

## Competency Assessment Tool for Therapeutic Communication 2009

### Guidelines for use:

- In assessing competence, a combination of assessment methods may be utilised including clinical questioning/ interview and observation.
- During assessment, for each criterion listed below, choose one indicator that best describes the candidate's performance. Circle the number representing the chosen indicator.
- The sum of scores for each item is obtained to determine an overall score. This score will correspond with a band level description of the candidate's overall performance (Refer to page 7) to validate the performance level rating.
- The assessor may prompt the candidate throughout the observation. Such action should be recorded in the comments section. Prompting suggests that the candidate is not yet independent and requires supervision. The rating given should reflect this by circling only the score that the candidate can perform independently.
- For further information please view the Assessment Fact Sheet: Performance Assessment using Competency Assessment Tools.

### At the completion of this assessment the specialist cancer nurse (SCN) should, with respect to therapeutic communication:

- Demonstrate awareness of and observes boundaries of practice in accordance with professional and organisational role descriptions, guidelines and standards for special cancer nursing and cancer care
- Practice in a way that acknowledges the impact of cancer on the culture, dignity, values, beliefs and rights of people affected by cancer
- Demonstrate an understanding of the impact of cancer and its treatment on the interrelated physical, psychological, financial, social, sexual and spiritual aspects of well being of the person affected by cancer
- Communicate effectively with the person affected by cancer and other members of the health care team to facilitate timely and comprehensive assessment and identification of current and potential adverse effects of having cancer and cancer control efforts
- Communicate effectively with other members of the health care team and refers appropriately to facilitate efficient, timely and comprehensive assessment and identification of current and potential needs of the person affected by cancer
- Collaborate with people affected by cancer and other members of the health care team, in planning and implementing care to prevent, minimise and manage the acute and delayed effects of having cancer and its treatment
- Demonstrate skilled use of therapeutic nursing interventions for meeting the physical, psychological, social, sexual and spiritual needs of the person affected by cancer throughout the disease continuum, including identification of the need for referral for additional support
- Continuously evaluate the condition and response of the person affected by cancer to interventions in a timely manner, using validated and focused assessment tools
- Provide comprehensive and specialised information in a coordinated manner to assist people affected by cancer to achieve optimal health outcomes, reduce distress and make informed decisions
- Provide education to the person affected by cancer to enable them to be active participants in their care and engage in self-management of health related needs where appropriate to achieve optimal health outcomes across the cancer continuum
- Develop therapeutic relationships with people affected by cancer to anticipate and meet their multiple care needs across the cancer continuum

## Competency Domain: Professional practice

This domain comprises competencies that reflect the Specialist Cancer Nurses (SCN) ability to develop professionally, participate effectively in clinical governance and influence cancer control efforts at the systems level.

Criteria	Indicator	Comments
<p><b>1.1</b> Abides by legislation, guidelines and professional standards relevant to their scope of practice, i.e. confidentiality, privacy legislation or working with interpreters guidelines</p>	<p><b>0</b> Does not identify legislation, guidelines and professional standards relevant to communication</p> <p><b>1</b> Practice reflects recall of local policy and procedure relevant to communication</p> <p><b>2</b> Practice and rationale reflects appreciation of local policy, legislation, guidelines and professional standards relevant to communication</p>	
<p><b>1.2</b> Explains interventions with individual to obtain verbal consent for interventions, i.e. referrals</p>	<p><b>0</b> Consent not obtained</p> <p><b>1</b> Describes procedures, explores the sensory and procedural elements of procedures, consent obtained</p> <p><b>2</b> In obtaining consent, acknowledges the rights of people affected by cancer OR acts as advocate for individual with regard to consent issues</p>	
<p><b>1.3</b> Completes the requirements for reporting and documenting communication and interventions, i.e. referrals</p>	<p><b>0</b> Reporting and documentation incomplete</p> <p><b>1</b> Practice reflects recall of local policy for documenting and reporting communication</p> <p><b>2</b> In accordance with local policy, documents and reports communication in a timely, objective and accurate means, reports significant outcomes where appropriate, able to effectively articulate reason for referrals</p>	

## Competency Domain: Critical thinking and analysis

This domain comprises competencies that reflect the SCNs ability to practice within an evidence-based framework, participate in ongoing professional development, ensure optimal standards of cancer care and lead ongoing development of cancer nursing.

