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Introduction6

How to use this framework

The aim of the framework is to support the development of the learner to achieve the required levels of competence to carry out the role of HFSN.

7KH FRPSHWHQFLHV LQ WKH IUDPHZRUN UH5HFW WKH SHUVRQDO DQG SU
as well as a documented record of achievement and should be used in the HFSN performance and development review and portfolio to support their development and learning within the role.

This competency document may also be useful for other healthcare professionals who work with people living with heart failure as part of their own professional learning and development.

In this framework there are competencies that refer to working within local and national guidance. Local guidance refers to standard operating procedures and protocols in the Trust/Board where the

Executive Summary

Heart Failure (HF) is the only cardiovascular disorder with increasing incidence and prevalence. It is DVVRFLDWHG ZLWK VLJQL4FDQW PRUELGLW\ DQG PRUWDOLW\ DQG LV HVW

Demonstrating Competence

NHS England, Northern Ireland, Scotland and Wales have all produced a multi-professional framework for nurses working at an advanced level of practice to establish a nursing workforce capable of meeting the changing demands of the patient population [4-7]. The frameworks advocate that practitioners and their managers understand the individual's learning needs to support them in meeting the four pillars of advanced clinical practice: clinical practice, education, research and leadership [8].This competency framework aims to provide a structure and measurable guide to facilitate this professional development process*.

The HFSN competency framework is underpinned and mapped to the theoretical framework novice to expert as developed by Patricia Benner [9, 10] (Table 1)

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How to assess competence

HFSN undertaking the competency framework will be assessed for each competency using a variety of assessment strategies. Nurses should be provided with written feedback and feedforward on the competencies performed to the required level expected of the individual according to their job role and responsibilities.

For competencies not achieved an action plan should be agreed by the assessor and the learner as to how the competency can be met with direction as to where support can be accessed before the reassessment.

The NMC revalidation process recommends that every nurse should maintain a portfolio of evidence that demonstrates competency and continuing professional development. The evidence acquired by completion of this competency formwork can form evidence for revalidation.

Timescales for achieving competenc93 >>BDC (evidenc1m)6.5 0662]/O /Lay

Role of the HFSN (learner)

It is the learner's responsibility to ensure that they meet their required competencies and once they have achieved the minimum standard for achievement or above in a competency, they are comfortable in the delivery of the skill in their practice, and they continue to maintain those skills in practice.

Role of the assessor

The role of the assessor is to ensure that the learner is exposed to the required competencies in clinical practice. They should observe the nurse in clinical practice on more than one occasion to ensure that they are supported in their learning in a way which is both safe for the patient and the practitioner in order to achieve competent level or above. To be able to assess others, the assessor must be a healthcare professional involved in the heart failure MDT and be working at the competency O H Y H O R I S U R 4 F L H Q W R U H [S H U W cardiologist).

Each competency will start with a self-assessment that helps to identify learning needs. The British Society for Heart Failure Nurse Forum will provide resources to assist HFSN in meeting competencies that are more specialised such as those relating to inherited cardiac conditions, cardiac transplantation, congenital heart disease and pregnancy. These resources will be available at www.bsh.org.uk .

Whilst self-assessment helps to direct learning, support development and provides a baseline for subsequent assessment, objective formal assessment of competence should be undertaken for quality assurance purposes and should include professional feedback. Assessment should be undertaken based on objective evidence. It is therefore important to use different types of evidence to demonstrate knowledge skills
Evidence may include but is not limited to:

Direct Observation of Practice (DOP)
Case Based Study (CBS)
Reflective Accounts Diaries Reports (RADR)
Question and Answers (QA)
Feedback from colleagues and Patients (FCP)
Nationally recognised Courses (NRC)
Locally attended courses (LAC)

It is acceptable to add these codes to the evidence column on the competency framework document to demonstrate the types of evidence that have been used. Regular reviews are

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign R •
Understands the close relationship between the F D U G L R Y D V Q F G H O D U W H D P Q V K H H • H F W V3 U R 4 F L H Q of renal impairment on the patient's condition		N					
		AB					
		C					
		[redacted]					
		E					
Understands the indications for the following investigations in the diagnosis and ongoing assessment of the patient with heart failure. Within scope of practice refers for these investigations, interprets results and refers to appropriate healthcare professional	Competent	N					
		AB					
		C					
ECG / echo / Cardiac CT / Cardiac							

Communication and History Taking

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign R •
Offers appropriate reassurance to patient and relatives/carers		AB					

5 L] W M G E P & W W I W W Q I R X - I E V X + E M P Y V I T

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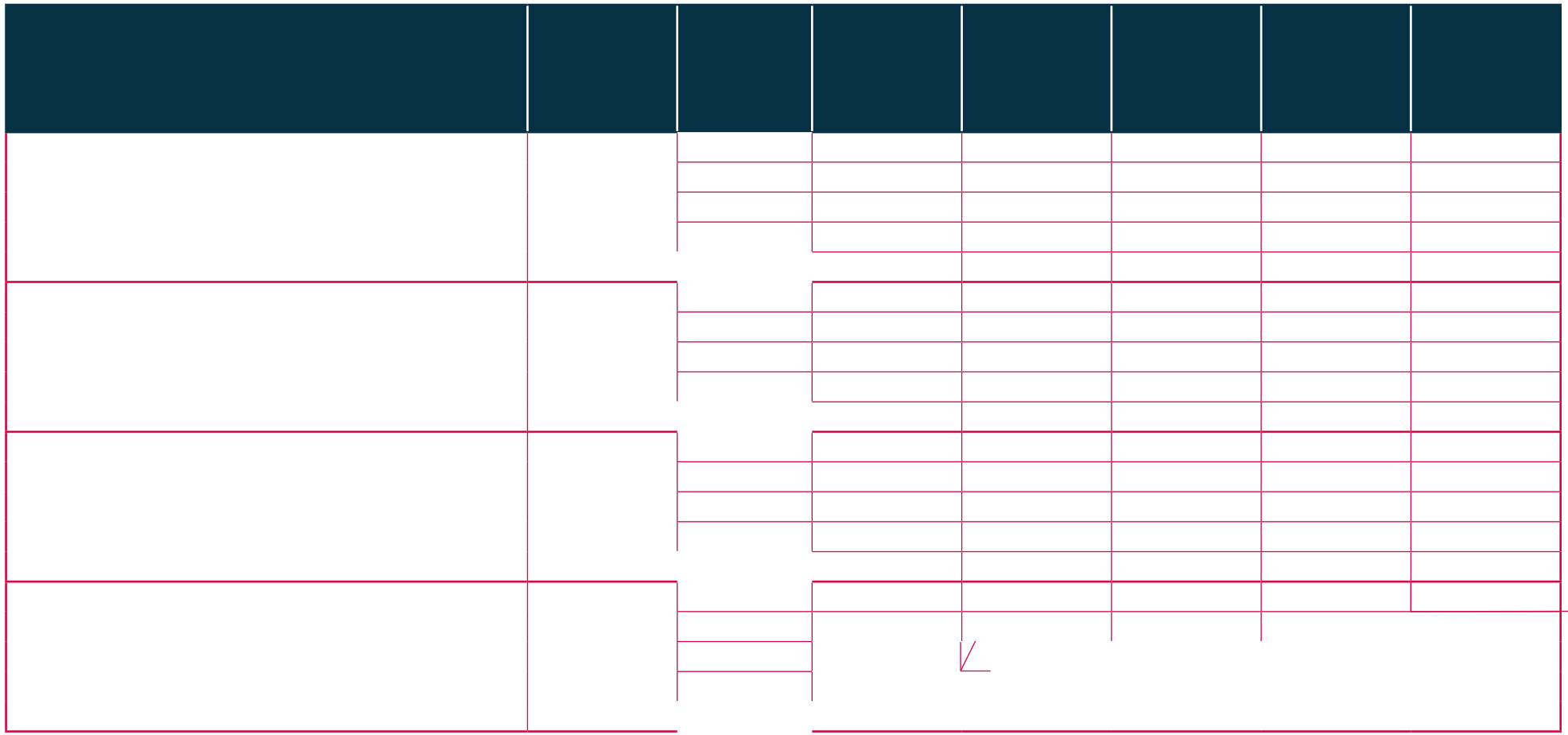
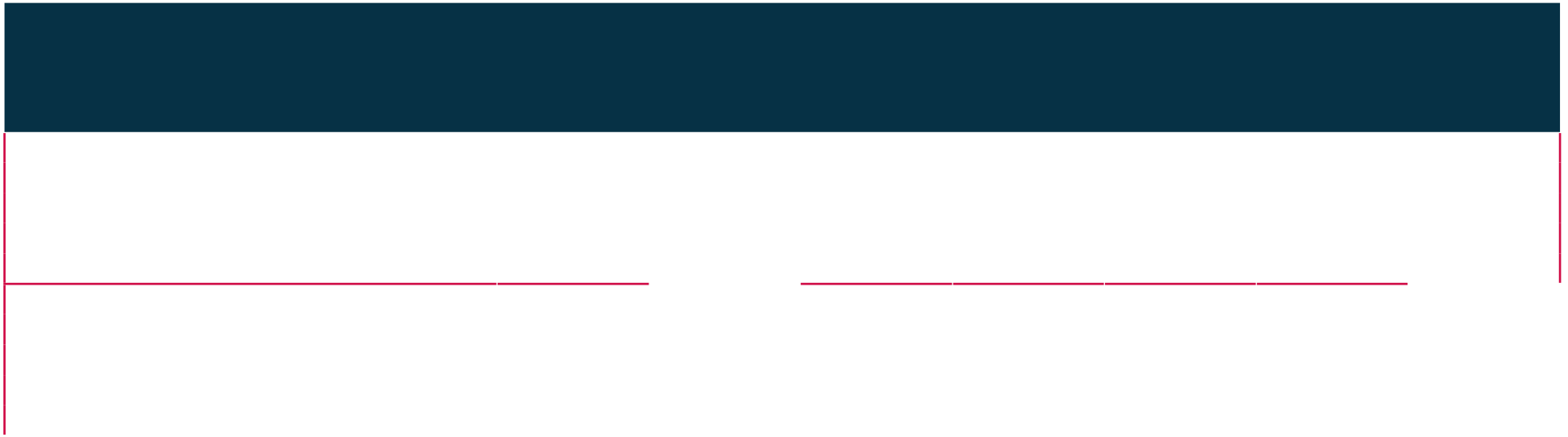
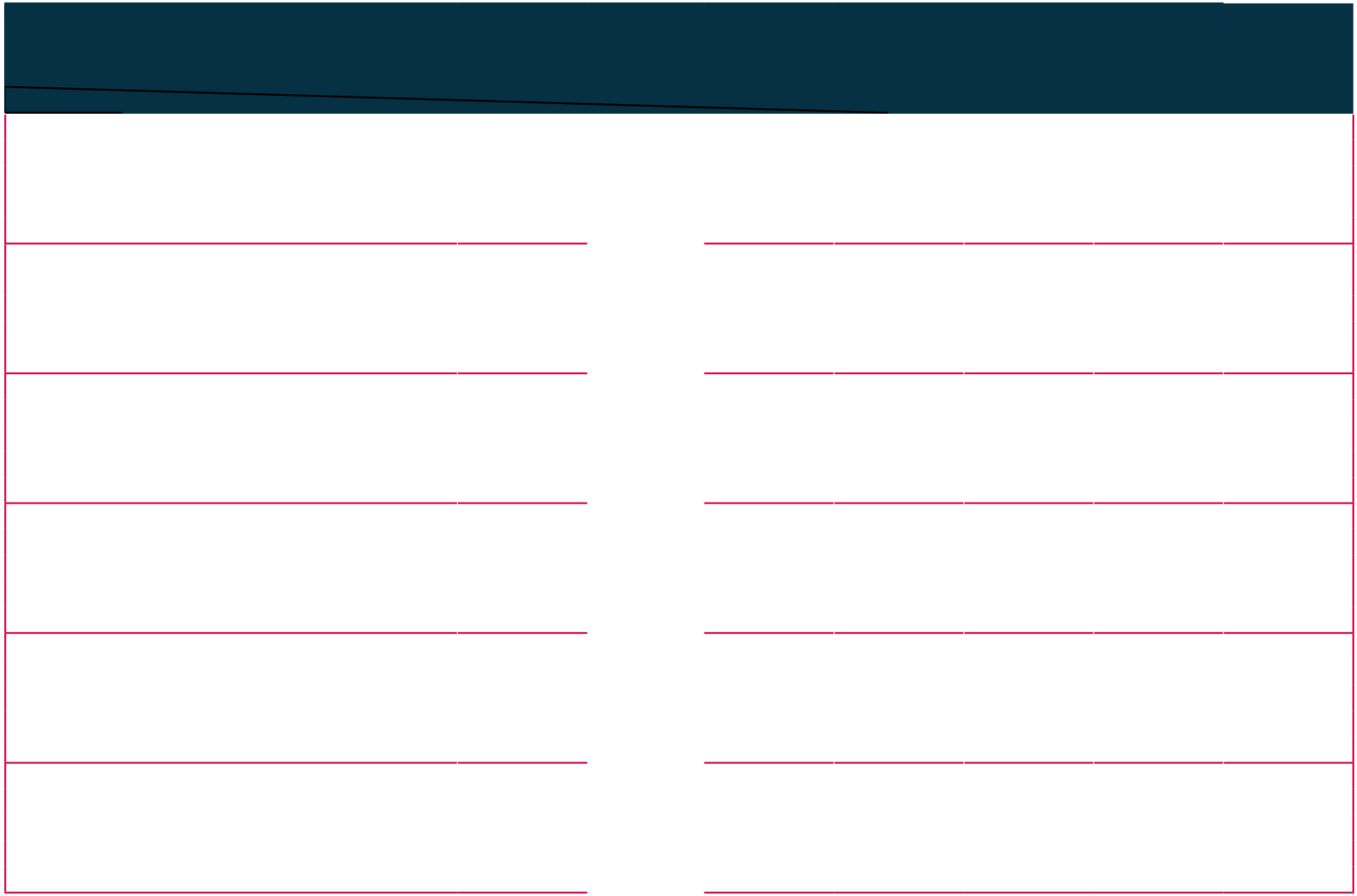




