

The Adult Epilepsy Specialist Nurse Competency Framework



Accredited by the RCN Centre for Professional Accreditation until 20 June 2013.

The Adult Epilepsy Specialist Nurse (ESN) Competency Framework and guidelines were developed and designed by an expert steering group of adult ESNs from across the United Kingdom (UK). The Adult ESN Steering Group included:

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- Royal College of Nursing (RCN)

During the development of the Adult ESN Competency Framework appropriate guidelines have been considered. The Adult ESN Competency Framework is compliant with the following guidelines:

- RCN Diversity and Equality Standards
- Nursing and Midwifery Council (NMC) Code of Conduct¹
- Association of British Pharmaceutical Industry (ABPI) Code of Conduct²
- Association of British Healthcare Industries Code of Business Practice³

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ABN	Association of British Neurology
ABPI	Association of the British Pharmaceutical Industry
AED	Anti-epileptic drug
AFC	Agenda for Change
ENB	English National Board
ESN	Epilepsy Specialist Nurse
ESNA	EpilepSy Nurses Association
GMS	General Medical Services
GP	General practitioner
GSK	GlaxoSmithKline
HCP	Healthcare professional
HWB	Health and wellbeing
ICH	International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use
IK	Information and knowledge
ILAE	International League Against Epilepsy
KSF	Knowledge and Skills Framework
LD	Learning disability
LTC-N	Long-term conditions – Neurological
MDT	Multi-disciplinary team
NHS	National Health Service
NICE	National Institute for Clinical Excellence
NMC	Nursing and Midwifery Council
PCT	Primary Care Trust
PDNSA	Parkinson's Disease Nurse Specialist Association
PDP	Professional development plan
PESN	Paediatric Epilepsy Specialist Nurse
PREP	Post-registration Education and Practice
PWE	Person/People With Epilepsy
RCN	Royal College of Nursing
RNMH	Registered Nurse in Mental Health
SIGN	Scottish Intercollegiate Guidelines Network
VNS	Vagus nerve stimulation

Epilepsy is a common neurological condition which can have effects that reach far into the lives of the person with epilepsy (PWE). For over 20 years adult Epilepsy Specialist Nurses (ESNs) have been involved in managing and supporting PWE. Despite this long association there are currently no guidelines for employers or stakeholders about the entry experience or qualifications needed by a nurse recruited to an adult ESN post.

The Adult ESN Competency Framework sets out the educational and professional criteria for nurses wishing to undertake the adult ESN role. Additionally, the Adult ESN Competency Framework provides the opportunity for the ESN and the employer to agree a professional development plan (PDP). This plan will assist and evidence the ESN's passage from Specialist Novice Nurse to Competent ESN and finally to Expert Specialist Nurse safely.

The authors accept that epilepsy services vary depending on locality but there is still agreement that most of the role requirements can and should be standardised. This will promote the recruitment and succession planning process as well as improving patient safety and quality of epilepsy services provided.

A driver for the development of the Adult ENS Competency Framework was the Paediatric Epilepsy Specialist Nurse (PESN) competencies published in 2005, 'Competencies: a Competency Framework and Guidance for Developing Paediatric Epilepsy Nurse Specialist Services'.⁴ It is assumed throughout this document that the ESN follows the scope of Nursing and Midwifery Council (NMC) professional conduct and incorporates national epilepsy guidelines within their practice.

Epilepsy is the most common neurological condition.⁵ Approximately 600,000 people in the UK have a diagnosis of epilepsy and take anti-epileptic drugs (AEDs).⁶ This is equivalent to approximately 1 in 103 people.⁶ The prevalence rate of epilepsy in the UK is approximately 0.97%.⁶ It has been suggested that 'epilepsy must be regarded as a symptom complex rather than a 'disease entity' with wide and varied causes, including genetic factors through to cerebral insults and seizures that present in many different ways'.⁵ Approximately 70% of people with epilepsy (PWE) have the potential to be seizure free with an accurate diagnosis and optimal treatment.⁷ Appropriate, management and support for PWE can help to minimise social and financial deprivation, stigmatisation and misunderstandings and promote independence and employability.

Once diagnosed with epilepsy, patient management involves the prescription of long-term AEDs and regular monitoring, with the ESN being ideally placed to deliver this care.

The Adult ESN Competency Framework has been developed to provide the adult ESN with a set of dimensions that can be utilised nationwide. The framework is designed to provide aspirational guidelines which should be used to:

- Develop skills, knowledge, and inform practice, training and development
- Ensure ESNs deliver high-quality, safe, and accountable care to PWE
- Improve daily clinical practice and provide a structure for appraisals

It is envisaged that this Adult ESN Competency Framework will be relevant primarily to healthcare professionals (HCPs) working in epilepsy however the dimensions may also be relevant for non-specialist professionals such as practice nurses and general practitioners (GPs) who are often involved in the care of PWE. When commissioning epilepsy services this framework will assist in ensuring appropriate ESN services are employed and supported whilst also ensuring performance can be benchmarked and assessed.

The Adult ESN Competency Framework reflects many of the principles originally laid out in the Scottish Government Health Department Advanced Practice Toolkit⁸ produced by the Scottish Government, under the umbrella of the UK-wide Modernising Nursing Careers initiative,⁹ on behalf of all the UK nations.

The Adult ESN Competency Framework has been developed by a UK-wide steering group of ESNs with a variety of experience, and reviewed by academics and researchers. This work has been led by the Epilepsy Nurses Association (ESNA) and accredited by the Royal College of Nursing (RCN), with the support of Epilepsy Action. To ensure patient perspectives were considered, PWE and their carers were approached for feedback on the nurse competencies via Epilepsy Action; 59 people completed the Epilepsy Action survey and these responses have been captured within the competencies. Patients and carers supported the inclusion of the key dimensions (Appendix 1).

The framework is applicable to all nurses working in epilepsy in the UK and is underpinned by the core competencies of;

- Expert practice
- Practice development
- Leadership
- Lifelong learning
- Consultancy

What is the Purpose of the Adult ESN Competency Framework?

The aim of the Adult ESN Competency Framework is to articulate competence in epilepsy specialist nursing, by providing a national framework of competencies, enabling adult ESNs to progress from novice specialist through to expert specialist in a safe, effective and accountable manner.

It is proposed that the Adult ESN Competency Framework can be used to:

- Provide guidance on requirements for entry into the role of adult ESN
- Ensure consistency and standardisation relating to expected clinical competence and educational attainment during movement from novice specialist nurse to expert specialist nurse
- Assist managers or mentors (who may be an alternative HCP) and the specialist nurse to review their role and service and identify gaps in their competency
- Tailor training and educational plans to close gaps in knowledge and clinical competency
- Provide a framework to assist with local recruitment, retention and succession planning of staff
- Inform the development of educational programmes for ongoing training of the adult ESN throughout their professional careers
- Ensure the highest standard of epilepsy care is provided by the adult ESN
- Consider the fitness of the nurse to practise as an adult ESN
- Protect the public from unsafe clinical practice

Professional and political drivers include:

- The need for standards and expertise to demonstrate advanced/specialist practice
- The increased focus on lifelong, self-directed and work-based learning
- Agenda for Change (AFC)¹⁰
- The NHS Knowledge and Skills Framework (KSF) and development review process¹¹
- Modernising Nursing Careers Framework Initiative, Department of Health⁹
- The Framework for Developing Nursing Roles¹²
- Skills for Health and the Career Framework for Health¹³
- The Scottish Credit and Qualifications Framework¹⁴
- National Occupational Standards¹⁵
- Scottish Government Health Department Advanced Practice Toolkit⁸
- Post Registration Career Framework for Nurses in Wales¹⁶
- Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales¹⁷
- The NHS Plan 2000¹⁸
- National Institute for Health and Clinical Excellence (NICE) guidelines, The Epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care¹⁹
- Scottish Intercollegiate Guidelines Network (SIGN)²⁰
- The National Service Framework for Long-term Conditions²¹
- NHS Scotland Career Framework Guidance²²

What is the Role of the Adult ESN?

The first ESNs were employed within a community primary-care model, based in Doncaster, in 1988. Subsequently, ESNs were employed in specialist posts within secondary-care settings and specialist tertiary centres. Due to the diverse nature of epilepsy, specialist nurses work across the fields of paediatric, adult and learning disability (LD) nursing. Although epilepsy is the most common neurological condition many qualified nurses have little knowledge or experience of the condition.

The role of the adult ESN should focus on empowering those affected by epilepsy, by providing timely information, support and advice. This should take place at the point of diagnosis and throughout the trajectory of the person's epilepsy. The ESN should assist PWE to reach the goal of self-management and independence. The ESN is pivotal in providing a greater understanding of the condition and adopting a holistic, collaborative and co-ordinated approach that can help reduce the impact of epilepsy on the individual and their family.

The role requires the ESN to be an expert resource to all involved in epilepsy care. This results in the ESN becoming a consultant in evidence-based epilepsy care, education and research. The role of the ESN varies according to the local environment, the length of time an individual has been in post, their clinical skills and education.

It is expected that anyone undertaking a specialist nursing role for adults with epilepsy will be a registered nurse on the adult or LD NMC register and will have a minimum of 5 years, post-registration clinical experience in a relevant area of practice. Nurses applying for ESN roles may have many of the essential management, teaching, education and research skills to enable them to work at a specialist level but they may lack specific epilepsy knowledge. This document acknowledges that some nurses may enter the adult ESN role at a novice specialist level in some aspects of the Adult ESN Competency Framework, however it is recommended that they should be practising at competent or expert specialist level in other areas. Requirements for novice, competent and expert ESNs are outlined in Table 1.

TABLE 1: Requirements for Novice, Competent and Expert ESN

Adult ESN Level	Expected Requirements
NOVICE SPECIALIST NURSE	<p>Novice/advanced beginner stage in specialty: up to 2 years from taking up post</p> <p>Working at first-degree level</p> <p>Authors suggest AFC level 6</p>
COMPETENT SPECIALIST NURSE	<p>Competent in specialty: 9 months to 2 years onwards from taking up post</p> <p>Working at first-degree level</p> <p>Authors suggest AFC level 7</p>
EXPERT SPECIALIST NURSE	<p>Expert in specialty: greatly depends on the experience of the individual, the environment in which they are working and issues such as the disease trajectory with regard to their patient population, however after 5 years this would seem appropriate</p> <p>Hold, or working towards, a master's degree</p> <p>Authors suggest AFC level 7 or above</p>

What is nursing competence?

Roach, 1992, defines competence as “the state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities”.²³ ‘Competence has also been described as a generic quality referring to a person’s overall capacity, whereas competency refers to specific capabilities such as leadership, which are made up of knowledge, attitudes and skills. Reviews of competence conclude that no single definition is accepted nationally and the term is used interchangeably with competency and competencies.’²⁴

Recently concerns have been raised about the extent to which many post-registration courses assess clinical competence.²⁵ To deal with some of these concerns at post-registration level, the NHS KSF¹¹ links competency to the AFC¹⁰ pay banding. Furthermore, in the future, nurses will be encouraged to have ‘a competency passport which will aid career progression and their movements between specialties and career paths’.²⁶

Benner’s Five-level Model of Nursing Competence and levels of nursing

Benner’s Five-level Model of Nursing Competence^{27,28} is an evidence-based framework that can be used to describe and differentiate between nursing competency levels. It can be applied at the specialist nurse level as well as at the general nurse level, and offers useful insights regarding nurse education and the ways to target training to suit nurses at different levels of practice. Within Benner’s Five-level Model of Nursing Competence the competencies are divided into five stages which include novice, advanced beginner, competent, proficient and expert. For further detail on Benner’s Five-level Model of Nursing Competence please refer to Appendix 2.

For the purposes of defining the competency set for the Adult ESN Competency Framework, the steering group decided that the Paediatric Epilepsy Specialist Nurse (PESN) competencies would be used as a template.⁴ This amalgamates Benner’s model into three levels of competency. However, in response to feedback from stakeholders the Adult ESN Competency Framework Steering Group has elected to use the term ‘novice specialist’ nurse. It was felt that this reflects the fact that ESNs may be new to the epilepsy specialism but be experienced in many of the relevant domains required for entry into the specialist nurse role. For further detail relating to the Adult ESN Competency Framework nursing levels please refer to Appendix 3.

