DIABETES COMPETENCES FOR COMMUNITY NURSES

This document has been developed in conjunction with the Diabetes Link Nurses and Diabetes Nurse Specialists working in, and for, Lothian Health Board. These competences were derived from existing competences and have been integrated into one document for ease of access and use. The document should be utilised in conjunction with the excel spreadsheet attached. The excel spreadsheet can be used to provide the evidence of how you as a Community Nurse meet these competences.

These competences are designed to reflect what you are doing in your current practice and to help you identify any learning needs you may have.

Competence can be defined as “the state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibility” 1

These competences require to be completed on a bi-annual basis and will form part of your professional development plans.

Suggested areas for further learning are:
1. PAN Lothian Diabetes Education
2. Situational learning/shadowing
3. Management of Diabetes Module (QMU)
4. Insulin Resource pack
5. E Learning “Safe use of Insulin” module

If further assistance for completion is required please contact your locality Diabetes Link Nurse or Diabetes Specialist Nurse
Tips and evidence required for completing

Where possible base responses on patients on your caseload
Evidence can be:
- bullet pointed as much as possible
- examples of paperwork (care plans, insulin adjustment sheets etc)
- references to guidelines, websites, resources
- discussion with caseload holder

COMPETENCE 1

Personal role in diabetes care as a member of the MDT
TIP: Think of a patient in your care who has required or may require MDT approach
EVIDENCE: Provide example of when patient might need MDT approach
  Care plan you have completed which details your role

Personal accountability and that of other members of MDT
TIP: Think about how you keep up your knowledge and skills in diabetes care
EVIDENCE: Diabetes study days attended/ completion of resource pack
  Examples of areas for development and actions taken

Communication systems and methods of record keeping
TIP: Think about how diabetes care is recorded. How would you seek specialist advice?
EVIDENCE: Examples of paperwork you have completed and discuss how it is used
  Provide evidence of how to contact Diabetes Specialist Services and examples of when this might be required

Information Technology systems
TIP: What IT systems do you use to record contacts and results for patients with diabetes?
EVIDENCE: Provide details

COMPETENCE 2

Knowledge of specific tests used in diabetes care
TIP: Think about annual and routine reviews required for people with diabetes. Where would you access information about what is required for these reviews?
EVIDENCE: Reference: GP practice local guidelines, SIGN 116, Lothian diabetes handbook

Interpretation, recording and reporting of results
TIP: When performing annual/routine reviews how do you identify if these are within target?
EVIDENCE: VISION, TRAK or similar or as above

Importance of risk assessment and management in diabetes care
TIP: Think about patients of concern who have required referral to MDT team / specialist services
EVIDENCE: Provide an example of when this may be necessary and how referral made
COMPETENCE 3

Pharmaceutical interventions in diabetes
TIP: Think about diabetes drugs used commonly by patients on your caseload and the action, timing and side effects of these
EVIDENCE: Provide examples of above
Reference Balance guide

Influence of diet and nutrition
TIP: Think about what advice you would give to a patient with diabetes regards food and nutrition
EVIDENCE: Examples of diet leaflets used
Balance of good health model
Example of when to refer to the dietician

Influence of physical activity on diabetes
TIP: Think about the benefits of exercise and how to avoid hypoglycaemia
EVIDENCE: List benefits and any advice required to avoid adverse effects

Recognition of signs and symptoms of complications
TIP: Think about patients you see with diabetes who have related complications
EVIDENCE: Provide example of patient on caseload with complications/risk factors
Care plan

Prevention of complications through health promotion
TIP: Think about what education or health promotion your patients with diabetes need
EVIDENCE: Care plan, diabetes specific health promotion material e.g. NHS Lothian, Diabetes UK

COMPETENCE 4

Lifestyle factors
TIP: Think about how life style can affect diabetes
EVIDENCE: Bullet point your role

The importance of informed consent
TIP: Think about NMC Code of Professional Conduct
EVIDENCE: Care plan completed where patient involved

COMPETENCE 5

Perform blood glucose test
EVIDENCE: What meter should be should be used, when
Ability to perform BG test and QC meter
Obtaining supplies

Interpreting results
TIP: Think about individual patients blood glucose targets
EVIDENCE: Completed Resource pack training
Titration sheet in use
Care plan
Discussion
Teach blood glucose monitoring patients
EVIDENCE: Bullet points/discuss aims of education and any possible difficulties

Identify situations where testing for ketones appropriate
TIP: Think about which patients might need ketone testing and why. Specialist services would be best placed to give advice
EVIDENCE: Describe what you would do
Contact details for Specialist Services

Support with diabetes to interpret results
EVIDENCE: Promotion of self care

COMPETENCE 6

Demonstrate basic knowledge of insulins
TIP: Think about insulins used commonly by patients on your caseload and the action, timing and side effects of these
EVIDENCE: Provide examples of above
Reference Balance guide

Demonstrate knowledge of insulin administration and devices used
TIP: Think about community nurse guidance on use of insulin pens, advance preparation of insulin. Who would you contact if you felt a patient wasn’t managing their insulin device?
EVIDENCE: Bullet point your role with patients using insulin pen devices, and appropriate advance preparation of insulin
Reference RCN document – ‘Advance preparation of Insulin syringes for patients to administer at home’

Teach basic method of insulin administration
TIP: Think about correct injection technique and needle choices

12.7mm needles SHOULD NOT BE USED
EVIDENCE: Bullet point /Discuss steps required
Reference BD Logo and BD Microfine insert resource pack

Assess individual patient educational needs
EVIDENCE: When would it be appropriate to provide education or refer onto specialist services?

Recognise when treatment needs adjusted
TIP: Think about titration of insulin – what resources could you use?
EVIDENCE: Completion of insulin resource pack, appropriate use of titration sheets, and or individual discussion

Recognise potential psychological impact of insulin
TIP: think of barriers which may occur when a patient requires long term insulin and or barriers affecting a patient’s ability to self care
EVIDENCE: Discuss psychological impact of diabetes
Care plan
REFERENCE LIST


