

DERMATOLOGY NURSING COMPETENCIES:

Developing dermatology nurses
from novice to expert





Dermatology Nursing Competencies is produced by the British Dermatological Nursing Group.

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This guide is produced by the BDNG, 88 Kingsway, London WC2B 6AA. Tel: 020 7681 613.
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Introduction

Dermatological conditions affect a significant number of the general population. Survey evidence suggests that around 54% of the UK population experience a skin condition in a given 12-month period (Schofield et al, 2009). While many of these people self-manage their conditions, around 14% seek further advice from their doctor or nurse in the community (Schofield et al, 2009). Many of those will suffer from chronic skin conditions such as psoriasis and eczema, where long-term treatment and management is required.

There is an emphasis with changing healthcare policies in the United Kingdom to care for patients closer to home, making care more accessible. The current National Health Service (NHS) White Paper (Department of Health, 2010) makes a valuable statement when it recognises that healthcare professionals who are empowered, engaged and supported provide better patient care. With continual evolving changes to healthcare policies and the introduction of Agenda for Change, it is important to have a career framework for nurses that is competency-based to aid and support this statement.

A nurse is deemed competent when he/she possesses the knowledge, skills and abilities required for lawful, safe and effective professional practice. This framework focuses on the core competencies for every registered nurse working in the speciality of dermatology, irrespective of the setting. This framework is neither exhaustive nor highly specific and is intended to stimulate further discussion at local level.

The objectives for competent dermatology nurses will include:

- ▶ Providing evidence-based, high-quality, appropriate care in collaboration with patient/carer

- ▶ Empowering all to make informed choices
- ▶ Recognising and alleviating psychosocial impact of skin disease
- ▶ Promoting self-management and independence.

The British Dermatological Nursing Group convened a working party of experienced dermatology nurses to develop this competency-based framework, which can be used as an adjunct with the Agenda for Change Knowledge and Skills Framework. This competency framework looks at the competencies required to develop dermatology nurses from novice to expert, focusing on the nurse's educational development in combination with knowledge and skills.

Assessing competence

Being competent does not just mean that you are able to undertake a task satisfactorily according to a protocol, it also means that you have the cognitive skills of decision-making and the theoretical knowledge that backs up what you do and why you do it.

Nurses have a legal requirement for continued professional development to safeguard the health and wellbeing of patients through Post Registration Education and Practice (PREP) (Nursing and Midwifery Council, 2010). Nurses are committed to maintaining a personal development portfolio under PREP to ensure high standards of practice and care. A portfolio is a collection of evidence to demonstrate skills, knowledge and achievements that reflect the current development and activity of the individual nurse.

This framework outlines evidence for learning and development. While direct observation assessment is important

in some circumstances, assessing competence can take place in many forms, eg peer review, self-assessment and reflection. Assessment tools that are used by other professional colleagues (Dermatologist, SpR, etc) are provided as separate appendices (Joint Royal Colleges of Physicians Training Board, 2007). They are:

Direct Observation of a Procedural Skill (**DOPS**) — this assesses performance to undertake a practical procedure.

Case based Discussion (**CbD**) — this assesses performance in patient management.

Mini Clinical Evaluation Exercise (**Mini-CEX**) — this assesses a clinical encounter with a patient.

They can be used in clinical practice and a full explanation of how to use them is included. Although they are adapted from a medical model, these particular assessment tools were written with nursing colleagues in mind.

How to use this framework

The framework covers the following six domains:

- ▶ Underpinning knowledge
- ▶ Dermatological assessment and investigations
- ▶ Therapeutic interventions
- ▶ Caring for the patient with a dermatological condition
- ▶ Psychological impact of living with a dermatological condition
- ▶ Patient education.

Competencies are set out within each of these domains and are divided into three levels:

Level 1

This level defines the entry point for registered nurses to the speciality of

dermatology. Nurses new to dermatology may be limited to supporting senior nursing colleagues and doctors throughout individual episodes of patient care.

Level 2

This level defines the competent nurse and establishes the minimum level of knowledge and skills required for all nurses working within dermatology.

Level 3

This level defines the Specialist Nurse and reflects the extension and expansion of the nurse's role. There is a clear distinction between this role as a Specialist Nurse and a nurse simply working within the speciality. Dermatology Specialist Nurses typically undertake a diverse range of roles, including nurse-led services. Dermatology Specialist Nurses practicing at this level are able to work according to local and national evidence-based protocols and can work autonomously to co-ordinate and deliver comprehensive care of patients.

Standard indicators

This sets out the level of knowledge and understanding which the nurse should have in relation to the three levels of competence.

Evidence of learning/development

Each competence contains this list as sources of evidence to demonstrate learning or identify areas for development. The list is further expanded in the Glossary of Descriptors.

References

Department of Health (2010) *Equity and Excellence: Liberating the NHS*. Department of Health, London

Joint Royal Colleges of Physicians Training Board (2007) *Workplace Based Assessment* <http://www.jrcptb.org.uk/assessment/Pages/Workplace-Based-Assessment.aspx> (Accessed 26 June, 2012)

Nursing and Midwifery Council (2010) *The PREP Handbook*. Nursing and Midwifery Council, London

Schofield JK, Grindlay D, Williams HC (2009) *Skin Conditions in the UK: A Health Care Needs Assessment*. Centre of Evidence Based Dermatology, University of Nottingham, UK

Domain I

Underpinning knowledge

Competence: Demonstrate knowledge of the anatomy and physiology of normal skin and its appendages.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of anatomy and physiology of normal skin and its appendages.	State the layers and appendages of the skin.	Education	C1 L2
		State the structures contained within the epidermis, dermis and subcutaneous layer.	Analysis of learning	C2 L2
Level 2	Demonstrate knowledge and understanding of anatomy and physiology of normal skin and its appendages.	Explain mechanism of skin cell turnover.	Communication	
		Explain how layers of the skin work.	Personal development plans	
			DOPS	
Level 3	Have a comprehensive knowledge and understanding of normal skin and its appendages, the concept of skin barrier and their significance in skin disorders.	Relate abnormalities in the anatomy and physiology of the skin to the disease process.	CbD	
			Mini-Cex	
Level 3	Have a comprehensive knowledge and understanding of normal skin and its appendages, the concept of skin barrier and their significance in skin disorders.	Demonstrate critical analysis of anatomy and physiology of skin applied to skin disorders.	Education	C1 L4
		Understand the immunology of the skin and its relationship to skin diseases.	Analysis of learning	C2 L4
		Educate other healthcare professionals, patients and carers.	Communication	G1 L3
Level 3	Have a comprehensive knowledge and understanding of normal skin and its appendages, the concept of skin barrier and their significance in skin disorders.	Relate anatomy and physiology of the skin that supports skin barrier function.	Personal development plans	
			DOPS	
			CbD	
Level 3	Have a comprehensive knowledge and understanding of normal skin and its appendages, the concept of skin barrier and their significance in skin disorders.		Mini-Cex	

Domain 2
Dermatological assessment and investigation
Competence: Demonstrate knowledge of the assessment required in caring for patients with dermatological conditions.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of how to assess a patient with dermatological conditions.	Have an awareness of holistic patient assessment. Awareness of dermatological assessment tools available to monitor skin diseases. Maintain privacy and dignity of patients. Awareness of common skin diseases. Description of common diseases. Awareness of psychological impact of skin diseases. Awareness of documentation. Awareness of local and national guidelines. Aware of equality and diversity. Aware of health promotion.	Patient care Communication Education Personal development plan Health education Analysis of learning Develop learning contracts necessary for specialty DOPS CbD Mini-Cex	C1 L2 C3 L2 HWB6 L2 HWB7 L2
Level 2	Demonstrate knowledge and understanding of the assessment of a patient with a dermatological condition.	Undertake holistic patient assessment. Demonstrate knowledge of the various skin diseases. Demonstrate knowledge of the assessment tools available for measuring skin conditions. Have knowledge of local and national guidelines. Maintain patient privacy and dignity. Communicate with other disciplines at an appropriate level. Evaluation of patient assessment. Aware of equality and diversity. Have knowledge of health promotion. Plan care.	Patient care Communication Education Personal development plan Medicine management Health education Analysis of learning Research development Presentation skills DOPS CbD Mini-Cex	C1 L3 C3 L3 HWB6 L3 HWB7 L3
Level 3	Have a comprehensive knowledge and understanding of the assessment of a patient with a dermatological condition.	Competent in taking a patient history. Take action of appropriate findings. Ensure privacy and dignity. Evaluation of care. Mentor colleagues. Diagnostic assessment. Autonomously plan patient care. Educational support of patients. Support and educate other members of the multidisciplinary team. Contribute to local and national guidelines. Identify patients with complex health issues. Refer effectively to other disciplines. Actively promote equality and diversity. Actively involved in health promotion.	Patient care Communication Education Presentation skills Medicine management Health education Personal development plan Research development Analysis of learning Presentation skills DOPS CbD Mini-Cex	C1 C3 HWB6 L3-4 HWB7 L3-4 G1 L2-3

Domain 2 cont.**Dermatological assessment and investigation****Competence: Demonstrate knowledge of the investigations required in caring for patients with dermatological conditions.**

	Competence	Standard indicators	Evidence of learning/ development	KSF
Level 1	Have an awareness of common dermatological investigations for diagnostic purposes such as: Bloods for haematology and biochemistry; Swabs for microbiology and virology; Skin tissue for pathology; Samples for mycology, eg, skin scrapings and nail clippings.	Describe and understand investigations. Aware of their findings and action required. Aware of appropriate treatment required. Aware of adverse reaction of these investigations. Able to understand the procedures involved in obtaining specimens.	Patient care Analysis of learning Education Personal development plan Communication Develop learning contracts necessary for specialty DOPS CbD Mini-Cex	C1 L2 C3 L2 HWB2 L2 HWB7 L2
Level 2	Demonstrate knowledge and understanding of the common dermatological investigation for diagnostic purposes and subsequent treatment.	Advise patient/carer on investigations and treatment and what is involved in obtaining specimens. Able to liaise with other healthcare professionals. Able to deal and advise appropriately with results of investigations and subsequent treatment. Minimise adverse affects. Able to correctly obtain specimens. Provide patients with appropriate information. Refer to other disciplines.	Patient care Education Analysis of learning Personal development plan Research development Communication Medicine management Presentation skills DOPS CbD Mini-Cex	C1 L3 C3 L3 HWB2 L3 HWB7 L3
Level 3	Have a comprehensive knowledge and understanding of dermatological investigations, able to interpret the results and initiate subsequent treatment.	Able to autonomously request and undertake dermatological investigations. Able to interpret and action results. Able to advise patient/carer. Able to communicate with other health professionals. Able to educate and support other health professionals. Minimise adverse affects. Refer to other disciplines. Autonomously develop treatment plans on the basis of investigations.	Patient care Communication Analysis of learning Education Presentation skills Professional development plan Medicine management Research development DOPS CbD Mini-Cex	C1 L3-4 C3 L3-4 C5 L2-3 HWB2 L3-4 HWB7 L3-4 G1 L2-3

Domain 3
Therapeutic interventions
Competence: Demonstrate knowledge of topical medications used to effectively treat common dermatological conditions.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of the nursing assessment, core nursing care and topical medications required for patients with: <ul style="list-style-type: none"> • Eczema • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions • Acute skin infections and infestations • Cutaneous cancers and pre-cancerous lesions • Acne and rosacea • Leg ulcers • Scalp conditions 	Describe common dermatological conditions. Demonstrate awareness of topical therapies. Awareness of risks and benefits of topical therapies. Able to safely apply topical medications, according to prescription or patient group directives. Educate patients/carers. Discuss expectations/potential outcomes. Promote self-care where possible.	Patient care Analysis of learning Personal development plans Learning contract Education Medicine management Communication Presentation skills DOPS CbD Mini-Cex	C1 L2, C2 L2 HWB1 L2 HWB5 L2
Level 2	Demonstrate knowledge and understanding of the nursing assessment, core nursing care and topical medications required for patients with: <ul style="list-style-type: none"> • Eczema • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions • Acute skin infections and infestations • Cutaneous cancers and pre-cancerous lesions • Acne and rosacea • Leg ulcers • Scalp conditions 	Demonstrate awareness of different treatment options. Discuss different treatment options comprehensively with patient/carers. Discuss risks/benefits of treatments. Discuss strategies for topical management. Discuss expectations/potential outcomes. Demonstrate awareness of treatment adherence issues and how to prevent/ manage them.	Patient care Analysis of learning Personal development plans Learning contract Education Medicine management Presentation skills Communication Research development DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB1 L3 HWB5 L3
Level 3	Have a comprehensive knowledge and understanding of the nursing assessment, core nursing care and topical medications required for patients with: <ul style="list-style-type: none"> • Eczema 	Undertake patient consultation, assessment and/or review. Discuss expectations/potential outcomes. Make prescribing and or medicines management decisions in partnership with the patient after discussion/explanation of all options. Formulate treatment plan.	Patient care Analysis of learning Personal development plans Education Medicine management Presentation skills Communication	C1 L3-4 C2 L3-4 HWB1 L3-4 HWB5 L3-4 G1 L2-3

Domain 3 cont.

Therapeutic interventions

	Competence	Standard Indicators	Evidence of learning/development	KSF
Level 3	<ul style="list-style-type: none"> • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions • Acute skin infections and infestations • Cutaneous cancers and pre-cancerous lesions • Acne and rosacea • Leg ulcers • Scalp conditions 	Manage risks (adverse effects) of treatment. Able to teach other health professionals. Independent non-medical prescriber. Patient education to support effective topical therapy.	Research development Publication DOPS CbD Mini-Cex	

Competence: Demonstrate knowledge of systemic treatments used to treat dermatological conditions.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of the nursing assessment, core nursing care and systemic medications that may be required for patients with: <ul style="list-style-type: none"> • Eczema • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions • Acute skin infections and infestations • Acne and rosacea • Scalp conditions 	Describe common dermatological conditions. Demonstrate awareness of systemic therapies. Awareness of risks and benefits of systemic therapies. Educate the patient/carers. Discuss expectations/potential outcomes. Promote self-care where possible.	Patient care Analysis of learning Personal development plans Learning Contract Education Medicine management Communication DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB1 L2 HWB7 L2
Level 2	Demonstrate knowledge and understanding of the nursing assessment, core nursing care and systemic medications that may be required for patients with: <ul style="list-style-type: none"> • Eczema • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions 	Demonstrate awareness of different treatment options and the concept of first and second line treatments. Discuss different treatment options comprehensively with patient /carers. Discuss risks/benefits of treatments. Discuss strategies for management. Discuss expectations/potential outcomes. Recognise adverse effects and be able to take appropriate action.	Patient care Analysis of learning Personal development plans Education Medicine management Presentation skills Communication Research development DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB1 L3 HWB7 L3

Domain 3 cont.
Therapeutic interventions

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 2	<ul style="list-style-type: none"> • Acute skin infections and infestations • Acne and rosacea • Scalp conditions 			
Level 3	Have a comprehensive knowledge and understanding of the nursing assessment, core nursing care and systemic medications that may be required for patients with: <ul style="list-style-type: none"> • Eczema • Psoriasis • Bullous skin disorders • Severe drug eruptions • Erythrodermic conditions • Acute skin infections and infestations • Acne and rosacea • Scalp conditions 	Undertake patient consultation, assessment and/or review. Medication contraindications and interactions associated with treatments. Discuss expectations/potential outcomes. Make prescribing decisions in partnership with the patient after discussion/explanation of all options available. Formulate treatment plan. Able to teach other healthcare professionals. Review and monitor systemic therapy. Ability to refer to other appropriate health professionals in case of treatment failure or adverse effects. Able to educate patients regarding the potential risks of systemic therapy. Independent non-medical prescriber.	Patient care Analysis of learning Personal development plans Education Medicine management Presentation skills Communication Research development Publication DOPS Cbd Mini-Cex	C1 L2 C2 L2 HWB1 L3-4 HWB7 L3-4 G1 L2-3

Domain 4**Caring for the patient with a dermatological condition****Competence: Demonstrate knowledge on recognising signs of skin deterioration.**

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Recognise and describe signs and symptoms of common dermatological conditions.	Monitor symptoms and recommend treatment changes in consultation with patient. Identify dermatological conditions and treatments where an infection is a particular problem. Minimise the risk of spread of infection to others. Apply dermatology terminology when identifying and documenting skin assessment. Identify the common distribution sites of lesions/rashes.	Patient care Communication Analysis of learning DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB5 L2 HWB6 L2
Level 2	Awareness of investigation and treatment regimens for management of common dermatological conditions.	Awareness of common side-effects. Provision of information for patient on potential variations in pattern, severity and duration of symptoms. Describe the major adult/childhood associated conditions. Collect and collate evidence to document remission. Demonstrate ability to obtain specimens. Reflect on analysis of laboratory results. Identify criteria that would determine choice of therapeutic intervention. Demonstrate theoretical and practical knowledge of the use of topical preparations.	Patient care Communication Analysis of learning DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB5 L3 HWB6 L3
Level 3	Have understanding of and ability to implement local/national policies and guidelines for intervening during an acute episode of care.	Medication, contraindications and interactions associated with treatments. Explain skin pathology to patients, carers and other healthcare professionals. Link signs and symptoms and treatment options using evidence-based protocols. Describe conditions associated with the immune system. Awareness of genetic predispositions to skin conditions. Reflect and review process of elimination and co-morbidities. Explain steps when medication fails to control the condition.	Patient care Communication Analysis of learning Medicines management DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB5 L3-4 HWB6 L3-4 G1 L2-3

Domain 4 cont.
Caring for the patient with a dermatological condition
Competence: Demonstrate knowledge on developing a professional relationship with patients.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of factors influencing a professional relationship with patients and carers.	Consider holistic perspective. Aware of emotional needs. Evaluate psychosocial impact. Assess cognitive impairment. Assess sensory impairment. Understand impact of learning disability. Recognise customs and beliefs.	Patient care Analysis of learning Health promotion/education Education Learning contract Personal development Communication DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB5 L2 HWB6 L2
Level 2	Demonstrate knowledge and understanding of efficient and effective questioning and clarification technique with patients and carers.	Identify tensions and constraints. Involve the patient in the decision process. Assess potential problems. Identify and isolate the key issues. Clarify if understanding reached. Involve interpreting services as required. Communicate at a level appropriate to the individual.	Patient care Analysis of learning Health promotion/education Education Specialty learning contract Personal development plan Communication Presentation skills Research development DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB5 L3 HWB6 L3
Level 3	Have a comprehensive understanding of collecting and collating evidence to support patients and carers and demonstrate skill in forming therapeutic relationships.	Design, develop and implement care pathways in conjunction with patient. Empower individuals. Use validated assessment tools to grade severity of conditions/ psychosocial impact. Exercise professional judgement and use critical appraisal when making an assessment. Critically analyse levels of knowledge. Distinguish between subjective and objective information. Ability to recognise and demonstrate therapeutic opportunities (for patient support) through nursing interaction.	Patient care Analysis of learning Health promotion/education Learning contract Personal development plan Presentation skills Communication Research development Writing/publication DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB5 L3-4 HWB6 L3-4 G1 L2-3

Domain 4 cont.**Caring for the patient with a dermatological condition****Competence: Demonstrate knowledge on care of the acutely ill/compromised patient with a dermatological condition.**

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of clinically safe practices when caring for an ill patient.	Act appropriately when an emergency action is required. Ensure the dignity and privacy of the patient and family. Ensure a safe environment is maintained at all times. Discuss nursing measures to keep patient free from infection during an acute illness. Outline topical therapies to keep skin clean, lubricated and hydrated, maintaining an effective skin barrier. Outline measures to ensure effective nutritional, fluid and electrolyte balance. Communicate a caring, respectful and reassuring attitude to the patient and family during a cycle of care.	Patient care Analysis of learning Personal development Education Communication Medicine management DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB5 L2 HWB 6 L2
Level 2	Demonstrate knowledge, understanding and facilitate clinically safe practices when caring for an ill patient.	Prepare a plan of care appropriate to the dermatological condition. Differentiate between usual and unusual presentations. Ensure that relatives and carers have the necessary guidance to deal with prolonged care. Demonstrate cardiovascular risk assessment for severe inflammatory disease. Maintain patient dignity and privacy.	Patient care Analysis of learning Personal development Education Communication Medicine management Writing for publication Health education DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB5 L3 HWB 6L3
Level 3	Have a comprehensive knowledge and awareness of safe practices. Initiate and lead clinically safe practices within the wider healthcare team.	Recognise complex and acute presentational issues and identify immediate nursing support needed and necessary ongoing referral. Expert in assessing psychological impact of skin condition. Work on care pathways with professionals in anticipation of potential problems. Outline the physiological processes and consequences that may result in acute illness with specific conditions. Maintain accurate and complete records consistent with legislation policies and procedures. Understand the concept of homeostasis as a principle informing effective nursing intervention in acute situations. Maintain patient dignity and privacy.	Patient care Analysis of learning Personal development Education Communication Medicine management Writing for publication Health education Research development DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB5 L3-4 HWB6 L3-4 G1 L2-3

Domain 5
Psychological Impact of living with skin disease
Competence: Demonstrate knowledge of psychosocial issues which impact on the patient living with skin disease.

	Competence	Standard indicators	Evidence of learning/ development	KSF
Level 1	Have an awareness of the psychosocial issues which impact on a person living with skin disease.	Understand the importance of a holistic approach to dermatology nursing care. State the domains of holistic care in the dermatology care context. Demonstrate an understanding of cognitive, emotional, social and spiritual needs of patients with skin disease.	Patient care Analysis of learning Health education Communication DOPS CbD Mini-Cex	C1 L2, C2 L3 HWB4 L3 HWB5 L3
Level 2	Demonstrate knowledge and understanding of psychosocial issues which impact on a person with skin disease/condition.	Demonstrate clear assessment and documentation of patients' cognitive, emotional, social and spiritual needs in relation to their skin condition and how it impacts on their life. Following assessment, recognise the need for nursing and/or medical and/or psychosocial intervention as appropriate. Understand and utilise the appropriate care pathway/triage to address psychosocial needs of patients with skin conditions.	Patient care Analysis of learning Health education Communication Develop learning contracts necessary for specialty Education DOPS CbD Mini-Cex	C1 L3, C2 L3 HWB4 L3 HWB5 L3
Level 3	Have a comprehensive knowledge and deep understanding of psychosocial issues which impact on persons with a skin disease/condition.	Demonstrate detailed assessment and documentation of psychosocial needs of patients with skin disease/conditions including cognitive, emotional, social and spiritual. Document a detailed care plan and implement nursing interventions which address patient with skin condition's psychosocial needs. Evaluate and document nursing interventions which address psychosocial needs. Recognise other psychological conditions or psycho-pathological conditions which impact on patient with skin disease. Understand and utilise the appropriate care pathway/triage to address complex psychosocial needs. Demonstrate skill in the effective referral to patients requiring specialist support services, eg, clinical psychology, psychiatric referral, further spiritual support.	Patient care Analysis of learning Health education Communication Develop learning contracts necessary for specialty Education Research Writing for publication DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB4 L3-4 HWB5 L3-4 G1 L2-3

Domain 6

Patient education

Competence: Demonstrate knowledge of patient self-management strategies.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of the strategies used by patients to utilise self-management skills.	Develop good communication skills. Demonstrate understanding of the therapeutic relationship. Understand the factors influencing patient choice concerning self-management. Have an awareness of health-related behaviour. Develop a plan which provides the patient with problem-solving skills to enhance life.	Develop learning contracts Presentation skills Personal development plans Research development Analysis of learning Health education Communication Patient care DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB1 L2 HWB4 L2
Level 2	Demonstrate knowledge and understanding of self-management strategies and be able to encourage the individual and their family to foster a self-management approach.	Understand theories which influence patient choice. Improve health by encouraging concordance. Understand the learning theories influencing patient education. Demonstrate a knowledge of self-efficacy concept. Demonstrate an understanding of health beliefs. Identify and explore patient empowerment, including internal and external motivation.	Develop learning contracts Presentation skills Personal development plans Writing for publications Research development Analysis of learning Health education Communication Patient care DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB1 L3-4 HWB4 L3-4
Level 3	Demonstrate a comprehensive knowledge and understanding of self-management strategies and a capacity to empower the individual and their family to identify and reach realistic goals of self-management.	Excellent communication skills. Excellent understanding and application of learning theories and those that support effective empowerment. Explore factors detrimental to healthy behaviours. Actively promote self-management options leading to patient empowerment. Optimise patient's power (agency) through patient self-efficacy, concordance with treatment and confidence building through skilful education and support. Develop dynamic interventions building patient's self-esteem and confidence, leading to empowerment.	Develop learning contracts Presentation skills Personal development plans Writing for publications Research development Analysis of learning Health education Patient care DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB1 L3-4 HWB4 L3-4 G1 L2-3

Domain 6 cont.

Patient education

Competence: Demonstrate knowledge of health promotion strategies.

	Competence	Standard Indicators	Evidence of learning/development	KSF
Level 1	Have an awareness of the principles of health promotion and actively participate in health promotional activities.	Deliver health promotion which actively supports and empowers the patient. Awareness of health and wellbeing and the actions that people can take to address health promotion in a clinical setting.	Personal development plans Health education Research development Analysis of learning DOPS CbD Mini-Cex	C1 L2 C2 L2 HWB1 L2 HWB3 L2
Level 2	Demonstrate knowledge and understanding of health promotion and active participation in health promotion and wellbeing locally.	Adopt empowering health promotion strategies that could be used with clients and in the wider community. Demonstrate the ability to relate health promotion theory to clinical practice. Improve the health and wellbeing of communities and populations through projects and programmes.	Personal development plans Presentation skills Health education Education Research development Analysis of learning DOPS CbD Mini-Cex	C1 L3 C2 L3 HWB1 L3 HWB3 L3
Level 3	Have a comprehensive knowledge and understanding of health promotion strategies and demonstrate a commitment to develop, implement and evaluate strategies for health promotion with patients and the community.	Act as an advisor, as well as providing ongoing support for locally developed health promotion competencies, thus improving the health and wellbeing of the population as a whole. Have the ability to evaluate health promotion interventions and their effectiveness.	Personal development plans Presentation skills Health education Education Research development Writing for publications Analysis of learning DOPS CbD Mini-Cex	C1 L3-4 C2 L3-4 HWB1 L3-4 HWB3 L3-4 G1 L2-3

Competence: Demonstrate knowledge on improving treatment adherence.

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1	Understand the importance of patient empowerment and self-management and use appropriate opportunities to share knowledge with patient and carers.	Keep the patient informed, reassured and clear about the primary problem identified. Encourage awareness of potential long-term nature of medication regimens. Awareness of methods for monitoring treatment outcomes.	Patient care communication Personal development plans Health education Research development	C1 L2 C2 L2 HWB1 L2 HWB3 L2

Domain 6 cont.

Patient education

	Competence	Standard indicators	Evidence of learning/development	KSF
Level 1		<p>Provide advice and guidance in preventative care.</p> <p>Empower all to make informed choices to promote health and wellbeing.</p> <p>Facilitate access to specialist support groups.</p> <p>Ensure information is customised to patient understanding</p>	<p>Analysis of learning</p> <p>DOPS</p> <p>CbD</p> <p>Mini-Cex</p>	
Level 2	<p>Facilitate patient empowerment and self-management. Use appropriate methods and opportunities to share knowledge.</p>	<p>Assess the potential problem and clarify whether the patient understands the conclusion reached.</p> <p>Aware of the therapeutic procedures which may be offered to a patient.</p> <p>Link signs and symptoms with treatment options.</p> <p>Offer guidance to patients regarding lifestyle changes while taking medication or following withdrawal.</p> <p>Identify factors that may lead to withdrawal of a medication.</p> <p>Ensure that relatives and carers have the necessary guidance to deal with prolonged care episodes.</p> <p>Act as the patient advocate at all times.</p>	<p>Patient care communication</p> <p>Personal development plans</p> <p>Presentation skills</p> <p>Health education</p> <p>Education</p> <p>Research development</p> <p>Analysis of learning</p> <p>DOPS</p> <p>CbD</p> <p>Mini-Cex</p>	<p>C1 L3</p> <p>C2 L3</p> <p>HWB1 L3</p> <p>HWB3 L3</p>
Level 3	<p>Have a comprehensive knowledge of therapeutic procedures that may be offered:</p> <p>Topical therapies</p> <p>Systemic therapies.</p>	<p>Describe the criteria that would determine the choice of therapeutic intervention for a patient.</p> <p>Provide effective education to patients and carers on the potential variations in the pattern, severity and duration of their symptoms.</p> <p>Communicate with the multidisciplinary team on clinical issues using written, verbal and electronic methods as required.</p> <p>Review all decisions with the patient and consider the possibility of seeking advice and support.</p> <p>Identify tensions between the rights and choices of the individual.</p> <p>Have an awareness of the criteria against which patients judge treatment effectiveness in order to deliver effective education.</p>	<p>Patient care communication</p> <p>Personal development plans</p> <p>Presentation skills</p> <p>Health education</p> <p>Education</p> <p>Research development</p> <p>Writing for publications</p> <p>Analysis of learning</p> <p>DOPS</p> <p>CbD</p> <p>Mini-Cex</p>	<p>C1 L3-4</p> <p>C2 L3-4</p> <p>HWB1 L3-4</p> <p>HWB3 L3-4</p> <p>G1 L2-3</p>

Glossary of Descriptors**Relevant professional portfolio.**

Patient care	<ul style="list-style-type: none"> • Patient management • Consultation • Assessment and/or review • Discuss expectations/potential outcomes • Make prescribing decisions in partnership with the patient after discussion/ explanation of all options available • Formulate treatment plan • Advocacy • Diversity • Policies protecting vulnerable patients • Multidisciplinary team working • DOPS • CbD • Mini-Cex
Analysis of learning	<ul style="list-style-type: none"> • Reflection • Critical appraisal • DOPS • CbD • Mini-Cex
Presentation skills	<ul style="list-style-type: none"> • Oral presentations • Poster presentations • Preparation • IT skills • Evaluation • DOPS • CbD • Mini-Cex
Personal development plans	<ul style="list-style-type: none"> • Identify learning needs • Source educational opportunities • Learning objectives • Yearly conferences • Mandatory training • Risk management • Clinical governance
Writing for publications	<ul style="list-style-type: none"> • Patient information • For media/publication • Academic reports • Case studies • Protocols • Policies and guidelines • DOPS • CbD • Mini-Cex
Research development	<ul style="list-style-type: none"> • Literature searching/reviewing • Audit • Data collection • Data presentation • Critical analysis

Glossary of Descriptors cont.**Relevant professional portfolio**

	<ul style="list-style-type: none"> • DOPS • CbD • Mini-Cex
Education	<ul style="list-style-type: none"> • Study days • Experiential learning • Work-based learning • Self-directed learning • Academic programmes • DOPS • CbD • Mini-Cex
Health education	<ul style="list-style-type: none"> • Source health promotional materials • Health education (development) • Health promotion education (delivery) • DOPS • CbD • Mini-Cex
Develop learning contracts necessary for specialty	<ul style="list-style-type: none"> • Mentorship • Identify relevant clinical skills • Sub-specialty skills
Communication	<ul style="list-style-type: none"> • Verbal skills • Written skills • Non-verbal communication • Breaking bad news • Empathy • DOPS • CbD • Mini-Cex
Medicine management	<ul style="list-style-type: none"> • Non-medical prescribing • Pharmacology • Patient group directions • Supplementary prescribing • Systemic monitoring • Therapeutics • Medicines and Healthcare products Regulatory Agency (MHRA)HRA • Control of Substances Hazardous to Health Regulations (COSHH) • Medicines Evidence Commentaries • Storage & administration • DOPS • CbD • Mini-Cex

Direct Observation of Procedural Skills (DOPS) Guidance

A DOPS is an assessment tool designed to evaluate the performance of a nurse in undertaking a practical procedure.

The nurse should be given immediate feedback to identify strengths and areas for development. All workplace-based assessments are intended primarily to support learning so this feedback is very important. Assessors can be anyone with expertise in the procedure, including nurses, doctors and allied health professionals as appropriate. Not all elements need to be assessed on each occasion. You may explore a nurse's related knowledge where you feel appropriate.

Please ensure that the patient knows that the DOPS is being carried out. This guidance relates to a generic DOPS form which can be used for any procedure; however, for some, a more specific form may be required with more detail. The form includes a rating of the level of independent practice the nurse has shown for this procedure, based on what has been observed. Note that this is the assessor's judgement based on what has been observed, not an authorisation for the nurse to practice unsupervised in future.

Case based Discussion (CbD) Guidance

A CbD assesses the performance of a nurse in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision making and application of nursing knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by nurses/trainees. The nurse should give immediate feedback to identify strengths and areas for development. All workplace-based practice assessments are intended to support learning so this type of feedback is valuable.

The nurse can suggest areas for discussion but the assessor makes the choice of case for the CbD and leads the discussion. Nurses working at a higher level should be able to discuss any case with which they have had significant, recent involvement.

Descriptors of competencies demonstrated during the DOPs.

Demonstrate understanding of indications, relevant anatomy and technique	Does the nurse know the relevant indications, anatomy and techniques relevant to the procedure?
Obtain informed consent	Is there a clear explanation of the proposed procedure to the patient, with the patient given the opportunity to ask questions? Where informed consent is sought, is this documented appropriately?
Demonstrate appropriate preparation pre-procedure	
Appropriate administration of any required medication	Does the nurse use adequate amounts of medication?
Practical ability	Able to demonstrate safe practice
Aseptic/clean technique	Appropriate to the procedure
Seek help where appropriate	Does the nurse recognise his/her limitations and seek assistance where needed?
Post procedure management	
Communication skills	
Care of patient	Respond to patient's feelings, show respect, compassion, empathy, establish trust, attend to patient's needs of comfort, modesty and confidentiality of information.
Overall ability to perform procedure	

Descriptors of competencies demonstrated during the CbD.

Medical record keeping	This section encourages the assessor to give feedback on the quality of the written record rather than the actual content on the record.
Clinical assessment	This includes the quality of the history and eliciting of appropriate clinical signs, and the clinical reasoning behind producing a plan of action.
Investigations and referrals	The rationale behind the choice of investigations and referrals should be explored, not just acknowledging that the 'correct' decisions were made.
Treatment and management plan	This included therapeutic intervention.
Follow-up and future planning	This includes the ongoing plans for the review of the patient in the clinic or in a ward/hospice situation.
Overall clinical judgement	Quality of the nurse/trainee's integrated thinking based on clinical assessment, investigations and referrals resulting in the patient's management plan.

The CbD should focus on a written record (ie, written case notes, outpatient letter or discharge summary).

Assessors can be any HCP with suitable experience; for senior/advanced nurses this is likely to be a consultant.

Mini clinical Evaluation Exercise (Mini-CEX) Guidance

This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care, such as history taking, examination and clinical reasoning. The nurse should be given immediate feedback to identify strengths and areas for development. All workplace-based assessments are intended primarily to support learning so this feedback is very valuable.

Each assessment should cover a different clinical problem so as to sample different areas of the nurse's knowledge base.

Assessors can be anyone with suitable experience, including nurse's doctors and allied health professionals as appropriate. If assessing at a higher level, it is likely to be a consultant.

The mini-CEX can be used at any time and in any setting where there is a nurse-patient interaction and an assessor available, ie, ward round, OPD clinic. Please ensure that the patient is aware the assessment is taking place.

Descriptors of competencies demonstrated during Mini-CEX.

Nursing interviewing skills	Active listening skills including facilitating the patient telling their story; effectively using questions to obtain accurate and adequate information; responding appropriately to patient and picking up on non-verbal clues.
Physical examination skills	Follow efficient logical sequence; balance screening/diagnostic steps for problem; inform patient; sensitive to patient's comfort and dignity.
Communication skills	Agree plan with patient; explain rationale for test treatment; obtain patient's consent; educate regarding management.
Care of patient	Respond to patient's feelings; show respect, compassion, empathy; establish trust; ensure patient's comfort, modesty and confidentiality of information.
Clinical judgement	Selectively decide on appropriate diagnostic investigations; appropriate prescribing, including risks and benefits.
Organisation	Prioritise and plan effectively.
Overall clinical competence	Demonstrate judgement, synthesis, caring, effectiveness and efficiency.