



Training and Education Framework for Gloucestershire

Learning Objectives Tier 3  
Discussing and recording clinical recommendations

<b>Learning Objectives</b>	
3.1 Learning Objectives completed for Tier 1	As applicable to knowledge and experience
3.2 Learning Objectives completed for Tier 2	As applicable to knowledge and experience
3.3 To understand the differences between the ReSPECT conversation/process and that of CPR/DNACPR	<p>ReSPECT is not just a replacement DNACPR form. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.</p> <p>The process is intended to respect both patient preferences and clinical judgement. The agreed <b>realistic</b> clinical recommendations that are recorded include a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.</p>
3.4 To understand what needs to be considered before the ReSPECT conversation takes place	<ul style="list-style-type: none"> <li>✓ <b>People:</b> The learner understands who should lead the conversation, who they are having the conversation with and who else could/ should be there. Consider if this person has mental capacity to take part in the ReSPECT discussion.</li> <li>✓ <b>Timing:</b> The learner understands the best time to have the conversation; ideally in a non-urgent situation and optimum time for that person.</li> <li>✓ <b>Setting:</b> The learner understands the need for quiet and privacy where possible; time to talk without interruptions if possible.</li> </ul> <p><b>Information Gathering:</b> The learner understands the need to gather PMH, seek consensus about appropriate interventions; what information has already been given; cultural considerations e.g., interpreter; accomodating for those with hearing or visual impairments and poor functional literacy</p>
3.5 How to effectively hold and record the ReSPECT conversation	<ul style="list-style-type: none"> <li>✓ The learner will be able to explain the purpose of the conversation and understand the need to involve the person in the ReSPECT conversation.</li> <li>✓ The learner will consider if the person has/ has not capacity and act in accordance with the MCA 2005.</li> <li>✓ The learner will be able to initiate conversations to enable the flow for the ReSPECT conversation and recording it.</li> <li>✓ The learner will provide time and seek feedback during the conversation to ensure understanding and comprehension.</li> <li>✓ The learner will understand the need to record clearly and unambiguously in persons own words avoiding abbreviations.</li> <li>✓ The learner should be able to observe and be observed whilst holding their initial ReSPECT conversations.</li> <li>✓ The learner will have the opportunity to reflect, record and learn from their ReSPECT experiences.</li> </ul> <p>The learner will have access to a mentor or buddy if this is available.</p>
3.6 Recording the conversation and recommendations	Section 1 Personal details box fully completed, including preferred name
	Section 2 Shared understanding of my health and current condition is discussed and explored and relevant detail recorded including location of other relevant documents. This section should provide a summary that "paints a picture" of the individual.
	<ul style="list-style-type: none"> <li>✓ Section 3 personal preferences are recorded if the person has capacity to have the opportunity to express values and fears</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Section 4 is clearly documented and signed appropriately</li> <li>✓ Clinical guidance is recorded in clear recommendations about the types of care or realistic treatment to achieve goals followed by things which they wouldn't want or would not work in their own individual situation</li> </ul> <p>Record CPR/DNACPR and sign one box only. If CPR would not work and is not being offered, refer to the agreed goals of care (Section 3) and explain why</p> <p>Section 5: To understand the importance of documenting if this person has capacity (knowledge of MCA 2005) for involvement in their ReSPECT plan and if not who else is involved/ Best Interest decision making. The full mental capacity assessment should be recorded in the clinical notes.</p> <ul style="list-style-type: none"> <li>✓ Section 6: who has been involved in making the plan</li> <li>✓ Confirm the process and plan has been completed in accordance with capacity and human rights</li> </ul> <p>Understand that if section D has been ticked then valid reasons must be stated and recorded in the clinical record</p> <ul style="list-style-type: none"> <li>✓ Section 7 Clinicians Signatures: that the registered practitioners must add a legible signature together with registration number and date and sign. If they are not the Senior Responsible Clinician then they should be informed and agree to the plan</li> </ul> <p>Refer to local organisational policy re timeframes</p> <ul style="list-style-type: none"> <li>✓ Section 8: Emergency contact details will be recorded so that they can be readily available in the event of an emergency. Details of those involved in making the plan should be recorded in case further contact is needed.</li> </ul>
3.7 ReSPECT Reasonable Adjustments	<p>Ability to make reasonable adjustments for information provided to people and conversations held.</p> <p>The learner will understand how to record if a person doesn't feel ready for the ReSPECT conversation</p>
3.8 Mental Capacity Training as required	<p>Links to Mental Capacity Training</p>