



LEICESTER
VASCULAR INSTITUTE

VASCULAR LIMB SALVAGE (VALS) CLINIC

at

GLENFIELD HOSPITAL

**TRAINING AND ASSESSMENT OF VALS CLINICAL NURSE
SPECIALISTS**

2018

1) INTRODUCTION

- This document outlines the Leicester Vascular Institute, University Hospitals of Leicester (UHL) NHS trusts policy for the training and assessment of Vascular Nurse Specialists (VNS) working in and/or leading the vascular limb salvage (VaLS) assessment clinic.
- This document reflects the emphasis upon role development and new ways of working and is in line with the 10 key roles for Nurses identified by the Chief Nursing Officer in the NHS Plan (DOH, 2000). They include running Nurse-led Clinics requesting investigations interpreting the results and initiating treatment plans and/or referrals accordingly, managing a caseload of patients, and receiving and making referrals directly.
- The clinical referral pathway and guidelines for VaLS clinic are detailed in separate documents

2) TRAINING AND ASSESSMENT OF VNS WHO UNDETAKE THE VALS ASSESSMENT CLINIC

a) All VNS who undertake this role must:

- i) Accept accountability for the role.
- ii) Be a level one registered nurse employed by the UHL with a minimum of 2 years post-registration experience
- iii) Have followed and completed the training and assessment as specified in this document.
- iv) Maintain knowledge and skills required in order to fulfil the role in a competent fashion.
- v) Be familiar with and demonstrate an understanding of the following appropriate documents.
 - (a) VaLS Clinic: Entry Pathways and Referral Guidelines
 - (b) VaLS Clinic: Assessment & review Clinic Protocols
 - (c) Emergency Diabetes Foot Referral Pathway (UHL ref: B25/2017)
 - (d) NMC Code of professional Conduct. (NMC 2015)
 - (e) The Scope of Professional Practice (UKCC 1992)
 - (f) The Trusts policy for Adjustment and Development of Practice (U.H.L. 2002)

b) Assessment of competence

- Formal assessment of competence will be undertaken by the vascular surgeons prior to unsupervised practice within the VaLS assessment clinic.
- All patients assessed by a VNS within the VaLS assessment clinic will be reviewed by a consultant vascular surgeon or nominated deputy the same day prior to a treatment plan being initiated.

To complete the assessment the following must be undertaken:

PART 1

- a) Demonstrate knowledge of:
 - (1) Anatomy and physiology of the arterial and venous systems of the leg.
 - (2) Peripheral arterial disease (PAD), Intermittent claudication (IC) and critical limb ischaemia (CLI) including;
 - (a) Clinical assessment and risk stratification
 - (b) Common investigations for PAD and CLI used within LVI including ABPI, TBPI, DUS & CT angiography
 - (c) Management options for the treatment of IC and CLI:
 - (i) Best medical therapy
 - (ii) Endovascular intervention
 - (iii) Open surgical intervention
 - (iv) Hybrid intervention
 - (3) Diabetic foot ulceration including aetiology, clinical assessment, investigation and basic management.
 - (4) Non-arterial causes of leg pain and leg ulceration/tissue loss
 - (5) Process of informed consent for clinical photography
- b) Observation of the Consultant Vascular Surgeons or Specialist Registrar performing assessment and investigation of 10 patients with critical limb ischaemia or diabetic foot ulceration (Appendix 1).
- c) Observation/performance of ABPI assessment in 10 patients (Appendix 1 & 2)
- d) Observation of an Arterial and Venous Duplex Scan (Appendix 3)
- e) Observation of an Arterial Angioplasty (Appendix 4)

The above will be achieved through supervised VaLS assessment clinic, attending vascular clinics, teaching sessions by/with the consultant vascular surgeons or specialist registrar, self-directed reading and observation of duplex scanning and ABPI assessment by the vascular studies department.

PART TWO - Supervised VNS Practice

Following completion of part one the VNS must under supervision of the Consultant Vascular Surgeon / Specialist Registrar / Vascular Nurse Specialist (already trained) assess and initiate investigations for 10 patients referred to either a) the LVI with lower limb pathology, or b) VaLS assessment clinic with (Appendix 3).

