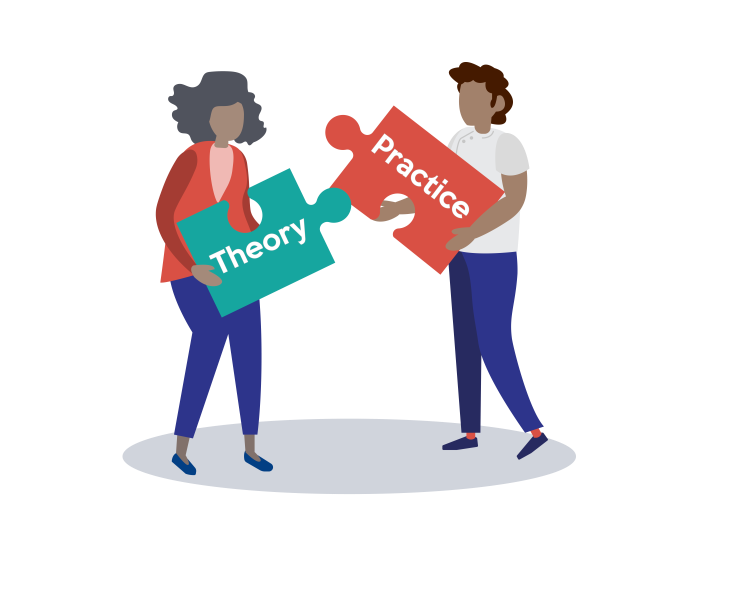
**Competency**

**Programme**

**Registered Nurses**

**Adult Community Services**



**Staff Name:**

**Contents**

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**Introduction to Competency Programme**

This Competency Programme will assist you and your mentor to establish a current level of competence and to further develop your skills into a competent practitioner for the role that you are undertaking.

For new staff – The competences will made available to you after completion of the ‘Bootcamp’ programme.

(If the health care practitioner feels they do not have the necessary skills or ability to undertake a clinical procedure/task then they must discuss this with their line manager)

**Process of Assessment for Clinical Competency**

The Competency programme will be assessed using the following approach:

**Theoretical knowledge:**

Ability to discuss rationale and procedure

**Practical Ability/Demonstrating a skill:**

Practical demonstration and opportunity to practice a skill in a ‘skills lab’

Arrange patient visits with the mentor and to be observed delivering patient care.

**Reflection – ‘Gibbs Reflective Cycle’**

A tool of reflection you can use - see below

**Referral Pathway into Clinical Skills Facilitator (CSF)**

**Service for Band 3 HCA, 4 APs, 4 NAs and 5 RNs in IMT**

**Band 3/4/5 AP/NA/RN requires competency sign off** **for core skills and has already attended the bootcamp development programme.**

eg. Wound care, pressure ulcers, leg ulcer assessment including compression and Doppler’s (MESI and handheld), Lymphodema bandaging and catheters. **In line with training Matrix for different roles.**

**Team to add new member of staff to skills matrix: V:\NEW Filesharing (Ser22)\Data Management\DNT DEPENDENCY TOOL\ALLOCATION\Community Development Service**

**Assess if it is a transferrable skill (column to left) or new skill (column to right)**

**If CSF is not yet able to offer support Team to begin to complete competency document V:\NEW Filesharing (Ser22)\Data Management\DNT DEPENDENCY TOOL\ALLOCATION\Community Development Service\Blank Competency Documents**

**CSF will contact team and arrange support with competencies**

**Matrons /CDL to confirm priority teams for CSF to support with competency sign off**

**Team to contact CDL to request CSF support when training is complete and exposure with mentor has taken place**

**Team to ensure exposure to relevant skills as part of allocation of work as double ups with mentor/ team**

**Team to assign mentor within team**

**New skill for HCA/AP/NA/RN**: Team to ensure staff member is booked on to the relevant training or added to waiting list.

**If HCA/AP/NA/RN was competent in previous role** and nurse has evidence to support this.

Team must still assign mentor for sign off with BCHC competency document

Team to ensure staff member is booked on to the relevant training or added to waiting list**.**

Team/ Mentor to complete relevant competency document- **this can be done ahead of training if previously competent**

All competency documents available via link **V:\NEW Filesharing (Ser22)\Data Management\DNT DEPENDENCY TOOL\ALLOCATION\Community Development Service\Blank Competency Documents**

**Team to escalate to CDL if further support is needed**

**Once the competency has been achieved; Team/ CSF who completed is to ensure: A copy of the competency document is given to HCA/RN/ NA/ AP and Team manager who will add this to personal file, the Skills Matrix is updated as above and the competencies are updated on the CIF tool**

**Gibbs Reflective Cycle (1988)**

**Description**

In this section, you need to explain what you are reflecting on to your reader. Perhaps include background information, such as what it is you’re reflecting on and tell the reader who was involved. It’s important to remember to keep the information provided relevant and to-the-point.

**Feelings**

Discuss your feelings and thoughts about the experience. Consider questions such as: How did you feel at the time? What did you think at the time? What did you think about the incident afterwards? You can discuss your emotions honestly with your mentor.

**Evaluation**

For your evaluation, discuss how well you think things went. Perhaps think about: How did you react to the situation, and how did other people react? What was good and what was bad about the experience? If you are writing about a difficult incident, did you feel that the situation was resolved afterwards? Why? / Why not? Remember, you can support your research findings for evidence-based practice through using trust guidelines, policies and procedures.

**Analysis**

In your analysis, consider what might have helped or hindered the event. You also have the opportunity here to compare your experience with the literature you have read.

**Conclusion**

In your conclusion, it is important to acknowledge whether you could have done anything else; what you have learned from the experience; consider whether you could you have responded in a different way. If you are talking about a positive experience…discuss whether you would do the same again to ensure a positive outcome. Also consider if there is anything you could change to improve things even further. If the incident was negative…tell your reader how you could have avoided it happening and also how you could make sure it doesn’t happen again.

