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Description automatically generated**LEARNING NEEDS ANALYSIS (LNA)**

**Mapping of existing knowledge, skills and attributes against the ACPIVR Framework for Physiotherapists working within Vestibular and Balance System Health Care (2021)**

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| **Domain 1 (D1): Person Centred Care**   * ACPIVR Core capabilities 1 and 2 * ACP Pillar: Clinical   **Learning Outcome: To demonstrate effective communication skills with the MDT, patient and their family/carers to ensure effective** **patient centred** care. | | | | |
| Stage | ACPIVR framework standard | Where I am? | What elements am I missing? | Development plan of how to meet goal? |
| 1,2&3 | D1: KU1: Critical knowledge and application of effective communication methods and adaptations to ensure effective verbal, non-verbal, written and digital communication with patients, carers, managers and colleagues. |  |  |  |
| D1. KU2: Critical understanding of the importance of gaining informed consent for assessment and treatment. |  |  |  |
| D1. KU3: Critical understanding of the importance of signposting individuals appropriately and effectively to sources of information and support. |  |  |  |
| D1. KU4: Critical understanding of effective communication strategies with colleagues to share knowledge and information appropriately, respecting confidentiality, in line with individuals’ interests and needs |  |  |  |
| D1. KU5: Critical understanding of accurate and concise medical record keeping. |  |  |  |
| 2&3 | D1. KU6: Critical and comprehensive knowledge of communication skills and application required for communication of complex information in challenging situations e.g. Motivational interviewing, Acceptance Commitment Therapy (ACT), Cognitive Behavioural Therapy (CBT), Solution Focus Brief Therapy etc. |  |  |  |
| 1,2&3 | D1. SA1: Effective provision of accurate and clear information to patients and carers about the nature of their conditions including the rationale behind and potential risks, benefits and alternatives of treatment options including self-management strategies. |  |  |  |
| D1. SA2: Effective verbal and non-verbal communication skills to collaboratively explore with patients and carers the relevance of specific and general exercises, exercise prescription and self-administered treatment including social prescribing and diet and lifestyle advice. |  |  |  |
| D1. SA3: Effective communication, demonstrating compassion, empathy and sensitivity with patients and carers |  |  |  |
| D1. SA4: Keep timely, concise and accurate medical records of all aspects of consultations. |  |  |  |
| D1. SA5: Application of knowledge and communication skills to facilitate shared decision making via a two-way process to agree goals and gain informed consent. |  |  |  |
| D1. SA6: Respect confidentiality. |  |  |  |
| 2&3 | D1. SA7: Effective and comprehensive application of communication skills to enhance delivery of care and patient outcomes in complex situations e.g. Motivational Interviewing, Solution Focus Brief Therapy or Action Commitment Therapy (ACT) or Cognitive Behavioural Therapy (CBT) techniques. |  |  |  |

