C3Framework – Pilot Version – OT only PDF

Critical Care Novice Dietitian, **Occupational Therapist,** Physiotherapist or Speech and Language Therapist

This framework is being piloted across London through December '21 and January '22. We ask pilot users to provide feedback before 28th January 2022 via this Microsoft Form or scanning this QR code

Commissioned by NHS England NHS Improvement + Health Education England (London Region)

Introduction

Welcome to the CapitalAHP C3Competency Framework. It is the first time that the London region has created a shared standard of competence for critical care AHP novices (AHPs who are new to critical care). It sets out agreed standards applicable to the following roles: dietitians, occupational therapists, physiotherapists and speech and language therapists. It is a tool to support delivery of equitable care for patient's admitted to critical care, streamline education and training and improve workforce mobility and planning.

IMPORTANT:

- **Feedback is needed:** this is a pilot version of the C3Framework and there will be teething issues. Please provide your feedback, whether you're a critical care novice or very experienced. There is a QR code on the front page
- **A new concept to some:** the C3Framework draws on a new methodology for translating competencies to clinical: Entrustable Professional Activities[1] (EPA). It is new to many AHPs but has been tried and tested by other healthcare professions. The rationale for using EPAs is elaborated within the C3Framework Overview
- **A new arrangement not a new composition:** the C3Framework does not represent a change in scope or practice but it provides a shared baseline level of competence critical care AHPs within the London region. It is mapped to existing competency frameworks and was created through a regional consultation period. More feedback is needed
- **It is not mandatory:** the C3Framework should not be a barrier to practice but its implementation over this winter period will aid the agility and mobility of the AHP workforce

[1] Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ*. 2013;5(1):157-158. doi:10.4300/JGME-D-12-00380.1

Guide for the AHP working towards novice competence

You can expand or collapse sections within the document to assist with navigation.

1. Locate the relevant section of the framework for your profession. Within that section, you will find:
    a. Profession Specific Entrustable Professional Activities, descriptions and sign off forms
    b. Shared AHP Competencies
    c. Profession Specific Competencies

    At present the framework can be used either in hard or soft copy (ie printed or as computer file)
2. Read through the first EPA, identify the necessary competencies – self assess yourself against these competencies (either "competent" or "not competent")
3. Meet with a supervisor to plan learning activities to help achieve sign off of the competencies and progression towards unsupervised practice of the first EPA. Discuss what level of supervision you require for all EPAs (see appendix 1). Consider:
    a. Observation and supervised practice
    b. Peer learning and self-directed learning
    c. Group tutorials and 1:1 sessions
    d. MDT shadowing activities (see appendix 2)
4. An entrustment decision is made when a supervisor is happy to sign off an EPA at Supervision Level 4 (ie unsupervised practice).
5. Continue to progress to other EPAs by working through the competency frameworks and work placed based learning opportunities.

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Occupational Therapy

The following describes the skills-required for a novice occupational therapists to be able to work competently and confidently in critical care. Workforce planning should ensure that the below are included in the training and development of staff to ensure we have the necessary skills and knowledge amongst occupational therapists to provide safe and high-quality patient care.

Attainment of the Shared AHP Competencies, Occupational Therapy Core Competencies and EPA sign off will ensure the clinical caseload is managed by a sufficiently skilled therapist who can work independently.

It is recommended that critical care occupational therapists (especially those working in isolation) consider membership to intensive care societies such as the RCOT critical care specialist group.

Some of the domains within this document can be better understood by engaging with those outside your profession (ie asking a bedside nurse to explain the
lines and wires, learning from the medical team regarding shift handovers, discussing with the nurse in charge which MDT meetings are most relevant for your role and contribution). See Appendix 2 for suggested MDT shadowing experiences which will aid the completion of both shared and occupational therapy domains of the C3Framework.