Criteria	Indicator	Comments
<b>2.1</b> Demonstrates an understanding of the impact of cancer and its treatment on the wellbeing of the person affected by cancer and the role of communication in care	<p><b>0</b> Understanding not demonstrated</p> <p><b>1</b> Able to list the various physical, psychological, financial, social, sexual and spiritual impacts of cancer and treatment</p> <p><b>2</b> Anticipates with specificity to diagnosis and treatment the likely impacts of cancer on the interrelated aspects of the individual, critiques care of these aspects against established benchmarks, standards and guidelines, and appreciates the role of communication in assessing/ responding to individual concerns</p>	
<b>2.2</b> Utilises screening or assessment tools to assess impact of cancer and treatment on the wellbeing of the person affected by cancer	<p><b>0</b> Awareness of screening/ assessment tools not demonstrated</p> <p><b>1</b> Practice reflects recall of local policy regarding screening/ assessment tools</p> <p><b>2</b> Describes the indications for screening and assessment tools, appraises the use of an appropriate assessment tool</p>	
<b>2.3</b> Commitment to learning is evident in understanding of the principles of therapeutic communication	<p><b>0</b> Commitment to learning not evident</p> <p><b>1</b> Practice and rationale reflects understanding of evidence-based guidelines such as the 'Clinical practice guidelines for the psychosocial care of adults with cancer'</p> <p><b>2</b> Incorporates principles of therapeutic communication in interactions with people affected by cancer, identifies key evidence guiding communication skills, reports on new advances in relevant fields and demonstrates the facility to critically review own performance</p>	

## Competency Domain: Provision and coordination of care

Provision and coordination of care relates to coordination, organisation and provision of nursing care. It includes the assessment, planning, implementation, and evaluation of care for people affected by cancer, and consists of four dimensions including:

- Disease and treatment related care
- Supportive care
- Coordinated care
- Information provision and education

Criteria	Indicator	Comments
<b>3.1</b> Selects and prepares an appropriate environment to promote therapeutic interaction	<b>0</b> Does not consider environment <b>1</b> Promotes privacy, arranges for interruptions to be minimised <b>2</b> Arranges private, uninterrupted environment that promotes eye contact, touch and equality (if culturally appropriate)	
<b>3.2</b> Assesses individual's desire for someone to be present during communication	<b>0</b> Does not consider need <b>OR</b> <b>0</b> Invites relative/ friend to be involved without consultation with individual <b>1</b> Ensures individual's needs are assessed, provides support if desired <b>2</b> Anticipates and is sensitive to the impact of potentially embarrassing topics	
<b>3.3</b> Uses appropriate (to individual, age and culture) verbal and non verbal behaviour	<b>0</b> Makes assumptions about cultural needs, is ethnocentric <b>1</b> Anticipates that cultural sensitivity is required with regard to use of touch, eye contact and use of interpreters <b>2</b> Assesses for cultural diversity and is guided by individual with regard to touch and eye contact. Asks permission to address individual by name and discuss certain topics. Initiates interpreter resource	
<b>3.4</b> Uses appropriate questioning styles to facilitate therapeutic communication	<b>0</b> Consideration to question type not apparent <b>1</b> Uses mostly closed questions <b>2</b> Demonstrates the use of a combination of questioning styles including opening, open directive, leading and closed questions to elicit information or concerns	

Criteria	Indicator	Comments
<b>3.5</b> Expresses empathy	<b>0</b> Empathy not demonstrated <b>OR</b> <b>0</b> Responses are confused with sympathy <b>1</b> Provides practical support eg. Offers facial tissues <b>2</b> Acknowledges individual's feelings as valid and demonstrates appreciation of a individual's point of view	
<b>3.6</b> Actively listens	<b>0</b> Listening not demonstrated <b>1</b> Awkward or artificial application of active listening techniques, eg. leaning forward, nodding <b>2</b> Confidently utilises verbal and behavioural techniques of active listening to communicate attention to and engagement with individual, demonstrates genuine interest.	
<b>3.7</b> Encourages expression of feelings	<b>0</b> Blocks expression of feelings <b>1</b> Asks individual about feelings <b>2</b> Provides individual with adequate time to discuss feelings, encourages dialogue with further questions	
<b>3.8</b> Avoids medical jargon	<b>0</b> Overuse of jargon observed <b>1</b> Occasionally uses jargon <b>2</b> Explains concepts in lay terms, uses language appropriate to age and culture	
<b>3.9</b> Conveys important information	<b>0</b> Not demonstrated <b>1</b> Uses repetition, provides written materials <b>2</b> Employs strategies to promote recall including primacy, stresses importance, simplification, categorisation and specificity	
<b>3.10</b> Checks understanding	<b>0</b> Understanding not assessed, assumptions made about understanding or inaccurate interpretation of dialogue between nurse and individual <b>1</b> Awkward techniques employed <b>2</b> Uses a variety of strategies to check accuracy of understanding by all parties	

