

Worcestershire Acute Hospitals NHS Trust  
ASSESSMENT OF COMPETENCY

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ASSESSMENT SPECIFICATION: Cardiac Assessment and Examination Competency

The practitioner demonstrates the knowledge and skills to accurately assess a patient's cardiovascular status and is able to recognise areas of risk which may compromise the patients safety in the peri-operative period

Nurse Practitioners with accredited training in clinical assessment and examination skills that are currently in practice, and Anaesthetists can act as a sign off mentor.

The assessment of five patient consultations is required to complete the practical element of the competency- undertaking one full practical examination with the Anaesthetist and four targeted examination according to the presenting symptoms of the patient. A single sign off for the theoretical element of the competency is required.

This document is due for review 25<sup>th</sup> June 2020 by the Clinical Anaesthetic Lead for the POA service.

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KNOWLEDGE EVIDENCE:

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Clinical Supervisor (*please print*) ..... Signature ..... Date:  
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Candidate (*please print*)..... Signature ..... Date:  
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Ward/Department: .....Directorate/PCT ..... Location:  
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Comments by Supervisor

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Comments by Candidate:

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*When you have completed your competencies a copy should be retained as evidence of your competency for your professional portfolio and a PHOTOCOPY of this completed record sent to your manager for your personal folder and to Learning and Development Department, Charles Hastings Education Centre, WRH.*

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PERFORMANCE CRITERIA FOR ASSESSMENT OF COMPETENCY

PERFORMANCE CRITERIA	COMPETENT- Mentor Initial & Date  Nurse Practitioners that have completed accredited training in cardiac and respiratory assessment and examination, and Anaesthetists can act as a sign off mentor.				
Demonstrates knowledge and understanding of hypertension including the related signs and symptoms	X	X	X	X	
Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with hypertension	X	X	X	X	
Takes a targeted history of a patient presenting with hypertension	X	X	X	X	
Demonstrates knowledge and understanding of ischaemic heart disease including the related signs and symptoms	X	X	X	X	
Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with ischaemic heart disease	X	X	X	X	
Undertakes a targeted history of a patient presenting with ischaemic heart disease.	X	X	X	X	
Demonstrates knowledge and understanding of the Canadian Cardiovascular Society grading of angina pectoris.(Ref required)	X	X	X	X	
Demonstrates knowledge and understanding of heart failure including the related signs and symptoms	X	X	X	X	
Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with heart failure	X	X	X	X	
Takes a targeted history of a patient presenting with heart failure	X	X	X	X	
Demonstrates knowledge and understanding of the New York Heart Association (NYHA) functional classification of heart failure	X	X	X	X	
Demonstrates knowledge and understanding of atrial fibrillation including the related signs and symptoms	X	X	X	X	

Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with atrial fibrillation	X	X	X	X	
Takes a targeted history of a patient presenting with atrial fibrillation.	X	X	X	X	
Demonstrates knowledge and understanding of aortic stenosis including the related signs and symptoms	X	X	X	X	
Demonstrates knowledge and understanding of the potential impact of anaesthetic and surgery for the patient presenting with aortic stenosis	X	X	X	X	
Takes a targeted history of a patient presenting with aortic stenosis.	X	X	X	X	
Demonstrates knowledge and understanding of systolic and diastolic murmurs and related physiology.	X	X	X	X	
Provide detailed explanation of the decision making process used to establish if the patient needs referral to an anaesthetist or other service (General Practitioner) regarding their cardiac disease.	X	X	X	X	
Assesses blood pressure using an automated and manual devices and discusses the rationale for undertaking manual BP readings.	X	X	X	X	
Assesses blood pressure, pulse rate, respiratory rate and oxygen saturations, discusses relevance of findings, including abnormal and normal findings and ensures appropriate safety netting of the patient.	X	X	X	X	
Explains the differential diagnosis relating to the patient presenting with tachycardia and bradycardia, and ensures appropriate safety netting.	X	X	X	X	
Explains the differential diagnosis relating to hypertension and hypotension and ensures appropriate safety netting of the patient.	X	X	X	X	
Demonstrates appropriate referral for ECG testing prior to surgery according to National Institute for Health and Care Excellence (NICE)					
Demonstrates knowledge and understanding in the interpretation of a normal 12 lead electrocardiogram (ECG):  Normal ECG complex: rate and rhythm					

Demonstrates knowledge and understanding of when a patient may require immediate medical attention following an ECG	X	X	X	X	
Demonstrates knowledge and understanding of echocardiography and the rationale for testing	X	X	X	X	
Demonstrates knowledge and understanding of 24hour tape and the rationale for testing	X	X	X	X	
Demonstrates knowledge and understanding of cardiac stress testing and rationale for testing	X	X	X	X	
Demonstrates knowledge and understanding of cardiopulmonary exercise testing and the rationale for testing.	X	X	X	X	
Discuss common medications prescribed for cardiovascular disease: Ischaemic heart disease, atrial fibrillation, heart failure and hypertension.	X	X	X	X	
Discuss importance of perioperative medicines management of patients presenting with cardiovascular disease	X	X	X	X	
Demonstrates knowledge and understanding of 'functional capacity' and factors that can affect functional capacity.	X	X	X	X	
Demonstrates knowledge and understanding of Metabolic equivalent of task (MET) scoring.	X	X	X	X	
<u>Examination</u>					
Explains the purpose of the examination to the patient and seeks consent.					
Offers a chaperone for the procedure as per WAHT policy					
Ensures that the dignity and privacy is maintained throughout the examination.					
Performs a comprehensive, age appropriate, physical examination based on the presenting symptoms of the patient:  Inspection, palpation, percussion and auscultation.					
Positions the patient at 45 degrees for examination (Cartledge, Cartledge and Lockey, 2014) and performs examines from the right side of the					

patient.					
Performs a general inspection of the patient (Cartledge, Cartledge and Lockey, 2014) and provides a rationale for inspection.					
Inspects the hands for tar staining, clubbing, cyanosis, splinter haemorrhages (Jevons, 2009) and discusses that rationale for inspection					
Performs a capillary refill time and discusses the rationale for capillary refill time.					
Radial pulse palpated for rhythm and rate (Cartledge, Cartledge and Lockey, 2014) and discusses that rationale for palpation.					
Observes for corneal arcus and xanthesmata (Jevons 2009) and understands the rationale for inspection.					
Observes for malar flush (Jevon, 2009) and understands the rationale for inspection.					
Observes for cyanosis of the tongue (Jevon, 2009) and understands the rationale.					
Palpates carotid pulse for pulse character and thrills (Bickley and Szilagy 2013)					
Inspects chest wall for deformities, scars, heaves, or pulsations (Cartledge, Cartledge and Lockey, 2014) and discusses rationale for inspection.					
Palpates the chest wall for the apex beat, heaves and thrills (Cartledge, Cartledge and Lockey, 2014), and demonstrates the rationale for palpation.					
Palpates the aorta for pulsations and estimates the width (Bickley and Szilagy 2013)					
Performs auscultation of heart sounds whilst palpating the radial pulse with the free hand to identify S1 (Cartledge, Cartledge and Lockey, 2014)					
Identify correct surface markings for the heart sounds and auscultation points (Cartledge, Cartledge and Lockey, 2014) and performs auscultation.					
Identify S1 and S2 and demonstrate knowledge and understanding of S3,					

S4 and the splitting of heart sounds.					
Provides an accurate description of a heart murmur; site, timing, grade/intensity, pitch, radiation, changes with inspiration/posture (Cartledge, Cartledge and Lockey, 2014)					
Performs manoeuvres to aid auscultation: inspiration and expiration, and understands the rationale for the manoeuvre.	X	X	X	X	
Performs manoeuvre to aid auscultation: moves patient to the left lateral position and auscultates mid axilla 5 <sup>th</sup> intercostal space for mitral stenosis (mitral stenosis murmur loudest on expiration) (Cartledge, Cartledge and Lockey, 2014)	X	X	X	X	
Performs manoeuvre to aid auscultation: sits the patient up and forward. Auscultates over the aortic auscultation point (aortic regurgitation loudest on expiration) (Cartledge, Cartledge and Lockey, 2014)	X	X	X	X	
Demonstrates knowledge and understanding of when to perform respiratory examination (crepitations or crackles may indicate pulmonary oedema) (Cartledge, Cartledge and Lockey, 2014)	X	X	X	X	
Auscultate the carotid arteries for bruits (Bickley and Szilagy 2013)					
Inspects ankles for ankle oedema					
Reassures the patient and informs them of the findings and ensures safety netting of the patient					
Documents examination findings and sign, print date and time entry.					
<p>I declare that I have supervised this practitioner and found him/her to be competent as judged by these knowledge and performance criteria</p> <p>Main Clinical Mentor (<i>please print</i>) .....</p> <p>Signature ..... Date: .....</p>	<p>I declare that I have expanded my knowledge and skills and undertake to practice with accountability for my decisions and actions</p> <p>Candidate (<i>please print</i>) .....</p> <p>Signature ..... Date: .....</p>				

References

Bickley, L.S and Szilagyi, P.G.,2013. *Bates' guide to physical examination and history taking*. 11th ed. London: Lippincott Williams & Wilkins.

Cartledge, P, Cartledge, C and Lockey, A., 2014., *Clinical examination*. JP Medical Ltd: London

Jevon, P, 2009., *Clinical examination skills*. John Wiley & Sons: West Sussex