Occupational Therapy EPAs

Occupational Therapy EPA 1 Assess the upper limbs of the critically ill patient

Number	Occupational Therapy; EPA 1
Title	Assess the upper limbs of the critically ill patient
Specifications and Limitations	The Novice Critical Care Occupational Therapist will be able to assess the function, ability and kinesiology of a critically ill patients upper limbs: • fully assess a critically ill persons upper limb and identify any risk and/ or injury to function and kinesiology. • recognise dysfunction, impairment and disability of an upper limb on critical care • advise on further assessments and or scope of investigations for upper limb management Limitations;

	• Intervention/ Treatment of upper limb impairments or rehabilitation is not within the scope of this novice competency • This does not include assessment of patients intubated and sedated or are clinically unstable as per the Medical Team. • This document does not include condition/ diagnostic specifics assessments relating to injuries commonly seen on critical care. This is a generic upper limb assessment
Required Knowledge	1. C3Framework Shared AHP Competencies 2. C3Framework OT Domains: • Upper Limb Assessment To demonstrate a competent understanding of the upper limb (kinesiology and function) , critical care complications or risks for a persons upper limb on critical care. How to identify impairments and report on said impairments for treatment. They will have a sound awareness/ knowledge of upper limb function and its potential disability.
Information to assess progression	• Verbal and/ or written feedback on knowledge obtained from learning (self-directed or senior directed) to supervisor for sign- off • Senior supervision (informal) • Observational sessions with senior support (2-3 sessions) • Demonstration of skills session with senior (2-3 sessions) • Clinical supervision
Supervision	• Entrustment decision made at level 4 • Documentation of self-assessment and senior sign- off through supervision
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care OT after observing this EPA completed on more than one patient. • Use EPA completion template for this

Occupational Therapy EPA 2 Assesses upper limb oedema of the critically ill patient

Number	Occupational Therapy; EPA 2
Title	Assesses upper limb oedema of the critically ill patient
Specifications and Limitations	The Novice Critical Care Occupational Therapist will recognise, discuss and assess patients with upper limb oedema. • Understand and demonstrate an awareness of oedema and its pathophysiology, • identify oedema and its subtypes,

	• identify associated factors contributing to oedema, • acknowledge complications causing oedema such as medical interventions, fluid balances etc. that may contribute to oedema • demonstrate an awareness of secondary complications associated with oedema • be able to assess the appropriate patients for oedema and • thereafter liaise with senior support to assist with treatment modalities for oedema management. Limitations; • Intervention/ Treatment of oedema is not within the scope of this novice competency • This does not include assessment of patients intubated and sedated or are clinically unstable as per the Medical Team. • This does not include lower limb oedema • Renal replacement therapy patients are not considered within this competency (advanced) • See Core Skills for risk assessment
Required Knowledge	1. C3Framework Shared AHP Competencies 2. C3Framework OT Domains: • Oedema The Novice OT will require a sound understanding of the pathophysiology of oedema, critical care complications or risks for oedema and the overall knowledge of its impact on upper limb function and disability.
Information to assess progression	• Verbal and/ or written feedback on knowledge obtained from learning (self-directed or senior directed) to supervisor for sign- off • Senior supervision (informal) • Observational sessions with senior support (2 sessions) • Demonstration of skills session with senior (2 sessions) • Clinical supervision
Supervision	• Entrustment decision made at level 4 • Documentation of self-assessment and senior sign- off through supervision
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care OT after observing this EPA completed on more than one patient. Use EPA completion template for this

Occupational Therapy EPA 3 Identify, assess and treat patients therapeutically for delirium in critical care.

