

## Diabetes Competencies

Name:	Role:
Base:	

### Competency Statement:

The participant demonstrates clinical knowledge and skill in diabetes nursing without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Promote self-care</b>				
a) Assess the ability of the person with diabetes to self-care, and work with them or their carer to optimise self-care skills	Observation / Questioning			
b) Direct people to information and support to encourage informed decision-making about living with diabetes and managing life events	Observation / Questioning			
c) Support the person with diabetes in setting realistic goals, and in the achievement of those goals	Observation / Questioning			
<b>2. Mental Health</b>				
a) Raise the issue of mental health/addiction problems sensitively during individual consultations	Questioning			
b) Conduct a mental health assessment using a recognised depression tool	Questioning			
c) Demonstrate awareness that some mental health medication can have a detrimental effect on glycaemic and lipid control	Questioning			
d) Support the person with diabetes and mental health problems in obtaining the appropriate investigations in a timely manner	Questioning			
e) Ensure people with diabetes and mental health problems understand how to take medication, recognise common side-effects and how to report them	Questioning			
<b>2. Nutrition</b>				
a) List the principles of a healthy balanced diet	Questioning / observation			
b) Calculate and interpret BMI and/or measure waist circumference	Observation / Questioning			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
c) Understand which foods contain carbohydrate and how these affect blood glucose levels	Questioning / observation			
d) Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate	Questioning / observation			
e) Refer the person with diabetes to a dietician when appropriate	Questioning / observation			
<b>3. Urine monitoring</b>				
a) Interpret the test result and, if outside the expected range for that person, make the appropriate referral	Observation / Questioning			
b) Teach the testing procedure to the person with diabetes or their carer	Observation / Questioning			
c) Identify situations where testing for ketones is appropriate	Questioning / observation			
<b>4. Blood Glucose Monitoring</b>				
a) Interpret the results and report readings outside the acceptable range to the appropriate person	Observation / Questioning			
b) Interpret results and assess other parameters and take appropriate action, including testing urine or blood for ketones	Observation / Questioning			
<b>5. Oral Therapies</b>				
a) Demonstrate knowledge of the types of oral antihyperglycaemic agents and how they work	Questioning			
b) Demonstrate knowledge of therapeutic doses	Questioning			
c) Demonstrate knowledge of the timing of doses	Questioning			
d) Administer or supervise administration of prescribed medication and assess concordance	Observation			
e) Complete documentation accurately	Observation / Questioning			
f) Describe common side-effects	Questioning			
g) Demonstrate knowledge of oral combination therapies, individual management goals and supply issues	Questioning			

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h) Recognise that the progressive nature of type 2 diabetes may require changes in the medication over time.	Questioning			
<b>6. Injectable Therapies</b>				
a) Demonstrate a basic knowledge of insulin and GLP-1 receptor agonists (e.g. drug type, action, side-effects)	Questioning			
b) Demonstrate a knowledge of insulin administration devices used locally.	Questioning			
c) Understand the correct method of insulin and GLP-1 self-administration and administration devices including choice of needle, appropriate lift of skin fold, site rotation, storage of insulin, single use of needles, examination of injection sites	Questioning			
d) Identify correct reporting system for injectable therapy errors	Questioning			
e) Describe circumstances where insulin use might be initiated or altered and make appropriate referral	Questioning			
<b>7. Hypoglycaemia</b>				
a) Recognise and provide appropriate treatment for the different levels of hypoglycaemia	Questioning			
b) List possible causes of hypoglycaemia, including alcohol consumption and physical activity	Questioning			
c) Understand methods of hypoglycaemia avoidance, medication likely to cause hypoglycaemia and actions if blood glucose levels remain low	Observation / questioning			
d) Demonstrate a knowledge of driving regulations and how they relate to hypoglycaemia	Questioning			
e) Ensure appropriate hypoglycaemia treatments are available and in date	Questioning / observation			
<b>8. Hyperglycaemia</b>				
a) Recognise and provide appropriate treatment for the different levels of hyperglycaemia	Questioning / observation			
b) List possible causes of hyperglycaemia, including non-concordance with current medication and intercurrent illness	Questioning			

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c) Make appropriate referral	Questioning			
d) Administer or advise treatment to resolve hyperglycaemia in accordance with local policies or individual clinical management plans	Questioning			
e) Demonstrate knowledge of the long-term impact of hyperglycaemia	Questioning			
<b>9. Intercurrent Illness</b>				
a) Take a comprehensive assessment and patient history	Questioning			
b) Initiate appropriate preliminary investigations	Questioning			
c) Make appropriate referrals	Questioning			
d) Administer baseline treatment	Questioning			
e) Give advice regarding continuation of treatment for diabetes during intercurrent illness	Questioning			
<b>10. Hypertension and Coronary Heart Disease</b>				
a) Identify people with diabetes at risk of hypertension and CHD.	Questioning			
b) Refer people with diabetes for appropriate specialist intervention for hypertension or CHD	Questioning			
c) Interpret test results for non-specialist investigations	Questioning			
d) Demonstrate knowledge of self-management techniques	Questioning			
e) Ensure people with diabetes understand how to take medications, its side-effects and when to report them	Questioning			
<b>12. Neuropathy</b>				
a) Recognise the need for and carrying out annual foot screening for people with diabetes	Questioning			

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b) Demonstrate awareness of complications and prevention of neuropathy	Questioning			
c) Describe measures to prevent tissue damage in people with diabetes	Questioning			
d) Give foot care advice to people with diabetes, their carer and HCPs	Questioning			
e) Be aware of erectile dysfunction as a neuropathic process and refer where appropriate	Questioning			
f) Identify possible neuropathy and make appropriate referral to confirm diagnosis	Questioning			
<b>13. Nephropathy</b>				
a) Demonstrate awareness of complications and prevention	Questioning			
b) Demonstrate awareness of annual screening tests to detect nephropathy	Questioning			
c) Organise or perform microalbuminuria screening, BP measurement and blood tests according to local and national protocols and guidelines.	Questioning			
<b>14. Retinopathy</b>				
a) Recognise the need for: i) regular routine eye tests ii) regular retinal screening.	Questioning			
b) Demonstrate awareness of retinopathy complications and prevention	Questioning			
<b>15. End of Life Care</b>				
Assess the persons needs and ensure they are free from pain, adequately hydrated and symptom free from their diabetes	Questioning			
Recognise that palliative care may vary in time and diabetes control may need to be assessed daily	Questioning			
Recognise that glucocorticoid steroids may cause diabetes which may require insulin treatment or may worsen glycaemic control with pre-existing diabetes	Questioning			

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Recognise the aim of diabetes treatment in the last days of life is to prevent discomfort from hypoglycaemia, hyperglycaemia or DKA in people with type 1 diabetes with minimum intervention	Questioning			
Recognise that people with type 2 diabetes may not need treatment for diabetes in the last few days of life	Questioning			
Recognise that people with type 1 diabetes may need a change of insulin ie to once a day depending on the persons eating pattern	Questioning			

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

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

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments