**COMPETENCIES AND SELF- DIRECTED LEARNING ACTIVITIES**

**Competencies required of the Registered Healthcare Professional (RHP) Confirming Death.**

**Self-directed learning and reflection**

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| **Name**  |  |
| **Designation**  |  |
| **Service** |  |
| **Base** |  |
| **Competency statement**  | **Self directed learning activities and resources**  | **Learners Notes and reflection on learning**  |
| 1. The practitioner can discuss the responsibilities and accountability in undertaking Confirmation of Death in relation to their professional Code (NMC, HCPC, GMC).  | Read the NHSGGC Policy and reflect on the role of the Registered Healthcare Professional in confirming death.Read your professional Code and identify the sections that relate to Confirmation of Death. |  |
| 2. Can clearly define the difference between confirmation of death and certification of death. |  Refer to FAQs (p9) [NES Guidance and supporting resources for practitioners undertaking the Confirmation of Death procedure in Scotland](http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/)For further information visit the NES website Support Around Death. This resource aims to support healthcare professionals who are working with individuals and families before and after death. It provides key information on the clinical, legislative and practical issues involved. <http://www.sad.scot.nhs.uk/> |  |
| 3. Can discuss criteria or circumstances that might require referral to the Procurator Fiscal or require Police involvement and the essential communication with the GP or responsible Medical Practitioner.  | Refer to FAQs (p9) [NES Guidance and supporting resources for practitioners undertaking the Confirmation of Death procedure in Scotland](http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/)For further information please read the guidance document.[Reporting Deaths to the Procurator Fiscal. Information and Guidance for Medical Practitioners (2015)](http://www.crownoffice.gov.uk/images/Documents/Deaths/Reporting%20Deaths%20to%20the%20Procurator%20Fiscal%202015.pdf)   |  |
| 4. Accurately describes and completes the documentation requirements prior to and following the confirmation of death. | Refer to [NHSGGC Policy and any local Standard Operating Procedures on Confirmation of Death](https://www.palliativecareggc.org.uk/?page_id=5609) and the[NES Guidance and supporting resources for practitioners undertaking the Confirmation of Death procedure in Scotland](http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/) |  |
| 5. Correctly performs the clinical examination required to confirm death.The Registered Healthcare Professional confirming death should observe the person for a minimum of 5 minutes and must ascertain beyond doubt each of the following:▪ Absence of carotid pulse over one minute.▪ Absence of heart sounds over one minute.▪ Absence of respiratory sounds over one minute.▪ No response to painful stimulus (trapezius squeeze)▪ Fixed dilated pupils unresponsive to bright light. | Watch the video produced by NHS Scotland (NES)Available from here: <http://www.sad.scot.nhs.uk/atafter-death/confirmation-of-death/>Practice on consenting partner using a stethoscope to listen for both heart and breath sounds.Observe the confirmation of death process being undertaken by a Registered Healthcare Professional experienced in confirmation of death. This may or may not be your assessor. If the practitioner has previously undertaken Verification of Expected Death training they do not require to be assessed, those who have never undertaken training do.Undertake supervised practice of the clinical examination skills. |  |
| 6. Can discuss the spiritual and cultural considerations in relation to confirmation of death and provision of care to meet these needs.  | Consider the spiritual, religious and cultural needs of the person and their family in relation to confirmation of death.Read the guidance document A multi faith resource for Healthcare staff produced by NHS Education for Scotland. <http://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf.pdf> |  |
| 7. Correctly identifies who should be contacted following confirmation of death to support the certification of death.  | Refer to [NHSGGC Policy and any local Standard Operating Procedures on Confirmation of Death](https://www.palliativecareggc.org.uk/?page_id=5609)Find out your local procedure and identify medical practitioner to be informed  |  |
|  | **Printed Name**  |  **Signature & Designation** | **Date of Completion** |
| **Practitioner** |  |  |  |

The link provides templates for recording CPD and reflective accounts <http://revalidation.nmc.org.uk/download-resources/forms-and-templates>

**ASSESSMENT OF COMPETENCIES REQUIRED OF THE REGISTERED HEALTHCARE PROFESSIONAL CONFIRMING DEATH**

**Practitioner’s name and role…………………………………………………………………………………………………………………….**

**Assessor’s name and role ………………………………………………………………………………………………………………………**

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| **Competency** | **Self assessment following completion of self - directed learning** | **Formal assessment of competency by assessor**  |
|  **Date**  | **Signature** | **Date** | **Signature**  |
| The practitioner can discuss the responsibilities and accountability in undertaking Confirmation of Death in relation to their professional Codes (NMC, HCPC, GMC)  |  |  |  |  |
| Can clearly define the difference between confirmation of death and certification of death |  |  |  |  |
| Can verbalise the responsibilities of the Registered Medical Practitioner following confirmation of death by a Registered Healthcare Professional. |  |  |  |  |
| Accurately describes and completes the documentation requirements prior to and following the confirmation of death |  |  |  |  |
| Correctly performs the clinical examination required to confirm death.The Registered Healthcare Professional confirming death should observe the person for a minimum of 5 minutes and must ascertain beyond doubt each of the following:* Absence of carotid pulse over one minute
* Absence of heart sounds over one minute
* Absence of respiratory sounds over one minute
* No response to painful stimulus (e.g. trapezium squeeze)
* Fixed dilated pupils unresponsive to bright light.
 |  |  |  |  |
| Can discuss the spiritual and cultural considerations in relation to confirmation of death and provision of care to meet these needs.  |  |  |  |  |

**Upon successful completion of assessment of competency please provide a copy to your line manager for your personal file and retain a copy for your own record**