**Action plan**

Action plans sum up anything you need to know and do to improve for next time. Perhaps you feel that you need to learn about something or attend some training. Could you ask your mentor or placement supervisor for some advice? What can you do which means you will be better equipped to cope with a similar event?

A close-up of a sign

Description automatically generated

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user, colleague or other individuals. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in *How to revalidate with the NMC*.

|  |
| --- |
| **Reflective account:** |
| **What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?** |
|  |
| **What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?** |
|  |
| **How did you change or improve your practice as a result?** |
|  |
| **How is this relevant to the Code?**  Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust |
|  |

**List of clinical competencies for Band RN staff working in the community**

Administration of Topical Medication (Eyes, Ears and Nasal

Administration of Topical Medication (Creams)

Blood glucose monitoring

Competencies for Completing Bladder Scanning Procedure (Applicable for bands 3-8) ‘SourceMedical Scanner’ ONLY

Competencies for assessing Catheterisation insertion, care and management for routine female re-catheterisation. (Applicable for bands 3 ONLY)

Competencies for assessing Catheterisation insertion, care and management for Male, Supra pubic and female (Applicable for bands 4-8)

Bowel dysfunction

Insulin administration

Leg ulcer prevention/management

Lymphoedema

MESI

ABPI (Dopplar ultrasound)

Measuring and monitoring vital signs

NEWS2

Prompting/Assisting with Medication

Pressure Ulcer

Urinalysis

Wound competency

|  |  |  |  |
| --- | --- | --- | --- |
| Skill: Blood Glucose | Achieved as competent (Y/N): | Assessor name + signature: | Action to be taken if required: |
| Procedure explained to patient and consent obtained. |  |  |  |
| Strip expiry date checked. |  |  |  |
| Correct hand washing technique used |  |  |  |
| Correct use of personal protective equipment (PPE) |  |  |  |
| Patients’ hands cleaned |  |  |  |
| Area to be used rinsed & dried |  |  |  |
| Correct lancet used |  |  |  |
| Sides (not tips) of finger punctured. |  |  |  |
| Correct procedure to measure Blood Glucose (BG) |  |  |  |
| Safely disposes of sharps |  |  |  |
| BG recorded on diabetes chart and commented on/actioned if out of target |  |  |  |
| Describe the normal range of glycaemia and signs and symptoms of hyper and hypo glycaemia |  |  |  |
| Recognise any results outside individual range for the person receiving care and ensure these are documented and acted on immediately in line with local policy and guidance. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Skill: Insulin administration | Achieved as competent (Y/N): | Assessor name + signature: | Action to be taken if required: |
| Patient made aware/informed of need for insulin injection. Patient’s consent obtained |  |  |  |
| Identified that patient will have something to eat within appropriate time |  |  |  |
| Insulin preparation and dosage checked against patient’s prescription and administration chart. |  |  |  |
| Be aware of the normal blood glucose range and the individual’s target |  |  |  |
| Expiry date on insulin preparation checked that it is in date (if expired – discarded) and recorded along with batch number. |  |  |  |
| Open date of insulin checked (not used if date exceeds recommended opened period) |  |  |  |
| Insulin not in use stored in fridge |  |  |  |
| Insulin in use stored at room temperature |  |  |  |
| Appearance of insulin checked; if lumpy or discoloured, discarded |  |  |  |
| If insulin cloudy, preparation gently rotated – until thoroughly mixed – using 20 rotations |  |  |  |
| Air shot performed, if using pen injecting device |  |  |  |
| Correct insulin dosage dialled/drawn up |  |  |  |
| Dosage dialled and rechecked against patient’s prescription and administration chart prior to administration |  |  |  |
| Site observed for lumps/inflammation/bruising prior to injection. Insulin not injected into area where any of the above problems are present |  |  |  |
| Appropriate injection site identified |  |  |  |
| Safety needle used for administration |  |  |  |
| Insulin injected using correct injection technique |  |  |  |
| Needle left in skin for approximately 10 seconds following injection |  |  |  |
| Following injection, site observed again for insulin leakage |  |  |  |
| Record of insulin administration made on patient diabetes chart, dose site recorded, together with any untoward events such as leakage, lumps, bruising |  |  |  |
| Used pen needles disposed of safely in sharps bin |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **COMPETENCE**  **Administration of Topical Medication (Eyes, Ears and Nasal)** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | To understand and follow ‘Authority to administer drug administration card’ instructions. |  |  |  |
| 2 | Explain the rational / purpose for eye preparations, nasal preparations, or ear preparations being prescribed and the factors that could affect their administration (delete as appropriate). |  |  |  |
| 3 | Demonstrate the ability to follow the care plan to deliver the care required. |  |  |  |
| 4 | Always obtain patient consent regarding the procedure and promote patient comfort, maintain dignity and reassure the patient at all times. |  |  |  |
| 5 | Can explain where to find information on the expiry dates for eye / ear and nasal preparations once in use and where it should be documented. |  |  |  |
| 6 | Demonstrate the rationale of when it is necessary to have separate containers for each eye/ear and nasal and when it is appropriate for one container to be used. |  |  |  |
| 7 | Be able to explain the time delay needed if patient receives more than one type of eye preparation at the same time. |  |  |  |
| 8 | Follows the appropriate infection control procedures during the procedure (i.e. hand washing, aprons, and gloves) and understands the proper procedures for handling and disposal of waste. |  |  |  |
| 9 | Explain how and where to store eye preparations, nasal sprays and ear preparation and how to check if unsure. |  |  |  |
| 10 | On the authority to Administer / Administration of medication chart check:   * The name of patient * That the prescribed drug has not already been given * Name of medication * Strength * Route * Prescribed dose * Frequency of administration * Allergies   On the original packaging check:   * Drug name * Drug strength * Dose * Patient name * Expiry date |  |  |  |
|  | Demonstrate the procedure of;   * eye drop insertion * eye ointment insertion   in a safe and effective way following the 6R’s NICE Guidance   1. Right person 2. Right medicine 3. Right route 4. Right dose 5. Right time 6. Person's right to decline   Ensuring all documentation is completed correctly. |  |  |  |
| 11 | To demonstrate awareness and understanding of potential side effects of the drug administration including anaphylactic shock reaction. |  |  |  |
| 12 | Be up to date with Basic life support (BLS) or successfully completed annual trust training on BLS. |  |  |  |
| 13 | Always uses correct administration method/technique in accordance with the Royal Marsden nursing procedures. |  |  |  |
| 14 | Demonstrate when it is important to report to the GP or shift lead with concerns regarding patient monitoring/health status. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **COMPETENCE**  **Administration of Topical Medication**  **(Creams)** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | Demonstrates a practical skill in administration of topical creams |  |  |  |
| 2 | Follows the appropriate infection control procedures during the procedure (i.e. hand washing, aprons, and gloves) and understands the proper procedures for handling and disposal of waste. |  |  |  |
| 3 | Demonstrates an understanding and follows the ‘Authority to administer drug administration card’ instructions. |  |  |  |
| 4 | Demonstrate the ability to follow the care plan to deliver the care required. |  |  |  |
| 5 | Explains how and where to store topical creams preparations, and how to check if unsure. |  |  |  |
| 6 | Demonstrate the procedure:  On the authority to Administer / Administration of medication chart check:   * The name of patient * That the prescribed drug has not already been given * Name of medication * Strength * Route * Prescribed dose * Frequency of administration * Allergies   On the original packaging check:   * Drug name * Drug strength * Dose * Patient name * Expiry date |  |  |  |
| 7 | Demonstrate the procedure of applying topical medication in the correct way as per prescription. Always read the directions.  **Consider:**   * Quantity- steroidal cream to be applied sparingly, to affected area only unless otherwise instructed * Emollient creams, if applying to legs use a downward stroke to avoid infection of the hair follicles * Antifungal creams – check if you need to wash the affected area before application |  |  |  |
| 8 | Demonstrate the procedure of topical creams application:  in a safe and effective way following the 6R’s NICE Guidance   1. Right person 2. Right medicine 3. Right route 4. Right dose 5. Right time 6. Person's right to decline   Ensuring all documentation is completed correctly. |  |  |  |