Number	Occupational Therapy; EPA 3
Title	Identify, assess and treat patients therapeutically for delirium in critical care.
Specifications and Limitations	This EPA is specific to patients admitted to the critical care units. The novice critical care OT will understand the mechanisms of delirium and its impact on rehabilitation, quality of life and its longer-term affect on recovery. • Understand and demonstrate an awareness of delirium within CCU • Understand and discuss the A-F Liberation Bundle and its evidence base • identify delirium and its subtypes • identify associated factors contributing to delirium i.e. pre-disposing, medications, environment • Develop skills of assessment of delirium (verbal, non – verbal) • acknowledge environmental factors in the causation of delirium • demonstrate an awareness of secondary complications associated with delirium • Implement a strategic delirium treatment plan including early mobilisation, sensory alterations and environmental changes • Participate with MDT and family members in delirium prevention or treatment Limitations; • This does not include assessment of patients intubated and sedated or are clinically unstable as per the Medical Team. • This does not discuss referral/ screening processes for assessment/ treatment • There will not be an in- depth review of pharmalogical management of delirium
Required Knowledge	1. C3Framework Shared AHP Competencies 2. C3Framework OT Domains: • Delirium Assessment and Treatment *Suggested resources;* • ICU steps.org website https://icusteps.org • Dale Needham (Johns Hopkins University) presentation on Delirium within ICU • https://www.sccm.org/Clinical-Resources/ICULiberation-Home/ABCDEF-Bundles • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5351776/ • https://www.youtube.com/watch?v=2cg1x4pxqcY
Information to assess progression	• Senior supervision (informal)- verbal/ written feedback on resources review • Observational sessions of assessment (2 sessions) • Demonstration of skills session for treatment with senior (2 sessions) • Clinical supervision • MDT feedback on application and outcomes

Supervision	• Full entrustment within 3 months of starting in Critical Care • Documentation of self-assessment and senior sign- off through supervision
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care OT after observing this EPA completed on more than one patient. Use EPA completion template for this

Occupational Therapy EPA 4 Functional assessment and basic treatment of the critically ill patient

Number	Occupational Therapy; EPA 4
Title	Functional assessment and basic treatment of the critically ill patient
Specifications and Limitations	The Novice Critical Care Occupational Therapist will be able to assess the functional skills and dysfunctional components of the critically ill patients to ascertain occupational losses and provide basic treatment to overcome occupational barriers within reason in critical care. • The OT will have skills to recognise dysfunction, impairment, occupational deprivation and disability for function in critically ill patients. • Have an awareness of the cognitive, physical and psychosocial implications on function as a critical care patient and assess said needs. • Support and treat patients to access leisure and goal orientated occupations as appropriately with Level 2/ 3 patients. Limitations; • This does not include assessment of patients intubated and sedated or are clinically unstable as per the Medical Team. • Complex Intervention/ Treatment of function is not included • Detailed functional, cognitive, motor and psychosocial skills and treatments not within this novice competency • This does not include or cover the scope of high level functional skills performance
Required Knowledge	C3Framework Shared AHP Competencies 2. C3Framework OT Domains: • Competency 1; Upper Limb Assessment • Competency 2; Oedema assessment • Competency 3; Delirium Assessment and Treatment

	• Functional Assessment and basic Treatment additional 'components/ considerations' • Therapy Manual Handling skills
Information to assess progression	• Verbal and/ or written feedback on knowledge obtained from learning to supervisor for sign- off • Observational sessions with senior support (2 sessions) • Demonstration of skills session with senior (3 sessions) • Clinical documentation and notes audit • Functional reporting- case monitoring and/ or supervision • Clinical supervision
Supervision	• Full entrustment (level 4) • Documentation of self-assessment and senior sign- off through supervision
Basis for formal entrustment decisions	An entrustment decision should be made by an experienced critical care OT after observing this EPA completed on more than one patient. • Use EPA completion template for this

Shared AHP Competencies

SHARED	Self Assessment	Senior Assessment
Safety		
Infection Prevention and Control: Able to demonstrate knowledge of general infection control prevention and control including hand hygiene, aprons, masks and aseptic non-touch technique		
Patient Emergency Management: Has completed Basic Life Support Training as per local trust policy Describes how they would summon help in an emergency and locate crash bells Describes how to call a medical emergency call via switch		

Describes own role and expected contribution in medical emergency eg. Basic Life Support, providing assistance to MDT as able		
Patient ID:		
Demonstrates positive patient identification and awareness of allergies		
Monitoring Vital Signs:		
Demonstrates how to monitor vital signs (Temp, HR, SpO_2, RR, blood pressure, MAP)		
Interprets observations in an ICU setting, considering trends and normal ranges for all (Temp, HR, SpO_2, RR, BP, MAP)		
Able to troubleshoot difficulties with taking vital signs eg. poor trace on pulse oximeter, missing ECG leads, poorly position arterial line		
Awareness of who to escalate concerns to in relation to patient safety with recognition of different level of urgency and reporting to different staff member dependent on situation		
Orientation:		
Can describe the bed numbering, storage location of safety equipment, location of offices and other key areas within of the critical care unit		
Can describe the shift patterns and handover process of other MDT members		
Able to identify key MDT members by their role, including critical care nurses, nurse in charge, consultant oncall		
Demonstrates how to locate the local protocols and guidelines relevant to own role		
Has an awareness of key ICU meetings relevant to role eg. MDT meetings, handovers, safety briefings, teaching sessions.		
Can identify standard ICU bedspace equipment and location of equipment necessary for role		
Communication		
Communication with patient:		

Describe barriers to communication in ICU including those associated with PPE, illness and ICU interventions.		
Awareness of communication aids with patients to overcome communication barriers, ie PPE + oral intubation		
Communication with family + friends:		
Describe the support services available in helping liaise with family including family support nurses, PALS, psychology services as appropriate.		
Describe barriers to communication with family and methods to improve this		
Knows importance of confidentiality and consent to share information with friends and family		
Communication with colleagues:		
Awareness of peer support and psychological support		
Documentation		
Local IT Training:		
Demonstrates how to access and document in patient records using local IT systems		
Demonstrates how to view results and imaging on local IT systems		
Moving & Handling		
Awareness of Falls prevention, who to escalate to if concerned regarding falls risks		
Compliant with Manual Handling training as per local trust policy.		
Human Factors		
Teamwork:		
Demonstrate working in an MDT by building and maintaining relationships with other professions		
Aware of the roles and responsibilities of other members of the MDT		
Clarifies, accepts and executes tasks delegated by the team leader		

Explains the importance of highlighting safety issues / concerns to a member of your team in a prompt manner		
Uses appropriate level of assertiveness for the clinical situation		
Demonstrates a logical & systematic handover using local format		
Outline how to escalate and to whom if there are patient / safety concerns		
Identify and respond to patient / staff safety issues appropriately		
A+E		
Airway:		
Demonstrate ways to open up airway using simple manoeuvres (inc. repositioning, head tilt chin lift, jaw thrust)		
Demonstrates how to deliver manual ventilation using BVM (bag-valve-mask)		
Recognise and escalate airway compromise in a tracheostomised patient		
Mouth care:		
Demonstrates how to perform and document oral hygiene		
Oxygen:		
Knows the types of oxygen delivery system and their limitations (including reservoir mask, simple face mask, venturi system and nasal cannulae)		
Demonstrates how to deliver oxygen urgently (including reservoir mask, simple face mask, venturi system and nasal cannulae)		
Describe how to escalate or de-escalate oxygen therapy in a step wise manner eg. nasal cannulae to face mask.		
Lines and attachments:		
Recognise different lines and their location relevant to local population (eg arterial lines + central line)		
Nutrition:		
Identify enteral feeding tube in situ, whether it is connected to feed and whether the feed pump is running		