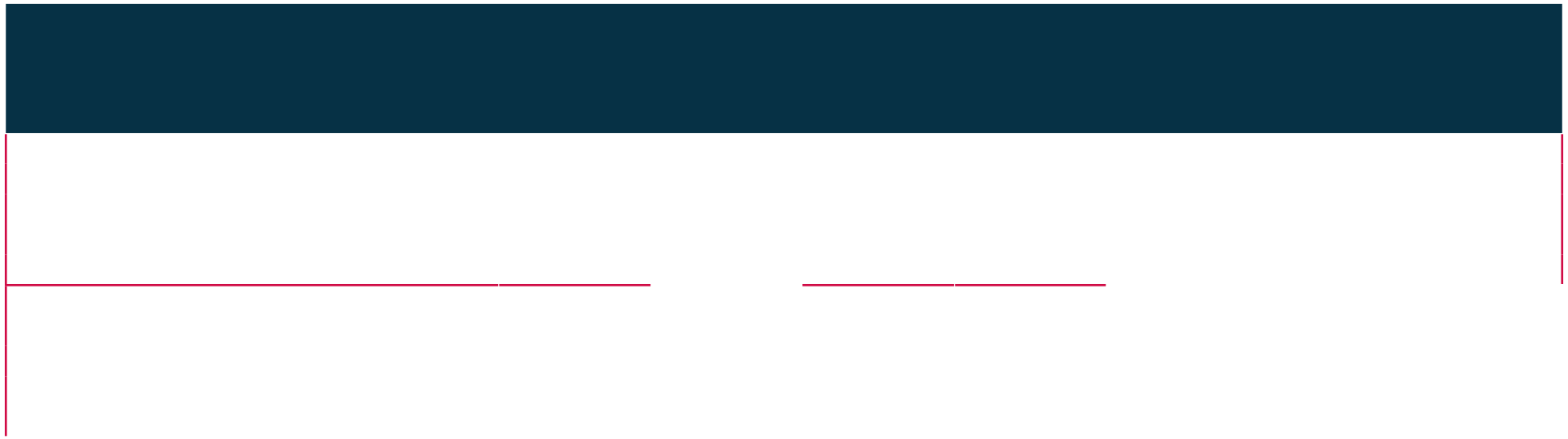


Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign R •
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	3 U R 4 F L H Q W						

Competencies	Minimum standard for						

M dicin

Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA, FCP, NRC, LAC)	Date of completion	Level achieved	Assessor sign R •
Demonstrates understanding of the rationale for the use the above drug in conjunction with local/national guidance in appropriate patients with HFrEF/HFmrEF/ HFpEF	3 U R 4 F L H Q W	N					
Identifies patients for whom the treatment is suitable	3 U R 4 F L H Q W	N					
HFSN monitor to the maximum tolerated dose	3 U R 4 F L H Q W	N					
HFSNs who are not prescribers advise the GP/clinician national guidelines		N					



Competencies	Minimum standard for achievement	Self-assessment (tick as appropriate)	Expected date of achievement	Evidence submitted (DOP, CBS, RAD, QA,			

Competencies	Minimum standard for achievement	Self-assessment					

Appendix

Appendix 2 - Academic Achievements

Academic achievements considered relevant to support competence in the HFSN role are outlined below. To work at specialist nurse level requires the ability to critically appraise evidence and integrate into practice. Therefore, modules should be completed at masters level.

Module/Course	Date completed	4 X D O L 4 F D W L R Q	Institue/Education Provider
Clinical Assessment			
Heart Failure:			
Non-medical Prescribing			
Advanced Communication Skills			
Palliative Care			
Cognitive Behaviour Training			

Appendix *\EQTPI 7IüIGXMZI 8IQTPEXI

Reflective account	Date: _____
Linked competency/competencies:	
Description:	
Thoughts:	
Evaluation:	
Analysis:	
Conclusion:	
Action:	
Linked NMC competencies:	

Appendix 4 - Action Plan Template

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