

DIRECTORATE OF CHILD & WOMENS HEALTH

Gynaecology Department

COMPETENCIES FOR NURSE LED VULVA FOLLOW UP CLINIC

Name:

Introduction

This document will identify, develop, measure and maintain competences in the development of new nursing roles of Practitioner nurses within the Gynaecology Department.

The key competencies have been identified to:-

- Underpin practice.
- Provide a framework for the development and assessment of appropriate competencies that is evidence based.
- Define the boundaries of Practice with underpinning protocols.
- Clinical Governance support for the role.

Scope of role.

The vulval clinic service has grown rapidly in recent years. This is because of a large unmet need in the community, and many of the patients require a long period of regular follow up. The specialist nurse will contribute to the service by offering continuity of care to vulval patients who are under regular follow up in the service, and whose disease is stable. The specialist nurse clinic will run in conjunction to a consultant led vulval clinic, or with access to a consultant, where she will review follow up patients. She will often recommend treatment adjustments to be implemented by the patients' GP. New or complex patients will be seen in the consultant clinic.

The specialist nurse will also be required to discuss any medical/surgical interventions that may be required with the consultant.

Education and Training Requirements for the Role

The specialist nurse must complete the following prior to working unsupervised:

- Assessed as competent in the competencies outlined.
- Have their 'portfolio of competencies record authorised by their nominated lead nurse or lead consultant for the service. This should include their supportive evidence.

Aim:

Date of approval from Competency Group: 19.08.11

Date of approval from Directorate Governance Group: 17.02.12

Review date: 17.02.15

The aim of this follow up clinic is to assess women in the outpatient clinic, who are undergoing follow up for a vulval disorder

NURSE LED VULVAL FOLLOW UP CLINIC

LEARNING OUTCOMES

- To detect any deterioration in the condition under follow up, and detect any new lesion which may require additional treatment or investigation in the form of a biopsy. To recognise significant and stable improvement in the condition, so that treatment potency or frequency may be reduced, or the patient discharged.
- To communicate with primary care about the current situation, provide advice about further treatment, and suggest the next follow up interval.
- To be able to give advice regarding the likely effects of treatment or investigations planned.
- Eventually, it is envisaged that the nurse practitioner will be able to take vulval biopsies under local anaesthesia where suitable, and discharge patients from the service.

Knowledge and Skills Framework

This competency links to the following dimensions and levels within the NHS Knowledge and Skills Framework (2004).

Core 1:	Communication	Level 4
Core 2:	Personal and People Development	Level 4
Core 3:	Health, Safety and Security	Level 4
HWB5:	Assessment and care planning to meet health and Wellbeing needs.	Level 4
HWB6:	Assessment and treatment planning	Level 4
HWB7:	Interventions and treatments	Level 4

RD&E COMPETENCY FRAMEWORK AND DEVELOPMENT LEARNING CONTRACT

Department name: _____

Learning time Scale: _____

Responsibilities of Learner:

- Familiarise his/herself with Trust and Department protocols and policies.
- Gain an understanding of legal and ethical implications of role development.
- Acknowledge and accept own limitations
- Work within own Code of Professional Practice
- Understand the demands and needs of the whole department
- Utilise all resources which are made available for learning and professional development.
- Be able to receive constructive criticism.
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Responsibilities of Mentor / Assessor:

- Provide time and support for learner.
- Provide learner with relevant research and information to support evidence based practice.
- Facilitate learning and practice
- Provide constructive criticism and feedback.
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Responsibilities of Department / Ward

- Ensure time is allocated to learners training
- The number of sessions per week that the trainee will be supernumerary is:
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- Facilitate on completion further professional development
- Support application for appropriate study days linked to training:
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.....
.....
- Ensure that the department/unit understand the importance and need for the learner to be supernumerary.