Knows to discuss plans with nursing staff prior to moving or reposition a patient with NG feed running		
Aware of events which can displace feeding tubes and to escalate accordingly		
Describes how to check enteral feeding length and escalates if tube length has changed		
Describe how to recognise dysphagia and an escalation plan including referral to SLT		
Demonstrates how to assist patients with feeding		
Have an awareness of modified diets or thickened fluids in line with SLT recommendations		
Delirium:		
Demonstrate how to categorise neurological status using the AVPU scoring		
Describe factors that may cause or contribute to delirium		
Describes how to recognise delirium		
Demonstrates how to interpret a CAM-ICU score		
Demonstrates an understanding of non-pharmacological management of delirium		
Pain:		
Demonstrates knowledge of the Mental Capacity Act, when capacity assessment is indicated, how to assess capacity and when specialist communication support is required eg. referral to SLT		
Demonstrates how to use pain faces or a similar visual analog scale		
Demonstrates an understanding on the impact of pain on patient presentation eg. agitation		
Demonstrates an understanding of the impact of pain medication on patient presentation eg. sedative effect		
Demonstrates an understanding of RASS (or alternative sedation) scoring system		
Sedation:		
Able to access, read and document using ICU drug charts		

Demonstrates an awareness of common ICU sedative medications		
Demonstrates a basic knowledge of common ICU medications and their role eg. sedatives, vasopressors, inotropes		
Drug chart and prescription protocols:		
Demonstrates response to alarms and escalates to staff trained to troubleshoot		

Occupational Therapy Core Competencies

OT	Self Assessment	Senior Assessment
Upper Limb Assessment -1		
To have knowledge and awareness of common upper limb impairments and conditions on Critical Care. Consider:		
Impaired power		
Impaired sensation		
Biomechanical changes		
Impaired coordination		
Subluxations		
Oedema		
Pain		
Tonal changes		
Impaired proprioception		
Nerve issues: eg. brachial plexus injuries		
Skin		
To have an awareness of formal upper limb assessments (if/when appropriate). Consider:		
Chedoke, ARMA etc. *unit specific		

To be able to feedback assessment to senior OT to implement appropriate intervention		
To be able to escalate any concerns regarding pain, skin, necrosis etc. to MDT		
Awareness of suitable upper limb outcome measures that could be utilised in the upper limb assessment *unit specific CAHAI/ Chedoke MTHAS Fugl- Meyer		
To complete Risk Assessment prior to assessment based on admission and presenting conditions		
Assessing range of movement and joint integrity using: Passive range of movement: Goniometry or Neutral- O method Subluxation measurements		
Assessing power using: Active range of movement: Oxford Scale (OS)		
Assessing grips using: Cylindrical Spherical Palmer Hook Lateral Tiper/Pincer Tripod		
Assessing tone using: Modified Ashworth Scale (MAS) - Rigidity vs spasticity?		
Assessing sensation using:		

Dermatome knowledge and awareness. Patient reporting- sharpness, numbness, dull aches, pins & needles - patterns Light touch Deep touch Temperature Distinction Discrimination		
Assessing proprioception using: Thumb Arm positioning matching Joint position sense		
Assessing coordination using: 9 hole peg test Finger nose test Digit tapping DDK		
Assessing pain using: Pain Scale (VAS, Numerical Pain scale and Clinical Pain Observation Tool) Verbal pain descriptions i.e. sharp, numbness, tingling, pins/ needles, dull, old/ new pain		
Assessing skin integrity using: (see EPA 2)		
Assessing Oedema using: (see EPA 2) Functional assessments using: Teeth brushing Drinking/ Feeding tasks		

Oral care Putting on glasses Using a phone		
Oedema Assessment -2		
An understanding of the pathophysiology of oedema		
An understanding of the impact of oedema on function, kinesiology, pain and disability		
An awareness of the OT role in oedema management (assessment and treatment)		
Awareness of Oedema presentations. Consider: Pitting Non pitting Mixed Local Global Uni/bilateral Peripheral		
Awareness of Predisposing/ Risk Factors (liaise with nursing staff, medical notes) and ability to interpret factors. Consider: Sodium retention Fluid balances (+ or -) Trauma to location DVT Line positioning		
To recognise limitations and/ or risk assessment associated with oedema i.e. DVT, cardiac, fluid balances, RRT		
An awareness of medical intervention leading to causation of oedema		

Information Gathering and Admission History PMH (e.g. congestion heart disease, lymphedema, other conditions that may increase risk e.g. kidney problems, lung and liver diseases) Medication Risk factors- smoker, family history, obesity, hypertension · Local trauma or DVT present		
Assessing figure of 8. Consider: · https://www.youtube.com/watch?v=V49LQxtA95I		
Assessing Grade/Depth and Rebound time. Consider: https://slideplayer.com/slide/12042493/69/images/11/Pitting+Edema+Scale+Grade+Definition+1%2B+2mm+or+less.jpg		
Assessing Measurements-circumference (bicep/forearm). Consider: https://slideplayer.com/slide/12042493/69/images/11/Pitting+Edema+Scale+Grade+Definition+1%2B+2mm+or+less.jpg		
Assessing skin. Stretched, taut, shiny, dry, cracked, weeping, pale, red, erythema (rash) bruised, temperature, healed. Necrosis and TVN advise adherence		
Assessing Impact on ROM in function.		
Assessing pain. See EPA 1		
Complete a basic upper limb functional task assessment. Consider: See EPA 4		
The ability to clearly report on findings and raise to appropriate line manager/ team		
Delirium Assessment and Treatment -3		
Demonstrate awareness of the factors that can contribute or cause delirium in an Critical Care		

Be able to discuss predisposing factors (gender, pre-existing cognitive impairment, age, auditory/visual impairment, alcohol/drug abuse, severe illness etc.) Show awareness of precipitating factors (analgesia, benzodiazepines, sepsis, pain, ventilation, hypoxia etc.)		
Describe how to recognise/diagnose delirium, including the common subtypes Be able to describe typical presentations of hyperactive delirium, hypoactive and mixed delirium		
Demonstrate basic knowledge of pharmalogical impacts on delirium Identifying typical medication forms that may impact such as benzodiazepines/antipsychotics and subsequent imbalances caused		
Demonstrate awareness of the ABCDEF Liberation Delirium bundle or PADIS guidelines		
Demonstrates the knowledge of early mobilisation, nutrition, activity engagement, sleep and family input in delirium management See EPA 3		
Demonstrate how to complete CAM-ICU Demonstrate knowledge of the RASS scores To be able to complete a CAM-ICU independently		
Demonstrate how to feedback on results of assessment and recommendations to MDT, patient and family Demonstrate typical OT intervention and treatments of delirium Be able to complete a detailed social history capturing the wider needs of the patient including hobbies, likes/dislikes, occupations, personality, family dynamics etc.		

Complete and recommend daily orientation with delirious patient; to include use of orientation boards, pictures or verbal orientation strategies, use 'framing' to aid hallucinations/understanding of reality, insight building, education.		
Assess, commence and recommend early mobilisation, rehabilitation, routine and bed mobility		
Complete environment assessment and recommendations within scope of practice and skills. Consider light/ dark, windows, sounds and stimulation and work with MDT to support		
Sleep cycle – introduction of sleep hygiene strategies i.e. masks, reduce caffeine intake, exercise (if appropriate) or environmental changes to support sleep/wake cycle etc.		
Functional/cognitive activities alongside normal daily routine		
Partake in family, friend engagement/education of delirium and how they may participate in delirium management. Provide family/ friend education on delirium mangagement		
MDT education on delirium and theraputic role of activity		
Functional Assessment and basic Treatment -4		
Leisure:		
Demonstrate awaresness of Maslows Hierarchy of needs and how this applies to the critically ill patient		
To identify appropriate treatment interventions to support engagement in leisure interests		
Complete personal history Questionnaire. Consider Interest Checklist.		
To be able to discuss leisure with patients, appropriately in Critical Care		
Goals:		
Detailed understanding of Goal Setting and the impact on rehabilitation in Critical Care		

SMART Goals Demonstrate ability to develop patient-centred goals with a patient/MDT (or in a patient's best interests when required), in order to meaningfully direct rehabilitation		
Likes/dislikes: Understand the impact on volition on task performance Interest Checklist Be able to obtain information on a patient's meaningful occupations, roles, responsibilities and preferences, and use creativity to apply this in an appropriately graded way to the critical care setting Establish or implement a bed side 'This is me' or 'Getting to know me' provision.		
Sleep To identify how many hours sleep a patient is getting over a 24 hour period To discuss barriers to sleep with patients To make non-pharmacological recommendations to support sleep Make recommendations to support sleep hygiene		
Eating and Drinking: See C3 generic skills for risk assessment & nutrition Recognise the value and importance of eating and drinking fuctionally/ holistically Understand the modified risk and eating/ drinking needs in CCU i.e. modfied diets, swallow needs etc. Complete a feeding assessment Complete a drinking assessment Provide recommendations on feeding and drinking skills (graded and/ or adaptive)		
Personal care:		

Having an awareness of when a personal care assessment is required/ appropriate and within remit of your skills and the patients capabilities To discuss hygiene preferences with patients and cultural preferences for hygiene completion. To identify personal care tasks regularly completed by the patient Complete toileting assessment and management Grooming task assessment i.e. shaving, tweezing etc. Oral hygiene assessment- yankeur use, toothbrush, mouthwash Support patient to access lesiure activities within personal care i.e. nail painting, hair cuts and attempt to access support networks for this		
Communication access: To be aware of how people can communicate via media and technologies whislt on critical care i.e. phone, iPad Awareness of how patient can communicate and raise concerns. Support patient in referring for or accessing alternative low- tech or familiar communication devices Complete call bell assessment		
Communication: To identify presence of artifical airway impacting verbal communication To identify limitations in communication due to weakness, neurological change, impairment or pharmacology To identify if patients have access to communication aids Be aware of low tech and high tech communicatin solutions To identify if a patient can make their needs known To identify strategies to support patients to make their needs known in liaison with MDT colleagues To liaise with MDT colleagues to support patient communication To complete a written communication assessment		

Environment: Demonstrate an understanding of how the critical care environment can impact on a person's basic human needs Demonstrate environmetal awareness and use of critical care equipment (creativity) to support in rehabilitation i.e. chairs, bed mechanism, weights Make reasonable recommendations for environmental changes to access functional activities Create an adaptive and supportive environment for staff and patient to engage in rehabilitation or a familiar environmemnt i.e. pictures, routines, timetables		
Seating: To identify when specialist seating is required To recognise scope of practice and when additional support required (seating or postural assessments) To identify if a patient can/ cannot complete seating or transfer due to equipment provision and lack of. How to escalate any of these concerns To complete a complex Seating Risk Assessment To be able to recommend a transfer method to get to/from seating To idenitfy appropriate seating within the Critical Care setting (*unit specific)		
Assistive Devices: To recognise when assistive devices are needed (e.g., splints, braces, etc) To be able to identify presence of assitive devices (e.g., splints, brace etc) To recognise scope of practice and when additional support required To request support for prescription of assistive devices		
Considerations for assessment. Adjunct to learning- not competency Sensory Registration: Recognise impact of sedation on sensory registration		

Demonstrate how to assess awareness and alertness Attention:		
Show awareness of different types of attention (e.g. sustained, divided) and their impact on function and engagement Demonstrate how to assess levels of attention		
Orientation: Demonstrate knowledge of orientation and the important of re-orientation Demonstrate how to assess a patient's orientation, and use of appropriate assessment tools i.e. temporal, demographical, situational		
Memory: Demonstrate a basic understanding of memory (aimplicit, explicit,encoding, storing and retrieving) and its impact on function and rehabilitation.		
Perception: Demonstrate basic understanding of perception		
Praxis: Demonstrate an understanding of praxis		
Executive function: Explain role of executive function in cognition and how this may impact on insight and planning		
Mood: Be able to compile a list of patient worries and concerns Recognise signs and symptoms of anxiety and depression Be aware of scope of practice and when needing to make onward referrals to psychology or psychiatry Demonstrate and awareness of PTSD and its impact from CCU and on the patients recovery		