Criteria	Indicator	Comments
<b>3.11</b> Assesses for issues including distress/ anxiety/\	<b>0</b> Issues not assessed <b>1</b> Awkward techniques employed <b>2</b> Evidence-based communication strategies utilized including scanning, screening questions and normalization	
<b>3.12</b> Responds to issue appropriately and sensitively	<b>0</b> Blocks dialogue that may involve issues that are embarrassing, sensitive or difficult to respond to <b>1</b> Awkward techniques employed, indicates concern about individual, provides practical solutions, makes referrals <b>2</b> Evidence-based communication strategies utilized including appropriate use of silence, waiting until tears subside, touch, normalisation, emphasising effective treatments, negotiates referral	

## Competency Domain: Collaborative and therapeutic practice

This domain comprises competencies reflecting the SCNs ability to develop effective collaborative relationships with people affected by cancer that will assist to maximise health outcomes, and establish a collaborative approach to working effectively as part of a multidisciplinary team across the care continuum. These competencies include recognition of the critical interdependence between the roles of the SCN, other health professionals and organisations and the establishment of partnerships with people affected by cancer to maximise outcomes.

Criteria	Indicator	Comments
<b>4.1</b> Effectively communicates with the multidisciplinary team	<b>0</b> Communication is limited with the multidisciplinary team (MDT) <b>1</b> Is familiar with local practice for referral <b>2</b> Confident in interactions with MDT, facilitates timely involvement of other team members in care	

## Band Level Descriptors

Performance Level	Interpretation	Range
<p>COMPETENT</p> <p>Established competence as specialist cancer nurse</p>	<p>Complies with legislation relevant to cancer care. Evaluates and appraises care against evidence-based recommendations. Is cognisant of individual's age, culture, specific condition and interconnected needs. Performs comprehensive and ongoing assessments. Confident and independent in interactions with individual, carers and multidisciplinary team. Communication style masters a variety of verbal and non verbal styles, empathy, active listening skills, facilitates the expression of feelings, promotes recall, assesses for psychological distress and responds to issues effectively. Acts as an advocate. Documents and reports across the care continuum. Has a sound knowledge of the underpinning principles of therapeutic communication and is abreast of new advances in the field.</p>	31 – 38
<p>COMPETENT</p> <p>Beginning competence as specialist cancer nurse</p>	<p>Identifies and follows standard policy requirements with some specificity to individual or context. Appreciates need for age/culturally appropriate interactions. Identifies evident issues and makes referrals. Is at ease in communication with individual, carers and multidisciplinary team but requires occasional prompts to address embarrassing, sensitive and difficult issues. Fluency with evidence-based communication strategies evolving.</p>	19 – 30
<p>NOT YET COMPETENT</p>	<p>Knowledge of local policy and rationales for practice limited to recall. Limited focus on task or individual. Interacts awkwardly. Requires continuous directions or prompts to address psychosocial needs of individual. Communication style is ethnocentric. Use of active listening skills not dependable.</p>	0 – 18

# Therapeutic Communication Record of Competency Assessment

**Candidate's Name:** \_\_\_\_\_

**Date of assessment:** \_\_\_\_\_

**Total Score:** \_\_\_\_\_

Assessor's comments/ suggested areas for improvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Circle appropriate score range)

Performance Level	Interpretation	Range
COMPETENT Established competence as specialist cancer nurse	Complies with legislation relevant to cancer care. Evaluates and appraises care against evidence-based recommendations. Is cognisant of individual's age, culture, specific condition and interconnected needs. Performs comprehensive and ongoing assessments. Confident and independent in interactions with individual, carers and multidisciplinary team. Communication style masters a variety of verbal and non verbal styles, empathy, active listening skills, facilitates the expression of feelings, promotes recall, assesses for psychological distress and responds to issues effectively. Acts as an advocate. Documents and reports across the care continuum. Has a sound knowledge of the underpinning principles of therapeutic communication and is abreast of new advances in the field.	31 – 38
COMPETENT Beginning competence as specialist cancer nurse	Identifies and follows standard policy requirements with some specificity to individual or context. Appreciates need for age/culturally appropriate interactions. Identifies evident issues and makes referrals. Is at ease in communication with individual, carers and multidisciplinary team but requires occasional prompts to address embarrassing, sensitive and difficult issues. Fluency with evidence- based communication strategies evolving.	19 – 30
NOT YET COMPETENT	Knowledge of local policy and rationales for practice limited to recall. Limited focus on task or individual. Interacts awkwardly. Requires continuous directions or prompts to address psychosocial needs of patient. Communication style is ethnocentric. Use of active listening skills not dependable.	0 – 18

**Candidate's Signature:** \_\_\_\_\_

**Assessor's Name:** \_\_\_\_\_

**Assessor's Signature** \_\_\_\_\_