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| **Domain 2 (D2): Assessment, Investigation and Diagnosis**   * ACPIVR Core capabilities 3, 4 and 5 * ACP Pillar: Clinical   **Learning Outcome: Demonstrate consultation and practical skills, enabling safe, accurate and** [**effective**](#Effective)[**assessment**](#Assessment)**, diagnosis and management of patients with vestibular and balance system health dysfunction** | | | | |
| Stage | ACPIVR framework standard | Where I am? | What elements am I missing? | Development plan of how to meet goal? |
| 1,2&3 | D2. KU1: Critical understanding of Patient Orientated Medical Records and structured Interviewing e.g. Solution Focus or Motivational Interviewing |  |  |  |
| D2. KU2: Comprehensive knowledge of anatomy and physiology of the central and peripheral Vestibular and Balance System applied to indications, use and contraindications/precautions for commonly used practical skills e.g. neuro-oculomotor examination including assessment for spontaneous and gaze holding nystagmus, smooth pursuit, saccades, HINTS+, VOR/ VOR cancellation, HIT and vergence testing, skew eye deviation, Dix-Hallpike test, side ly test, supine roll test, postural stability models and testing and falls etc. |  |  |  |
| D2. KU3: Comprehensive knowledge of anatomy and physiology of he central and peripheral Vestibular and Balance System applied to the critical clinical reasoning in the evaluation of clinical data obtained from practical skills examination related to presentations across the lifespan, e.g. correct interpretation of signs and symptoms from testing oculomotor function, positional tests, co-ordination tests, postural stability tests, vascular pathologies of the neck screening, blood pressure monitoring, cranial nerve examination, upper/lower motor neurone examination considering age and co-morbidities etc. |  |  |  |
| D2. KU4: Critical understanding of therapeutic exercise prescription, e.g. Gaze stability/ VOR1/2 and modifications, habituation, substitution and adaptation exercises, gait re-education, strength and balance training |  |  |  |
| D2. KU5: Critical understanding of the role of additional appropriate interventions and modalities, for example acupuncture, manual therapy, sensorimotor retraining, Tai Chi, balance and falls prevention programmes, CBT and solution focused therapy etc. to enhance rehabilitation of vestibular and balance function. |  |  |  |
| D2. KU6: Comprehensive knowledge to support recognition of and referral for appropriate management of: red flags; limit of scope of practice; when to investigate or refer onto another service/ specialist/ speciality if the symptoms are atypical or non-responsive to treatment e.g. Neuro-ophthalmology/ Neurology/ Audiology referral etc. |  |  |  |
| D2. KU7: Comprehensive knowledge of medications and co-existing medical conditions which may affect the accurate assessment and treatment of the vestibular system related to specific conditions e.g. BP testing, hearing loss and vestibular hypofunction, neck pain on BPPV on positional tests. |  |  |  |
| 2&3 | D2. KU8: Critical understanding of the causes and implications of sudden loss of consciousness |  |  |  |
| 3 | D2. KU9: Critical and comprehensive understanding of physical, psychological, emotional and social factors associated acute and chronic dizziness and imbalance. |  |  |  |
| 1,2&3  1,2&3 | D2. SA1: Effective communication skills and ability to gather and accurately record in medical records: subjective history, patient information; objective assessment for dizziness and balance and interpret its significance. |  |  |  |
| D2. SA2: Safe, accurate and effective handling and use of assessment procedures for neuro-oculomotor function e.g. spontaneous and gaze holding nystagmus, smooth pursuit, saccades, VOR / VOR cancellation, test of skew, HINTS+, HIT and vergence testing, static and dynamic visual acuity, cervical spine function/ proprioception. |  |  |  |
| D2. SA3: Safe, accurate and effective handling in the use of assessment procedures for positional vertigo e.g. Dix-Hallpike test, side ly test, supine roll test, bow and lean and test modifications. |  |  |  |
| D2. SA4: Safe, accurate and effective assessment of co-ordination, gait, falls risk, anxiety/ depression, visio-vestibular-cervical and somatosensory function and balance function. |  |  |  |
| D2. SA5: Safe, accurate and effective handling in the application of any special tests for the safe practice of vestibular and balance rehabilitation, for example, blood pressure monitoring, cranial nerve examination, upper/lower motor limb dysfunction, postural control. |  |  |  |
| D2. SA6: Safe, accurate and effective handling in the performance of canal repositioning techniques and treatment modifications. |  |  |  |
| D2. SA7: Safe, accurate and effective application of therapeutic vestibular/ balance rehabilitation exercise prescription to include gait re-education, visual and vestibular-motion desensitization, habituation, substitution and adaptation, strength and balance training, postural stability, cervical proprioception etc. and its use in treatment of patients with multifactorial dysfunction of balance and dizziness. |  |  |  |
| D2. SA8: Effective use of interpersonal and communication skills in the application of practical skills. |  |  |  |
| D2. SA9: Effective application of knowledge to identify red flags, when to investigate further (imaging, bloods, Audiological and Vestibular Function Tests etc.) and limit to scope of practice. |  |  |  |
| D2. SA10: Effective and safe application of knowledge of medication management within scope of practice for Vestibular and Balance System Health working and asses for effects of medications on dizziness and balance e.g. Orthostatic BP, ototoxicity, Start/ Stop analysis or requesting medication review where indicated. |  |  |  |
| D2. SA11: Demonstrate skills required to manage acute attacks of dizziness and imbalance with long-term management strategies. |  |  |  |
| D2. SA12: Effective application of knowledge and critical understanding to recognise and assess psychological factors involved in the management of patients with dizziness and balance disorders and incorporate evidence-based interventions in management programmes. |  |  |  |
| D2. SA13: Effective communication and clinical reasoning skills to take a careful neurological and cardiology history, differentiate and refer on where necessary when considering drop attacks, syncope, orthostatic BP, POTS, vasovagal episodes, hyperventilation and pseudo seizures. |  |  |  |
| 2&3 | D2. SA14: Effective recognition of unpredictable and uncontrollable dizziness and provide accurate driving information or refer onwards. |  |  |  |
| 3 | D2. SA15: Effective application of understanding to identify risk factors for Vestibular and Balance dysfunction including stage of life implications e.g. age-related imbalance/ falls; Menstrual/ Menopausal Vestibular Migraine; BPPV and Traumatic Brain Injury etc. |  |  |  |