What is a Competency Framework?

A competency framework is a 'collection of competencies that are thought to be central to effective performance'. Developing and assessing nursing competence is becoming increasingly important. With concerns about fitness to practice, it has become essential to ensure nurses are competent to perform their roles.²⁹

Why do we need a competency framework?

It is essential to consider advanced practice as a 'level of practice' not a role or title and to be able to state clearly what this level of practice involves.³⁰ In the UK, over the last 20 years we have seen an increase in the number of specialist nurses. However, there remains ambiguity about what it actually means to be a specialist nurse and what qualifications and experience should be expected. Historically, the development of these posts focused on the need to develop specific 'advanced' or 'specialist' roles matched to specific contexts or groups of clinical skills.³⁰ This led to posts which "have not offered consistency across contexts and this lack of standardisation has not supported succession planning, transferability of skills or coherent planning for individual practitioners".³⁰

The NMC expressed concern at the number of different titles used when discussing nurses working at an advanced practice level. These titles have led to some confusion about the scope of competence required. The NMC defines advanced/specialist nurse practice as 'a registered nurse who has command of an expert knowledge base and clinical competence, is able to make complex clinical decisions using expert clinical judgment, is an essential member of an independent healthcare team and whose role is determined by the context in which she/he practices'.

The Career Framework for Health has provided an opportunity to establish and sustain consistent role benchmarks for professional practice. Crucially, the 'level of practice' should be articulated.³⁰

How to Use the Adult ESN Competency Framework?

The Adult ESN Competency Framework has been written cumulatively (as outlined in the PESN competencies); therefore the statement of competence at the expert specialist level draws on the two lower levels. It was accepted that a new adult ESN may enter the post at a level higher than novice specialist level depending on their clinical and academic background. The Adult ESN Steering Group concurred with the view expressed by their PESN colleagues, which indicated that the adult ESN may not necessarily become an expert specialist in all domains. However, the general requirement for the role is to be operating at a competent specialist level, although some may become expert specialist in some aspects. Adult ESNs should achieve expert specialist level in the domains of 'Knowledge of Epilepsy' and 'Clinical Management of Epilepsy' within 5 years of taking up post.

As an autonomous practitioner the adult ESN should, firstly, work within the sphere of their job profile and adhere to NMC guidance in order to prevent potential risks to patient care. The adult ESN must also understand their professional capabilities, recognising limitations and seeking guidance when encountering situations beyond their own knowledge, competence or scope of practice. In order to remain fully and accurately informed the adult ESN should ensure that their continuing professional development is updated and a PDP is in place, which includes an opportunity to receive clinical supervision.

For each dimension, the document identifies examples for evidence of competence that can be used to demonstrate the level of practice at which the individual is operating, the RCN states that "a competency framework is intended to be developmental, empowering and aspirational. It is a tool to support self-assessment, personal development plans and mentorship".⁴

The Adult ESN Competency Framework should facilitate and provide a structure for:

- Self and 360-degree appraisal of performance
- Development of an individual's PDP
- Mentorship/preceptorship
- Commissioning of ESN roles

How often should the Adult ESN Competency Framework be reviewed?

It is recommended that the Adult ESN Competency Framework is reviewed between the individual adult ESN and their manager at least once annually to facilitate and ensure developmental planning and training. The authors suggest that the Adult ESN Competency Framework should be used more frequently for adult ESNs new in post. Any variance in the role of the job as related to the competency set, for example significant strategic changes which may alter the services delivered, should flag the need for a review of the post.

The NHS Knowledge and Skills Framework (NHS KSF)

The NHS KSF comprises six core dimensions and 24 specific dimensions that apply to some, but not all, roles within the NHS. The Adult ESN Steering Group highlighted the following dimensions as relevant to the ESN role; health and wellbeing (HWB), information and knowledge (IK), and learning and development (G1), as shown in Figure 1. The novice, competent and expert specialist nurse should be working toward or already be working at level 3/4 respectively for all core and HWB dimensions and level 2 for the IK.

FIGURE 1: Core and Specific Dimensions of the KSF Relating to the Adult ESN Competency Framework

Core Dimensions	Specific Dimensions
1. Communication	1. HWB2 – Assessment and care planning to meet health and wellbeing needs
2. Personal and people development	2. HWB4 – Enablement to address health and wellbeing needs
3. Health, safety and security	3. HWB6 – Assessment and treatment planning
4. Service improvement	4. IK1 – Information processing
5. Quality	5. G1 – Learning and development
6. Equality and diversity	

The Adult ESN Competency Framework is separated into nine dimensions that have been linked to the NHS KSF dimensions, as shown in Table 2. The Adult ESN Competency Framework specifies competencies at a more detailed level than the published evaluation version of the NHS National Service Framework for Long-term Conditions - Neurological (LTC-N).³¹ The Adult ESN Competency Framework dimensions remain as outlined in the PESN competencies but have been added to and adjusted by the Adult ESN Competency Framework Steering Group. They are:

A. Knowledge of Epilepsy (KSF)

- I. Causative Theories and Pathology
- II. Classification
- III. Cognitive Impact

The adult ESN is required to have an extended understanding of the medical and social issues attached to a diagnosis of epilepsy and be able to effectively communicate such issues to PWE, their families/carers and all HCPs both formally or informally in order to encourage good self-management and to empower PWE.

B. Clinical Management of Epilepsy (KSF)

- I. Diagnosis and Management
- II. Well-controlled Seizures
- III. Complex Epilepsy

This dimension relates to developing the necessary knowledge and skills that will enable the adult ESN to participate and communicate during the assessment and continuing medical management of PWE adhering to national and local guidelines for epilepsy.

C. Independent Living

- I. Trust and Self-management
- II. Advocacy and Service Development

The adult ESN will ensure that PWE and their families/carers, where appropriate, are given the opportunity to make informed decisions regarding ongoing management.

D. Joint Working and Professional Relationships (KSF)

- I. Integration and Development of Services
- II. Community/Primary Care Etiquette
- III. Influence and Leadership
- IV. Professional Networking

The adult ESN should maintain a pivotal role within the multi-disciplinary team (MDT). The adult ESN will work co-operatively within different health and social environments both managing and representing PWE and will identify gaps within service provision.

E. Personal Planning and Organisation (KSF)

- I. Telephone Management – Relationships
- II. Telephone Management – Prioritising Time Management
- III. Time Management
- IV. Mentorship
- V. Developing Knowledge

Personal planning is essential for the adult ESN who will need to demonstrate an ability to prioritise workload and manage time effectively. The adult ESN will need to adapt to the changing needs of the service.

F. Teaching Patients

- I. Teaching PWE and their Families/Carers
- II. Development of Educational Programmes

The adult ESN will share and promote epilepsy education to PWE and their families/carers and all HCPs, using a variety of teaching methods and information tools.

G. Audit (KSF) (RCN lifelong learning and researcher role in practice)

I. Audit

The adult ESN shall be aware of and work responsibly within the scope of the NMC Code of Conduct,¹ recognising professional and clinical limitations and areas that require further training/education to meet and develop clinical expertise. The adult ESN will contribute to a wide range of research and audit, including of their own service and be able to understand, present and utilise results to improve the patient pathway.

H. Research

I. Using Research

II. Research Papers and Proposals

III. Patient Clinical Trials

The adult ESN will contribute to a wide range of research projects and will utilise appropriate results to improve the care of PWE.

I. Epilepsy Surgical Management and Vagal Nerve Stimulation (VNS)

I. Epilepsy Surgical Management and VNS

Use expertise to ensure the ESN service is responsive to changing needs of PWE undergoing epilepsy surgery (assessment, surgery and postoperative management) and VNS. Ensure good communication and quick access to service.

TABLE 2: The NHS KSF Linked to the Adult ESN Competency Framework Dimensions

Adult ESN Dimension	KSF Dimensions										
	1	2	3	4	5	6	HWB2	HWB4	HWB6	IK1	G1
A. Knowledge of Epilepsy	●	●	●	●	●	●	●	●	●	●	●
B. Clinical Management of Epilepsy	●	●	●		●	●	●	●	●	●	●
D. Joint Working and Professional Relationships	●	●	●	●	●	●				●	
E. Personal Planning and Organisation	●	●	●	●	●	●					●
G. Audits	●	●	●	●	●	●				●	

The Adult ESN Steering Group would welcome feedback from nurses at all levels who use the framework; this will allow the Adult ESN Competency Framework to be updated and amended for the publication of a second version (republication due 2015). If you have any feedback on the Adult ESN Competency Framework please contact the Chair of ESNA who will lead this work (contact details found on <http://www.esna-online.org.uk/>).

Evaluation of the Adult ESN Competency Framework will begin 2 years post-launch. This framework will be evaluated using the following methods:

1. Feedback requests: At launch, publications will announce the release of the Adult ESN Competency Framework. These will request ESNs to feedback their initial interpretation of the Adult ENS Competency Framework. Sessions will be held at conferences to gather feedback from adult ESNs utilising the Adult ESN Competency Framework e.g., ESNA conference, Epilepsy Alliance conference

2. Adult ESN focus group: At launch, five novice, five competent and five expert specialist adult ESNs will be identified to form the Adult ESN Focus Group. The adult ESNs will be requested to address the following questions:

Use of the Adult ESN Competency Framework

- How did you use the Adult ESN Competency Framework?
- How did using the Adult ESN Competency Framework support your professional development?
- Did the process of using the Adult ESN Competency Framework fit with supervision or mentoring processes in place within your organisation? If not, could anything be done to support the use of the Adult ESN Competency Framework?

Improvements to the Adult ESN Competency Framework

- Were any of the dimensions included within the Adult ESN Competency Framework difficult to understand?
- Were any of the dimensions easy/difficult to provide evidence for in your PDP, and why?
- Could you suggest any improved explanations or sources of evidence we can include within the Adult ESN Competency Framework?

Impact of the Adult ESN Competency Framework

- What do you think you are doing differently since using the Adult ESN Competency Framework?
- How will you use the Adult ESN Competency Framework in the future?
- What would you say is useful about the Adult ESN Competency Framework to a new specialist nurse?

3. Portfolio evidence: Evidence used in portfolios will be assessed against the Adult ESN Competency Framework.

4. Adult ESN Roundtable: The Adult ESN Roundtable will be arranged to evaluate the use of the Adult ESN Competency Framework. Following the Adult ESN Competency Framework Roundtable a report will be published outlining:

- Success of the Adult ESN Competency Framework
- Current usage of the Adult ESN Competency Framework
- Continued monitoring and evaluation of the Adult ESN Competency Framework
- Areas for development, in addition to how the Adult ESN Steering Group aim to overcome these

5. Appraisals: The Adult ESN Competency Framework will be used by a variety of managers and mentors who are carrying out appraisals of all level of adult ESNs and feedback requested on its ease of use.

6. Adult ESN Competency Framework study days: Future ESN study days will be mapped to the competencies to assist members to update and maintain competence and portfolios.

7. Evaluation form: The Adult ESN Competency Framework will be assessed via the feedback from evaluation forms received with the framework.

The Adult ESN Competency Framework has been developed as a cumulative document, it is assumed that nurses working from novice specialist nurse to expert specialist nurse should not only work on the competencies listed within their column, they should also fulfil the competencies within the level(s) below.

