The GSF Competency Document

Overview

Implementing education that results in a change in culture and improved clinical practice is challenging. In order to evaluate the effect of educational initiatives it is necessary to assess pre-course proficiency levels with post-course proficiency levels. The Gold Standards Framework (GSF) competency document, which was originally developed to assess the palliative care educational needs of district nurses, aims to assess the competency level and knowledge of health and social care staff. It is a self-assessment tool that has been adapted for use in a variety of settings. The assessment is based around the seven Cs of the GSF. There are 10 general topics and 10 related specifically to symptom control. Learners complete the document before a course and then at a later date. The results can help direct learning. They can also be used as part of an appraisal system and a personal development plan.

The Gold Standards Framework (GSF) competency document is a useful self-assessment tool, which gives an indication of the level of competence and knowledge of health and social care workers regarding key elements of palliative care. The focus of the competency assessment utilises the seven Cs of the GSF: communication, coordination, continuity, control of symptoms, carer support, continued learning and care in the last days. These are the main factors that need to be considered when providing the very best of care for people in the last years of life (Thomas, 2003). The competency document was originally developed by Rosaleen Bawn and Sue Stearn, Palliative Care Education Facilitators, Yorkshire Cancer Network, to assess the palliative care education needs of district nurses. The challenge of any educational initiative is to create a culture of change. The introduction of the GSF and the Liverpool Care Pathway for the Dying Patient (LCP) was considered to be the way to enable change within district nursing teams across the Yorkshire Cancer Network. Programmes of education were established across all primary care trusts within the region, reflecting the requirements of each cohort of learners. Education is intended to meet the needs of the learner, whatever their stage of development. It should provide an opportunity for experienced practitioners to update and develop their skills and knowledge and for less experienced practitioners to develop new skills and knowledge to enhance their practice.

The GSF competency document

Learners are invited to complete the self-assessment tool before and after a palliative care education programme by assessing their own level of competence relating to the specific standards. Evaluation of any education initiative is difficult. Whilst a teaching session may be enjoyable and the learning outcomes set and achieved, a demonstrable change in clinical practice is of paramount importance and is not easily measured (Murphy, 2003). The proficiency levels used in the competency document are based on those designed by Les Storey, National Lead, Preferred Priorities for Care. There are three levels: (1) foundation, (2) intermediate and (3) proficient (*Table 1*). The levels refer to the proficiency within the scope of practitioners' day-to-day work caring for palliative care patients. It is acknowledged that they may need to refer to palliative care specialists and other experts for advice/guidance on some aspects of care delivery for patients. Within the competency document, there are 10 general topics and 10 symptom control topics. Completing the document is a simple process, i.e. circling the level of proficiency for each competency. The document helps identify individual and team learning needs. On an individual basis it can form part of an appraisal process and personal development plan, providing evidence relating to reflection of professional practice, as part of Nursing and Midwifery Council requirements. Once analysed the results assist in the facilitation of education and training. Learners have been asked to comment on the experience of using the document before education. Comments have included:

Table 1

Competency levels

Level 1: Foundation
The practitioner contributes to care delivery whilst having access to and support from other key professionals more proficient or expert in this competency. This level of attainment may apply to the practitioner gaining experience and developing skills and knowledge in the area of palliative care practice

Level 2: Intermediate
The practitioner can demonstrate acceptable performance in the range of activities and has coped with enough real situations in the workplace to require less supervision and guidance. However, they may need access to and support from more proficient practitioners or palliative care specialists

Level 3: Proficient
The practitioner applies consistently the range of skills within the competency standard. The practitioner demonstrates competence through the skills and ability to practise safely and/or effectively without the need for direct supervision within the scope of their day-to-day practice. The proficient practitioner may practice autonomously and supervise others, within a restricted range of competencies

Nikki Sawkins, National Gold Standards Framework (GSF) Lead Nurse for Care Homes, National GSF Centre, Park View Centre, Chester Road North, Brownhills, Walsall, and Rosaleen Bawn, Macmillan Nurse Specialist for Palliative Care Education in Care Homes, Kirklees NHS and Holme Valley Memorial Hospital, Holmfirth, and National Associate, GSF in Care Homes. Emails: nikki.sawkins@nhs.net and rosaleen.bawn@kirkleeschs.nhs.uk

- Made me realise I didn't know as much as I thought
- Excellent self-assessment and self-awareness testing
- Down to earth document, easy to use
- I have been motivated to search for information instead of being spoon fed
- Used it with other members of the team.

Comments following education have included:

- Gave me a lot more confidence
- I felt good about myself knowing I had learnt more about palliative care
- It confirmed that my practice had been good but now even better
- A great document that you can reflect on and use again and again.

