WCN Competencies

**Effective Communication**

|  | Competency and Associated Elements |  | Supportive | Assistive | Pre-Reg only |
|---|---|---|---|---|---|
| 1.1 | Recognises the importance of communicating clearly, effectively, and sensitively with patients, carers and other professionals. | 3.3, 3.7, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.8, 4.10, 4.12, 10.5, |  |  | 1.11, 7.6, 11.3, 11.5, 12.7, 12.13, 16.9, 16.10, 16.12, 17.11, 19.1, 19.3, 20.1, 22.1, 22.5, 22.11, 24.13, |
| 1.2 | Recognises and responds appropriately, maintains a calm and sensitive approach to support an individual who is distressed and recognises where escalation is required to registered health professional (i.e., when communicating with a patient who is distressed due to a potential or actual cancer diagnosis). | 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.8, 4.10, 4.12, 6.6, 10.5, 22.8, |  |  |  |
| 1.3 | Demonstrates the ability to write and maintain clear, accurate records of patient information in a variety of formats (i.e. electronic and paper). | 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.10, 4.12, 10.13, 11.10, |  |  |  |
| 1.4 | Tailors' information in a way that meets individual needs of patients/carers, or other professionals (i.e. in response to queries, relaying patient/family information – including concerns/needs, correcting misunderstanding, or as part of health promotion and giving advice) | 3.3, 4.1, 4.8, 6.1, 7.1, 7.3, 7.6, |  |  |  |
| 1.5 | Recognises and appropriately adapts own communication style and approaches to best support patient preference and need (i.e. when communicating with people of different ages, culture, capacity, and socio-economic backgrounds, sensory or cognitive impairment, and encourages use of assistive technology, e.g. hearing loop, visual aids). | 4.1, 4.8, 4.9, 5.1 |  |  |  |
| 1.6 | Using motivational interviewing techniques/ effective communication skills in line with "Making Every Contact Count" identify appropriate opportunities, making reasonable adjustments as required, to discuss with individual's topics such as:<br>the impact of smoking<br>sexual behaviours<br>substance misuse<br>alcohol use<br>diet<br>exercise | 17.7, 17.11, |  |  |  |
| 1.7 | Enable individuals to build upon their strengths and make informed choices to manage their own health and lifestyle adjustments. | 2.8, 3.6, 6.4, 17.10, |  |  |  |
| 1.8 | Understands the importance of sharing information, decisions and discussions made by health teams with the patient (and carer/significant other if appropriate). | 8.2, 14.11, |  |  |  |
| 1.9 | Provides information on when and how the patient (and carer) can contact a relevant person/professional. | 6.8, 7.7, 8.1, |  |  |  |
| 1.1 0 | Updates and shares appropriate information with health professionals and wider MDT in a timely manner. | 8.3, |  |  |  |
| 1.11 | Effectively and responsibly uses a range of digital technologies to access, input, share and apply information and data within teams and between agencies, whilst always maintaining confidentiality and obtaining informed consent. | 1.12, 5.12, |  |  |  |

**Enabling Access to Services**

|  | Competency and Associated Elements |  |
|---|---|---|
| 2.1 | Is aware of how to access up-to-date, accurate information for a range of local and national services to provide practical and emotional support for an individual and carer. Signposts to appropriate professionals/ services (with consent of the individual). | 2.6, 3.4, 7.8, 8.5, 13.1, 17.11, |
| 2.2 | Has an understanding of and is able to explain to patients and their carers how health care is organised through the cancer/suspected cancer journey (i.e. Pathways). | 5.10, 13.4, 13.6, 19.3, |
| 2.3 | Demonstrates initiative in seeking contacts with relevant local services. | 17.11, |
| 2.4 | Can outline how to take a proactive, problem-solving approach in helping support people to connect and access services. | 17.11, |
| 2.5 | Provides timely feedback to colleagues around issues relating to access to services. | 17.8, |
| 2.6 | Educates and informs other staff and colleagues of service access and availability. | 24.1, |
| 2.7 | Actively seek out relevant and appropriate contacts to develop a network across a wide range of sectors including health, social and voluntary sectors. | 7.7, 17.11, |

**Meeting Peoples Needs**

|  | Competency and Associated Elements |  |
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| 3.1 | Adopt a person-centred approach to care, demonstrating assessment, planning and goal setting when working with people, their families, communities, and populations of all ages. | 1.1, 1.3, 1.7, 5.4, 10.6, 12.13, |
| 3.2 | Determines the patients basic support needs accurately through appropriate means of communication. | 1.2, 1.6, |
| 3.3 | Demonstrates a holistic, non-judgemental, and caring manner. Acts in a way that acknowledges peoples 'expressed beliefs, preferences and choices. | 1.1, 1.6, 2.4, 3.4, 3.5, |
| 3.4 | Identifies people 'at risk' and potentially vulnerable, using appropriate methods (as determined by local arrangements). | 12.5, 10.6, |
| 3.5 | Assesses a person's capacity to make decisions about their own care and to give or withhold consent discussing any concerns with a registered professional and multi-professional team. | 3.5, 5.12, 6.7, 12.8, |
| 3.6 | Applies the principles and processes for making reasonable adjustments when assessing needs and planning care and discuss adjustments with the multi-professional team. | 12.13, |
| 3.7 | Work in partnership with people, families, and carers to continuously monitor, evaluate and reassess the effectiveness of agreed holistic care plans in line with available evidence, protocols and guidelines. | 5.10, 13.4, 13.6, 19.3, |
| 3.8 | Supports individuals with transitions of care between settings and services. | 9.1, 9.3,13.8, |
| 3.9 | Demonstrate undertaking of person-centred assessments, for example, through having supported conversations and appropriate explanations and/or through the utilisation of a tool e.g. Macmillan eHNA/distress thermometer, modifying and reviewing individualised care plans and initiate them within agreed local protocols that reflect any:<br><br>mental, physical and behaviour needs<br>cognitive health conditions<br>medication usage<br>treatments and investigations commonly used in cancer care and the rational for use (including results ranges) | 5.2, 10.1, 11.3, 11.5, 12.12, 12.13, 12.16, 17.11, 19.3, 20.5, |

| Professionalism and Partnership Working | | |
|---|---|---|
| | Competency and Associated Elements | |
| 4.1 | Builds and sustains trusting, professional relationships with patients and their wider support network. | 1.3, 1.5, 2.1, 14.11, |
| 4.2 | Recognise when and how to close professional relationships with patients and their carers. | 2.1, |
| 4.3 | Maintains a clear sense of role and responsibility within a team. Is supportive and helpful toward other team members. | 1.10, 1.15, 21.6, 24.12, |
| 4.4 | Relates to and works with clinical and non-clinical staff in other organisations, building constructive relationships across sectors. | 1.15, 14.11, 21.1, 21.5, |
| 4.5 | Understands the principles and participates in audit and quality improvement and is able to identify areas for improvement and discusses these with line manager | 1.17, 21.6, 23.5, 23.6, 23.16, 24.12, |
| 4.6 | Demonstrate knowledge of systems and processes related to managing and escalating complaints, concerns, incidents, conflicts, compliments and sharing good practice in line with local and national policy and legislation and act accordingly. | 1.11, 2.5, 2.9, 2.10, 2.11, 21.6, 21.16, |
| 4.7 | Reflect on and address appropriately ethical/moral dilemmas encountered during own work which may impact on care to people affected by cancer. Advocate equality, fairness and respect for people and colleagues in day to day practice, act appropriately when own or others' behaviour undermines equality, diversity and human rights. | 1.11, 2.5, 2.6, 2.11, 2.10, |
| 4.8 | Advocate for and contribute to a culture of organisational learning to inspire future and existing staff. Act as a role model, seeking to instil and develop the confidence of others, Recognise people as a source of learning, in their stories, experiences and perspectives, and as peers to co-design and co-deliver educational opportunities. | 24.4, 24.5, 24.19, |
| 4.9 | To be able to discuss the importance of patient co-design in their cancer pathway, take a brief history of a patient presenting with palliative care needs / or at the end of life. Also, Understand and practice within the key legal framework relating to end of life care such as:<br><br>Advanced Directive<br>Legal Power Of Attourney<br>Do Not Resuscitate<br>Treatment escalation plans | 20.1, 20.4, |
| 4.1 0 | To demonstrate ability to work within to top of banding, while escalating issues requiring support/supervision Recognise and ensure a balance between professional and personal life that meets work commitments, maintain own health, promote wellbeing and build resilience. | 2.6, 2.7, |