Complete a screen of mood, anxiety or depression - HADs, IPAT Refer to Psychology if recognising complex pshycological and PTSD signs		
Behaviours: Be able to identify challenging behaviours Demonstrate understanding of how behaviour impacts engagement Recommend appropriate monitoring for behaviours including behaviour charts		
Personality: Complete a personal history questionnaire with a patient Be able to obtain collaterol information to understand patient's personality		
Motivation/engagement: Be able to discuss motivation and engagement with a patient Be able to discuss the impact of motivation and engagement on rehabilitation and recovery with the MDT		
Vision: Complete an observational assessment of the eyes i.e. shape, colour, alignment, ptsosis Demonstrate how to assess visual tracking (Occular Pursuits) Demonstrate how to asses occular alignment Demonstrate how to assess visual fields Demonstrate how to assess visual acuity including near and distance acuity Demonstrate how to assess smooth saccades Demonstrate how to assess visual attention Demonstrate how to assess visual neglect Demonstrate how to assess visual memory Demonstrate how to assess discrimination		

Demonstrate how to assess for anopia and its types		
Hearing: To be able to demonstrate how to assess hearing		
Proprioception: See Upper Limb Assessment		
Pain: See Upper Limb Assessment or Generic Skills		
Sensation: See Upper Limb Assessment		
Vestibular: To be able to demonstrate knowledge of vestibular dysfunction		
Joint integrity: See Upper Limb Assessment		
Strength: See Upper Limb Assessment		
Range of movement: See Upper Limb Assessment To demonstrate knowledge of the basic principles of passive range of movement		
Tone: See Upper Limb Assessment To be aware of the impact that spasticity has on function, both positive and negative.		
Coordination: See Upper Limb Assessment		
Exercise tolerance/ Fatigue:		

To demonstrate awareness and impact of fatigue on function and assessment To be able to complete the Fatigue Severity Scale		
Balance: Awareness of the impact of balance on function To be able to demonstrate the knowledge in the difference between static and dynamic balance Alignment and posture: Awareness of Seating and Postural assessments i.e. FIST, TIS		
Discharge planning. NOT competency		
Handover - See Core Skills Complete detailed Handover of patients impairments, social history, rehab and/ or disability needs, goals and onward planning - on step- down, repatriation and/ or external team - Written and verbal		
Awareness of local social service provisions Completing early referrals for complex patients to MDT members i.e. early allocation of social work		
Awareness of local and national in- patient rehabilitation units (Levels). NHS and Specialist/ Private/ Consortium beds Specialist Rehab centres Level 1a, 1b, 2a, 2b and community Rehab centres. Specialist centres for respiratory, spinal, neuro disability, ventilation or diasability. Generic rehabilitation centres and community response teams		
Awareness and identification of onward referral pathways for complex Critical Care patients Specialist Rehab centres Level 1a, 1b, 2a, 2b and community Rehab centres. Specialist centres for respiratory or diasability. Generic rehabilitation centres and community response teams		

Demonstrate skill to complete a Rehab Complexity Scale to asceratin full medical, nursing and rehab needs Complete Rehab Complexity Scale on a patient		
Awareness of and access to local equipment provision		
Awareness of specialist equipment provision pathways		
Awareness of local (hospital) specific step down support servcies i.e. follow up clinic, trauma networks, psyhcology support etc.		

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St Georges University Hospital NHS Foundation Trust

University College Hospitals NHS Foundation Trust

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Entrustable Professional Activity Completion Template

Fill out and sign off as a record of EPA progress and competency

EPA Number
(*eg Dietetics EPA 1*)**:**

This is to certify that (name):

HCPC number:

Employing organisation:

Has presented evidence that demonstrates that they have reached the required level of supervision (level 4) for this entrustable professional activity

Final signoff must be by one experienced critical care AHP of the relevant profession

Assessor name and employing organisation:

Assessor signature:

HCPC number:

Employing organisation:

Date: