Exercise Therapy Associate Practitioner: COMPETENCIES

MENTAL HEALTH

Name of Exercise Therapy Associate

Date started	Date complete

- Competencies must be signed off before starting NVQ qualifications, or within 12 months of starting competencies.
- To be signed off as 'competent', the Exercise Therapy Associate must demonstrate their understanding of the element and /or be directly observed by a registered AHP If evidence is required but includes patient details, a written reflective account can be used.
- It is the responsibility of the Exercise Therapy Associate to initiate completion of their competencies. If you are asked to do something you do not feel competent to do, please ask for support or training.
- The competencies are a guideline for standards of practice. The Exercise Therapy Associate may be asked to demonstrate their competence of an element again if this is highlighted as an area of improvement at appraisal or supervision.
- It is only as competencies are signed off that an Exercise Therapy associate will be allowed to work independently i.e. work unsupervised, out of the presence of a qualified or competent member of staff.
- The National CSP guidelines state that support workers are the responsibility of the qualified member of staff. Exercise Therapy Associates will work under guidance and instruction but are able to progress treatment intervention themselves.

Signed by	6 - 1 -
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To complete exercise therapy introductions with all new admissions who are suitable to		
engage in exercise. This introduction will aim to include the following and may be delivered		
over several contacts:		
- Role of exercise therapists		
- Exercise / physical opportunities available		
- Previous activity levels, activities and potential needs or goals.		
To raise the profile of 1-1 and group exercise on the ward and encourage suitable patients to engage.		
Community Liaise and promote supported gym groups with mental health teams, staff and patients e.g. attend meetings, email communications, discussion with appropriate patients.		
Support MDT to complete referrals via refer -all for the supported gym groups.		
Assist with pre-screening of referrals to the supported gym project and escalate referrals needing further screening to senior Exercise therapists or AHP team.		
Exercise delivery - inpatients	Signed by	Date
To have an awareness of the ACSM recommendations for exercise prescription for mental		
health and physical health conditions inc.		
Anxiety and depressionChronic diseases		

- o Fibromyalgia
- o COPD
- MSK issues
 - Back pain
 - Arthritis
- Metabolic disorders
 - Diabetes
 - o Overweight and obesity
- CVD
 - Hypertension
 - Hypotension

To be able to deliver planned exercise and physical activities in a group or 1-1 basis to suitable patients on the ward.

Correct a patients form during exercise to ensure exercises are safe and effective.

To be able to alter planned exercise programmes within agreed parameters in response to basic MSK, physical health, medication side effects and mental state issues with supervision from a senior AHP team as required.

Discuss long-term exercise options and refer onto other services as indicated.

To support the xxxGYMXXX team to provide twice weekly exercise sessions across inpatient wards. To be able to act as the "bridge" between mental health and community services by providing mental health specific advice and education inc. specific patient presentations and limitations.

To identify patients who are appropriate to use the gym out of hours with support of nursing staff and facilitate completion of a gym care plan.		
To support with gym inductions for HCSW and Nursing staff.		
With consent complete follow-up patient contact to gather information on ongoing engagement with physical activity and healthy lifestyle services, explore barriers and or motivators to engagement.		
Exercise delivery – community and supported gym group	Signed by	Date
To understand and provide safe and effective delivery of exercise prescription with the		
To understand and provide safe and effective delivery of exercise prescription with the knowledge of ACSM recommendations for exercise prescription for mental and physical health		
knowledge of ACSM recommendations for exercise prescription for mental and physical health		
knowledge of ACSM recommendations for exercise prescription for mental and physical health illnesses within the designated community settings for the XXXXXX Project.		

Be able to build a therapeutic relationship through appropriate communication techniques with service users who have a variety of complex needs and be able to role model this to junior staff/students and XXXgymxxx team support staff.

Demonstrate the ability to set collaborative and appropriate goals.

Support service users to develop confidence in managing their own needs.