**Competencies for Completing Bladder Scanning Procedure (Applicable for bands 3-8) SourceMedical Scanner ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completing Bladder Scanning Procedure** | | | |
| **Name** |  | | |
| **Role/Band** |  | | |
| **Team/Ward** |  | | |
|  | | | |
|  | **Y/N** | **Date** | **Signature** |
| **Competency 1:** Bladder and Bowel Training Course (Theory and Practical based Learning) |  |  |  |
| **Competency 2:** Pre-Bladder Scan |  |  |  |
| **Competency 3:** During the Bladder Scan |  |  |  |
| **Competency 4:** Post Bladder Scan |  |  |  |
|  |  |  |  |
| **Date Bladder and Bowel Course Attended:**  **Date sent to Clinical Training (**[**bchc.clinical.training@nhs.net**](mailto:bchc.clinical.training@nhs.net) **):** | | | |
|  | | | |
| **Comments**  This competency was observed during practical session with a phantom bladder and bladder scanner. This competency is only for SourceMedical Bladder scanner **ONLY**. This **DOES NOT** cover Verathon scanners.  **Record of Supervised Bladder Scans**   |  |  |  | | --- | --- | --- | |  | **Date** | **Supervisor** | | **Bladder Scan one** |  |  | | **Bladder Scan two** |  |  | | **Bladder Scan three** |  |  | | | | |
| **Competency 1: Bladder and Bowel Training Course (Theory and Practical based Learning)** | | | |
| Assessment Criteria | |  | |
| * Demonstrate awareness of: * Understanding of what a bladder scanner is and its intended use * Understand hen it is appropriate to use a bladder scanner * Identify contraindications for bladder scan * How to document Bladder scan details * Discussion around how to look after probe e.g. cold weather, not leaving in car   **In practical session**   * Awareness of how to View on board tutorial * How to test your battery power * How to attach your probe to scanner * Understand position of patient and probe * How to scan a patient * Understand and interpret results following scan | |  | |
| **Competency 2:** Pre-Bladder Scan | | | |
| Assessment Criteria | |  | |
| **Demonstrate prior to use**   * Ensure that the bladder scan is ready to use * Has the charger been tested in line with trust guidance? * Does the battery have adequate charge? * Is the battery inserted correctly for use? * Is the probe correctly attached? * Is the machine free from any visible signs of damage? * Check printer has paper if hard copy is required | |  | |
| **Competency 3:** During the Bladder Scan | | | |
| Assessment Criteria | |  | |
| * All equipment cleaned prior to use in line with infection control guidelines * Perform hand hygiene and ensured that PPE is worn as per trust infection control guidance * Explain the procedure to the patient and gain consent * Patient positioned in either reclining or supine position   **Demonstrate knowledge and understanding of**   * Turn bladder scanner machine on * Verified and selected whether the user us located on the patients left or right side * Apply a generous amount of ultrasound gel to the probe taking care not to incorporate air bubbles * Aligned the body icon on the probe to the patient position, keeping the probe cable parallel to the scanning arm * Position the probe about 1 inch (2.5cm) above the symphysis pubis and aim towards the bladder; pointing the probe slightly towards the patients feet. Applied probe pressure appropriate to patient BMI * Used pre scan imaging to locate the widest diameter of the bladder prior to activating the scan * Pressed and released the scan button on the probe or console; holding the probe steady until the scan results are displayed * When the volume measurement is displayed verify that the cross display is centred on the bladder, indicating an accurate probe placement * Using the cross display adjust the probe position/angle as needed ensuring the cross is centred on the bladder. Repeat the scan as needed an accurate measurement * Identified the display of most recent scan and highest volume is a series of scans (3 accurate probe placement scans) | |  | |
| **Competency 4:** Post Bladder Scan | | | |
| Assessment Criteria | |  | |
| * Pressed ‘**PRINT**’ if hard copy required * Pressed ‘**DONE**’ to save the largest volume in a series to saved examination files * Remove excess gel from the patient Cleaned all equipment in line with infection control trust policy and guidelines * Remove PPE and perform hand hygiene * Document scan results and assessment within patients notes/care plan * Report bladder scan results to a registered nurse (if scan performed by HCA/AP/NA) * Demonstrates knowledge around interpreting bladder scan results and appropriate actions including seeking specialist support | |  | |

