

Derbyshire Alliance for End of Life Care

ReSPECT Competency Assessment for Nursing Staff working in Derbyshire.

Nurses Name : _____

Job Title: _____

Types of Evidence Required

- Training packages: face to face or online training
- Discussion and demonstration in practice or simulation
- Reflection (nurses must use standardised form or NMC reflective form)

Target Group:

- Band 6 & 7 specialist nurses

Outcomes:

1. Needs further development
2. Has achieved all aspects of this competency

Declaration of Competency:

Has achieved all aspects of this competency and demonstrates sound knowledge of the ReSPECT process, cardiopulmonary resuscitation decision making and ethical decision making as assessed by a clinician who is currently competent at completing ReSPECT forms and is familiar with the Resuscitation Council UK guidance on both 'decisions relating to Cardiopulmonary Resuscitation' and the 'ReSPECT' resource.

Knowledge	Criteria	Assessment	Evidence of achievement	If not achieved: plan for improvement	Date achieved and assessor signature
Has a clear understanding of the ReSPECT process.	Training	Completion of ReSPECT training through a locally agreed training package.			
	Demonstrates and discusses	Face to face training or completion of a ReSPECT workshop.			
	Reflection	Reflective account of learning.			
Undertakes communication skills training required for ReSPECT discussions with the patient, family/carers.	Training	Completion of enhanced communication skills (Tier 2) and/or advanced communication skills training (Tier 3)			
	Demonstrates and discusses	Demonstrates in observed practice empathic communication skills when discussing ReSPECT with patients and families/carers.			
	Reflection	Reflective account of communication around ReSPECT decisions detailing the skills needed, and the barriers experienced.			
Is aware of ethical frameworks for decision	Training	Undertakes online or face to face training on the Mental Capacity Act.			

making in the ReSPECT process.	Demonstrates	Demonstrates through observed practice the ability to undertake a Mental Capacity Assessment.			
	Demonstrates and discussion	Demonstrates through practice and discussion the principles of best interest decision making.			
Understands the ethical and legal implications of advance care planning with reference to: Statement of wishes/preferences Advanced decisions to refuse treatment Lasting power of attorney for health and welfare	Training	Undertakes an online or face to face training package on legal considerations of advance care planning.			
	Demonstrates	Demonstrates through discussion with the assessor the different aspects of advance care planning (as above)			
	Reflection	Reflects on complex scenarios involving advance care planning.			
Understands the importance of communicating ReSPECT decisions on the ReSPECT form and with healthcare professionals to ensure information is shared.	Demonstrates	Demonstrates through observed practice the correct documentation of ReSPECT decisions.			

Declaration of Competency – ReSPECT

This document is to be completed by staff when competency has been achieved and demonstrated in practice.

Staff member name: _____

This staff member has received training at: _____ (eg CRH, UHDB, Team UP, DCHS, DHU or elsewhere)

The member of staff must:	Self declaration
Have read, understood and adhere to policies which are linked to the ReSPECT process (ReSPECT; MCA) <ul style="list-style-type: none"> • Be familiar with local processes of the ReSPECT form documentation keeping. 	<input type="checkbox"/>
The member of staff has demonstrated sound knowledge of the ReSPECT process and ethical decision making.	Assessor to sign
Has a clear understanding of the ReSPECT process.	<input type="checkbox"/>
Is aware of the advanced communication skills required for ReSPECT discussions.	<input type="checkbox"/>
Is aware of ethical frameworks for decision making in the ReSPECT process.	<input type="checkbox"/>
Understands the ethical and legal implications of advance care planning.	<input type="checkbox"/>
Understands the importance of communicating ReSPECT decisions.	<input type="checkbox"/>

I confirm that this staff member has demonstrated sound knowledge of the ReSPECT process and ethical decision making.

Assessor (Print Name) _____ (Sign) _____

Date _____

I confirm that I am aware of my responsibilities, limitations and accountability in relation to all aspects of ReSPECT process. I am confident in my competency and will continue to update my knowledge of local policy and skills developments. I am aware that I can discuss any concerns or request future training in line with development needs, with my line manager and the Clinical Education and Training team.

Staff member name _____ Workplace _____

Signature _____ Date _____

Line Manager/clinical educator (signature and print) _____

When completed, please ensure a copy is sent to your line manager for updating to training platform or held in learning record. Please keep a personal copy.