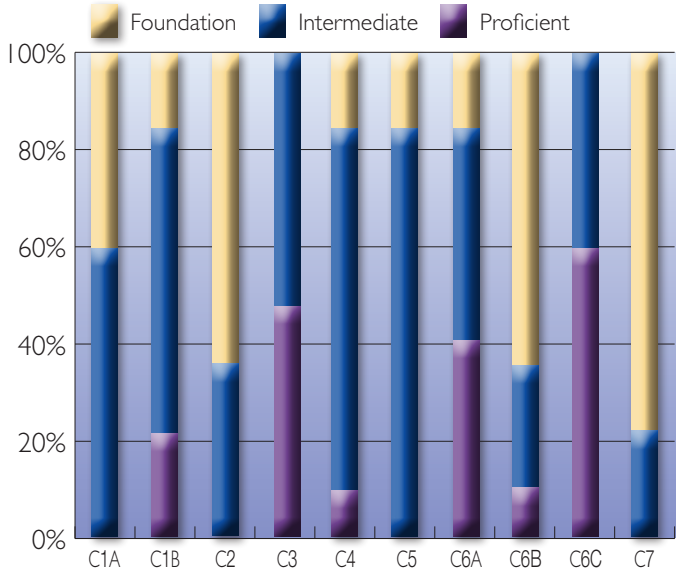

Figure 1. Before palliative care education

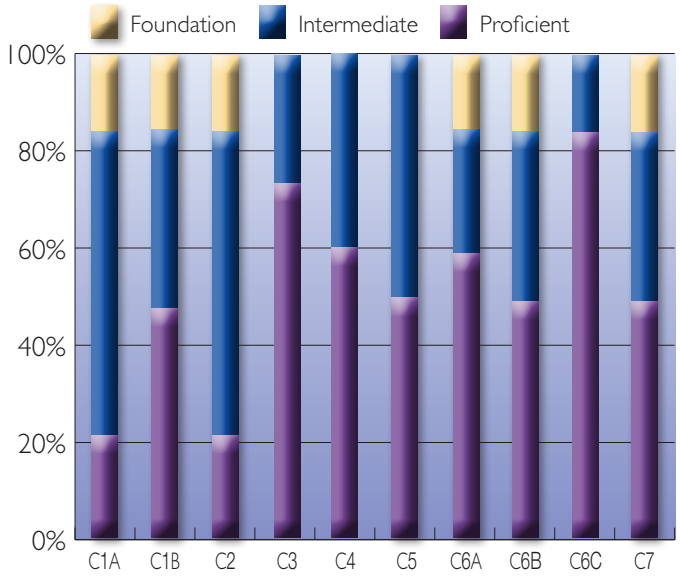

Figure 2. After palliative care education. C1A C1B: Communication, C2: Coordination, C3: Control of symptoms, C4: Continuity, C5: Continued learning, C6A C6B C6C: Carer support, C7: Care in the last days

Figures 1 and *2* are examples from the results of an evaluation of the self-perceived proficiency levels (pre- and post-education) of district nurses taken from work carried out by Rosaleen Bawn in Kirklees and Calderdale. They help to provide evidence of the impact on educational interventions of identifying educational needs. Following the work with district nursing, the document was adapted for use in care homes by Pat Mowatt, a GSF Facilitator of Care Homes, where wording was changed to reflect the care setting. It has been further adapted for the GSF Care Home (GSFCH) training programme by Nikki Sawkins, National Nurse Lead for the GSFCH. Following its creation and adaption, it now forms part of the preparation stage of the National GSFCH training programme. In the programme, the information is shared with the local facilitator who can offer advice and guidance on meeting required needs within the local area. Some deliver their own sessions, using a variety of different teaching and learning methods, or signpost staff to other educational resources.

The GSF coordinators in care homes and other staff are encouraged to complete the document before commencing the 9-month GSFCH training programme (as a baseline measurement) and again following completion of the fourth workshop. In some areas of the country five or more staff are expected to complete this assessment as one of the tools to evaluate the impact of the programme. It assists in identifying where the gaps are in the knowledge and skills of care staff in this setting. In some homes all nursing and care staff complete it. A summary sheet has been designed to enable the results of the shared findings to be collated. This can show at a glance the comparison of the 'before and after' effect of the intervention of training and its impact on increased knowledge and skills. The initial document was more focused on the skills of trained nurses, although care support workers did complete it and found it useful. The document has now been adapted further for health and social care staff working in care homes and domiciliary care, with a focus on 'comfort care' rather than 'symptom control'. In this section the focus is on 10 specific areas of care, e.g. mouth care, continence, breathing, skin care, positioning, etc. Learning packs are being developed around the 10 identified elements of comfort care, to enable staff to increase their knowledge and skills utilising self-directed learning.

As the implementation of GSF involves all staff in the care home, including administration and ancillary staff, a further adapted version is being developed with care home staff. Completion of the GSFCH competency document by staff, before and after the training programme, can also be used as part of the evidence in their portfolio for the standard relating to continued education in the GSFCH accreditation stage for the GSFCH Quality Hallmark Award. The feedback from its use has been very positive and has given direction to learning.

References

Murphy D (2003) The education strategy to implement the Liverpool Care Pathway for the Dying Patient. In: Ellershaw J, Wilkinson S, eds. *Care of the Dying — A Pathway to Excellence*. Oxford University Press, Oxford: 106–20

Thomas K (2003) *Caring for the Dying at Home*. Radcliffe, Oxford