PART THREE - Practical Assessment

- The VNS is responsible for negotiating a mutually agreeable time and place to complete the assessment against the defined criteria (Appendix 4).
- The assessor will be a consultant vascular surgeon working within LVI
- On successful completion of all three parts the VNS may proceed to lead unsupervised VALS assessment clinics in line with the *VaLS Clinic: Assessment & Review Clinic Protocol*
- Complete Good Clinical Practice (GCP)

PART FOUR – Continued Professional Development

- VNS who complete parts 1-3 will be expected to maintain their knowledge and skills up-to-date so as ensure and maintain patient safety.
- VNS will be expected to attend monthly departmental educational meetings and weekly peripheral arterial multidisciplinary team meeting.
 - Annual attendance rates of 65% or higher for each is deemed acceptable
- Attendance at workshops (internal and external) or training days identified by the VNS or VaLS operational director as beneficial for VNS CPD will be encouraged and supported within the constraints of ensuring adequate staffing levels for VaLS clinic are maintained
- The development of additional clinical responsibilities/roles beyond the baseline VaLS VNS clinical role are actively encouraged and will be supported within the confines of the LVI clinical requirements
- An annual service evaluation of VaLS clinic will be undertaken
- An annual performance review will be undertaken by the VaLS clinic operational director and VNS line manager

Appendix 1

Vascular Limb Salvage (VaLS)

Record of Observation of Consultant Vascular Surgeons / Specialist Registrar / Vascular Nurse Specialist (already trained) Performing Assessment and Investigation of Patients with Leg Ulceration

DATE	PATIENT / COMMENTS	ABPI (O =observed, P= performed)	SIGNED BY DOCTOR	SIGNED BY NURSE

Appendix 2

Vascular Limb Salvage (VaLS)

Record of Supervised Practice of Vascular Nurse Specialist by Consultant Vascular Surgeon / Specialist Registrar / Vascular Nurse Specialist (already trained)

DATE	PATIENT / COMMENTS	ABPI (O =observed, P= performed)	SIGNED BY DOCTOR	SIGNED BY NURSE

Vascular Limb Salvage (VaLS)

Record of Observation of a Vascular Technologist performing an Arterial Duplex Scan

DATE	ARTERIAL SCAN / COMMENTS	SIGNED by supervisor	SIGNED By Nurse

Vascular Limb Salvage (VaLS)

Record of Observation of a Vascular Surgeon/ Radiologist performing an angioplasty

DATE	Angioplasty / COMMENTS	SIGNED by Doctor	SIGNED By Nurse

Vascular Limb Salvage (VaLS)

Performance Criteria: Assessment and investigation of patients attending VaLS assessment clinic

No.	Elements	Signed & dated by Assessor	Signed & dated by Nurse
1	Able to demonstrate knowledge of anatomy and physiology of vascular system		
2	Able to demonstrate knowledge of PAD, IC, CLI & DFU		
3	Able to demonstrate competence in the clinical assessment of patients with critical limb ischaemia including: history taking , examination and completing documentation.		
4	Able to demonstrate competence in the clinical assessment of patient with diabetic foot ulceration including: history taking, examination and completing documentation.		
5	Able to provide rationale for the requesting of relevant investigations as per protocol, and explain to patient.		
6	Able to demonstrate correct interpretation of Ankle Brachial Pressure Index		
7	Able to demonstrate competence in blood sampling and laboratory analysis requesting		
8	Able to demonstrate competence in performing an Electrocardiogram (ECG)		
9	Able to demonstrate competence in consenting for clinical photography		

10	Certification of GCP		
11	Observation and supervised practice completed.		
12	Observation of ABPI and arterial duplex scanning completed.		

Signed: Consultant Vascular Surgeon

Date:

Signed: Vascular Nurse Specialist

Date:

Review Date:

I now feel competent to run VaLS assessment clinic autonomously

Signed Date

PRINT NAME: