

# ***Technical and Bespoke Skills Log***

# ***Observed Procedures in Practice***

Advanced Clinical Practice

Master’s Degree

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| Apprentices Name: |  | Apprentices ID: |  |
|  |  |  |  |
| Supervisor Name:  |  |  |  |

**Introduction**

The technical and bespoke skills log is split into 2 sections: Section 1 is the technical skills log and Section 2 is the bespoke skills log. These skills must be assessed on patients/ service users to ensure that it demonstrates your competency and application of your assessment skills.

To make the best use of the technical and bespoke skills logs you are required at the beginning of the programme to assess your baseline knowledge relating to the technical and bespoke skills involved. At the start of the programme please complete the SWOT analysis prior to your initial meeting your supervisor.

1. The technical skills log provides a record of the apprentice’s ability to perform an effective clinical examination of the core body systems under supervision i.e. respiratory, cardiovascular, neurological, musculoskeletal, and abdominal, ENT and the eye. If you are in a specialist service, there is an expectation to ensure you gain these skills from exposure into other areas/ services.

2. The bespoke skills log identifies any further skills required by the apprentice and is specific to your area of practice. There are examples given in this list are not exhaustive and these can be removed and replaced to the context of your ACP role. Please note those listed are there as an example and are not mandatory for completion. You need to achieve 5 bespoke skills as a minimum.

Please refer to the NHS England Workforce, Training and Education (Formally HEE) Multi-Professional Framework (<https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>) to remind you of the need to assess across all body systems and discuss the context of your own advanced practice role with your supervisor when identifying your bespoke skills.

The log is to be submitted as part of the ACP Portfolio unit near the end of the programme. It is important to understand that you cannot complete/ pass your programme without this being achieved.

**Marking criteria**

**Pass** – the learner has safely achieved this competency in practice.

**Refer** – the learner has not safely achieved this competency in practice.

If the learning is not competent in the assessment, then they will need to ensure that they are meeting these standards to pass the assessment. The apprentice will need to be reassessed across the whole of this body system. Re-assessment will be negotiated between the university and the supervisor in practice. All individuals that assess the learner must complete the final page to include their relevant details for governance.

**Analysis of your strengths, weaknesses, opportunities and threats (SWOT)**

It is important for you to take control of your education and learning. A starting point is for you to reflect on and analyse your strengths as well as areas that you need to develop, so that you recognise what opportunities are available and where you might have problems in the future. It can also be used to structure your first meeting with your supervisor this is to be of value you need to take an honest and critical view of yourself. One way of doing this is to undertake a SWOT analysis.

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| **Strengths** (current) | **Weaknesses** (current) | **Opportunities**(future) | **Threats** (future) |
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Section 1: Technical Skills Log

**System1: Respiratory**

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| **Examination of the Respiratory System** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross and surface anatomy of the respiratory system to include; position of trachea and bronchus; position of lung fissures and extent of lung fields |  |  |  |  |
| Identify appropriate selective subjective questioning. |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1.Position client correctly. |  |  |  |  |
| 2. Anterior chest: Observe and describe chest movements – use of accessory muscles, Rate, rhythm, depth, and effort of breathing.Inspect and comment on shape of patient’s chest, presence, or absence of abnormality/asymmetry. Examine hands for abnormality: cyanosis/pallor/clubbing/capillary refill/ CO2 retention flap |  |  |  |  |
| 3. Palpate chest for tender areas:fremitus; expansion; trachea position. Palpate head, neck, and axilla lymph nodes. |  |  |  |  |
| 4. Percuss the chest wall anterior/posterior and lateral, comparing left and right. Use appropriate technique to elicit sounds. |  |  |  |  |
| 5.Listen to the chest with stethoscope as above, Report breath sounds (vesicular/bronchial) / any adventitious (added) sounds e.g., pleural rubs/wheezes/crackles. |  |  |  |  |
| 6. Repeat inspection, palpation, percussion, and auscultation on posterior chest.  |  |  |  |  |
| 7. Record and present comprehensive findings in a logical and systematic structure. |  |  |  |  |
| 8. Refer for further examination as appropriate. |  |  |  |  |

**System 2: Cardiovascular**

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| **Examination of the Cardiovascular System** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross and surface anatomy of the cardiovascular system  |  |  |  |  |
| Identify appropriate selective subjective questioning. |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1. Position client correctly. |  |  |  |  |
| 2. Inspect and comment on skin colour, temperature, and presence of cyanosis. To include inspection of hands/ face and body |  |  |  |  |
| 3. Examine hands for abnormality. Capillary refill/ splinter haemorrhages/ Janeway lesions/ Osler nodes/ |  |  |  |  |
| 4. Feel and comment on pulses- Identify correct anatomical position for palpating, radial, bronchial, carotid, dorsalis pedis, tibialis posterior; apical. Report on characteristics. Palpate for thrills and heave and identify significance of each. |  |  |  |  |
| 5. Position patient correctly and comment on jugular venous pressure. |  |  |  |  |
| 6. Auscultate over the anatomical landmarks for aortic/pulmonary/tricuspid and mitral valves. Demonstrates how to locate landmarks. |  |  |  |  |
| 7. Examine for dependant oedema - states if pitting and identifies extent |  |  |  |  |
| 8. Record and present comprehensive findings in a logical and systematic structure. |  |  |  |  |
| 9. Refer for further examination as appropriate. |  |  |  |  |
| 10. Identifies common valvular pathologies. Differentiate between systolic and diastolic murmurs. Can identify atrial fibrillation; aortic stenosis and S3 sound and relate to pathology |  |  |  |  |

 **System 3: Musculoskeletal**

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| **Examination of the Musculoskeletal System** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross and surface anatomy of the musculoskeletal system relevant to joint/area being assessed and presenting pathology. |  |  |  |  |
| Identify appropriate selective subjective questioning. This should be relevant to the specific joint and if referred or local pain to joint medial and distal. |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1. Inspect limb/joint and identify normal and abnormal findingse.g., muscle wasting, deformity, swelling, posture, symmetry, scars. Identify deviations from the normal. |  |  |  |  |
| 2. Examine range of movement and strength of the appropriate area: active and passive. Isometric and isotonic. |  |  |  |  |
| 3. Identify the necessity for and perform an appropriate spinal examination in addition to a peripheral joint examination. |  |  |  |  |
| 4. Palpation: joint line; heat; inflammation; tenderness; redness |  |  |  |  |
| 5. Special tests e.g., ligament stability of cruciate/ meniscus/ impingement/ tendon. Relate to joint being examined. |  |  |  |  |
| 6. Identify different causes of pain e.g., radicular; articular and referred pain |  |  |  |  |
| 7. Demonstrate professionalism and consideration of the client appropriate to the task with regard to patient handling and communication. |  |  |  |  |
| 8. Refer for further examination as appropriate. Red flags to include: Progressive neurological symptoms/ cancer/ cauda equine/ infection. |  |  |  |  |

**System 4: Neurological**

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| **Examination of the Neurological System** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross and surface anatomy of the neurological system to include the ability to differentiate between UMN lesion and LMN lesion and to relate to A& P of central and peripheral nervous system.  |  |  |  |  |
| Identify appropriate selective subjective questioning. |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1.Demonstrate inspection of the neurological tract: * Body posture and movement
* Appearance and behaviour
* Appropriate motor function
* Recognise patterns of spasticity
* Subluxation, Disuse atrophy
* Tone/clonus
* Eye position, pupil reaction
* Evidence of trauma
* Evidence of infection
 |  |  |  |  |
| 2. Assess level of consciousnessGlasgow Coma Score.Cognitive function- mini mental state exam or other appropriate reliable validated measure |  |  |  |  |
| 3. Assess sensory functionDemonstrate awareness of appropriate dermatome/myotome nerve distribution Test vibration sense appropriatelyTest pin prick sensationTest light touch. |  |  |  |  |
| Assess motor function.Test deep tendon reflexes appropriate to limb being examined. Upper limb: biceps; triceps; brachioradialis.Lower limb: knee; ankle; Babinski (plantar)Demonstrate understanding of grading of reflexes and range of normal |  |  |  |  |
| 4. Assessment of speech and swallowing.Understand the difference between Aphonia; dysarthria and Aphasia and possible causes and appropriate referral pathways |  |  |  |  |
| Carry out a comprehensive cranial nerve examination, relating findings to pathology |  |  |  |  |
| 5. Record and present comprehensive findings in a logical and systematic structure. |  |  |  |  |
| 6. Refer for further examination as appropriate. Red flag |  |  |  |  |

**System 5: Abdominal**

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| **Examination of the Abdomen** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross and surface anatomy of the abdominal system to include; position of all major abdominal organs including liver, spleen, bladder, kidneys, small and large intestine |  |  |  |  |
| Identify appropriate selective subjective questioning. |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1. Observe overall appearance of patientincluding nutritional status.Examine, mouth, tongue, rectum, genitalia, urine as appropriate. Identify problems.  |  |  |  |  |
| 2. Inspect the abdomen for**:**Visible pulsation (AAA); Distension; Skin (colour, rashes, lesions, scars, striae, dilated veins), ascites; contour; symmetry; visible organs/masses/peristalsis; visible lymph nodes; pain. |  |  |  |  |
| 1. 3. Palpate abdomen and assess for pain

Palpate gently through each section.Note tenderness, guarding and rebound tenderness.Demonstrate correct technique for palpation of liver and spleen margins, and how to ballot the kidneys. Palpate for any lymph nodes.Rationalise areas of pain |  |  |  |  |
| 1. 4. Percuss the abdomen. Demonstrates the correct technique for identify extent of liver and spleen, shifting dullness (ascites) and over the abdomen. Identify causes of distension of the abdomen (fat, fluid, faeces, flatus, fetus)
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| 1. Starting below the umbilicus, auscultate the abdomen for bowel sounds/ bruits/ vascular noises. Note frequency and character.
2. Identify any abnormal sounds.
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| 5. Record and present comprehensive findings in a logical and systematic structure. |  |  |  |  |
| 6. Identify red flags (severe pain/signs of shock/ signs of peritonitis/abdominal distension. Signs and symptoms of possible malignancy (change in bowel habits; bleeding; melaena; documented weight loss; nocturnal symptoms; family history)Refer for further examination as appropriate. |  |  |  |  |

**System 6: Mental Health**

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| **Mental Health Examination** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| 1. Ensures the environment is conducive to communication and that confidentiality can be maintained |  |  |  |  |
| 2. Introduces self and establishes consent for mental health assessment. |  |  |  |  |
| 3. Provides objective report on the person’s appearance and behaviour and identifies any recent changes. |  |  |  |  |
| 4. Provides a description of the person’s level of rapport and establishes any recent changes in rapport. |  |  |  |  |
| 5. Provides a clear description of the person’s speech, spontaneity, speed, tone, coherence and notes any recent changes. |  |  |  |  |
| 6. Produces a clear review of the client’s current mood/ perceptions noting any recent changes. |  |  |  |  |
| 7. Establishes the person’s perceptions to perceive the world. Notes any recent changes. |  |  |  |  |
| 8. Ascertains the person’s current cognitive functioning, orientation to time place and person and notes any recent changes in this ability. |  |  |  |  |
| 9. Establishes factors felt by client and others to be affecting their quality of life |  |  |  |  |
| 10. Determines the person’s current understanding / insight into their situation. Gleans the persons own explanation for their current situation.able to ascertain clients’ views of factors affecting improvement/ deterioration of mental health |  |  |  |  |
| 11. Terminates the interview by demonstrating skills to disengage from the interview. |  |  |  |  |
| 12. Demonstrates clinical reasoning skills in rationale for further action / no action. |  |  |  |  |
| 13. Records and presents findings in a structured and logical manner. |  |  |  |  |
| 14. Record and present comprehensive findings in a logical and systematic structure. |  |  |  |  |

**System 7: Ear, Nose and Throat**

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| **Ear Examination** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross anatomy of the external and middle ear to include external ear; ear canal; tympanic membrane; middle ear and its structures. Pathways of hearing. Frontal and maxillary sinus; nasal passage (turbinates and septum); mouth and throat. Anterior and posterior triangles of the neck with position of vessels and lymph nodes. Thyroid gland |  |  |  |  |
| Introduction to the client and explanation of procedure |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1.General inspection and comment on presence or absence of abnormality |  |  |  |  |
| 2. Examine and palpate the external pinnae and adjacent tissues for abnormality e.g., swelling/ redness/ mastoid |  |  |  |  |
| 3. Identify normal structures, note appearance: wax; colour; shape; discharge; FB; scars; ossicles; light reflex; drum colour? retracted/perforated |  |  |  |  |
| 4. Examine tympanic membrane using otoscope correctly |  |  |  |  |
| 5. Gross hearing tests: Rinne/Weber. Identify which cranial nerve CN8. Differentiates between sensory and conductive hearing loss. |  |  |  |  |
| 6. Red flags and referral: Hearing loss with a positive history of:* Familial hearing loss, TB, syphilis, HIV, Meniere’s disease, autoimmune disorder, otosclerosis, von Recklinghausen’s neurofibromatosis, Paget’s disease of bone, head trauma related to onset.
* History of pain, active drainage, or bleeding from an ear.
* body in the ear canal.
* Conductive hearing loss or abnormal tympanogram.
* Unilateral or asymmetric hearing loss; or bilateral hearing loss > 80 DB.
* Unilateral or pulsatile tinnitus.
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| **Nose Examination** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Introduction to client |  |  |  |  |
| 1. General inspection and comment on presence or absence of abnormality. Inspect nasal vestibule- anterior and inferior surfaces. Identify normal structures and any abnormalities. |  |  |  |  |
| 2. If appropriate test olfactory nerve (CN1) |  |  |  |  |
| 3. Examine and palpate nose for lumps and bumps and nasal obstruction |  |  |  |  |
| 4. Examine septum using appropriate light source: mucosa for colour and bleeding/ exudate/ulcers/ polyps |  |  |  |  |
| 5. Palpate sinuses (frontal and maxillary) for tenderness. |  |  |  |  |