The competencies captured within the Adult ESN Competency Framework have been mapped to each other. Where this mapping occurs, a note will be provided to direct you to other areas of the framework for further information e.g., map to audit competency – **(F) AUDIT**

It is assumed that all competencies will be evidenced with:

- Discussions between mentor and ESN
- Review of documentation and audits **(F) AUDIT**
- Reflective practice

A. Knowledge of Epilepsy

KSF ELEMENTS	CORE	1, 2, 3, 4, 5, 6
	SPECIFIC	HWB2, HWB4, HWB6, IK1, G1

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. CAUSATIVE THEORIES AND PATHOLOGY	To be able to describe the function of the central nervous system and be able to link this to the person's epilepsy and seizure presentation.	To use the understanding of the central nervous system to recognise and attempt to link the pathology and aetiology of the presenting seizure.	To explain to experienced staff the current theories regarding the aetiology of the epilepsy.
	To understand that there may be a genetic factor to the epilepsy presentation.	To be able to discuss information around those epilepsies that may have been identified with a genetic marker.	To be aware of prior and future genetic research models including animal models.
EXAMPLE OF COMPETENCY	Review of evidence from general nursing, general medical and epilepsy-specific publications.	Observed clinical reviews. Critically analyse and appraise evidence within epilepsy publications. Conduct literature reviews. Participate in MDT journal clubs.	Evaluation of teaching sessions/ programmes delivered. Participation in advanced literature reviews such as Cochrane. Case presentations. Evidence of development of documentation.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. CLASSIFICATION	To have an awareness of the routine investigations that would be undertaken.	To understand the relevance of investigations.	To action appropriate investigations and expertly discuss relevant findings, being aware of limitations of the investigation.
	To demonstrate an understanding of the current classification for the epilepsies.	To competently classify the patient's seizures and, where possible, the epilepsy syndrome in all references to the patient's epilepsy.	To be able to recognise the limitations of the classification system.
	To be able to accurately describe and document the different seizure types from patient and witness assessment.	To use the current seizure classification scheme to accurately document and diagnose the presenting seizure aetiology.	To participate in discussions and national debates pertaining to reviews/alterations of the current seizure and syndrome classification scheme.
EXAMPLE OF COMPETENCY	Evidence of utilisation of current International League Against Epilepsy (ILAE) classification. Case study review. (F) AUDIT	Literature reviews/critical appraisal of publications. Care plans. Seizure charts. Protocol development for seizure management.	Evidence of input to local/national service debates. Publications. (F) AUDIT

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
III. COGNITIVE IMPACT	To be aware of common patterns of cognitive impairment and their potential effect on PWE and their families/carers.	To use knowledge of typical patterns of cognitive impairment to intervene and provide strategies to reduce the cognitive impact on PWE.	To have expertise in the recognition of subtle cognitive impairment and the implications this can have on PWE and their work and personal life. To make appropriate referrals.
	To have reviewed and considered some of the assessment tools for assessing cognition.	To ensure cognitive assessment tools are utilised to screen for cognitive difficulties.	To ensure that cognitive assessments are used to make appropriate onward referral.
EXAMPLE OF COMPETENCY	Discuss and review with team members and other agencies that may be able to offer help. Peer review with mentor.	Evidence of utility of assessment tools. Evidence of utilisation of strategies to help PWE to deal with common cognitive problems faced. Case-study review.	Evidence of professional collaboration, design of care pathways and networks for patient support. Evidence of strong MDT links in the community and/or hospital settings. Evidence of appropriate referrals.

B. Clinical Management of Epilepsy

KSF ELEMENTS	CORE	1, 2, 3, 5, 6
	SPECIFIC	HWB2, HWB4, HWB6, IK1, G1

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. DIAGNOSIS AND MANAGEMENT <i>Having made certain of a clinically definite diagnosis, take into account ethical principles to pace information and decision making appropriately</i>	To be sensitive to the range of emotional responses to the diagnosis of epilepsy for PWE and their families/carers.	To respond confidently to differing emotional responses to the diagnosis of epilepsy and tailor support and information to PWE and their families/carers.	To foster a continuing professional relationship, which values the principles of self-management and independence, assisting PWE and their families/carers to make decisions about managing the wider impact of epilepsy.
	To demonstrate an awareness of the cultural issues that may compound feelings of stigma following a diagnosis of epilepsy.	To predict differing cultural reactions/perceptions following a diagnosis of epilepsy and be able to respond appropriately.	To examine literature available for different cultural groups and utilise this to educate and inform people from different cultural backgrounds about the diagnosis of epilepsy, with the aim of avoiding misconceptions/misunderstandings.
	To provide newly diagnosed patients with all the relevant information both verbal and written to support their education ensuring this is paced appropriately and is mindful of the patients' wishes. APPENDIX 4: COUNSELLING CHECKLIST	To identify and review additional written/audio resources which may go further to help the patient to better understand and cope with their epilepsy and the wider effect it may have on their lives/work/relationships.	To identify gaps in information provision and address these by developing appropriate resources. APPENDIX 4: COUNSELLING CHECKLIST APPENDIX 5: ELDERLY EPILEPSY CHECKLIST APPENDIX 6: GENERAL EPILEPSY CHECKLIST LD COMPETENCY FRAMEWORK PAEDIATRIC ESN COMPETENCY FRAMEWORK
	To have knowledge of the treatment options available to PWE and be aware of signs and symptoms that may assist when assessing drug efficacy and tolerability.	To make recommendations for the patients' drug treatment, monitoring and evaluation ensuring PWE is made fully aware of common side-effects and what to do if these occur. (C) INDEPENDENT LIVING	To prescribe, monitor and evaluate drug treatment in accordance with best practice and national guidelines.
	To be aware of common AED side-effects.	To have sound knowledge of the common interactions of AEDs.	To recognise the effects and problems associated with polypharmacy of AEDs as well as other commonly used medications.
EXAMPLE OF COMPETENCY Observed clinical reviews. Evidence of using a variety of written resources to educate and reinforce information for PWE. E-counselling checklist/information needs assessment tool. Case study review.	Testimony from PWE and their family/carers. Evidence of continuous assessment and review of PWE and information needs of their families/carers.	Evidence of strong links with other agencies. Evidence of assessments undertaken. Assess for knowledge and adherence to the NMC Non-Medical Prescribing Standards.	

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. WELL-CONTROLLED SEIZURES <i>Ensure continuity of information and seizure management to any agencies involved with PWE</i>	To ensure that PWE are aware of how to contact the ESN service for support/advice or education on all aspects of epilepsy and the effects this may have on their daily lives.	To provide a key point of contact for any agencies involved with PWE and to be mindful of issues of confidentiality across agencies.	To consider the ongoing support needs of PWE and to act as their advocate. (C) INDEPENDENT LIVING
EXAMPLE OF COMPETENCY	Observed clinical reviews. Patient satisfaction survey. Case-study review.	MDT meeting minutes.	Use of evidence-based quality-of-life scores. Presence of patient support groups. Involvement/partnerships with the voluntary sector.

III. COMPLEX EPILEPSY Use expertise, communication and co-ordination skills to ensure continuity of care between hospital and the community care setting. As needs become more complex, more agencies become involved

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
	To understand that seizure remission is not always possible for all PWE.	To use evidence-based assessment tools to assess the patient's seizure frequency and severity.	To be knowledgeable about the trajectory of epilepsy and be responsive to the changing needs of the patient, their families/carers.
	To be aware that many PWE may be well in most aspects of their physical health but continue to have seizures.	To be confident in managing the differing reactions to ongoing seizures and be able to support PWE.	To develop networks of professional contacts that can provide ongoing support to PWE.
	To consider and identify signs that may illustrate the need for increased patient and family support or intervention.	To complete appropriate assessments to support referral onwards for increased support/assessment.	To design clear treatment pathways that ensure PWE are reassessed at appropriate intervals and recognise the need for crises intervention.
	To be mindful that PWE may need help/support to navigate the health and social care setting to obtain the help/assistance they need.	To provide practical assistance through sign-posting or providing direct assistance to resolve problems/concerns.	To develop strong partnerships in health, social, voluntary and independent sectors to assist in information, education and ongoing support for PWE.
	To maintain contact with patients and provide opportunities to re-evaluate seizure frequency and severity.	To assess the efficacy of current epilepsy treatment and consider when to refer the patient on for further specialist review.	To be directly involved in epilepsy service development by the writing of business plans, and provision of audit data, that supports the provision of a full range of treatment options for PWE.
EXAMPLE OF COMPETENCY	<p>Evidence of referrals/intervention.</p> <p>Case conference notes. MDT links/professional relationships. Case-study review and evidence of reflective practice.</p> <p>Demonstrate an awareness of patient confidentiality issues when dealing with agencies outside the NHS, such as the voluntary sector or government agencies.</p>	<p>Shared care guidelines.</p> <p>Evidence of referral on for support from other agencies including the voluntary sector (ensuring prior agreement from the PWE).</p>	<p>Patient satisfaction surveys.</p> <p>Evidence of pathways/protocols developed. Observed chairing of complex case conferences of MDT reviews.</p> <p>Evidence of provision of ongoing patient support through patient groups, self-management programmes and patient education meetings.</p>

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. TRUST AND SELF-MANAGEMENT	To establish a relationship with PWE and their families/carers.	To develop a relationship that fosters and promotes independence for PWE.	To empower PWE and their families/carers to independence.
	To give relevant individualised information.	To develop appropriate individualised information.	To provide PWE with the appropriate skills to assess the quality of information given.
	To describe the risks of living with epilepsy.	To proactively attempt to reduce risk whilst taking into account the wishes of PWE.	To ensure a comprehensive risk assessment of PWE and to empower them.
	To understand the importance of adherence to medication/treatment.	To recognise the barriers to adherence.	To assist PWE to overcome barriers through self-management and knowledge of the consequences of non-adherence.
EXAMPLE OF COMPETENCY	Testimonies from PWE. Observed ESN-patient interactions. Evidence of ability to build positive patient/nurse relationships.	Case-study review.	Evaluation of patient and carer satisfaction surveys. Delivering self-management protocols. Management plans, clinical letters.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. ADVOCACY AND SERVICE DEVELOPMENT	To describe the role of the advocate for PWE and their families /carers.	To act as an advocate for PWE and their families /carers at unit, team and local level.	To advocate at a strategic/Trust/ Primary Care Trust (PCT)/ Health Board/commissioning level on behalf of the local epilepsy population.
	To encourage PWE to play a role in the development of epilepsy services.	To signpost opportunities for PWE to enable them to influence local services.	To ensure the voice of PWE or designated carers are recognised in service implementation and development.
	To make time to ask PWE what they think of local services.	To ensure PWE are consulted in developing local services.	To provide evidence that the views of PWE have been listened to and acted upon.
	To be aware of epilepsy checklists that identify the knowledge needs of people with epilepsy and their families/carers.	To be able to discuss knowledgeably all aspects of epilepsy checklists. This includes general epilepsy as well as specialist topics.	To be able to target knowledge needs dependent on patient disease trajectory.
EXAMPLE OF COMPETENCY	Testimonies of PWE.	Minutes of meetings with action points. Patient forums. Patient satisfaction surveys from user groups.	Minutes of meetings including evidence of patient/public involvement. Evidence of the development of epilepsy services.

D. Joint Working and Professional Relationships

KSF ELEMENTS	CORE	1, 2, 3, 4, 5, 6
	SPECIFIC	IK1

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. INTEGRATION AND DEVELOPMENT OF SERVICES	To identify epilepsy services in health, social, voluntary and independent settings and appreciate the different models of care and their benefit to people affected by epilepsy.	To achieve co-operative working between own and other care settings. Identify potential changes in service provision arising from client need and national policies and discuss with manager and peer group.	To generate and lead the development of new ways of working with all providers of epilepsy services, reflecting local and national priorities.
	To establish working relationships that promote partnership between health, social, voluntary and independent sectors.	To maintain existing partnerships with health, social, voluntary and independent sectors to foster a sense of mutual trust and respect.	To develop new partnerships with health, social, voluntary and independent sectors.
EXAMPLE OF COMPETENCY	<p>Demonstrate links with other departments and providers of services.</p> <p>360 degree appraisal with other team members and services.</p>	<p>Contact log.</p> <p>Provide evidence of advocacy through meetings and referrals.</p> <p>Evidence of service development.</p> <p>Demonstrate range of referrals made to/from adult ESN.</p> <p>Evidence of use of care pathways.</p> <p>Testimonies from HCPs.</p>	<p>Business Plans.</p> <p>Minutes of meetings with action points.</p> <p>Policy and protocol development.</p> <p>Development of new care pathways.</p> <p>Development of shared-care guidelines.</p>

