**COVID-19 SELF CERTIFICATION (SKILLS PASSPORT)**

***[delete all texts in grey including this one]***

**Name:**

**Current Role/Grade/Band:**

**HEE region/Employer:**

**Area of Redeployment** *(if applicable)*:

**Name of hospital where redeployed** *(if applicable)*:

**Duration of Redeployment** *(if applicable)*:

This document is to highlight and acknowledge the contribution made, and skills acquired, during the first wave of the COVID-19 pandemic by the person above. Working in a Critical Care environment, supervised by a qualified Intensive Care professional, they provided patient care, often beyond the scope of their training curriculum/framework. They contributed as a valuable member of the critical care team and gained skills and experience during this time. These skills may be considered to contribute to an underlying training scheme or skills framework: and for medics this decision rests with the Specialty Training Committee (STC) and Annual Review of Competence Progression (ARCP) panels of the appropriate specialties.

The following ‘Care Packs’ are self-declared examples of skills and work undertaken during their deployment in Critical Care areas. These Care Packs are intentionally broad, as detailed assessment of competence is best achieved within the relevant regulator’s approved framework. The Packs contain **examples** of skills as illustrations.

Specific skills developed can be delineated further, in the ‘COVID-19 Skills Passport Clarification’ section of this document. This will provide future employers and trainers with more detail on individual attainments. Again, this document is self-declared.

* **Local supervision** = supervision within the vicinity
* **Distant supervision** = supervisor may not be able to attend for some time, for example at home or busy in another location.

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| **AREA OF EXPERIENCE** | **EXAMPLES OF SKILLS** *(Delete any not applicable. The number performed may be, but not necessarily, declared)* | **Standard**  **(Local supervision)**  *Mark with an ‘X’* | **Advanced**  **(Distant supervision)**  *Mark with an ‘X’* |
| Acute review |  |  |  |
|  | Reviews referrals  Initial assessment  Makes a management plan  Escalates to more experienced colleagues  Triage |  |  |
| General care |  |  |  |
|  | Assists with patient proning & positioning  Pressure area care  Manages intravascular lines  Undertakes routine eye/mouth care  Airway care of ventilated patient  Prepares and transfers patients  Troubleshoots monitoring issues |  |  |
| Routine clinical |  |  |  |
|  | Daily patient review  Appropriate documentation  Request & review blood results  Take blood from central/arterial lines  Request & review Radiology  Identifies nutritional needs |  |  |
| Airway |  |  |  |
|  | Resuscitation  Intubation  Secure airway  Initiate ventilation  Outreach member  Airway management  Tracheostomy management  Care of the ventilated patient |  |  |
| Respiratory |  |  |  |
|  | Interpretation of blood gases (ABGs)  Optimisation of respiratory system  Understands different modes of ventilation  Review ventilation difficulties and adjust ventilator settings/escalate appropriately  Weaning from invasive to non-invasive modes of ventilation i.e. NIV and CPAP |  |  |
| Cardiovascular |  |  |  |
|  | Manages fluid balance and escalates concerns  Performs arterial and/or central cannulation  Monitors arterial and/or central pressures  Monitors and titrates inotropes/vasopressors |  |  |
| Renal support |  |  |  |
|  | Manages fluid balance  Manages Renal Replacement Therapy (RTT)  Monitors patient receiving RRT: e.g. blood and coagulation, haemodynamics, ABGs  Assists with alternative renal strategies |  |  |
| Medicines |  |  |  |
|  | Monitors, administers, and titrates sedation Prescribes and reviews antimicrobial therapy  Provide appropriate GIT protection  Assesses need for thromboprophylaxis |  |  |
| Communications |  |  |  |
|  | Communicates with patient  Speaks to relatives remotely / in person  End of life discussions  Advanced care planning |  |  |
| Research & Audit |  |  |  |
|  | GCP trained  Consents patients and relatives  Active data collection  Reviews and implements appropriate audit data |  |  |
| Infection Control |  |  |  |
|  | Safe donning and doffing practices  Promotes safe PPE usage for team  Communicates breaches with team members  Familiarity working in PPE  Involved in contact tracing  Involved in cohorting patients |  |  |
| Rehabilitation |  |  |  |
|  | Works with patients and Physio teams on the ICU  Prescribes follow up Rehab after discharge |  |  |
| Other skills & contributions to the care of the Critically Unwell patient |  |  |  |
|  |  |  |  |

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| ………………………………………………  **Health Professional name**  ………………………………………………  **Health Professional e-signature** | ……………………………………………………  **\*Supervisor\* Name** (consultant, senior nurse, senior AHP or line manager)  ……………………………………………………  **Role/Job title**  ……………………………………………………  **e-signature of Supervisor** |

|  |  |
| --- | --- |
| ………………………………………………  **Date** | ……………………………………………………  **Date** |

* *NB: This individual does not have to be a trained supervisor but is merely confirming that the individual was indeed on the unit at this time, would have been involved in these sorts of areas, and their signature does not imply any level of competence or experience.*

**Covid-19 SKILLS Passport clarification**

This section is to allow you to record, in more detail, some of the skills you have demonstrated whilst working during the Covid-19 pandemic. This does not indicate the level of competence or replace standard assessments but it may be useful to support evidence required in your training programme (to be determined by your Training Lead/Training Programme Director). Please complete as much or as little as you like, inserting additional boxes if required.

**PLEASE NOTE:** The below section is self-certified by the holder of this form and does not require nor denote any senior clinical sign-off.

1. **Procedures you are able to perform:**

|  |  |  |
| --- | --- | --- |
|  | **Standard**  **(Local supervision)**  *Mark with an ‘X’* | **Advanced**  **(Distant supervision)**  *Mark with an ‘X’* |
| Ultrasound for line insertion |  |  |
| Internal jugular CVP line |  |  |
| Subclavian CVP line |  |  |
| Femoral line |  |  |
| Dialysis line |  |  |
| PICCO line |  |  |
| Arterial line |  |  |
| NG tube |  |  |
| Echocardiography |  |  |

1. **Please add any detail you think would be helpful for the individual care packs you have signed off. This may help any in any future deployment to ICM.**

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| Care pack: |
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| \*Transferable skills and experience related to [GMC’s Generic Professional Capabilities](https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework)  *(delete domains that are not applicable)* |
| * *Domain 1: Professional values and behaviours* * *Domain 2: Professional skills i.e. practical/clinical skills, communication, dealing with uncertainty* * *Domain 3: Professional knowledge* * *Domain 4: Capabilities in health promotion and illness prevention* * *Domain 5: Capabilities in leadership and team working* * *Domain 6: Capabilities in patient safety and quality improvement* * *Domain 7: Capabilities in safeguarding vulnerable groups* * *Domain 8: Capabilities in education and training* * *Domain 9: Capabilities in research and scholarship* |

*\*Where applicable, this document, once in your portfolio, could be mapped to these domains as evidence.*

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| Reflection could be documented here or indicate where in the e-Portfolio reflection can be found. |
| * *Strongly recommended* * *This could include:*   + *any changes to your role during the pandemic*   + *the experience and knowledge gained while managing COVID-19 patients*   + *experience and knowledge gained outside your usual scope of practice (i.e. palliative care, virtual clinics, critical care, medical HDU)* |

We would appreciate your feedback **AFTER** you have completed the self-certification process. Please click on this link <https://www.surveymonkey.co.uk/r/TBN3SCM> or copy and paste into your browser to complete the survey. The survey will remain open for a few months. Please delete this section before uploading your certificate.