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| **Throat Examination** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Introduction to client |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1. General Inspection and comment on presence or absence of abnormality.Using an appropriate light source and tongue depressor: Note any odour/ size of tonsils/ uvula central or deviated/ redness/ puss/ foreign body. Note state of dentition |  |  |  |  |
| 2. Palpate and identify relevant lymph nodes of the head and neck: tonsillar; sub mandibular; sub mental; anterior cervical; deep cervical. Demonstrate correct technique for palpating lymph nodes and state what they are palpating for (tenderness; enlargement; mobility; consistency; size)Palpate tracheaPalpate thyroid gland |  |  |  |  |

**System 8: Eye Examination**

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| **Eye Examination** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed****Apprentice (date)** |
| Demonstrates knowledge of the gross anatomy of the eye to include eyeball, lachrymal ducts; innervation; muscles of ciliary body and the fundus and its structures. Visual pathways from retina to visual cortex. |  |  |  |  |
| Introduction to the client and explanation of procedure |  |  |  |  |
| Introduces self and establishes consent for examination |  |  |  |  |
| 1. General inspection and comment on presence or absence of abnormality. To include colour of sclera; corneal arcus; asymmetry; xanthelasma; ptosis; squints; light reflexes; puffiness; conjunctivitis; discharge |  |  |  |  |
| 2. Test papillary light reflexes- direct and consensual. Test papillary accommodation reflex.CN111 |  |  |  |  |
| 3. Visual acuity using a Snellen chart if available. CN11 |  |  |  |  |
| 4. Test visual fields Test eye movements CN 111/1V. Identify muscles involved and the 6 cardinal directions of movement |  |  |  |  |
| 5. Cover test for latent squint |  |  |  |  |
| 6. Correctly use ophthalmoscope to examine the fundus and identify: optic disc to identify red reflex; macula/physiologic cup; any evidence of bleeding; plaques; papilledema. Relate to pathology e.g., diabetes/ CVD/ injury etc. |  |  |  |  |

Section 2: Bespoke Skills Log – *below are examples that could be used, and can be removed as appropriate, a minimum of 5 must be used*.

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| **Bespoke 1: Blood Result Interpretation**  | **Pass** | **Refer**  | **Name & Signed Supervisor (date)** | **Signed** **Apprentice (date)** |
| Patients who present to the clinical setting who require bloods tests/investigation to confirm diagnosis/ treatment options, such as:* Haematology- FBC, ferritin
* Biochemistry- U+E, LFT, Bone Profile
* Immunology- CD markers
* Microbiology- interpretation of results and appropriate management of infections
* Virology- interpretation and appropriate management of positive results
 |  |  |  |  |
| **Bespoke Skills 2: Requesting and interpretation of Radiological Investigations** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed** **Apprentice (date)** |
| Patients who present to the ED/AMU who require radiological investigation to confirm diagnosis/ treatment options, such as:* CXR
* AXR
* Limb x-ray
* USS chest
* Echo
* CT scan
* MRI scan
 |  |  |  |  |
| **Bespoke Skill 3: ECG Interpretation** | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed** **Apprentice (date)** |
| Patients who present to the clinical setting who require investigation of cardiac rate and rhythm to confirm diagnosis/ treatment options such as:* Tachycardia
* Bradycardia
* 1st degree heart block
* 2nd degree heart blocks
* Complete heart block
* Ventricular fibrillation
* Atrial fibrillation
* Atrial flutter
* Bundle branch block
* Junctional rhythm
* Sinus arrhythmia
* Ectopic
* Supraventricular tachycardia
* Ventricular tachycardia
* Paced rhythm
* PEA
* Ischaemic changes
* Establish old and new changes
* Pericarditis (saddle wave)
 |  |  |  |  |
| **Bespoke Skill 4:**  | **Pass** | **Refer** | **Name & Signed Supervisor (date)** | **Signed** **Apprentice (date)** |
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| **Bespoke Skill 5:**  | **Pass** | **Refer**  | **Name & Signed Supervisor (date)** | **Signed** **Apprentice (date)** |
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Please complete the following grid to support appropriate documentation of the supervisors signing the skills logs.

Ensure that any individual who has signed this document has been agreed with your employer and has met the following criteria:

· Valid and current professional registration with the NMC, HCPC, GPhC or GMC

· Working at least an advanced level practitioner role for at least 3 years.

· Has studied at level 7 or equivalent qualification.