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. COMMUNITY/PRIMARY CARE ETIQUETTE	To understand when assessments are required in other non-clinical environments.	To adopt appropriate behaviour to accommodate varying non-clinical environments.	To consider the merits of conducting a review outside of the normal clinical environment.
EXAMPLE OF COMPETENCY	Discuss lone working policy highlighting risks. Incident analysis.	Show risk assessment forms and compliance with policies. Share the assessment of risk with others as appropriate. Protocol development to reduce and manage risk. Discuss with MDT. Adherence to local lone-worker policy. Anticipate any potential associated personal risks.	Risk assessment policies or strategies. Testimony from MDT members. Evidence of service adaptation.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
III. INFLUENCE AND LEADERSHIP	To demonstrate an awareness of own role and its impact on service delivery to PWE locally.	To communicate, promote and develop the role of the adult ESN as a pivotal member of the MDT.	To influence local service provision by developing epilepsy nursing leadership and innovation.
EXAMPLE OF COMPETENCY	Evaluation of service. Patient and public consultation. Promoting service.	Development of service to meet ongoing needs. Expert patient reviews. Linking in with local charities/support groups.	Research articles. Measuring the gaps in service and working with public health to overcome these.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
IV. PROFESSIONAL NETWORKING	To identify opportunities to join effective networking groups.	To maximise the use of effective networking across social and healthcare boundaries.	To initiate and foster new networking opportunities such as networking with individuals working in other specialist areas. Participate on a national and international basis.
	To be aware of the regulations that apply to conduct between nurses and drug representatives and pharmaceutical companies.	To adhere to local as well as nationally agreed guidance with regard to any hospitality received from pharmaceutical companies.	To be appraised of issues around 'conflicts of interest' and to ensure professional transparency around this.
EXAMPLE OF COMPETENCY	<p>Development of contact list. Documentation of minutes from networking groups. Maintain a register of interests.</p> <p>(F) AUDIT</p>	Monitor effectiveness through evaluation forms.	<p>Evidence of development of networks. Evidence of development of networks in linked areas. Terms of reference and membership lists for new networking groups.</p>

E. Personal Planning and Organisation

KSF ELEMENTS	CORE	1, 2, 4, 5, 6
	SPECIFIC	IK1, G1

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. TELEPHONE MANAGEMENT – RELATIONSHIPS	To understand the importance of listening and questioning skills appropriate to telephone communication.	To demonstrate effective listening and questioning skills appropriate to telephone communication.	To be able to take a sound, clear history over the telephone and respond appropriately.
	To provide a timely and responsive telephone service.	To effectively assess and prioritise need based on telephone communication. Agree realistic expectations with caller.	To confidently manage distraught and unexpected telephone calls.
	To understand the importance of documenting telephone calls and advice.	To have a sound method of documenting calls and advice given alongside any plans for treatment changes.	To develop new models of documenting calls and communication to all relevant personnel involved in the care of PWE.
	To be aware that some PWE become telephone dependent.	To agree realistic expectations with telephone-dependent patients.	To identify the underlying reasons for PWE being telephone dependent and develop strategies to meet their needs.
EXAMPLE OF COMPETENCY	Telephone log. Patient satisfaction surveys. (F) AUDIT	Documentation relating to call. Testimony from PWE. Case-study review.	Critical incident review. Development of protocols.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. TELEPHONE MANAGEMENT – PRIORITISING TIME MANAGEMENT	To observe and recognise the variety of skills required to consult with PWE.	To use a variety of consultation skills and methodologies to effectively review PWE.	To intuitively vary consultation skills/methodology to enable effective review of PWE.
	To observe how a variety of nurse-led clinics are undertaken.	To set up and run nurse-led clinics.	To autonomously lead and develop a nurse-led clinic.
EXAMPLE OF COMPETENCY	Evidence of clinical visits. (B) CLINICAL MANAGEMENT	Clinic templates. Patient satisfaction surveys. Clinical observation.	Development of clinical pathways/ protocols.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
III. TIME MANAGEMENT	To recognise the importance of time planning to enable adjustment to working in an autonomous role.	To set own priorities and respond to unplanned workload and changing service needs.	To balance priorities to changing service needs. Identify and work with key people to support the introduction of service developments.
	To be able to identify the level of clinical urgency.	To prioritise workload dependent on level of clinical urgency.	To be aware of time constraints and pre-emptively manage workload.
	To explore the availability of databases to keep records of PWE.	To keep a database of caseload of people with epilepsy.	To develop services to ensure appropriate numbers of patients per nurse (caseload ratio).
EXAMPLE OF COMPETENCY	Document goal setting. Diary log. Work log. (F) AUDIT	Review of database. Critical incident reviews.	Business plans/cases. Evidence of team building. Clinical and peer supervision. Case-study review.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
IV. MENTORSHIP	To identify and effectively use a mentor to gain support, explore ideas and devise a PDP.	To act as a mentor to novice ESNs and other HCPs.	To act as a mentor and role model at local, national and international level.
EXAMPLE OF COMPETENCY	PDP.	Witness statement from the novice. Evidence from meetings. Diary.	Appraisal and testimony.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
V. DEVELOPING KNOWLEDGE	To recognise the importance of networking.	To share knowledge and best practice through participation in local and national specialist networks.	To set up and maintain robust epilepsy professional support networks to share experience/ knowledge at local, regional and national levels.
	To prioritise areas for learning, formulating a PDP with manager.	To prioritise learning needs and access appropriate courses.	To achieve learning outcomes to expand and maintain epilepsy knowledge to advance practice.
	To commence diploma in epilepsy or other relevant course.	To commence study at first-degree level in a relevant topic.	To commence study at master's level in a relevant topic.
EXAMPLE OF COMPETENCY	Diary/contact sheets/PDP. Demonstrate evidence of working towards a qualification in epilepsy or the neurosciences at level 4 or above.	Document attendance at and discuss benefit of participating in networks with mentor. Demonstrate evidence of working towards an epilepsy or neurosciences qualification at first-degree level.	Document evidence of planning/ hosting meetings. Attendance at local/national meetings to expand knowledge of epilepsy and relevant sub-specialties. Provide evidence of working towards MSc or PhD in a relevant subject area.

F. Teaching Patients

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. TEACHING PWE AND THEIR FAMILIES/CARERS	To understand and describe the potential barriers to learning.	To use appropriate information to encourage responsibility for health and well-being. (C) INDEPENDENT LIVING	To develop innovative materials to support learning minimising potential barriers to learning. Incorporate the concept of the expert patient.
	To describe the different ways of teaching PWE and families/carers about epilepsy in a clinic setting. Identify opportunities for patient education. (B) CLINICAL MANAGEMENT	To use a range of methods to teach the PWE and families/carers about their epilepsy. Use clinic attendances as an opportunity to educate and inform PWE.	To formulate new and innovative teaching tools to support and promote education of people/families about epilepsy.
EXAMPLE OF COMPETENCY	Observed clinical reviews and teaching. Diary of teaching opportunities. Case studies. Patient/mentor witness statements.	Portfolio of teaching evaluation. Documentation of information giving. Evaluation from PWE/families/carers.	Teaching evaluation. Discussion of the use and limitations of different teaching tools. New educational materials. Demonstrate use of a wide variety of information tools.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. DEVELOPMENT OF EDUCATIONAL PROGRAMMES <i>This encompasses a variety of situations, ranging from informal conversations to formal teaching</i>	To participate in educational programmes for professional and non-professional groups.	To initiate and develop effective education programmes for professional and non-professional groups.	To identify and respond to the learning needs of the MDT by developing relevant educational programmes, including accredited courses.
EXAMPLE OF COMPETENCY	Discuss on teaching sessions. Participant review.	Assessment of learning outcomes. Review of session evaluation. Feedback from MDT team.	Teaching plans. Demonstrate links to higher education institutions. Evidence of development and assessment of educational programmes.

KSF ELEMENTS	CORE	1, 2, 3, 4, 5, 6
	SPECIFIC	IK1

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. AUDIT	To demonstrate an understanding of the audit process and data collection processes.	To collate audit data and present findings in an appropriate format.	To present audit findings at national/international level to inform and change practice.
	To identify components of adult ESN role that are appropriate to audit.	To complete audit of key aspects of own service delivery.	To demonstrate audit findings at directorate or organisational level and effect organisational change.
	To identify components of service delivery appropriate to audit patient satisfaction	To complete audit of key aspects of patient satisfaction components.	To use audit findings to develop patient services.
EXAMPLE OF COMPETENCY	Discussion with mentor. Identify appropriate areas for audit.	Audit of data for own service. Annual report and review of service delivery.	Poster and platform presentations. Ethics committee audit proposals. Publications. Evidence of service development.

H. Research

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. USING RESEARCH	To understand what is meant by evidence-based care.	To use evidence-based care to support clinical practice.	To generate new knowledge using evidence-based care to develop clinical practice.
	To be aware of and able to access the common databases of research evidence relevant to epilepsy practice.	To be able to access and critically analyse research articles on relevant epilepsy databases.	To use critical appraisal skills to transport high quality evidence based research into clinical practice to support practice and service developments.
EXAMPLE OF COMPETENCY	Demonstrate search skills and through discussion/list of resources used.	Critical appraisal of publications. Read an epilepsy journal monthly to keep up-to-date with research developments. Journal clubs.	Publication. Critically evaluate research papers. Evidence of research use in service delivery and development.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
II. RESEARCH PAPERS AND PROPOSALS	To identify those carrying out MDT epilepsy research in the local area.	To contribute to the design and practical implementation of local MDT epilepsy research projects.	To identify nursing research questions relevant to daily practice. Design, evaluate and implement nursing research projects.
EXAMPLE OF COMPETENCY	Knowledge of protocols and contacts for local MDT epilepsy research group. Knowledge of patients recruited to projects.	Participate in MDT epilepsy research projects. Attendance at research planning meetings. Evidence that research is used to improve patient care.	Research proposals. Grant applications. Publication and presentation of research projects. Participation in multicentre research.

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
III. PATIENT CLINICAL TRIALS	To explain to patients the concept for patient clinical trials and recruitment criteria.	To explain the methodology and potential patient impact of a clinical trial. Actively recruit patients for the clinical trial.	To coordinate a clinical trial and collate data.
EXAMPLE OF COMPETENCY	Be aware of ABPI guidelines.	Work within NMC and RCN scope of professional practice.	Study report. Abstract/poster presentation. Evidence of working within clinical trial protocol.

I. Epilepsy Surgical Management and VNS

	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
I. EPILEPSY SURGICAL MANAGEMENT AND VNS Use expertise to ensure the ESN service is responsive to changing needs of PWE undergoing epilepsy surgery (assessment, surgery and postoperative management) and VNS. Ensure good communication and quick access to services when required.	To use clinical assessment guidelines to identify PWE who may be suitable for epilepsy surgery assessment.	To discuss the possibility of epilepsy surgery as a treatment option.	To refer into local epilepsy surgery programme.
	To describe to PWE the epilepsy surgical assessment process.	To discuss the implications of epilepsy surgery.	To oversee the surgical assessment process.
	To have knowledge of the investigations required when considering epilepsy surgery.	To understand the implications of investigation findings for surgery.	To explain the individual investigation outcomes and implications for their potential epilepsy surgery.
	To understand the roles of the epilepsy surgical MDT team.	To liaise with all members of the epilepsy surgery MDT team.	To actively participate in discussion with the MDT epilepsy surgery team.
	To follow guidelines for patient management following epilepsy surgery.	To ensure appropriate timely review of post-surgical outcomes.	To ensure long-term assessment and measurement of surgical outcomes using appropriate tools.
	To make the patient aware of follow-up plans.	To undertake assessment of patient's follow-up needs.	To manage ongoing needs and refer appropriately.
	To teach PWE/carers how to use the VNS magnet in response to seizure activity.	To programme and titrate the VNS device and ensure patient understanding.	To have knowledge of long-term management, troubleshoot potential problems and empower patient self-management.
EXAMPLE OF COMPETENCY Evidence of critical incident reflection. Knowledge of surgical pathway. Testimony from families/carers. (F) AUDIT	Testimony from other members of the MDT. Evidence of the utility of appropriate evidence-based assessment tools. Evidence of referrals/intervention.	Service review. Publications.	

Epilepsy Action developed a short electronic survey to enable people with epilepsy and their carers to comment on what they considered to be the important dimensions of the role of the ESN working with adults. The survey was available to complete on the Epilepsy Action website in December 2011. One respondent said, “there is an awful lot to fit in but everything mentioned should be part of the role”.

Aspects of the role rated as important or highly important by 59 respondents are summarised below mapped to dimensions A–I of the Adult ESN Competency Framework. Examples of individual comments are given below.

A. Knowledge of Epilepsy

- Explaining the type of epilepsy (diagnosis)
- Understanding complex medical information and being able to explain it clearly to patients and families/carers

“My epilepsy nurse is excellent... she has specialist training with epilepsy and understands it... she only sees people with epilepsy... she can concentrate on the condition.”