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| **Assessor Name and Designation** |  |
| **Assessor Signature** |  |
| **Staff Name and Designation** |  |
| **Date of Document completion** |  |

|  |  |  |
| --- | --- | --- |
| **Competency review Date** | **Assessor Signature and Designation** | **Staff Signature** |
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**Competencies for assessing Catheterisation insertion, care and management for routine female re-catheterisation. (Applicable for bands 3 ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Catheterisation insertion, care and management for ROUTINE female re-catheterisation.** | | | |
| **Name** |  | | |
| **Role/Band** |  | | |
| **Team/Ward** |  | | |
|  | | | |
|  | **Y/N** | **Date** | **Signature** |
| **Competency 1:** Bladder and Bowel Training Day (Theory and Practical based Learning) |  |  |  |
| **Competency 2:** Documentation |  |  |  |
| **Competency 3:** Professional Manner and Communication |  |  |  |
| **Competency 4:** Infection Control |  |  |  |
| **Competency 5:** Catheter Care including preparation and Assessment |  |  |  |
| **Competency 6:** Catheterisation Procedure |  |  |  |
| **Competency 7:** Medicine Management |  |  |  |
| **Competency 8**: Preparation for next visit |  |  |  |
| **Competency 9**: Catheter Troubleshooting |  |  |  |
|  |  |  |  |
| **Date Bladder and Bowel Training Day Attended:**  **Date sent to Clinical Training (**[**bchc.clinical.training@nhs.net**](mailto:bchc.clinical.training@nhs.net) **):** | | | |
|  | | | |
| **Record of Supervised Female Re-catheterisations**   |  |  |  |  | | --- | --- | --- | --- | |  | **Date** | **Supervisor Name** | **Supervisor Signature** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  | | | | |
| **Competency 1: Bladder and Bowel Training Course (Theory and Practical based Learning)** | | | |
| Assessment Criteria | |  | |
| * Understands who is able to perform catheterisation. Inclusion and Exclusion criteria for Band 3 (Theory and Discussion) * Demonstrate anatomy and Physiology knowledge in relation to Genitourinary system through discussion (Theory and Discussion) * Demonstrates an understanding if the indications for indwelling catheterisations (Theory and Discussion) * Demonstrate an understanding of the contraindications to catheterisation (Theory and Discussion) * Demonstrate an understanding of complications that can occur during the insertion and removal of a catheter and has awareness of preventative measures (Theory and Discussion) * Understand the difference between a standard length and female catheter and what to observe on the packaging (Theory and Discussion) * Understand why a female catheter can not be used for male patients (Theory and Discussion) * Understand implications relating to catheterisation e.g. quality of life and sexual function (Theory and Discussion) * Demonstrate knowledge of recognition and management of individuals at risk of and with a history of Autonomic Dysreflexia (Theory and Discussion) **AD patients to be seen by registered nurses.** * Understand identifying catheter associated urinary tract infection and appropriate actions: including how to obtain a sterile urine sample (Theory and Discussion) * Demonstrate an understanding of specialists who patients can be referred to got catheter related support (Theory and Discussion)   **Through Practical session**   * Demonstrate knowledge of catheterisation procedures for male, female, and supra pubic linking to trust guidelines * Select and prepare the appropriate equipment for the catheterisation procedure based on patients’ requirements in line with the trust guidance on Aseptic Non-Touch Technique * Prepare catheter removal pack * Catheter insertion in line with trust procedure guidance * Demonstrate knowledge of when it is safe to inflate catheter balloon. * Fixation of catheter and drainage system used * Demonstrate knowledge of instillagel * Demonstrate an awareness of urosepsis. * Discussed types of catheters available, CH size, catheter length size, balloon size, closed drainage systems and rationale for selection. | |  | |
| **Competency 2:** Documentation | | | |
| Assessment Criteria | |  | |
| * Demonstrate an understanding of legal issues, consent, and competence * A comprehensive holistic assessment has been undertaken and identified problems outlined * Catheter care record has been selected and completed correctly * Catheter passport has been selected and completed correctly. | |  | |
| **Competency 3:** Professional Manner and Communication | | | |
| Assessment Criteria | |  | |
| * Introduce self to patient * explanation of activity given throughout procedure, giving the patient the opportunity to ask questions * Offer a Chaperone (If required) * Acted on any patient concerns that may arise during the procedure * Provide appropriate written information for the patient following assessment, referring to patient information in the catheter passport. | |  | |
| **Competency 4:** Infection Control | | | |
| Assessment Criteria | |  | |
| * Has awareness of the essential steps to safe and clean care   **Demonstrate in practice**   * Effective hand hygiene * Use of personal protective equipment * Aseptic non touch technique * Safe Sharps disposal * Safe disposal of waste | |  | |
| **Competency 5:** Catheter Care including preparation and Assessment | | | |
| Assessment Criteria | |  | |
| * Demonstrate indication for catheterisation/ re-catheterisation. * Identified and planned for potential complications. * Identification of known allergies and understanding of how this relates to catheterisations. * Provide rationale for catheter selection. * Provide rationale for drainage system selection. * Demonstrates knowledge of and considered use of a flip/flow valve. * Select and prepare the appropriate equipment for the catheterisation procedure based on patient requirements. * Prepare catheter removal pack. * Competency Catheter Care * 3 x female catheters **band 3 only** | |  | |
| **Competency 6:** Catheterisation Procedure | | | |
| Assessment Criteria | |  | |
| * Assembles and prepares equipment for procedure in line with trust guidance using Aseptic Non-Touch Technique * Patient positioned correctly with consideration of manual handling. * Deflated balloon and removal of catheter, * Ensured genital area socially cleaned. * Cleaned the meatus with saline. * Privacy and dignity maintained throughout procedure. * Catheter inserted in line with trust procedure. * Assessed patient for pain throughout procedure. * Balloon inflated when assessed to be safe (Abandon procedure if pain experienced on inflation of balloon). * Closed drainage system attached. * Fixation of catheter and drainage system used. * Discarded waste appropriately in line with trust guidance. * Administration of bladder maintenance solution in line with manufacturers instructions and trust guidance. * Ensures patient/relative/carer safe and effective with catheter care emptying of catheter bag, changing of drainage system and use f fixation devises. | |  | |
| **Competency 7:** Medicine Management | | | |
| Assessment Criteria | |  | |
| * Demonstrates knowledge of authority to administer charts/inpatient prescribing. * Accurately document administration of prescribed products in line with trust guidance. * Demonstrates knowledge of instillagel. * Demonstrates knowledge of bladder maintenance solutions. * Demonstrates knowledge of ordering catheter supplies e.g. home delivery companies/ nurse prescribers. | |  | |
| **Competency 8:** Preparation for next visit | | | |
| Assessment Criteria | |  | |
| * Identifies when the next visit will be required, by whom and ensures this is communicated with patient/relative/carer. * Ensure patient/relative/carer is aware of; Potential concerns including, when and how to contact the district nurses/inpatient senior nurse or doctor. * Complete required documentation. * Arranges next patient visit giving clear details to patient/relative/carer of visit date, time and of contact details if any problems arise before visit date. If inpatient; next planned care communicated with patient. | |  | |
| **Competency 9:** Catheter Trouble shooting | | | |
| Assessment Criteria | |  | |
| * Demonstrate knowledge of common problems with catheters including bypassing, not draining, blocking and possible solutions. * Has an awareness of how to identify and record a catheterisation as complex for allocation purposes. | |  | |

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| **Assessor Name and Designation** |  |
| **Assessor Signature** |  |
| **Staff Name and Designation** |  |
| **Date of Document completion** |  |

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| **Competency review Date** | **Assessor Signature and Designation** | **Staff Signature** |
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**Competencies for assessing Catheterisation insertion, care and management for Male, Supra pubic and female (Applicable for bands 4-8)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Catheterisation insertion, care and management for Male, Supra pubic and female** | | | |
| **Name** |  | | |
| **Role/Band** |  | | |
| **Team/Ward** |  | | |
|  | | | |
|  | **Y/N** | **Date** | **Signature** |
| **Competency 1:** Bladder and Bowel Training Course (Theory and Practical based Learning) |  |  |  |
| **Competency 2:** Documentation |  |  |  |
| **Competency 3:** Professional Manner and Communication |  |  |  |
| **Competency 4:** Infection Control |  |  |  |
| **Competency 5:** Catheter Care including preparation and Assessment |  |  |  |
| **Competency 6:** Medicine Management |  |  |  |
| **Competency 7:** Preparation for next visit |  |  |  |
| **Competency 8**: Catheter Trouble Shooting |  |  |  |
|  |  |  |  |
| **Date Bladder and Bowel Course Attended:**  **Date sent to Clinical Training (**[**bchc.clinical.training@nhs.net**](mailto:bchc.clinical.training@nhs.net) **):** | | | |
|  | | | |
| **Record of Supervised Catheterisations**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Date** | **Supervisor** | **Date** | **Supervisor** | **Date** | **Supervisor** | | **Male** |  |  |  |  |  |  | | **Female** |  |  |  |  |  |  | | **Suprapubic** |  |  |  |  |  |  | | | | |
| **Competency 1: Bladder and Bowel Training Course (Theory and Practical based Learning)** | | | |
| Assessment Criteria | |  | |
| * Understands who is able to perform catheterisation (Theory and Discussion) * Demonstrate anatomy and Physiology knowledge in relation to Genitourinary system through discussion (Theory and Discussion) * Demonstrates an understanding if the indications for indwelling catheterisations (Theory and Discussion) * Demonstrate an understanding of the contraindications to catheterisation (Theory and Discussion) * Demonstrate an understanding of complications that can occur during the insertion and removal of a catheter and has awareness of preventative measures (Theory and Discussion) * Have an understanding of the difference between a standard length and female catheter and what to observe on the packaging (Theory and Discussion) * Understand why a female catheter can not be used for male patients (Theory and Discussion) * Understand implications relating to catheterisation e.g. quality of life and sexual function (Theory and Discussion) * Demonstrate knowledge of recognition and management of individuals at risk of and with a history of Autonomic Dysreflexia (Theory and Discussion) * Understand identifying catheter associated urinary tract infection and appropriate actions: including how to obtain a sterile urine sample (Theory and Discussion) * Demonstrate an understanding of specialists who patients can be referred to got catheter related support (Theory and Discussion) * Understanding of legal issues, consent, and competence (Theory and Discussion)   **Through Practical session**   * Demonstrate knowledge of catheterisation procedures for male, female, and supra pubic linking to trust guidelines * Select and prepare the appropriate equipment for the catheterisation procedure based on patients requirements in line with the trust guidance on Aseptic Non-Touch Technique * Prepare catheter removal pack * Catheter insertion in line with trust procedure guidance * Demonstrate knowledge of when it is safe to inflate catheter balloon. * Fixation of catheter and drainage system used * Demonstrate knowledge of instillagel * Demonstrate knowledge of anti-muscarinic medications * Demonstrate knowledge of bladder maintenance solutions (Demonstration session) * Understanding of ordering catheter supplies e.g. home delivery companies/nurse prescribers | |  | |
| **Competency 2:** Documentation | | | |
| Assessment Criteria | |  | |
| * Demonstrate an understanding of legal issues, consent, and competence * A comprehensive holistic assessment has been undertaken and identified problems outlined * Catheter care record has been selected and completed correctly * Catheter passport has been selected and completed correctly | |  | |
| **Competency 3:** Professional Manner and Communication | | | |
| Assessment Criteria | |  | |
| * Introduce self to patient * explanation of activity given throughout procedure, giving the patient the opportunity to ask questions * Offer a Chaperone * Acted on any patient concerns that may arise during the procedure * Provide appropriate written information for the patient following assessment, referring to patient information in the catheter passport | |  | |
| **Competency 4:** Infection Control | | | |
| Assessment Criteria | |  | |
| * Has awareness of the essential steps to safe and clean care   **Demonstrate in practice**   * Effective hand hygiene * Use of personal protective equipment * Aseptic non touch technique * Safe Sharps disposal * Safe disposal of waste | |  | |
| **Competency 5:** Catheter Care including preparation and Assessment | | | |
| Assessment Criteria | |  | |
| * Demonstrated knowledge of catheterisation procedures: Male, female, and Suprapubic linking to trust guidance * Discussion on identifying complications that can occur during insertion and removal of a catheter and has an awareness of preventative measures * Shows awareness of the difference between a standard length and female catheter and what to observe on the packaging * Can provide rationale why a female catheter should not be inserted into a male patient * Can provide knowledge of recognition and management of individuals at risk of and with a history of Autonomic Dysreflexia * Demonstrate knowledge of identifying catheter associated urinary tract infection and appropriate actions: including how to obtain a sterile urine sample * In Practice demonstrated * Stated indication for catheterisation/re-catheterisation * Identified and planned for potential complications * Identification of known allergies and understanding of how this relates to catheterisations * Provide rationale for catheter selection * Provide rationale of drainage system selection * Demonstrate knowledge of and considered use of flip flow valve * Select and prepare the appropriate equipment for the catheterisation procedure based on the patients requirements in line with trust guidance * Prepare catheter removal pack * Patient positioned correctly with consideration of manual handling * Deflated balloon and removed catheter * Ensured genital area socially clean * Cleaned the meatus with saline * Privacy and Dignity maintained throughout procedure * Catheter inserted in line with the trust procedure guidance (Male, Female and Suprapubic) * Assessed patient for pain throughout procedure * Balloon inflated when assessed to be safe. (Abandon procedure in pain experienced on inflation of balloon) * Closed drainage system attached * Fixation of catheter and drainage system used * Discarded waste appropriately in line with trust guidelines * Administration of bladder maintenance solution in line with manufactures instructions and trust guidance * Ensures patient/relative/carer safe and effective with catheter care e.g. emptying of catheter bag, changing of drainage system and use of fixation devices | |  | |
| **Competency 6:** Medicine Management | | | |
| Assessment Criteria | |  | |
| * Demonstrates knowledge of authority to administer charts/inpatient prescribing * Accurately documents administration of prescribed products in line with trust guidance | |  | |
| **Competency 7:** Preparation for next visit | | | |
| Assessment Criteria | |  | |
| * Identifies when next visit will be required, by whom and ensures this is communicated with patient/relative/carer * Ensure patient/relative/carer is aware of: potential concerns including when and how to contact the nurse/doctor * Completes required documentation * Arranges next visit to patient giving clear details of date, time and of contact details should the patient/relative/carer need them in-between visits | |  | |
| **Competency 8: Catheter Trouble Shooting** | | | |
| Assessment Criteria | |  | |
| * Demonstrate an understanding and knowledge f common problems with catheters including bypassing, not draining, blocking and possible solutions | |  | |

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| **Assessor Name and Designation** |  |
| **Assessor Signature** |  |
| **Staff Name and Designation** |  |
| **Staff Signature** |  |
| **Date of Document completion** |  |

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| --- | --- | --- |
| **Competency review Date** | **Assessor Signature and Designation** | **Staff Signature** |
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|  | **COMPETENCE**  ***Measuring and monitoring vital signs*** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | Demonstrates an understanding of normal temperature, pulse, blood pressure, Pulse oximetry and respiration measurement. |  |  |  |
| 2 | Ability to use the relevant equipment to monitor vital signs correctly and understands the importance of calibration of equipment. |  |  |  |
| 4 | Discuss the effects that a client’s medical history, prescribed medication and treatment may have on vital signs. |  |  |  |
| 5 | Acknowledges their own level of competence, escalates/reports any abnormal readings to the nurse in charge |  |  |  |
| 6 | Demonstrates ability to complete accurate, legible and complete records relating to patients vital signs in the care plan |  |  |

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|  | **COMPETENCE**  ***NEWS2*** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | Discuss the reasons and demonstrate understanding both how and when to use the NEWS2 |  |  |  |
| 2 | Demonstrate what actions to take, if the recordings are abnormal |  |  |  |
| 3 | Discuss the 6 **parameters** ;- Respiratory rate,  02 saturation (SpO2), Blood pressure (systolic) Pulse, Level of consciousness or new confusion, temperature. |  |  |  |

