. |  |  |
| 13.8 | Present relevant information in appropriate formats (e.g. reports) including current service delivery for Managers/ Commissioners/Stakeholders to influence future service delivery. |  |  |

|  |
| --- |
| Competency achieved: |
| Improvement required  | Agreed action  | Date: |
| Yes – competency achieved  | Comments: | Date: |
| Signed Reviewee:Print Name: | Signed ReviewerPrint Name: | Date |

**Key points**

* All competencies should be completed within the 24 month training period.
* Competencies should be achieved at level proficient (band 6).
* The trainee Cardiac CNS will meet monthly during the first 12 months with mentor to discuss progress.
* An appraisal will be undertaken every 6 months.
* A range of shadowing opportunities should be sought.
* Competency will be measured by clinical feedback of each of the competencies as well as demonstration in practice.
* Reflective accounts can be used to support evidence for achievement of competency.
* Completion of formal education within 24 month time frame.

**Resources**

* BACPR
* British Heart Foundation (BHF)
* Association of Chartered Physiotherapists in Cardiovascular Rehabillitation (ACPICR)
* Heart Failure Hub Scotland

**Leadership**

Competency statement: At the end of 24 months the nurse will demonstrate leadership skills that work in synergy with the other pillars.

|  |  |  |
| --- | --- | --- |
| **Performance Criteria** | **Date achieved** | **Comments & signature** |
| Demonstrate the ability to monitor and assure quality of care |  |  |
| Act as change agent |  |  |
| Act as a role model |  |  |
| Competent in clearly stating position or case, using supporting evidence where available, and be able to negotiate the best outcome for patients |  |  |
| Actively look for opportunities to improve safe, effective and person centred services across professional and service boundaries within a strategic framework |  |  |
| Promote evidence based innovation |  |  |

**Key points**

* All competencies should be completed within the 24 month training period.
* Reflective accounts can be used to support evidence for achievement of competency.
* Completion of a small service improvement project will support completion of the above competencies.

**Resources**

* Consider attendance at local leadership training days
* Attend local Leading better care sessions
* Leading better care website
* Effective practitioner website
* NES
* TURAS

**Facilitation of Learning**

Competency statement: At the end of 24 months the nurse will demonstrate the ability to provide high quality training, education and coaching to a wide range of health care professionals as well as patient and carers.

|  |  |  |
| --- | --- | --- |
| **Performance Criteria** | **Date achieved** | **Comments & signature** |
| Demonstrate knowledge of principles of teaching & learning to support others to develop knowledge and skills |  |  |
| Act as mentor to junior staff |  |  |
| Support learning health care professionals from different disciplines across a range of care settings |  |  |
| Demonstrates ownership of own continuing professional development |  |  |
| Support multidisciplinary specialist education & training programmes to promote a wider understanding of cardiac rehabilitation |  |  |
| Teach, advise and coach patient and carers with regards to their condition and treatment options |  |  |
| Promote and advise on health and life style activities |  |  |

**Key points**

* All competencies should be completed within the 24 month training period.
* The trainee Cardiac CNS will meet monthly during the first 12 months, with mentor, to discuss progress.
* Demonstration of practice along with feedback will provide evidence of achievement.
* Reflective account can be used to support evidence for achievement of competency.
* Teaching should be with patients, carers and other health care professionals.

**Resources**

* Mentorship programme
* TURAS
* NES

**Evidence, Research and Development**

Competency statement: At the end of 24 months the nurse will demonstrate the ability to take a critical approach to identify gaps in evidence base and its application to practice.

|  |  |  |
| --- | --- | --- |
| **Performance Criteria** | **Date achieved** | **Comments & signature** |
| Demonstrate an understanding of the research process and how research findings can be applied to practice |  |  |
| Demonstrate working knowledge of quality improvement methodology and apply to own area of practice |  |  |
| Participate and collaborate in research or audit programmes relating to heart failure |  |  |

**Key points**

* All competencies should be completed within the 24 month training period.
* The trainee Cardiac CNS should design & undertake an audit to demonstrate competence in this area as well as aid service development.
* Reflective accounts can be used to support evidence for achievement of competency.

**Resources**

* A number of byte size courses are available locally via NHS Fife Research & Development Department and Quality Improvement Team