B. Clinical Management of Epilepsy

- Providing information about epilepsy
- Explaining about medicine and treatment options
- Providing information about the implications of having epilepsy

“I think it’s important that ESNs are readily available to advise and support at the point of diagnosis, when there’s a crisis (breakthrough seizure, side effect, problem with AEDs). Epilepsy is often for life, and can affect so many parts of life.”

C. Independent Living

- Making sure patients and their families and carers have a chance to make informed decisions about ongoing care.

D. Joint Working and Professional Relationships

- Working within different teams and services to support patients and identify any gaps within service provision
- Using computer, telephone and face-to-face communications as appropriate with hospital departments, GP practices and Social services

“Help patient find other support groups or charities out there that can help them move on in life.”

“Understanding related conditions and learning disabilities. Being able to refer people to other services, e.g., mental health services.”

E. Personal Planning and Organisation

- Giving enough time to patients needing support without neglecting other patients
- Balancing time spent on different activities to make sure everything gets done on time

“Good access and availability should a change in symptoms occur.”

F. Teaching Patients

- Sharing and promoting epilepsy education for patients, their families/carers and healthcare professionals

“Outreach and liaison with – and perhaps training for the GP surgeries of their patients – especially those with no specialism in epilepsy.”

G. Audit

- Being aware of areas where further training or education is needed
- Looking at own service to see where things could be improved

“To look at ways to improve our quality of life and if they can’t help, to refer us to (someone) who can.”

H. Research

- Understanding research, contribute to research projects and trials

I. Epilepsy Surgical Management and VNS

- Being responsive to the needs of those having epilepsy surgery through the process of assessment, surgery and ongoing management

“Excellent communication skills; non-didactic; person-centred; balanced approach to risk and not afraid to discuss serious risk.”

Stage 1 – Novice

The novice has no experience of the situations in which they find themselves at work. Actions are guided by a context-free set of rules, which guides their behaviour. The individual will be task oriented in their approach, which is limited and inflexible. Nursing students are considered as novice but have expertise in some situations. Any nurse entering a new field of nursing in a different ward/community environment can therefore be considered to re-enter the novice stage until some experience is built in the new situation. The new adult ESN will therefore be a novice in certain domains of their role when they first move into post.

Stage 2 – Advanced beginner

At the advanced beginner stage, clinical situations are seen as a set of requirements for action, or a set of tasks to perform. This stage is similar to the novice stage, although a larger number of tasks can be performed independently. Characteristics of the advanced beginner stage are:

- All tasks are perceived as equally important
- The over-riding emotion is almost constant anxiety with concern over their own abilities/competency
- The individual operates in the present, focusing on what needs to be done 'now'
- The focus is the patient's physical state; technological support and equipment. The nurse is much less able to tend to patients' emotional needs and the needs of their families, and does not have the 'big picture'
- A reliance on nursing theory and the principles that guide practice; ordered steps are necessary
- No responsibility for patients' well-being, which gives them a freedom to learn and an ability to delight in learning. Clinical Agency is defined as the experience and understanding of one's impact on what happens to the patient and growing social integration as a member of the healthcare team. At the advanced beginner stage, work is guided by:
 - The observations needed
 - Charting observations and procedures
 - Completing nursing notes
 - Following instructions

Nurses at this stage will strain to meet routines and schedules and be upset by individual patient needs that take up their time and alter their routine. They will seldom have the skills necessary to respond appropriately to rapidly changing situations (particularly relevant in the field of critical care) and will rely on the experience of others. Mentorship/preceptorship is suggested as the best form of education for this stage. The aims of this are:

- To help the beginner to see the 'bigger picture', to put together signs and symptoms and make sense of them
- To help the beginner to know what to expect and what to look out for and remove some of the uncertainty from their experience of practice
- To provide support in the clinical setting, e.g., prioritising work. Advanced beginners are ready to apply guidelines to practice but experience is needed before these can be applied to individual patients. Again, mentoring can help this learning process

Stage 3 – Competent

General Nurses tend to enter this stage after about 2–3 years in clinical practice. All nurses will reach this stage, which is dependent only upon experience. The competent stage is recognised by:

- Increased clinical understanding
- Improved technical skill
- Greater organisational ability
- An ability to anticipate the likely course of events within clinical practice. An individual at this stage will demonstrate the following:
 - Marked organisational skills. Fluid, co-ordinated actions. Better time management
- An ability to handle multiple, complex tasks

- An ability to anticipate future demands and needs, therefore able to prepare
 - Less anxious, therefore more able to perform well in a crisis
 - Less flexibility than a proficient nurse and not as quick to respond to rapidly changing needs

The nurse at this stage can carry out individualised care. Emotions in practice can now act as an alerting process and as the anxiety has subsided and the nurse has settled into the role, emotions can be informative and guiding. The nurse can negotiate clinical knowledge and learning to make a case for change, for example in medication, and will become aware of the shortcomings of others and of the healthcare system. At this stage, the recommended model for education is mentorship/preceptorship by proficient or expert nurses.

Stage 4 – Proficient

This stage represents a qualitative change from the competent level. Not all nurses will make the transition from competent to proficient and some will always remain at the competent level.

Practice at the proficient level is demonstrated in six ways:

1. The development of engaged reasoning in transitions. The proficient nurse works to gain a good understanding and knowledge of the patient and is able to pick out what is salient in a changing situation. This requires an openness and ability to be challenged rather than needing predictability and control (contrast with competent nurse). Because the technical mastery of skills and tasks no longer takes so much attention, the proficient nurse is able to engage in situations and reflect upon them more readily.
2. Emotional attunement to the situation. The nurse's practical grasp of the situation is increasingly accurate. If they are unable to have this grasp, a feeling of uneasiness develops which alerts them to the fact that something may be wrong. This is what is meant by 'emotional responsiveness'.
3. The ability to recognise the changing relevance of aspects of a situation. The nurse can see when to react in a way that is different from that initially planned. This ability involves an holistic assessment, a trust in one's own interpretation of signs and symptoms and intuition.
4. A socially skilled sense of urgency.
5. Improved and more differentiated skills of involvement with patients and families.
6. Proficient nurses perceive and understand a situation as a whole. They have the 'big picture'. At this level the nurse is still learning through reflection. The use of narratives/case studies discussed in small groups can be particularly valuable.

Stage 5 – Expert

- Expert practice is characterised by increased intuitive links between seeing the salient issues in the situation and ways of responding to them in practice.
- The expert nurse knows what to expect and is constantly comparing what is present to her expectations (subconsciously). Anticipation is a key component of this level of practice.
- Where patterns are clear the nurse knows what to do with little conscious thought involved. The expert runs on "autopilot" with respect to tasks and can therefore simultaneously engage in psychological support, talking with the patient's family etc. as she performs tasks.
- The nurse will have a strong sense of the future and how this may be influenced as well a good understanding of the past.
- Practice is characterised by fluid, skilled performance underpinned by judgment.
- Expert nurses have a good understanding of the patient's world and are able to put that first.
- A vision and commitment to good clinical and caring practices.
- The expert practitioner has much to offer in terms of guiding the service and planning curricula. They may not be the appropriate person to teach a novice or advanced beginner.

Nursing Levels

The descriptions outlining the adult ESN competency level have been taken from Skills for Health Career Framework, March 2006.³² Further details relating to the skills and knowledge, supervision and regulation, professional and vocational competence are captured within Table 3.

Competent Specialist Nurse (Level 6 of the Career Framework for Health)

At this level the registered practitioner in the epilepsy service will have developed expertise to use detailed theoretical and practical knowledge in epilepsy management. Some knowledge is at the forefront of the field and will involve a critical understanding of theories and principles. The practitioner will be able to demonstrate mastery of methods and tools in complex care, and demonstrate innovation in terms of methods used while having the ability to devise and sustain arguments to solve problems.

Expert Specialist Nurse (Level 7 of the Career Framework for Health)

Often regarded as specialist or advanced practice, this is the extension and expansion of the registered practitioner role. Adult ESNs practising at this level of clinical practice work according to local protocols to co-ordinate the comprehensive care of clients, who could equally be cared for by doctors. The nurses can work autonomously without asking the advice of a doctor. Any nurse working at this level is required to work within the boundaries of their own knowledge and competence, and refer to or seek advice/opinions from medical colleagues for cases beyond their clinical expertise. Selected treatments will expand this nursing role through independent prescribing. The expected workload of senior registered practitioners differs between settings, depending on local need, resources and infrastructure. In day-care settings some nurses are responsible for total provision of care, others only see patients who have previously been seen by medical colleagues, while some nurses see clients who could equally be cared for by doctors. Despite the different types or levels of client care that adult ESNs provide, there are core competencies that are central to all levels of senior registered adult ESN nursing practice.

TABLE 3: Nursing levels for ESNs taken from Skills for Health Career Framework, March 2006³²

Level	Skills and Knowledge	Supervision	Regulation, professional and vocational competence
6	Use detailed theoretical and practical knowledge of a field. Some knowledge is at the forefront of the field and will involve a critical understanding of theories and principles. Demonstrate mastery of methods and tools in a complex and specialised field and demonstrate innovation in terms of methods used. Devise and sustain arguments to solve problems.	Demonstrate administrative design, resource and team management responsibilities in work and study contexts that are unpredictable and require that complex problems are solved where there are many interacting factors. Show creativity in developing projects and show initiative in management processes that include the training of others to develop team performance.	Clinical staff will be regulated healthcare professionals. Consistently evaluate own learning and identify learning needs. Gather and interpret relevant data in a field to solve problems. Demonstrate experience of operational interaction within a complex environment. Make judgements based on social and ethical issues that arise in work or study.
7	Use highly specialised theoretical and practical knowledge, some of which is at the forefront of knowledge in the field. This knowledge forms the basis for originality in developing and/or applying ideas. Demonstrate critical awareness of knowledge issues in the field and at the interface between different fields. Create a research-based diagnosis to problems by integrating knowledge from new or interdisciplinary fields and make judgements with incomplete or limited information. Develop new skills in response to emerging knowledge and techniques.	Demonstrate leadership and innovation in work and study contexts that are unfamiliar, complex and unpredictable and that require solving problems involving many interacting factors. Review strategic performance of teams.	Clinical staff will be regulated healthcare professionals. Demonstrate autonomy in the direction of learning and a high level understanding of learning processes. Solve problems by integrating complex knowledge sources that are sometimes incomplete and in new and unfamiliar contexts. Demonstrate experience of operational interaction in managing change within a complex environment. Respond to social, scientific and ethical issues that are encountered in work or study.

Appendix 4: Counselling Checklist

The Quality and Outcomes Framework includes a new epilepsy-based indicator for 2011/12.³³

Epilepsy 9: The percentage of women under the age of 55 years who are taking AEDs who have a record of information and counselling about contraception, conception and pregnancy.

The following checklist covers the issues GPs need to discuss with women to meet this indicator.

It has been designed to be used in conjunction with the Epilepsy Action Professional Resource Pack for GPs.³⁴

Counselling for Women with Epilepsy

Women with epilepsy who want to start a family should be referred to a specialist for pre-conception counselling

- Find out who in your local area provides pre-conception counselling. This might be an epilepsy specialist, ESN or an obstetrician with an interest in epilepsy.

Contraception

Review her current method of contraception ensuring that:

- if she takes enzyme-inducing AEDs or lamotrigine, she is advised about potential interactions with hormonal contraceptives.

Conception

Discuss the benefits of taking 5 mg dose of folic acid before conception and during the first trimester.

Discuss the risk of teratogenicity associated with AEDs.

- Information is available on the teratogenic risk associated with general AED monotherapy, AED polytherapy and sodium valproate, lamotrigine and carbamazepine.
- Refer her to a specialist if she wishes to discuss making changes to her current AED treatment.

Pregnancy

Discuss the importance of AED adherence and seizure control in pregnancy.

- The risk to the baby of taking AEDs needs to be balanced with the risk to herself and the baby should she stop taking her AEDs and experience frequent, uncontrolled seizures.

Discuss what care she would receive in pregnancy and after the birth.

- It is advised that women with epilepsy give birth in hospital.
- Her care should be shared between epilepsy and obstetric services (where this is possible).
- Breast feeding is generally recommended.
- Safety advice is available to help her minimise the risks to a child, should she have a seizure.

Closing the review

- Give her a copy of the Epilepsy Action fact sheet FO76 Contraception, conception and pregnancy counselling.³⁵
- Invite further questions. For example: menstrual regularity, catamenial epilepsy and menopause.

The specialist who manages their epilepsy should also have the expertise to manage other co-morbid conditions affecting older people. The NICE guidance recommends that the choice of treatment, access to investigations, and the importance of regular monitoring of effectiveness and tolerability are the same for older people as for the general population.¹⁹ This is supported by the emphasis in the National Service Framework for Older People on dismissing age discrimination.³⁶

Elderly People with Epilepsy

Referral to an ESN is also desirable, to ensure the patient has access to ongoing support. In the absence of an ESN a referral to a district liaison nurse or a community matron is required. Practice nurses can also be a good source of support.

Epilepsy in older people may pose several additional problems for the provision of services compared with the rest of the population:

Diagnostic difficulties

- Due to co-morbidity, cognitive impairment and polypharmacy

Unclear patient and witness accounts

- The older patient may live alone (absence of an eye witness)

Susceptibility to AED side effects and toxicity

- AED therapeutic blood levels were established on younger populations and might not apply to older people. For this reason toxicity may occur with levels within or below the traditional therapeutic range

Polypharmacy and drug interaction

- Some older people will take medication for other conditions. This poses two potential problems:
 1. The person may struggle to remember what tablets to take, how many to take and when
 2. There is an increased likelihood of interaction with medication for other conditions

Psychosocial and generational difficulties

- Increased feeling of stigma; impact on ability to drive and possible loss of confidence; can lead to social isolation

Physical restrictions to lifestyle

- Seizures that cause falls are more likely to cause injury in older people

Multidisciplinary service

- May be needed in the community, such as a liaison nurse, social worker, falls specialist and occupational therapist

Pharmacokinetics

- Special attention should be paid to the pharmacokinetics and pharmacokinetic issues with polypharmacy; consider using lower doses of AEDs and/or controlled-release formulations³⁷

Appendix 6: General Epilepsy Checklist

NICE and SIGN recommend that patients be given appropriate information. The following is a checklist that can be used to identify what information to give patients and carers. Epilepsy Action produces a range of information that can be used in primary care to increase patients'/carers' knowledge of epilepsy. If the patient requires more detailed information on subjects included in this list, then referral to a specialist should be considered.

General Epilepsy Information	
Mandatory	Optional
<ul style="list-style-type: none"> • Explanation of what epilepsy is • Prognosis • Sudden Unexpected Death in Epilepsy • Choice of drug • Efficacy • Side effects • Concordance and adherence • Drug interactions • Free prescriptions • Lack of sleep • Alcohol and recreational drugs • Stress • General guidelines • First aid 	<ul style="list-style-type: none"> • Probable cause • Explanation of investigative procedures • Classification of seizures • Syndrome • Epidemiology • Genetics • Recurrence risks • AEDs • Missed doses • Seizure triggers • Photosensitivity • Status epilepticus • Support organisations • Addresses and telephone numbers of national and local epilepsy organisations
Lifestyle	
Mandatory	Optional
<ul style="list-style-type: none"> • Driving regulations • Safety in the home • Parenting 	<ul style="list-style-type: none"> • Employment • Education (e.g., guidance for teachers) • Leisure • Relationships • Safety and appropriate restrictions for children and young people • Alarms and monitors • Identity bracelets • Free prescriptions • Financial allowances • Multi-agency support for family (education, social work, voluntary sector etc) • Parentline (organisation to support those experiencing parenting difficulties)
Possible Psychosocial Consequences	
Mandatory	Optional
<ul style="list-style-type: none"> • Perceived stigma • Memory loss • Self esteem 	<ul style="list-style-type: none"> • Depression • Anxiety • Maintaining mental well being • Sexual difficulties • Behaviour problems in children and young people
Signature:	Date:

Appendix 7: Example Level 6 Adult ESN Job Description

Level 6 job description, provided by Western General Hospital, Edinburgh, included below is an example and roles may vary across posts/dependent on environment e.g., district general hospital/primary care/tertiary centre etc.

1. Job Identification

Job Title: Epilepsy Liaison Nurse	Operating Division:
Responsible: Epilepsy Specialist Nurse	Job Reference:
Department(s): Neurology	No of Job Holders: 1
Directorate: Neurosciences	Last Update (insert date): November 2011

2. Job Purpose

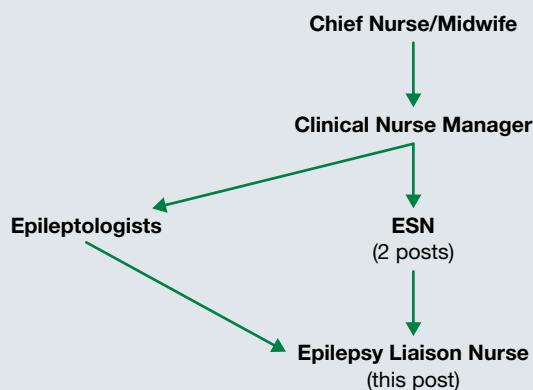
The remit of this post is:

- The post holder is responsible for a caseload of patients allocated to the specialist service within relevant healthboard/PCT and the wider supra regional service. This includes delivering epilepsy nurse-led services and can take place in a community and acute hospital setting
- This service takes referrals for adults and adolescents as well as people with LD and psychiatric co-morbidity. The aim is to ensure the highest standard of personalised epilepsy nursing care is delivered to patients and their families in partnership with all members of the MDT. Ensuring all care delivered is in accordance with national guidelines for epilepsy practice
- The individual is expected to motivate staff to provide high standards of care by acting as a role model
- Provide professional and clinical care advice to patient's carers and MDT
- Contribute to the provision of specialist education and training programmes for health care professionals and other professional groups
- Contribute to research activities ensuring evidence-based practice in the specialist area
- Ensure any care gaps noted in epilepsy care provision is communicated to senior ESNs and or ward charge nurse

3. Dimensions

- The post holder contributes to the clinical responsibility for the regional and supra regional epilepsy service
- The post holder may participate in nurse-led clinics within the overall service provision for patients within the epilepsy speciality
- Other key staff with whom the post holder will interact includes: medical/therapists/support services/education facilitators/health and safety, risk management community health practitioners and university institutions, social work services, voluntary agencies
- The Health Board area delivers services within the environment of a University Teaching Hospital setting

4. Organisational Position



5. Role of Department/Service

- The Department of neurosciences is a nationally and internationally acclaimed unit providing a regional comprehensive neurology service to 818,000 people and a supra-regional service to 450,000 people. The epilepsy service potentially serves 7632 locally and 4050 people in the wider regional areas
- The epilepsy service provides specialist inpatient and outpatient epilepsy care to patients in [please insert appropriate population and health board]
- To provide a high quality of epilepsy care to all patients within a supportive and safe environment. To ensure epilepsy care in the acute care area and in the community meets nationally agreed guidelines. This involves assessing the care provided by medical staff, nursing and all other healthcare staff who may come into contact with the patient
- Contribute to and participate in developments in the epilepsy service in partnership with the acute services division and with the Health Board

6. Key Result

Professional (100%)

- Practise at all times within the Nursing and Midwifery Council Code of Professional Conduct
- Develop the role by using evidence-based practice and continuously improve own knowledge, following PREP guidelines
- Deliver clinical evidence-based practice in accordance with national SIGN Guidelines and clinical standards for epilepsy nursing
- Act as a role model for specialist nursing services

Leadership and Management (100%)

- Provide advice and support to the nursing staff within the epilepsy service ensuring that patient needs are assessed, care planned, implemented and evaluated, and that there is consultation and involvement of patient/carers
- Contribute to epilepsy specific initiatives within the MDT, in the development, implementation and maintenance of policies, procedures, standards and protocols of the epilepsy service throughout the health board locality
- In conjunction with the senior clinical nurse specialist ensure that all nursing staff and members of the MDT are aware of, and work within, local, directorate and division policies and procedures to ensure that safe working practices are maintained for both patients and staff
- Contribute to the development of the future service provision and planning for epilepsy nursing

Clinical (70%)

- Act as a specialist resource in epilepsy nursing by promoting the service and increasing the awareness of the disease in hospital and primary-care setting to enhance standards of care
- Ensure the quality of patient care is reviewed assessed, implemented and monitored to maintain standards of care given to patients and their families
- Participate in clinical audit of specialist nursing services for epilepsy to ensure evidence-based practice
- Participate in the monitoring of standards of care within the defined policies, procedures and protocols of the service, ward, directorate and division to ensure adherence to, and delivery of, a high-quality service
- Responsible for the provision of support and specialist advice to adult patients with epilepsy, their families and their carers, ensuring that this is in line with nationally agreed practice
- Assess patient's clinical condition and following discussion with senior colleagues (medical and nursing) alter or initiate treatment of the patient with epilepsy ensuring a high degree of epilepsy-specific expertise and care, which is in line with nationally agreed guidelines
- Provide a responsive email and telephone helpline for patients, that is staffed 5 days a week. The post holder is responsible for dealing with calls/queries and, following discussion and consultation with senior colleagues, for communicating plans to the patient/carer and all other members of the care team
- Monitors standards of care within the defined policies, procedures and protocols of the service, ward, directorate and division to ensure adherence to, and delivery of, a high-quality epilepsy service
- Develop and provide specialist programmes for care/care packages for patients in the epilepsy service
- Responsible for improving and streamlining the process of care for patients throughout their pathway in primary and secondary care

Research (10%)

- Contribute to research and clinical audit programmes to support best practice, which is research and evidence-based, and leads to continuous improvements in care
- Interpret epilepsy research and ensure all practice has a nationally accepted evidence base
- Maintain evidence-based knowledge base through reading, networking and attending local and national epilepsy meetings

Education (20%)

- Contribute to the multidisciplinary specialist education and training programmes to promote a wider understanding of epilepsy in the primary and secondary healthcare setting
- Promote and advise on health and lifestyle activities for patients, carers, healthcare professionals and the general public
- Teach, advise and coach patients and carers with regard to the condition and treatment options
- Promote a normal life philosophy of care, promoting empowerment of the patient
- Contribute to the provision of clinical practice for pre registration and post registration learners, to fulfil curriculum requirements and ensure that appropriate educational opportunities are provided
- Ensure educational material is provided for all patients ensuring that this is in an appropriate format and taking into consideration cognitive decline, ethnic group, and presence of LD
- Ensure that the on-going personal development needs and professional education and research are identified and met

7a. Equipment and Machinery

Post holder is expected to have knowledge and ability to use all equipment used in the area however may not have daily clinical involvement.

Generic

- Television bedside unit
- Hoists – Encore, Sara, Maxi/Arjo
- Cardiac monitor
- Fridge
- Bath hoist
- Pulse oximeter
- Ice machine
- Nursing call system
- Blood pressure machine
- Database/computers

Specialised

- Glucometer
- Compartment monitor
- Fire equipment
- Suction equipment
- Pneumatic tube system
- Nimbus pressure mattress
- Pat slides
- Electroencephalograph
- Supreme 104 water boiler
- Electrocardiograph
- Walking aids (Zimmer, Gutta Frame, crutches, walking sticks)
- Humified therapy

Very Specialised

- Vagus nerve stimulator
- Oxygen cylinders
- Samhall turner
- Banana board
- Raised toilet seats
- Pat slides
- Glide sheets
- X-ray boxes
- Electrically controlled chair
- Wheelchairs
- Trolleys
- Video camera
- Dictaphone

7b. Systems

- Specialist databases – collect and input patient data which allows post holder to determine workload and activity
- Local patient administration system – as above
- Human resource administration system
- DATIX intranet – manage incident reporting
- Apex Laboratory system – specimen results
- Internet and intranet – personal and business
- PowerPoint/Excel
- Access database
- Vagus nerve stimulator
- Telecommunications

8. Assignment and Review of Work

- The post is largely self-directed however work may be assigned by the direct supervisor in response to the needs of patients in the epilepsy service
- Referrals to epilepsy nurse-led service are generated from the health board locality and caseload will be allocated by 6/7 Grade ESN colleagues
- Work is reviewed by the 6/7 Grade Clinical Nurse Specialists and Assistant General Manager of the neuroscience division
- The post holder will have a professional personal development plan that is reviewed every 6 months by the delegated line manager

9. Decisions and Judgements

- The post holder might be expected to make clinical and professional autonomous decisions on a daily basis, including the provision of advice to the MDT, patients and carers
- Informing clinical decision making with regard to patients health care, through stringent monitoring of the patient's condition and acting on clinical judgements
- Acting as the patient's advocate to ensure their rights are upheld at all times
- Freedom to act is guided by precedent and clearly defined divisional policies, protocol/procedures and codes of conduct in accordance with NMC regulations, Clinical and Staff Governance Framework and the EU Clinical Trials Directive

10. Most Challenging/Difficult Parts of the Job

Epilepsy is a highly prevalent disease, which historically has always been managed within the secondary-care setting. Recent national guidelines advise more primary care input but expertise in primary and secondary care in this health board area is insufficient.

- Improving and streamlining the process of care for patients with epilepsy across regions and boundaries
- And for communicating this care using varied communication systems in both primary and secondary care
- Continued development and promotion of the service
- Improving communications between the professions involved in the care and treatment of patients with epilepsy
- The open access nature of the role (email/telephone/pager etc.) results in unexpected patient activity and demand
- Epilepsy is a low priority of care within national and local health plans and receives limited funding and resources, which affects delivery of a high quality service
- Complexity of patients problems – many patients have associated co-morbidity, neurological handicap and the condition is more prevalent in socially deprived areas
- Addressing the equality and diversity needs of patients and staff
- Dealing with multi-facet organisations
- Implementing change effectively in a multidisciplinary environment
- Time management
- Discharge patients from caseload

11. Communications and Relationships

- Communicate with the patient, relatives and carers on the delivery of patient care
- Management of patients through chronic illness, terminal illness and acute illness as epilepsy presents in all ages and in many acute and chronic disease processes. In many cases the disease is life-long
- Frequently communicate a difficult and stigmatising diagnosis, which may lead to very immediate and drastic alterations to the individual's lifestyle including driving and employment. This can often lead to the patient or their family being verbally abusive
- Liaise with the MDT on service needs and requirements

- Other relevant lines of communication will encompass the following internal and external groups to ensure the gathering and dissemination of information as appropriate:

Internal Communication

- Operational
- Director of nursing
- General Manager/Assistant General Manager
- Principal Nurse
- Clinical Director
- Managed Clinical Network – Manager and Lead Clinician
- LD service
- Physicians
- Ward nurses
- Psychiatric services
- Psychology services
- Paediatric services
- Laboratory services
- Obstetric services
- Multi-disciplinary leads
- Finance
- Procurement
- Support services
- Human resources
- Health and safety
- Risk management
- Palliative care team

- Critical care teams
- Bed managers
- Radiology
- Pathology
- IT
- R&D department

External Communication

- Other Health Boards throughout Scotland/Hospitals in South East of Scotland
- Develop professional links locally and nationally
- General practitioners
- Specialist support groups
- Voluntary agencies
- Scottish Ambulance Service
- Community health practitioners
- Social work, housing services
- Benefits agencies
- Child protection agencies
- Patients
- Carers
- General public
- Educational institutes and staff organisations

12. Physical, Mental, Emotional and Environmental Demands of the Job

Physical Skills

- 12-lead ECGs
- Intravenous cannulae/venepuncture
- Blood Glucose monitoring
- Advanced maintenance of patient's airway (ambu-bagging)
- Driving

Physical Demands

- Patient movement with use of mechanical aides, manoeuvre patients
- Push trolleys, wheelchairs
- Stand/walking for the majority of shift
- Activities of daily living
- Ergonomics

Mental demands of the job

- Concentration, required due to the nature of the research nurse role. Possibility of frequent direct and indirect interruptions from patients, relatives and the MDT (?)
- Maintenance of precise and accurate research records
- Recognising and responding to ethical issues that may arise
- Concentration required when observing patient behaviours that may be unpredictable
- Time management
- Communication difficulties (number of professionals you communicate with, patients from different ethnic groups, patients with cognitive, speech, hearing, visual problems)
- Keeping up to date with research/developments in specialist area
- Developed responsibility skills
- Service changes
- Organisational changes
- Political agendas
- Workforce planning
- Challenging inappropriate/poor clinical practice

Emotional demands of the job

- Communicating with distressed/anxious/worried patients/relatives
- Communicating complex issues with MDT
- Balancing the demands of maximising recruitment with respect for patients and other ethical dimensions
- Caring for patients following receipt of bad news and supporting relatives
- Caring for patients and relatives who may project anger and frustration towards professional due to distressing nature of condition
- Dealing with issues surrounding epilepsy management (i.e., associated mental, physical and psychosocial problems including depression, social deprivation, physical and sexual abuse and living with chronic condition)
- Personal/interpersonal stressors
- Spiritual

Environmental and working conditions

- Exposure to body fluids several times each shift
- Exposure to verbal aggression high frequency
- Temperature/air quality of working environment
- Ergonomics
- Exposure to risk when working on one to one basis with patients adhering to lone working guidelines

13. Knowledge, Training and Experience Required to do the Job

- Minimum required to undertake the role: first level registered nurse with 5 years post registration, with 2 years at E or relevant experience demonstrating the appropriate competencies and skills for the job
- Educated to degree level or evidence of working towards this is desirable
- Evidence of further education including post-graduate certification/diploma/Continuous Professional Development in neuroscience and/or epilepsy
- Evidence of management, education and training – desirable
- Effective listening and interpersonal skills
- Time management skills/ability to prioritise workload
- The post holder will be required to demonstrate excellent team working skills with ability to work using own initiative
- Evidence of effective problem solving skills
- IT skills
- Expert clinical practice

14. Job Description Agreement

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Head of Department Signature:

Date:

Date:

Appendix 8: Example Level 7 Adult ESN Job Description

Level 7 job description, provided by Fife Acute Care Trust, included below is an example and roles may vary across posts/dependent on environment e.g., district general hospital/primary care/tertiary centre etc.

1. Job Identification

Job Title: Epilepsy Clinical Nurse Specialist

Operating Division: Operational Division

Responsible to (insert job title):

Directorate Nurse Manager Emergency care Directorate

Job Reference:

No of Job Holders: 1

Department(s):

Last Update (insert date): November 2010

Directorate: Emergency Care Directorate

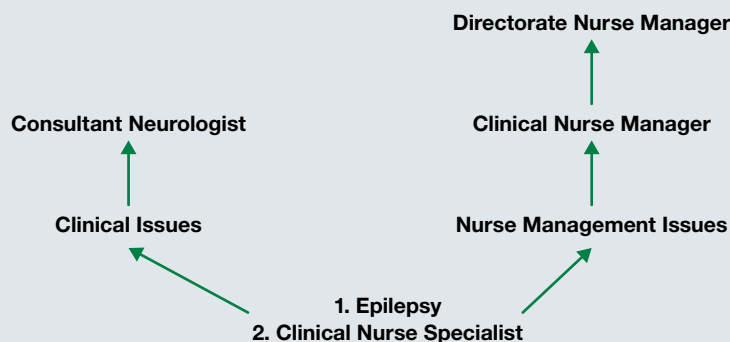
2. Job Purpose

- The post holder is responsible for delivering and developing epilepsy nurse-led services to the adult population of the NHS Board/PCT trust etc. This service takes referrals for adults and adolescents as well as people with LD and psychiatric co-morbidity. The post holder is professionally and managerially responsible for the delivery and ongoing development of the epilepsy nurse service
- Expert in epilepsy ensuring the highest standard of personalised nursing care is delivered to patients and their families in partnership with all members of the MDT
- The post holder has overall responsibility for supervision of the assessment of care needs and the delivery and maintenance of optimal care outcomes
- The individual is expected to motivate staff to provide high standards of care by acting as a role model
- Provide expert professional and clinical care advice to patient's carers and MDT. They are also responsible for ensuring that the care delivered in the epilepsy nurse service adheres to nationally agreed guidelines
- Responsible for providing specialist education and training programmes for health care professionals and other professional groups

3. Dimensions

- The post holder has lead clinical and management responsibility for adult epilepsy patients within the NHS board/PCT trust etc. The post holder has clinical and management responsibility for the team providing epilepsy care and for delivering care that is of a high standard and is within national agreed practice guidance (SIGN 70). The post is also responsible for the development and writing of protocols and policies, which should serve to promote good practice locally and division wide, whilst ensuring there are adequate safeguards in place for patients
- The post holder has direct responsibility for developing and implementing nurse-led adult epilepsy service across NHS board/PCT trust etc
- The post holder is a signatory for specific area of responsibility

4. Organisational Position



5. Role of Department

- Provide a high quality of epilepsy care to all adult patients within a supportive and safe environment
- Ensure all adult patients with epilepsy receive high-quality care provided in the acute care area and in the community. This involves assessing the care provided by medical staff, nursing and all other healthcare staff who may come into contact with the patient
- Lead developments in the epilepsy service in partnership with the operational division and across NHS board/PCT etc
- Responsible for collecting and collating clinical and non-clinical information for inclusion in business and healthcare planning for the next financial year
- Lead in the development and implementation of a robust audit programme to develop and improve the service to best meet the needs of the patients and carers
- Act as an educational resource for staff and patients in all aspects of the management of epilepsy
- Provide an environment for staff to maximise learning opportunities
- Lead in the provision of a telephone contact for patients and carers during office hours, ensuring there is a support mechanism there if required

6. Key Result Areas

Clinical

- Practise at all times within the Nursing and Midwifery Council Code of Professional Conduct acting as an exemplary professional role model for leading specialist nursing services
- Lead in the development of the role by using evidence-based practice and continuously improve own knowledge, following PREP guidelines
- Lead in the implementation of clinical evidence-based practice in accordance with national SIGN 70 Guidelines and clinical standards
- Lead in the development of and maintain comprehensive documentation of care provided and advice given to all professionals and patients
- The post holder will act as a role model by managing self, ones practice and that of others within an ethical and legal framework that ensures the primacy of patient/client interest
- Discuss potential management options for all patients with sensitivity using experience and knowledge to support them, maintaining confidentiality and privacy at all times
- Ensure prompt and accurate feedback of management plans to primary care for individual patients
- Lead and act as a specialist resource for epilepsy services and epilepsy nursing by promoting the service and increasing the awareness of the disease in hospital and primary care setting to enhance standards of care
- Utilise expert knowledge of epilepsy to develop highly specialist programmes for care/care packages for patients within the epilepsy service
- Responsible for the provision of support and specialist advice to adult patients with epilepsy, their families and carers, ensuring that this is in line with nationally agreed practice and monitor and develop written protocols to guide staff in the care of the patient with seizures and epilepsy
- Act independently in the assessment of patient's clinical condition, with the authority to alter or initiate treatment of the patient with epilepsy ensuring a high degree of epilepsy specific expertise and care which is in line with nationally agreed guidelines
- Develop nurse prescribing within epilepsy nurse-led service by completion of nurse prescribing course
- Develop and establish a responsive email and telephone helpline for patients that is staffed 5 days a week. The post holder is responsible for evaluating the quality of advice given and also ensuring it is responsive to patients and professionals
- Responsible for autonomous review of patients referred by GPs into the nurse service
- Responsible for triaging referrals of epilepsy patients into service and prioritising their input (urgent/soon/routine) and for expediting these appointments

Education and Research

- Provide comprehensive statistics to inform the audit process associated with the service
- Promote and develop research and clinical audit programmes to support best practice, which is research and evidence-based and leads to continuous improvements in care
- Contribute to and take an active role in key clinical research projects for epilepsy services
- Identify, develop and lead on research programmes within the epilepsy specialist area across the primary and secondary care interface which are nurse-led and disseminate findings locally, nationally and internally to influence best practice
- Interpret epilepsy research and ensure all practice has a nationally accepted evidence base
- Responsible for maintaining and updating personal epilepsy research knowledge through conference attendance, networking and reading
- Develop, provide and support appropriate multidisciplinary specialist education and training programmes to promote a wider understanding of epilepsy in the primary and secondary healthcare setting
- Lead in the provision of a rolling programmes of education to general practitioners and practice nurses in response to recent General Medical Service (GMS) contract, with the aim of improving primary care awareness and education on care of the patient with epilepsy
- Promote and advise on health and lifestyle activities for patients, carers, health care professionals and the general public
- Lead in the teaching, advising and coaching of patients and carers with regard to the condition and treatment options encouraging a 'normal' life philosophy of care and promote empowerment of the patient
- Responsible for the educational material that is provided for all patients ensuring that this is an appropriate format and taking into consideration cognitive decline, ethnic group, presence of LD
- Direct and support the provision of clinical practice for pre registration and post registration learners, to fulfil curriculum requirements and ensure that appropriate educational opportunities are provided
- Ensure that the on-going personal development needs, professional education and research are identified and met
- Review and provide expert opinion on literature provided by voluntary agencies

Managerial

- Responsible for ensuring specialist epilepsy equipment is ordered and maintained, taking into consideration the financial constraints for that year
- Lead direct and develop, in conjunction with key stakeholder, the future service provision and planning for epilepsy services
- Act timeously in resolving complaints effectively through investigating and responding at local level and escalate as appropriate
- Work as an independent autonomous, practitioner, demonstrating ability to work effectively and flexibly in a changing environment, with a high degree of autonomy
- Establish and maintain collaborative working relationships with the public, healthcare workers and other agencies
- Maintain safe environment for patients, public and staff utilising quality assurance, risk-management strategies and local and national policies, standards and guidelines
- Participate in the management and evaluation of change to improve quality of care
- Motivate self and others to achieve team and organisational goals
- Represent the service at appropriate professional forums
- Maintain accurate, timely and complete nursing records ensuring safety and confidentiality of information at all times
- Effectively communicate within the organisation at all times maintaining good interpersonal relationships
- Manages written and verbal information taking cognisance of local and national policies
- Participate in the Clinical Risk Management System, Datix, by investigating, reporting and taking appropriate action on clinical incidents
- Actively participate in strategic planning of future epilepsy services across NHS Board area/PCT etc

7a. Equipment and Machinery

Generic

- Nurse call system
- Vagus nerve stimulators
- Personal computer
- Infusion devices
- Office equipment
- Pulse oximetry
- Resuscitation equipment

Specialised

- Fridge
- Fire equipment
- Syringe drivers
- Oxygen systems
- Observation equipment
- Vacutainer systems
- Dictaphone

Very Specialised

- Photocopier and fax
- Presentation equipment
- Laboratory specimen
- Syringes/needles/scalpels
- Sharps boxes
- Wheelchairs/trolleys
- Appropriate manual handling equipment

7b. Systems

- To ensure accurate recording of own duty roster, including annual/study leave
- To maintain accurate, timely and complete patient records ensuring safety and confidentiality of information at all times
- Computer literate
- Conversant with Oasis
- Internet and Intranet – personal and business
- Datix intranet
- Dictaphone/digital dictaphone
- Vagus nerve stimulator
- Video camera
- Telecommunications

8. Assignment and Review of Work

Accountability

- The post is largely self directed and self generated in response to the needs of patients in the epilepsy service
- The post holder will lead in the provision of an open-access service, which accepts referrals from primary care and across all areas of the secondary care facility to the adult epilepsy nurse-led service
- The post holder will have a professional personal development plan which is reviewed annually by the delegated line manager
- The post holder will provide an annual report to the directorate nurse manager for the epilepsy nurse service
- The post holder will lead in the production of reports from audit data regarding the performance of the service, including national targets around management of patients with epilepsy
- The post holder will develop and implement a specific evidence-based service to ensure this group of patients are managed appropriately
- The post holder works closely with consultant neurologist, physicians and all members of the MDT who are involved with this group of patients
- Referrals come primarily from on-call medical teams, GPs and consultant physicians, however any member of the MDT involved with patients with a diagnosis or suspected diagnosis of epilepsy, in secondary or primary care, can refer to the nurse-led service
- The post holder will be responsible to the consultant neurologists for clinical guidance

Work Allocation

- Patient referrals are made directly to the post holder by all healthcare professionals who are involved with patients with epilepsy
- Referrals may be made from both secondary and primary care
- Workload is determined by the needs of the service

Job Autonomy

- The post holder has a high degree of autonomy
- The post holder can arrange appropriate investigations
- The post holder can make referrals to health care professionals and other agencies as required

9. Decisions and Judgements

- The post holder works autonomously, making advanced clinical decisions and judgements on individual patients using proven clinical expertise and knowledge. The post holder takes detailed history and assessment before making any decision regarding each patient. These decisions and judgements include; choice and referral for investigations for appropriate patients, using initiative and making independent advanced clinical decisions such as patient diagnosis then management plans after history taking, examination and interpreting results from relevant investigations
- Following expert clinical assessment the post holder will make autonomous decisions regarding the triage of patients and includes, referral and review by neurologist, referral for further medical management including ordering of specific investigations, autonomous decisions regarding alteration of settings on VNS and for communicating this to all personnel involved in the patients care
- The post holder is accountable for all aspects of the adult ESN across NHS board area/PCT etc
- To lead nurse input in multidisciplinary decision making
- To lead in the development of NHS Board/PCT wide multidisciplinary clinically effective standards of care guidelines for the management of patients with suspected cardiac chest pain
- The assessment of co-morbidities such as LD and psychiatric conditions such as, depression or psychotic illness will also be conducted autonomously by the post holder and appropriate referrals made
- The post holder is expected to make operational judgements within the epilepsy service
- Informing clinical decision making with regard to patients health care, through stringent monitoring of the patient's condition and acting on clinical judgements
- Acting as the patients advocate to ensure their rights are upheld, when identifying, screening and recruiting subjects into to clinical research studies
- Freedom to act is guided by precedent and clearly defined divisional policies, protocol/procedures and codes of conduct in accordance with NMC regulations, Clinical and Staff Governance Framework and the EU Clinical Trials Directive

10. Most Challenging/Difficult Parts of the Job

- Being pivotal in the improvement and streamlining of care for patients with epilepsy across NHS Board area
- Continued development and promotion of the service through promotional work locally and nationally
- Improving communications between the professions involved in the care and treatment of patients with epilepsy
- Unexpected patient activity and demand due to open access nature of role e.g., telephone, e-mail, mobile phone etc
- Complexity of patients' problems. Many patients have associated co-morbidity, neurological handicap and the condition is more prevalent come in socially deprived areas
- Dealing with multi-facet organisations and complex liaison with many professional groups
- Being able to function in the roles of clinical nurse specialist, manager and professional leader
- Implementing change effectively in a multidisciplinary environment
- Time management. Meeting service demands within allocated time
- Discharge patients from case load

11. Communications and Relationships

- Communicate with the patient, relatives and carers on the delivery of patient care
- Management of patients through chronic illness, terminal illness and acute illness as epilepsy presents in all ages and in many acute and chronic disease processes. In many cases the disease is lifelong
- Frequently communicate a difficult and stigmatising diagnosis, which may lead to very immediate and drastic alterations to the individuals lifestyle including driving and employment
- Liaise with the epilepsy MDT on service needs and requirements
- In consultation with staff, discuss complex personal performance development and appraisal matters in a constructive manner
- Represent the organisation at local and national meetings regards nurse management of patients with epilepsy

- Other relevant lines of communication will encompass the following internal and external groups to ensure the gathering and dissemination of information as appropriate:
 - Internal communication
 - Operational
 - Director of nursing
 - Directorate nurse manager
 - Other clinical nurse specialists
 - Clinical director
 - Multi-disciplinary leads
 - Seat
 - LD service
 - Physicians
 - Ward nurses
 - Psychiatric services
 - Psychology services
 - Paediatric services
 - Laboratory services
 - Obstetric services
 - Chaplaincy
 - Finance
 - Procurement
 - Support services
 - Human resources
 - Health and safety
 - Risk management
 - Palliative care team
 - Critical care teams
 - Bed managers
 - Radiology
 - Pathology
 - IT
 - R&d department
 - External communication
 - Other health boards throughout Scotland
 - Hospitals in South East of Scotland
 - Develop professional links locally and nationally
 - General practitioners
 - Specialist support groups
 - Voluntary agencies
 - Scottish Ambulance Service
 - Community health practitioners
 - Social work, housing services
 - Benefits agencies
 - Child protection agencies
 - Patients
 - Carers
 - General public
 - Educational institutes and staff organisations

12. Physical, Mental, Emotional and Environmental Demands of the Job

Physical Skills

- Intravenous cannula/venepuncture
- Blood glucose monitoring
- Advanced maintenance of patient's airway (ambu-bagging)
- Neurological assessment
- Adjusting VNS settings
- The ability to operate machinery and equipment as listed on no.7

Physical Demands

- Push trolleys, wheelchairs
- Stand/walking for majority of shift
- Moving equipment
- Working in cramped or restricted conditions

Mental demands of the job

- Concentration, required due to the nature of epilepsy nurse role. Frequent direct and indirect interruptions from patients, relatives and the MDT
- Maintenance of precise and accurate research records
- Recognising and responding to ethical issues that may arise
- Concentration required when observing patient behaviours that may be unpredictable
- Time management
- Communication difficulties (number of professionals you communicate with, patients from different ethnic groups, patients with cognitive, speech, hearing, visual problems)
- Developed leadership skills
- Responsibility of working in an autonomous advanced practitioner role
- Keeping up to date with research/developments in specialist area
- Service changes
- Retention and communication of knowledge information
- Unpredictable workload
- Post holder works independently and makes daily decisions regarding patient diagnosis and management plans
- Concentration required at all times as the nature of the post means there are frequent interruptions in daily practice
- Articulate the perceived clinical needs of patients and advocate best practice
- Organisational changes
- Political agendas
- Workforce planning
- Challenging inappropriate/poor clinical practice with different professional groups

Emotional demands of the job

- Communicating with distressed/anxious/worried patients/relatives
- Communicating complex issues with the MDT, patients and carers
- Balancing the demands of maximising recruitment with respect for patients and other ethical dimensions
- Caring for patients following receipt of bad news and supporting relatives
- Caring for patients and relatives who may project anger and frustration towards professional due to distressing nature of condition
- Dealing with issues surrounding epilepsy management (i.e., associated mental, physical and psychosocial problems including depression, social deprivation, and living with a chronic condition)
- Personal/interpersonal stressors
- Communicating complex issues with all health care professionals and other relevant agencies
- Liaison with tertiary referral centres for patients
- Recognising and managing conflict

Environmental and working conditions

- Exposure to body fluids
- Exposure to verbal aggression high frequency
- Temperature/air quality of working environment
- Ergonomics
- Exposure to risk when working on one to one basis with patients adhering to lone working guidelines
- Working in a wide variety of wards and departments on a daily basis

13. Knowledge, Training and Experience Required to do the Job

- First level registered nurse with experience equivalent to 7 years post registration, 2 years at band 6 or relevant experience demonstrating the appropriate competencies and skills for the job
- Post-registration qualification relevant to neurosciences/management of epilepsy
- Educated to Masters Level or working towards is desirable
- Effective listening and interpersonal skills are essential
- Excellent written and communication skills with proven ability to compile reports are essential
- Proven experience in developing, implementing and managing change within the speciality
- Proven experience in monitoring and auditing of a service, changing and influencing clinical practice accordingly is essential
- Proven experience in innovation in nursing practice and motivation and development of professional staff is essential
- Time management skills/ability to prioritise workload demonstrating ability to work autonomously managing own workload is essential
- The post holder will be required to demonstrate excellent team working skills with ability to work using own initiative
- An imaginative approach to problem solving that is rooted in reality and effective personal leadership within a MDT
- Expert knowledge of national agendas and targets for neurology services
- Working knowledge of common IT software packages to facilitate communication and audit
- Research experience including working knowledge of International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) Good Clinical Practice Guidelines, European Union, Clinical Trials Directive and Research Governance Framework
- Community experience desirable
- Nurse prescribing qualification desirable
- Possession of extended roles (venepuncture, intravenous cannulation defibrillation) developed within the scope of practice is essential

14. Job Description Agreement

A separate job description will need to be signed off by each jobholder to whom the job description applies.

Job Holder's Signature:

Head of Department Signature:

Date:

Date:

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For further information on the Adult ESN
Competency Framework please contact ESNA
(<http://www.esna-online.org.uk/>)