Assessment Skills

Description of skill	Level of achievement	Comment	Assessor
Has the ability to communicate and use interview skills to obtain a relevant medical history. To enable the development of an appropriate management plan.			
Has the ability to use problem solving and decision making skills in order to form a management plan on the basis of the vulval examination and history.			
Can identify when further tests or examinations are required			
Can interpret biopsy results in order to ascertain whether further medical intervention is required			
Is able to form a treatment plan and safely treat (and ultimately) discharge patients.			
Accurately documents all relevant findings and treatment plans using the viewpoint database to record findings. Allowing assess to information for audit purposes and aid future management.			
Recognises when a patient's condition is outside their area of knowledge and skill, and seeks appropriate advice. Demonstrates awareness of one's own professional accountability			

Treatment Skills

Skill	Level of Achievement	Comments	Assessor
Demonstrate a knowledge of the anatomy of the vulva			
Understand and recognise changes in the appearance of the vulva in relation to physiological processes such as childbirth, puberty and the menopause.			
Demonstrate knowledge of and the ability to recognise common conditions affecting the vulva. Also to note changes in extent and severity of the conditions, and differentiate them from situations where further intervention is required (eg a biopsy for suspected vulval cancer). The common conditions include: thrush, genital warts, lichen sclerosus, lichen planus, eczema, inflammation, VIN, vulval carcinoma, the consequences of previous treatments. Can deliver appropriate and specific advice for patients undergoing vulval examination and follow up.			
Demonstrate the importance of preparation of patient, both physically and psychologically, for the examination			
Demonstrate knowledge of clinic protocols and options for treatment			
Demonstrate knowledge of infection control principles and reduction of risks to both practitioner and patient			
Demonstrate knowledge and skills required for undertaking an outpatient vulvoscopy and the appropriate equipment required to undertake vulvoscopy. Recognises when referral to a consultant is appropriate,			
Demonstrate a clear understanding of investigations carried out, eg vulval biopsy, and knowledge of recording the procedure and the importance of follow-up plans. Can assess the suitability for Daycase/ Inpatient biopsy where applicable. Is able to interpret histology results and act on findings.			
Uses communication and interpersonal skills to provide support both physical and emotional. Demonstrates knowledge of the importance of informing patients of outcomes and answering patients' questions adequately			

Able to act as a facilitator of undergraduate or postgraduate learning for students observing the clinic.			
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Supporting evidence

Performance evidence will be supported by questioning the specialist nurse as to the rationale for the actions taken. This includes:

- Management of patients undergoing vulvoscopy procedures, the aims and risks of the procedure
- Management of histological abnormalities
- The normal anatomy and physiology of the female reproductive tract

Direct Observation of Practice Record

Key Skill observed:

Date	Practitioner name:	Assessor name:
Standards description		
Comments – in depth knowledge and understanding displayed and ability to perform role:		
Further learning objectives identified:		

Rating (please circle as appropriate):

a) Minimal knowledge and understanding about how the competence relates to practice.

1 2 3 4

b) Needs supervision to effectively carry out the range of skills within the competence.

1 2 3 4

c) Performs some skills within the competence effectively without supervision.

1 2 3 4

d) Confident of knowledge and ability to perform all the identified standards of the key skills effectively

1 2 3 4

Signatures: **Practitioner:**

Assessor:

(Photocopy as required).

Summary of Evidence

Key Skill

Evidence description: there should be at least two types of evidence for each key skill.

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Rating

Assessment	Score				Signature			Date
	1	2	3	4	Learner	Mentor		
Self								
Formative								
Summative								

Comments

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Assessor signature:

Print:

Date:

INDIVIDUAL STAFF KEY SKILL COMPETENCY REGISTER

Staff name: Grade:

No.	Key skill	Assessors Signature	Level achieved	Date	Learners Signature
1	Communication and information giving.				
2	Pre-procedure history taking and consenting				
3	Vulvoscopic Examination				
4	Devising a management plan				

Review dates with Assessors signature

Key Skill No.	Year 1 Date and Sign	Year 2 Date and Sign	Year 3 Date and Sign	Year 4 Date and Sign	Year 5 Date and Sign
1					
2					
3					
4					
5					