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|  | **COMPETENCE**  ***Prompting/Assisting with Medication*** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | Demonstrates an understanding of the Mental  Capacity Act. |  |  |  |
| 2 | Demonstrates the process of checking the care plan for information on the prompt / assist of medications for that patient. |  |  |  |
| 3 | Demonstrates an understanding of the definitions of prompting & assisting medication. Referring to the Medicine Management Policy.  Prompting definition  Prompting: To remind a patient who has mental capacity to make their own decision about taking their own medication, to take their medication at a particular time or with food.  Assisting definition  Assisting: To physically help a patient who has mental capacity and ability to instruct a care worker on what they require, for example opening a medication container or removing tablets from a blister pack.  Please refer to the trusts medicines management policy for guidance |  |  |  |
| 4 | Demonstrates knowledge and ability to ensure medication is stored safely in an appropriate place as per manufacturer’s instructions |  |  |  |
| 5 | Demonstrates awareness and understanding of potential side effects, including anaphylaxis reaction |  |  |  |
| 6 | Demonstrates safe and accurate prompt/assist of the correct medication as per care plan  Ensuring the   * Right patient * Right Medication |  |  |  |
| 7 | Demonstrates ability to complete accurate, legible and complete records relating to the prompting/assisting of medication in the evaluation |  |  |  |
| 8 | Discusses in what circumstances to escalate any concerns in relation to patient care to the nurse in charge |  |  |  |

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|  | **COMPETENCE**  ***Urinalysis*** | **COMPETENT**  Date, name and Signature | **NOT YET COMPETENT**  Date, name and Signature | **ACTION PLAN** |
| 1 | Demonstrates knowledge of the ability to recognise normal, physical characteristics of urine |  |  |  |
| 2 | Demonstrate knowledge of the ability to store and use urinalysis strips correctly. |  |  |  |
| 3 | Demonstrates knowledge of infection prevention and control procedures (correct use of Personal Protective Equipment followed by hand washing on glove removal) for the procedure and correct disposal of equipment. Please refer to trust policy for Infection Control. |  |  |  |
| 4 | Demonstrates knowledge of differentiating  routine urinalysis and taking a mid-stream (MSU) specimen of urine / catheter specimen (CSU). |  |  |  |
| 5 | Demonstrates the ability to collect a urine sample using a sterile receptacle. |  |  |  |
| 6 | Demonstrates knowledge of abnormal urinalysis results. |  |  |  |
| 7 | Aware of the symptoms of a urine infection and escalate to the GP |  |  |  |

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| LEG ULCER MANAGEMENT COMPETENCIES | | | | | | | |
| LEG ULCER PREVENTION AND MANAGEMENT  Competency Levels: Band 5-8 | | | | | | | |
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|  |  |  |  | | Y/N | Date | Signature |
| Name: |  | | **Competency 1 completed** | |  |  |  |
|  |  |  | **Competency 2 completed** | |  |  |  |
| Band: |  | | **Competency 3 completed** | |  |  |  |
|  |  |  | **Competency 4 completed** | |  |  |  |
|  |  |  | **Competency 5 completed** | |  |  |  |
| Base: |  | | **Competency 6 completed** | |  |  |  |
|  |  |  | **Competency 7 completed** | |  |  |  |
|  |  |  | **Competency 8 completed** | |  |  |  |
|  |  |  | **Competency 9 completed** | |  |  |  |
|  | | | | | | | |
|  | | | | Comments | | | |
| Competency 1  Knowledge assessment | | | |  | | | |
| **Assessment criteria** | | | |  | | | |
| **Can discuss differential diagnosis and treatment options for venous, arterial and other leg ulcers** | | | |  | | | |
| **Can discuss appropriate referral options for venous and arterial disease** | | | |  | | | |
| **Explain the principles and function of compression therapy in relation to the treatment of venous hypertension.** | | | |  | | | |
| **Discuss the properties, advantages and disadvantages of different bandage systems.** | | | |  | | | |
| **Identify when reduced compression or full compression is indicated and who can apply.** | | | |  | | | |
| **Discuss strategies that can be utilised to overcome the problem of non concordance and poor motivation with compression therapy.** | | | |  | | | |
| **Discuss factors that would contraindicate applying compression therapy** | | | |  | | | |
| **Discuss prevention, and prevention of re-occurrence including patient education strategies.** | | | |  | | | |
| Competency 2  All necessary documents for the activity are ready for use. | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **A comprehensive holistic assessment has been undertaken and identified problems outlined.** | | | |  | | | |
| **Vascular assessment and wound assessment chart has been selected ready for use.** | | | |  | | | |
| **Ensure the care plan is appropriate to the patient and has been read.** | | | |  | | | |
| Competency 3  Preparing Resources for the Activity | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Select and prepare the appropriate equipment for the application of compression therapy/hosiery based on patients requirements** | | | |  | | | |
| **Prepare dressing pack and prescribed dressings** | | | |  | | | |
| Competency 4  Communication | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Explanation of activity given throughout procedure and questions answered** | | | |  | | | |
| **If applying, discuss the associated risk of compression therapy and verbalise the instructions given to the patient following the procedure** | | | |  | | | |
| **Provide appropriate written information for the patient following assessment** | | | |  | | | |
| Competency 5  Infection Control | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Has an awareness of the essential steps to safe, clean care** | | | |  | | | |
| **Demonstrates in practice:**  **Effective hand hygiene**  **Use of personal protective equipment**  **Aseptic technique**  **Safe sharps disposal (when necessary)**  **Safe disposal of waste** | | | |  | | | |
| Competency 6  Assessment | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Accurately identify and document predisposing and presenting factors.** | | | |  | | | |
| **Undertakes relevant baseline observations and accurate interpretation of results.** | | | |  | | | |
| **Identification of known allergies.** | | | |  | | | |
| **Leg bathed or ulcer irrigated and leg dried.** | | | |  | | | |
| **Undertakes pain assessment for both limbs.** | | | |  | | | |
| **Comprehensive assessment of limb undertaken including palpation of foot pulses, colour, temperature, shape, size, skin condition and assessing for any clinical signs of cellulitis.** | | | |  | | | |
| **Undertakes APBI as necessary (See separate competency)** | | | |  | | | |
| **Identifies that compression therapy is required and excludes any signs of ischaemia.** | | | |  | | | |
| **Identifies signs of ischaemia and is aware of the referral process to escalate concerns** | | | |  | | | |
| **Measures limbs using tape measure to establish required size of bandage system/hosiery.** | | | |  | | | |
| Competency 7  Dressing application | | | |  | | | |
|  | | | | | | | |
| **Observes for clinical signs of infection. Able to list at least 4 clinical signs of potential infection.**  **Demonstrates knowledge on management of clinical infection** | | | |  | | | |
| **Any visible signs of ulcer or surrounding tissue deterioration documented and appropriate action taken** | | | |  | | | |
| **Prescribed emollient applied to surrounding skin.** | | | |  | | | |
| **Rationale given for use of emollient.** | | | |  | | | |
| **Appropriate primary dressing applied to ulcer bed.** | | | |  | | | |
| **Rationale given for use of primary dressing** | | | |  | | | |
| Competency 8  Compression Bandaging/Hosiery as necessary | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Apply prescribed cotton stockinette as required.** | | | |  | | | |
| **Prescribed compression bandage applied. Please indicate type assessed i.e.**   * **2 layer** * **3 layer** * **4 layer** * **Short stretch** * **FarrowWrap** * **Juxta Cures (separate training required from Medi)** | | | |  | | | |
| **Rationale given for compression bandages.** | | | |  | | | |
| **Shapes leg appropriately using padding layer when appropriate, compensating for different leg shapes and bony prominences.**  **Can describe when a 10cm and an 8cm bandage would be utilised.** | | | |  | | | |
| **Applies compression layer at the appropriate stretch and with the correct overlap, ensuring there are no wrinkles in the bandage.**  **Technique used to apply is appropriate to the bandage system ie spiral or figure of eight** | | | |  | | | |
| **Checks the tension of the bandage and ensures the patient is comfortable.** | | | |  | | | |
| **Prescribes/selects compression hosiery taking into consideration class, size, length, colour, open toe or closed, giving rationale for use. Assesses patient’s/carers ability to apply compression hosiery. Gives the patient information on compression hosiery: How do I look after my leg?** | | | |  | | | |
| **Informs the patient of the “warning signs” (pain, numbness, pins and needles, breathlessness, change of colour to limb and/or toes) and what to do if these occur. Gives Warning signs of complications associated with compression bandage/hosiery handout (available on the intranet).** | | | |  | | | |
| Competency 9  Preparation for Next Visit | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Identifies when the next visit will be required and by whom** | | | |  | | | |
| **Identifies if this is the first application of compression therapy a visit is required within 24 hours.** | | | |  | | | |
| **Completes required documentation.** | | | |  | | | |
| **Arranges next patient visit giving clear details to patient / carer of visit date, time and of contact details if any problems arise before visit date.** | | | |  | | | |

