

Holistic Care Planning and Assessment Competencies

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| Name: | Role: |
| Base: | |

Competency Statement: The participant must demonstrate clinical knowledge and skill in holistic care planning and assessment without assistance and/or direct supervision (level 3 – see level descriptors)

| Performance criteria | Assessment method | Level achieved | Date | Assessor/ Self assessed |
|---|------------------------------------|----------------|------|----------------------------|
| The Participant will be able to: | | | | |
| 1. Demonstrate the ability to identify and review holistic care planning in practice | | | | |
| Identify the key worker that will where possible be the named lead for the patient's plan of care and clarify their role and responsibilities | Direct observation and questioning | | | |
| Identify appropriate review dates when the key worker and patient can review progress and make changes as required | Direct observation and questioning | | | |
| Review the holistic clinical assessment and plan of care to ensure that the patient's individual personal goals are identified and there is evidence that this has been put into practice | Direct observation and questioning | | | |
| Identify how patient's strengths are incorporated into care plans and how well being is supported | Direct observation and questioning | | | |
| Review the considerations given to the patient's religious, psychological, physical and personal preferences | Direct observation and questioning | | | |
| Identify evidence of the patients contribution to the care plan | Direct observation and questioning | | | |
| Assess the rapport with patient and staff to ensure that trusting and respectful relationships have been established | Direct observation and questioning | | | |
| Identify therapeutic relationship that enables the patient to develop self-carers skills that promote independence | Direct observation and questioning | | | |
| Assess the long and short tem goals that have been agreed with | Direct observation and | | | |

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| the patient | questioning | | | |
| Assess the care plan for evidence of the prioritisation of patient's personal preferences and choices | Direct observation and questioning | | | |
| Review evidence of proactive planning for and appropriate referrals, where escalation to other services were required | Direct observation and questioning | | | |
| Identify triggers that may positively or negatively affect the patient's physical or mental health and how these are being managed | Direct observation and questioning | | | |

Date all elements of Competency Tool completed _____

I confirm that I am confident and competent in holistic care planning and assessment

Name _____ Signature _____ Status _____ Date _____

For Self Assessor

I confirm that I have assessed the above named Registered Nurse and can verify that he/she demonstrates competency in holistic care planning and assessment.

Assessor _____ Signature _____ Status _____ Date _____

For Self Assessment

I confirm that I have assessed my overall competence in holistic care planning and assessment at level _____

Name _____ Signature _____ Status _____ Date _____

| Review Dates: | Competent Yes / No | Registered Nurse Signature | Assessor/ self assessed signature | Comments |
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