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| **Domain 3: Condition management, interventions and prevention**   * ACPIVR Core capabilities: 6, 7, 8, 9, 10 &11 * ACP Pillar: Clinical   **Learning Outcome: Demonstrate the ability to provide effective, clinically reasoned, person-centred management plans, tailored to individual needs and expectations, working within scope of practice.** | | | | |
| Stage | ACPIVR framework standard | Where I am? | What elements am I missing? | Development plan of how to meet goal? |
| 1,2&3 | D3. KU1: Critical understanding and addressing of concerns, ideas, expectations, shared decision-making for short-, and long-term goals, using behaviour change theory, patient activation, motivational interviewing and solution focused interventions to agree goals and interventions. |  |  |  |
| D3. KU2: Critical understanding of the importance of promoting independence, lifelong management strategies, for overall health and well-being, safety and orientation reducing falls risk and nurturing safe environments e.g. person, social and work related |  |  |  |
| 2&3 | D3. KU3: Comprehensive knowledge of good medication management principles working within scope of practise and understand impact of medication on Vestibular and Balance Systems, symptoms, condition, interventions, use of outcome measures etc. |  |  |  |
| 1,2&3 | D3. KU4: Comprehensive knowledge of screening for MECC and signpost relevant professionals, self-help and agencies including psychological therapies and social prescribing. |  |  |  |
| 2&3 | D3. KU5: Critical understanding of common medical and surgical interventions for Vestibular and Balance System health and benefits of addressing patient ideas, concerns and expectations of those interventions e.g. benefits of Epley over surgery for BPPV. |  |  |  |
| 1,2&3 | D3. KU6: Critical understanding of the theoretical concepts of safe and effective Vestibular Rehabilitation Therapy, canal repositioning manoeuvres, how to personalise programmes and social prescribing. |  |  |  |
| D3. KU7: Comprehensive knowledge and critical understanding related to designing and delivering personal rehabilitation exercise programmes designed to promote improvement in symptoms, quality of life and functional abilities (understanding some individuals may need additional support e.g. OT, carers, digital solutions). |  |  |  |
| 2&3 | D3. KU8: Comprehensive knowledge of outcome measure validity, application and reliability in management of Vestibular and Balance System Health and identifying potential risks of falls, anxiety and depression etc e.g. mCTSIB, x5 sit to stand, DHI etc. |  |  |  |
| 1,2&3 | D3. SA1: Effective communication skills to gain consent for and safely perform appropriate techniques for the treatment of BPPV and Vestibular and Balance System dysfunction e.g. Dix-Hallpike, Epley |  |  |  |
| D3. SA2: Effective application of knowledge and communication skills to prescribe personal rehabilitation exercise programmes designed to promote improvement in symptoms, quality of life and functional abilities and understand some individuals may need additional support e.g. OT, carers, digital solutions. |  |  |  |
| D3. SA3: Effective skills in the application and adaptation of therapeutic vestibular and balance rehabilitation exercise prescription to include gait re-education, VOR1 and VOR2, visual and vestibular-motion desensitization, strength and balance training, cervical proprioception, reducing falls risk etc, and justifyits use in treatment of patients with multifactorial dysfunction of balance and dizziness |  |  |  |
| D3. SA4: Application of knowledge to effectively utilise appropriate outcome measures to identify falls risk, when interventions are successful and discharge with appropriate advice |  |  |  |
| D3. SA5: Application of knowledge to effectively identify changes in quality of life, mental health and function using appropriate outcome measures and act accordingly. |  |  |  |
| D3. SA6: Effective application of knowledge to instigate onward referrals utilising appropriate documentation/ communication to other health and care services, where appropriate to an individual’s best interests. |  |  |  |
| D3. SA7: Effective communication skills to nurture, draw on and engage in MDT activity, use relevant documentation/communication tools to liaise and integrate management plans and exercise therapy. |  |  |  |
| 2&3 | D3. SA8: Effective reflective practice to advise, manage, or seek help with pharmalogical and non pharmalogical aspects of Vestibular and Balance System Health care working within professional, knowledge and skill boundaries |  |  |  |
| 3 | D3. SA9: Comprehensive skills in the application and adaptation of personalised therapeutic vestibular and balance rehabilitation exercise prescription |  |  |  |

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| **Domain 4: Service and professional development**   * ACPIVR Core capabilities 12 & 13 * ACP Pillar: Clinical; Education; Research; Leadership and Management   **Learning Outcome: Demonstrate the ability to appropriately evaluate provision of Vestibular Rehabilitation Services and to effectively manage evidence informed patients and service pathways** | | | | |
| Stage | ACPIVR framework standard | Where I am? | What elements am I missing? | Development plan of how to meet goal? |
| 1,2&3 | D4. KU1: Awareness of methods used for evaluating service delivery, participation in audit and continuing professional development |  |  |  |
| 2&3 | D4. KU2: Critical understanding of the importance of evaluating the provision of Vestibular and Balance System Health service delivery. |  |  |  |
| 3 | D4. KU3: Comprehensive knowledge and application of methods of service evaluation. |  |  |  |
| D4. KU4: Critical understanding of the importance of learning and reflective practice and provides continued professional development for self and others across the four pillars. |  |  |  |
| 1,2&3 | D4. SA1: Effective engagement to act for positive change when the need for service improvements are identified. |  |  |  |
| D4. SA2: Effective reflective practice and undertake and record continued professional development and clinical mentoring, clinical supervision, clinical logs, learning etc. to fulfil professional, regulatory and employment responsibilities |  |  |  |
| 2&3 | D4. SA3: Contribute to the development of audit and service evaluation through the MDT meetings, case studies and in-service training |  |  |  |
| 3 | D4. SA4: Leadership in the effective management of patients and service provision for person and population care through clinical audit, service evaluation, research, publication, in-service training, participation in special interest groups, mentoring and working within regulatory frameworks locally, nationally and possibly internationally etc |  |  |  |