Be confident in abilities while being aware of limitations and receptive to the introduction of new skills.

manage any risks that may affect the patient and avoid or reduce the likelihood of adverse events:

- Positive risk taking
- Client choice
- Adhering to local policies/standards and processes.
- To recognise and learn from significant events, changing practice as required.
- To raise concerns with senior staff or other agencies as required.
- To comply with Duty of Candor ethos
- Infection control
- Lone working
- Environmental risk

Safeguarding	
Accurate recording of client care:	
 Consent Assessment Clinical Reasoning Intervention Ongoing plan 	
Contribution to profession/service	
To be able to identify potential service improvements and communicate to senior staff.	
To delivery of the supported gym group in the absence of the Exercise Therapy Associate Practitioner.	
Able to introduce the group and welcome new patients.	
Able to deliver the planned exercise programme during the supported gym sessions in collaboration with xxxgymxxx staff.	
Make minor adaptations and or progressions to exercise programmes where appropriate.	
Correct a patients form during exercise to ensure recruited properly and safely.	
Discuss long-term exercise options and refer onto other services as indicated.	

When consent is obtained complete follow-up patient contact to gather information on		
ongoing engagement with physical activity and healthy lifestyle services, explore barriers and		
or motivators to engagement.		
Lifestyle advice and education	Signed by	Date
To demonstrate the benefits of regular physical activity for mental and physical health.		
To be able to provide advice to patients, relatives, and staff on the benefits of regular physical activity for mental and physical health.		
To be able to discuss barriers to regular participation in physical activity and healthy lifestyle with patients and where appropriate support patients to identify goals or actions for sustained engagement.		
To seek support from senior exercise therapist or AHP for patients with complex barriers to regular participation in physical activity and healthy lifestyles.		
To enable and be part of the delivery of lifestyle education sessions set up within the xxxx project.		
Risk management and safeguarding	Signed by	Date
Awareness of the signs of cardiac and respiratory distress*		
 Breathlessness / tachycardia above what would be reasonably expected for the level of activity or fitness. 		
 Chest pain / tightness / palpitations 		
 Changes in skin colour, mucus membrane or nail bed colour other than what 		
would be reasonably expected for the level of activity or fitness. This would		
include signs of cardiorespiratory distress in different skin colors.		

- o Excessive sweating or clammy skin.
- Dizziness

Awareness of the signs of injury e.g. pain, swelling, localised redness (dependent on skin tone) and heat*

Able to demonstrate how to respond to and escalate concerns regarding injury and cardiorespiratory distress*

Complete dynamic risk assessment before / during ward-based activities with support from senior Exercise therapists, AHP team and/or nursing staff. *

Escalate changing risks to LP / senior staff as appropriate. *

Demonstrates an understanding of the concept of risks related to service user incidents, service user health and well-being, staff and self **

Demonstrates effective environmental risk assessment and documentation **
Actively seeks guidance from more senior staff when dealing with situations that indicate higher levels of risk e.g. Clinical and environmental concerns affecting the patient, ward security, ligature risks, fridge temperatures, infection control. **

Understands and complies with Lone Working policy and procedures.

Understands the risk reporting hierarchy process and who they should report to e.g. senior nurse/police.

Can identify a crisis and how to respond appropriately

Can accurately report any incident using the correct system in a timely manner **		
Demonstrates an understanding of Safeguarding Adults and Children policies and procedures **		
Can recognise signs of abuse / abuse situations and raise concerns appropriately.		
Demonstrate an understanding of the Mental Health Act, Mental Capacity Act and Deprivation of Liberty (DoLS)		
Data collection and evaluation	Signed by	Date
To be able to complete relevant xxxxxx project outcome measures across inpatients and		
community settings.		
To maintain a database of key performance measures and relevant PID to enable follow up		
and evaluation.		
To record relevant feedback from patients, staff and other relevant individuals		
To support with the evaluation of and compiling of reports for the xxxx project.		

	Confidentiality, Communication and Record keeping		
Documentation and record keeping		Signed off by	Date

Understands the principles of good record keeping in line with service line requirements and the need to comply with record keeping standards.

Knows how to access, enter and store information in relevant systems (electronic and paper):

- SystmOne tabbed journal entries
- xxxx Physical health screening and information tool
- xxxxx group template

Is able to complete intervention documentation using a format that complies local standards of documentation and includes records of:

- Risk assessment
- Mental state
- Intervention
- Plan

All clinical contacts are documented at the earliest opportunity or within 24 hours.

Can use concise, unambiguous and non-judgmental wording in both written and verbal communication.

Can seeks informed consent at each clinical contact and keeps an accurate record of this or intervention in best interest.

Limits the use of abbreviations (only use if fully explained in previous text).

Clinical records are kept up to date at all times and accurately reflect the 'current' situation.

Signs, dates, and enters time for each entry (Non SytemOne embedded records).

Is able to manage the xxxxx / physical activity patient caseload on SystmOne which includes:

- Opening referrals

 Allocating patients to the physical activity caseload Updating the physiotherapy discharge summary with details of engagement and onwards referral as appropriate. Ending referrals following discharge. Is able to maintain a SystmOne diary for group and 1-1 contacts. Is able to accurately report any incident using the correct system in a timely manner. 		
Information governance and data protection **	Signed by	Date
Has completed the mandatory Information Governance training and is able to demonstrate an awareness of general data protection requirements.		
Demonstrates an awareness of how to manage emails including use of signature blocks and out of office tool.		
Transfers stores and disposes of personally identifiable (PID) records according to organisaitional policy (email, post, SystmOne, shredding, scanning, locking brief case etc.)		
Adheres to an understanding of 'Permission to Share' principles and can demonstrate the ability to seek consent to share for onwards referral and engagement in follow up contact for purpose of xxxx*		
Demonstrates an awareness of the "Duty of Candor"		
MDT and multi service working*	Signed by	Date
Treats colleagues with respect and kindness at all times, and can demonstrate appropriate ways to address conflict**		
Understands the roles of the members of the local MDT and partner services involved in the xxxx project.		

Communicates with all members if the MDT and partner services in a consistently professional and respectful manner.

Is able to identify patient's that require onwards referrals or referrals to other members of the MDT or partner services.

Can provide feedback to the MDT, senior AHP staff on the progress for patients within their caseload.

Mental Health and Psychological needs		
Mental Health legislation and policies**	Signed off by	Date
Has completed the mandatory Mental Health Act and the Law training.		
Has knowledge of admissions under the Mental Health Act.		
- Informal		
- Section 2		
- Section 3		
- Section 17 leave		
Is able to demonstrate an understanding of Therapeutic Observations		
- Purpose of therapeutic observations		
- Four levels of therapeutic observations		

Demonstrates the ability to support patients with their recovery, assisting individuals to		
achieve their goals.		
Can risk assess patients appropriate for treatment and escalate concerns or changes to risks to		
senior staff.		
Can assist with the completion of a Leave risk assessments (5Cs) where appropriate*		
Mental health conditions, terminology and medication**	Signed off by	Date
Is able to demonstrate an understanding of the presentation of common mental health	,	
disorders:		
* Depression		
* Psychosis- drug induced and first episode		
* Mild Learning Disability/ Asperger's		
* Schizophrenia (including paranoia)		
* Dementia		
* Bipolar Disorder		
* Personality Disorder		
* Post-Traumatic Stress Disorder (PTSD)		
* Anxiety		
* Eating Disorders		
Can accurately assess, describe and record observations on progress or change in a patient's		
mental state as part of the intervention record.		
Demonstrates awareness that spiritual care is a vital aspect of care for the patient and can		
maintain a non- judgmental attitude to patients with different beliefs to their own		
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Understands common medication types used to treat mental health conditions and potential side effects*		
Is able to modify communication strategies and treatment programmes to optimise		
engagement and treatment outcomes in relation to the above disorders and medication side		
effects e.g. orthostatic hypotension, EPSEs*		
Understands the need to report any concerns to a supervisor or senior member of the MDT as appropriate*		
Demonstrates an understanding of 'Recovery Focused' care and can describe recovery focused principles.		
Prevention and management of violence and aggression (PMVA)**	Signed by	Date
Has completed training appropriate to job role (Breakaway or PMVA)		
Understands the principles of least restrictive option. (Code of Practice 2015)		
Understands the rationale and can contribute to post incident debriefs.		
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Activities of daily living, physical health and social care.		
Activities of daily living**	Signed by	Date
Acknowledges and respects the patients' preferences at all times		

Is able to undertake all aspects of personal care for patients as required.		
Demonstrates the ability to support patients to develop and maintain skills to manage all aspects of daily living where possible.		
Is able to contribute to the assessment of individuals daily living skills.		
Recognises where there are areas that the patent requires additional support and feed this back to a senior member of the AHP or MDT.		
Social care and care management**	Signed by	Date
Understands the importance of the patients' social circumstances and the impact this may have on their recovery.		
Understand the role of the carer, the impact this may have on the patient and considers the needs of the carer.		
Is aware of support available for carers and how to access/advise carers.		
Can demonstrate an awareness of others' who may be involved /need to be involved in supporting the patient.		
Nutrition and Hydration**	Signed by	Date
Understands the importance of adequate food and fluid intake and basic principles of a balanced diet in relation to exercise prescription.		
Understand the nutritional supplements available for patients.		
Diabetes:		
Demonstrates an understanding of the principles of modified diets for patients with diabetes		

Demonstrates an understanding of the impact of exercise / physical activity on maintenance of BMs for patients with diabetes and be able to provide basic advice. - Stable BMs > 5mmol prior to exercise - Suitable diet Recognises a sudden onset or change in a service users' appetite and when to escalate concerns.		
Continence	Signed by	Date
Understands the need for adequate food and fluid intake in relation to continence (including bowel habit)		
Understands the causes and symptoms of constipation and know when to escalate concerns.		
Understands the need for privacy and dignity in relation to continence issues.		
Recognises a sudden onset or change in a service users' continence and how to escalate this.		
Understands and uses Bristol Stool Scale correctly.		
Skin care and pressure relief**	Signed by	Date
Understand the basic principles of skin care and the causes of pressure damage.		
Can identify the need for basic pressure relieving equipment.		
Understands how and when to request a referral to Tissue Viability Services.		
Is able to use pressure relieving aids appropriately and educate patient to use where relevant.		

Recognises skin abnormalities and pressure area risks including signs of pressure damage and how to report these.		
Moving and handling inc. mobility**	Signed by	Date
Completed the relevant mandatory training for manual handling of inanimate loads and		
patients.		
Demonstrate knowledge of factors which need to be considered prior to and whilst moving a patient.		
Demonstrate knowledge of factors which need to be considered prior to and whilst moving heavy objects.		
Demonstrates an awareness of weight bearing status i.e. Full Weight Bearing, Partial Weight Bearing, Non Weight Bearing		
Can assist in mobilising a patient with or without an aid ensuring risk assessments and care plans are followed.		
Can assess and assist patients where necessary to transfer on and off of exercise equipment *		
Is able to follow the correct procedure if service user falls to floor, including the completion of all relevant recording.		
Equipment**	Signed by	Date
Recognises the value of all equipment, and Trust property, keeping all items safe and secure and in good working order.		

Demonstrates an awareness of the most appropriate equipment to use in response to the situation being undertaken.		
Recognises when equipment is broken and takes the necessary action to make the situation safe and to facilitate repair or reordering of replacements.		
Medication**	Signed by	Date
Can demonstrate an awareness of the importance of patients taking their medication as prescribed.		
Is aware of the different compliance aids patients may be using and different methods giving medication such as: Insulin pens, Pharmacy dispensed blister packs.		
Understands the need to report any medication concerns to the registered professional.		
Demonstrates an understanding of the barriers to medication compliance and can work with service users to improve compliance through providing information, reassurance and articulation of the rationale for prescribing the treatment.		

Performance, management and leadership**		
Information and performance management	Signed by	Date
Can demonstrate where and how to access all policies and procedures.		
Is aware of and demonstrates compliance to: Sickness reporting and management processes Complaints procedures Incident reporting processes.		
Demonstrates an awareness of environmental and safety issues.		

Management and leadership	Signed by	Date
Recognises and works within the limits of their own knowledge, skills and accountability within their role.		
Actively engages in individual and/or group supervision meeting the minimum standards required.		
Demonstrates a recognition of all people as individuals and respects others' views and right to dignity.		
Maintains compliancy with all training requirements and escalates concern or challenge through appropriate routes.		