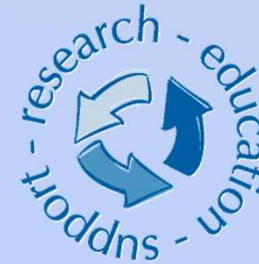


15th Annual Conference of the
National HIV Nurses Association (NHIVNA)



National HIV Nurses Association

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Chelsea and Westminster Hospital, London

27-28 June 2013- The International Convention Centre, Birmingham

Competencies

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Standard 11

People living with HIV should receive care overseen by a consultant physician specialist in HIV and provided by practitioners with appropriate competencies within suitable and recognised governance and management structures



Rationale

- Safety
- Quality
- Accountability



NHIVNA competencies review

Evaluation results:

- Simplify
- Easier to use
- HCA competencies
- Community Nurse competencies
- Assessment
- Job descriptions
- Career pathway
- Education and development
- Appraisal and job planning




Competencies 2013

- E-book
- Word document
- Assessment framework
- HCA competencies

E-book

- [NHIVNA e-book](#)

Competencies13.v1 Pages: 1/40



National HIV Nurses Association

National HIV Nursing Competencies

June 2013

www.nhivna.org

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Source: U.S. Census Bureau, *Current Population Reports*, 1990.

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Available at <http://www.elsevier.com/locate/jmb>

- on health and
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adherence to
of wishes are

• protect health and life of HIV+ and develop, where plans of care needed
 • try to obtain a identified patients and reach out (epidemiological)
 • if support to start is the case of if someone is in health and well
 • for providers to be ready for patient care
 • plan to research helping the patient care from HIV

Introduction

Using the HIV nursing competencies framework

The National HIV Nursing Competencies are designed for use alongside the Knowledge and Skills Framework (KSF). These competencies can either be incorporated into an individual KSF post outline or can be used as an addendum to a more generic KSF outline. For areas where the KSF is not in use, the competencies can be used as a standalone document for all nurses who look after HIV patients whether as part of their job or in an HIV specialist capacity (Table 1). The competencies found in this document are intended as specialist HIV nursing competencies that will complement other competency frameworks such as the Royal College of Nursing's Core Competencies¹ and the National Occupational Standards².

Table 1: Suggested use of the HIV nursing competencies

All national and network level:
<ul style="list-style-type: none"> • Provision of national standards for HIV nursing • Support recruitment and career pathways • Improve quality and equality of patient care • Inform educational programmes • Inform sector-wide co-ordinating
Service level:
<ul style="list-style-type: none"> • Enable standardisation of job descriptions • Inform KSF and performance review • Ensure quality of care delivery • Inform trusted services and accreditation
Individual level:
<ul style="list-style-type: none"> • Provide career structure • Personal and professional development • Enhance retention of staff • Provide recognition of individual specialist skills

Assessing competencies

The principle for assessing competent practice is to adopt a multifaceted approach that can range from direct observation of practice, through reflective diaries to implementing change in practice. Since the introduction of KSF many nurses will be familiar with the requirements to provide evidence of competence as part of their personal development plan. There is at present, no national tool for assessing competence in relation to HIV nursing; however, we would encourage nurse managers to develop their own assessment frameworks based on the HIV nursing competencies.

References

1. The Royal College of Nursing's Core Competencies can be found at: www.rcn.org.uk/publications/corecompetencies/
2. For further information about the National Occupational Standards, see: www.nocstandards.gov.uk/

NHIVNA Competencies

Introduction

Structure of the competencies

The National HIV Nursing Competencies comprise four generic competencies and four specialist competencies (see Figure 1). The generic HIV competencies are applicable to all nurses working in HIV care irrespective of where they are clinically based and are as follows:

1. Assessing health and well-being;
2. Management of antiretroviral therapy;
3. Health promotion;
4. Working in partnership including clinical networks and multidisciplinary working.

The specialist competencies apply to nurses working in HIV outpatient clinics, HIV inpatient units, clinical trial centres or HIV paediatric units or nurses whose role involves looking after patients in any of these settings as part of their clinical medical and are as follows:

5. HIV outpatient;
6. Triage and minor illness support;
7. Management and support of undiagnosed patients;
8. Management and support of patients with co-infection and co-morbidity;
9. Support and management of people taking post-exposure prophylaxis;
10. HIV inpatient;
11. Clinical trials;
12. Paediatric care.

Figure 1: Generic and specialist HIV nursing competencies



Competency levels

The levels of competence defined in the National HIV Nursing Competencies reflect the nursing career structure described in the Department of Health document, *Making a Difference*³. They are also informed by the local disciplines within the NHS KSF.

NHIVNA Competencies

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Generic HIV nursing competencies

02 Management of antiretroviral therapy (ART)

Health Care Assistant Competencies

- Demonstrates awareness of the rationale for starting antiretroviral therapy and the importance of adherence to prescribed regimen
- Is aware of some of the common side-effects of ART and the potential impact on a patient's wellbeing
- Demonstrates an awareness of potential problems with adherence and reports appropriately to the nurse in charge if there are any difficulties with ART administration
- Demonstrates awareness of commonly used prophylactic medications used for the prevention of opportunistic diseases and common toxic investigations used in the early detection of HIV related complications
- Is aware of the use of Advanced Directives and their role in HIV care

Nurse Competencies

For all nurses looking after HIV patients irrespective of where they are clinically based.

LEVEL 2	LEVEL 3	LEVEL 4
<p>Contributes to care planning and delivery and monitoring of ART related interventions</p> <p>Demonstrates an understanding of how ART works and is administered, and of relevant local and national guidelines and policies</p> <p>Demonstrates awareness of the risk of drug interactions and where to access services on file</p> <p>Demonstrates an awareness of ART related toxic and investigations. (According to national and local protocols)</p> <p>Demonstrates how to obtain help and advice on HIV treatments and related issues. Able to explain the factors of ART treatment to patients in a relevant manner</p> <p>Recognises situations which may be detrimental to an individual's ability to take treatment as prescribed and alerts the ART to this</p> <p>Facilitates correct administration of ART in each specialist and non-specialist settings (7)</p>	<p>Plans and delivers care and evaluates ART related interventions</p> <p>Demonstrates an in-depth and up-to-date knowledge of ART, including commonly used combinations, mechanisms of different classes of antiretroviral drugs and drug resistance</p> <p>Demonstrates knowledge of key drug interactions</p> <p>Demonstrates ability to order and interpret appropriate tests for the complete history, ART-related toxics and machine monitoring tests (7)</p> <p>Assesses patient information needs and develops an appropriate plan of care to address these, with a view to facilitating self-management within the patient's ability</p> <p>Defines the nurse's role in assessing and providing education and in practice in delivering this aspect of care</p> <p>Correctly administers and/or advises patients and other NCT members on the administration of ART</p> <p>Anticipates any trends in ART administration, monitoring to facilitate optimal adherence</p>	<p>Establishes systems to plan and deliver care, and evaluate ART where complex clinical situations exist</p> <p>Demonstrates advanced expertise in managing patients on ART. On file with local policies and national policies (14, 15, 16, 17) and with an holistic, patient-centred approach</p> <p>Demonstrates in-depth knowledge of drug interactions, where patients accordingly, in discussion with UCT</p> <p>Initiates and leads clinics for monitoring and assessing clinically stable patients on therapy, working both autonomously and in partnership with the UCT as appropriate</p> <p>Able to assess complex adherence situations and apply in-depth knowledge and evidence-based strategies to facilitate behaviour change</p> <p>Establishes and maintains systems to ensure correct ART administration for patients across specialties, services and settings</p> <p>Establishes and evaluates systems for adherence assessment and support, in conjunction with UCT</p>

Generic HIV nursing competencies

02 Management of antiretroviral therapy (ART)

LEVEL 2	LEVEL 3	LEVEL 4
<p>Shows ability in performing basic assessment of individual's treatment adherence (7)</p> <p>Demonstrates an understanding of the physical and psychological needs of patients presenting with ART related side effects and refers patients on to UCT as appropriate</p> <p>Demonstrates the ability to recognise the most commonly occurring side effects of ART</p>	<p>Assesses individual's adherence to both using self-reported questioning</p> <p>Assesses the physical and psychological needs of patients presenting with ART side-effects and formulates a plan of care to address these needs</p> <p>Able to assess the physical and psychological needs of patients presenting with ART side-effects and formulates a plan of care to address these needs</p> <p>Plans to, under supervision, demonstrate adherence when completed (7)</p> <p>Supports patients who are considering clinical trials and acts as an advocate, leading with clinical trial teams as required</p>	<p>Establishes clear patient referral pathways for further adherence support, to include health professionals, relevant organisations and community-based organisations</p> <p>Ensures appropriate pathways are in place for referral to self-help resources with regard to ART side-effects</p> <p>Establishes systems for proactive assessment, monitoring and treatment of side-effects (as listed) with a view to ensuring an agreed timely response</p> <p>Establishes systems for prevention and treatment of side-effects where possible, and within complex situations where co-ordination and co-referral is vital</p> <p>Ensures systems, policies and procedures are in place to follow diagnostic investigations under the medical prescribing (NPS) or other appropriate policies where appropriate</p> <p>Refers interested and suitable patients to the clinical trial team</p>

Key

*As per local guidelines/policy

References

14. Williams et al. British HIV Association guidelines for the treatment of HIV-positive adults with antiretroviral therapy (ART), 10th Edition (2015), 13 (April 14), 1-4
15. Arora et al. British HIV Association guidelines for the monitoring and management of HIV (15-1) Internal Individuals (2015), 10th Edition (2015), 13, 1-4
16. British HIV Association (BHA) guidelines for antiretroviral treatment of HIV-positive adults (2015), 10th Edition (2015), 13, 1-4
17. British HIV Association. Standards of care for people living with HIV (2015). See www.bhiva.org/standards-of-care-2015.aspx

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