| Knowledge for Practice | | |
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| | Competency and Associated Elements | |
| 5.1 | Identifies risk factors for cancer and describes approaches for the prevention, screening and early detection of cancer. | 12.5, |
| 5.2 | Identifies common causes, signs and symptoms of cancer and explains how their recognition and early diagnosis influences morbidity and escalate accordingly. | 12.5, 18.1, 19.1, |
| 5.3 | Describes how attitudes, values and beliefs, in relation to cancer, influence the care that cancer patients and their families receive. | 2.2, 2.3, |
| 5.4 | Has an understanding of the principles of person-centred care, models of co-production and shared decision making and can utilise these in practice. | 5.3, 5.4, 9.1, |
| 5.5 | Understands the potential impact of comorbidities on cancer and its treatment. | 5.3, 10.11,13.11, 14.1, |
| 5.6 | Understands the importance and purpose of health promotion and is able to provide basic advice to promote healthy lifestyle behaviours and activities. | 17.7, |
| 5.7 | Is able to recognise and assess actual and potential problems that might require further attention and understands how to seek advice and help where necessary. This includes:<br><br>•Having an awareness of the red flag symptoms of cancer<br><br>•Recognising potential oncological emergencies (this may include utilisation of a tool e.g. UKONS triage tool to identify issues)<br><br>•Recognising long term side effects of cancer and its treatments (e.g. endocrine, bone health, cardiac toxicity, psychosexual issues, fertility, dental health, early menopause) | 8.5, 9.2, 10.11, 11.3, 11.5, 12.5, 12.7, 12.8, 17.7, 19.1, |
| 5.8 | Understands the boundaries of the role and is able to escalate enquiries and information in a timely and appropriate manner to the relevant health professional. Respond positively when services are under pressure, acting in a responsible and considered way to ensure safe practice. | 6.6, 12.21, 21.2, 21.5, |
| 5.9 | Demonstrates an understanding and knowledge about cancer and its treatment in relevant areas of work. | 9.2,12.5, |
| 5.1 0 | Recognises the extent of own competencies and knowledge and works within this, being accountable and responsible for own actions and undertaking tasks under the supervision and guidance of a registered professional. | 1.10, 1.12, 1.13, 1.14, 2.6, 12.21, 22.1, 22.2, 22.3, 22.11, 24.3, 24.1, |
| 5.11 | Keep up to date with the best available evidence through the appropriate use of clinical guidelines and research findings, attend mandatory training and any continued professional development required for the role. Participate in the appraisal process, assess own learning needs, in accordance with local policy and procedures. | 1.13, 1.14, 2.6, 2.7, 22.1, 22.2, 22.3, 22.11, 24.3, 24.1, |
| 5.12 | Demonstrate working knowledge of:<br><br>•the range of qualitative and quantitative methodologies available and their purpose<br><br>•the concepts of validity and reliability in relation to the design of data collection, collation and analysis.<br><br>•the processes used to critique a research paper and how to consider the implications for practice. | 22.1, 22.2, 22.5, |

| Prehabilitation and Rehabilitation | | |
|---|---|---|
| | Competency and Associated Elements | |
| 6.1 | Demonstrates an understanding of the role, the key components and benefits of prehabilitation and rehabilitation in the cancer pathway, Oversees and coordinates an appropriate agreed pathway of support for a patient. | 14.8, 16.1, 16.2, 16.4, 16.9, |
| 6.2 | Demonstrates a basic understanding of the levels of prehabilitation (stratification model from universal to specialised) | 16.2, 16.3, 16.8, 16.9, 16.10, |

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|---|---|---|
| 6.3 | Show and awareness of how to signpost patients to the different levels of prehabiltiation (universal to specialised) | 16.2, 16.3, 16.9, 16.10, 17.4, 17.5, |
| 6.4 | obtain consent to physical examination, respect and maintain the patient's privacy, dignity (and comfort as far as practicable), and comply with infection prevention and control procedures | 11.1, |
| 6.5 | Able to make adjustments to meet the needs of the individual during consultation and discuss these adaptations with the multi-professional team | 11.2, |
| 6.6 | Work in partnership with people, families, and carers to continuously monitor, evaluate and reassess the effectiveness of agreed holistic care plans and to explore suitability of prehabilitation (universal, targeted and specialist) and rehabilitation interventions, including social prescribing for those requiring universal support e.g. referring individuals to a range of local non-clinical services such as community-based physical activity programmes, where appropriate, and demonstrate knowledge that cognitive, psychological and emotional support are the key to successful rehabilitation | 16.8,16.9, 16.10, 19.3, |
| 6.7 | To be able to discuss the stages of the cancer pathway and the prehabilitation to rehabilitation continuum and whether aspects of own work are pre-rehabilitative or rehabilitative in nature | 14.8, 16.1, 16.2, 16.4, 16.9, |
| 6.8 | To create opportunities for patient co-production and supported self-management, refer to specialist health and care professionals e.g. allied health professionals where this is appropriate to individuals' needs and wishes | 16.7, 16.10, 16.12, 24.19, |
| 6.9 | Appraise and respond to learning/information needs of individuals, families, carers and communities delivering informal learning opportunities and formal/structured education and training to people with cancer, their families and carers to promote self-care, support health literacy and empower participation in decision-making about aspects of their care, management, and treatment. relating to cancer, palliative care and end of life care, for example exercise and bone metastases guidance | 24.13, |