

Accredited SMART Assessors Standards of Practice

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Accredited SMART Assessors Standards of Practice

1. Overview

An accredited SMART assessor will have met specific standards through the accreditation process. Once the assessor has reached the accreditation standards, there are certain criteria which need to be fulfilled to ensure that the high calibre of SMART assessment is maintained.

The Accredited SMART Assessors Standards of Practice will be displayed on the following websites: www.rhn.org.uk (Royal Hospital for Neuro-disability) and www.gteconsultants.com (Gill-Thwaites & Elliott Consultants Ltd). This will ensure that the Lawyers, Case Manager, Care Commissioners, Lead Physicians, Families and anyone involved in the client's care will have a clear understanding of the expected quality and detail of the SMART assessment, report and treatment intervention. It is the accredited SMART assessor's responsibility to maintain their accreditation.

Failure to meet these standards on the part of the accredited SMART assessor could contravene the individual's professional code of conduct and result in the potential withdrawal of their accreditation as a SMART assessor.

It is recognised that the SMART assessment and SMART report are used for a range of purposes and settings with a wide spectrum of service resources. It is assumed that the accredited SMART assessor will use their clinical reasoning to clearly justify if there are situations which require specific additions to the SMART format, and for transparency, these should be clearly documented within the report. The SMART standards are to be adhered to in addition to the Health and Care Professions Council (HCPC) or profession-specific standards.

2. Accredited SMART Assessors

The accredited SMART assessor will:

2.1. Ensure that their SMART **accreditation is up to date** while using SMART as an assessment

tool.

2.2. Guarantee that **contact information is up to date** on the SMART assessors' database so that they can be kept informed of any SMART developments.

2.3. Ensure that any **reports produced are current**, including all new SMART developments and standards.

2.4. Apply their **full SMART accreditation number to all SMART reports**, treatment plans and other relevant documents. Where they are in the process of becoming accredited, this must be fully displayed on the report.

2.5. Not refer to any assessment or treatment as SMART unless the **full SMART, following the standardised process, has been completed**.

2.6. Ensure that they have an **up-to-date knowledge of research** underpinning the assessment and intervention with an individual with a Prolonged Disorder of Consciousness.

2.7. Be **fully conversant** with the current **Royal College of Physicians National Clinical Guidelines for Prolonged Disorders of Consciousness**.

3. SMART Assessment Required Components

To ensure a complete SMART assessment is conducted, the accredited SMART assessor will:

3.1. Conduct a full **SMART Behavioural Observation Assessment**.

3.2. Conduct a comprehensive **SMART Sensory Assessment** including all the appropriate techniques.

3.3. Interview all relevant family, team and carers, where possible, for full completion of the **SMART Informs**. Where a direct interview is not possible, the assessor should discuss observation of responses by telephone. In rare circumstances, the assessor will provide the **SMART Informs** forms and review feedback. The inclusion of family/carers/team observations should be clearly indicated in the SMART report with a rationale provided for the method of data collection used.

3.4. Conduct **SMART Formal Observations** of any significant responses reported by the family, team and/or carers. Where this is not possible, the accredited SMART assessor must identify the observation of these responses as a matter of priority in the SMART treatment programme

or SMART recommendations within the SMART report, as applicable to the setting.

4. SMART Report

To ensure a comprehensive report, the accredited SMART assessor will:

4.1. Produce a SMART report using the current SMART report template, with all sections completed in full. This report can be referred to in any service-specific summaries and documentation. The SMART assessment report will include the following:

- a. A summary of **essential prerequisites to SMART** including medical status, posture and postural management, environment, time of day, etc. and their impact on the assessment process.
- b. Summaries of **SMART Behavioural Observation Assessment, SMART Sensory Assessment** (including clearly defined verified and unverified responses), **SMART Informs** and **SMART Formal Observations**.
- c. Comparison of all the aspects itemised in (b) to each other and provide a **summary of any implications** derived from these comparisons.
- d. A summary of the information derived from the interview/documentation from the **Communication Lifestyle History Questionnaire**.
- e. Identification of the **highest responses for both motor and functional communication modalities** and the associated **Indicative Diagnosis**, with reference to the lead physician being ultimately responsible for the final diagnosis.
- f. Clear consideration of **verified** and **unverified** responses should be stated in relation to the Indicative Diagnosis. Where there are differences in any of the verified and unverified responses the details of further investigation should be explained in full.
- g. Outline of **future recommendations**, which need to be addressed, to incorporate:
 - Adjustment/Investigation of essential prerequisites to SMART;
 - Specific Team Investigation/Interventions to include, if applicable, exploration of unverified responses.
- h. **Appendices** to the SMART report to incorporate:
 - FORM E: SMART Behavioural Observation Assessment Summary Form;

- FORM F: SMART Sensory Assessment Summary Form;
- FORM F1: SMART Informs Summary;
- SMART Formal Observations Summary.

i. Other optional, but **recommended item**:

- SMART Behavioural Observation Graphs.

5. SMART Treatment Plan

The accredited SMART assessor will:

5.1. Ensure that the SMART treatment plan or recommendations, as applicable to the setting, are summarised in the report and that the details of the plan include:

- a. Clear evidence of working with the MDT to ensure that the goals set link with the team approach.
- b. A clearly defined and measurable treatment plan identifying the priorities, upgrade and downgrade options, periods and measurable goals (what, when, how often and by whom) for each aspect of treatment based on the assessment results.
- c. Inclusion of all patient-specific details such as addressing the impact of the essential prerequisites, adaptation of type and orientation of stimuli, as indicated, following review of responses during assessment and feedback from family in the Communication Lifestyle History Questionnaire. SMART treatment forms with a framework of ten sessions should incorporate a clear measurement of outcome.

6. SMART Treatment Review

The accredited SMART assessor will:

6.1. Ensure timely and frequent treatment reviews/monitoring programme with clear, measurable and patient-specific goals.

6.2. Compare the highest responses for both motor and functional communication modalities and related Indicative Diagnosis, to the highest levels achieved in the initial assessment.

6.3. Provide the team/family/Legal firm/Case Manager, as applicable, with clear information regarding outcome of treatment and any intervention plan or recommendations.

6.4. Clearly define future assessment/reviews required and define appropriate periods.

6.5. Provide clear guidelines regarding a bespoke sensory programme, including rest periods to ensure optimal environment for the patient.

7. Failure to Comply with SMART Standards

The accredited SMART assessor will be expected to comply with these standards to maintain the high level of specialist practice required when using this assessment. Failure to do so will result in the following stages of action:

7.1. A revised version will be requested when any SMART report or interventions do not meet the standards.

7.2. The changes will need to be addressed within two months of receipt of the summary of changes required.

7.3. Any further reports/interventions, which have not met the standards, will result in the assessor's name being removed from the SMART website and a new portfolio will need to be submitted.

7.4. The assessor will no longer be authorised to use the SMART assessment if they are not accredited.