Assessor: **Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LYMPHOEDEMA COMPETENCY**

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| Competency Levels: Band 5 – Band 8 | | | | | | | |
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|  |  |  |  | | Yes | No | Date Achieved |
| Name: |  | | **Competency 1 completed** | |  |  |  |
|  |  |  | **Competency 2 completed** | |  |  |  |
| Band: |  | | **Competency 3 completed** | |  |  |  |
|  |  |  | **Competency 4 completed** | |  |  |  |
|  |  |  | **Competency 5 completed** | |  |  |  |
|  |  |  | **Competency 6 completed** | |  |  |  |
|  |  |  | **Competency 7 completed** | |  |  |  |
| Base: |  | | **Competency 8 completed** | |  |  |  |
|  |  |  | **Competency 9 completed** | |  |  |  |
|  | | | | Comments | | | |
| Competency 1  **Demonstrates an understanding of the lymphatic system** | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Can discuss the differences between the vascular and lymphatic system** | | | |  | | | |
| **Can discuss the stages of lymphoedema** | | | |  | | | |
| **Has completed e-learning section 1** | | | |  | | | |
| Competency 2  **Demonstrates ability to recognize different presentations of chronic oedema/Lymphoedema, and the causes/risk factors associated with this.** | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Can discuss risk factors/causation for developing chronic oedema/Lymphoedema** | | | |  | | | |
| **Recognises the signs and symptoms of chronic oedema/Lymphoedema and its physical presentation** | | | |  | | | |
| **Can give an example of a patient presentation and reason for swelling** | | | |  | | | |
| Competency 3  **Understands the importance of vascular assessment prior to application of compression** | | | |  | | | |
| Assessment Criteria | | | |  | | | |
| **Demonstrates ability/competency to complete an ABPI and analyse results** | | | |  | | | |
| **Demonstrates ability to complete a full vascular assessment** | | | |  | | | |
| **Able to explain why and when an ABPI would not be completed prior to applying compression (refer to BLS guidance)** | | | |  | | | |
| Competency 4  **Communicates effectively with the patient/carer** | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Able to confidently explain to the patient the diagnosis and causes** | | | |  | | | |
| **Able to Explain the intervention to the patient prior to treatment** | | | |  | | | |
| **Able to Identify barriers to intervention/treatment through assessment and discussion** | | | |  | | | |
| **Able to discuss cautions with patient i.e. pain, numbness, pins & needles and colour change and action to take if these occur** | | | |  | | | |
| **Informs patient of on-going treatment/management regime** | | | |  | | | |
| Competency 5  **Demonstrates an understanding of the complications of chronic oedema/lymphoedema.** | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Can discuss and recognise the signs and symptoms of cellulitis and its treatment.** | | | |  | | | |
| **Demonstrates and discusses recognition of red legs/inflammatory changes Vs. cellulitis** | | | |  | | | |
| **Recognises the symptoms of DVT and can assess using the Wells score** | | | |  | | | |
| **Recognises skin changes specific to lymphoedema e.g. papillomatosis, hyperkeratosis, Lymphorrhoea (wet Leg).** | | | |  | | | |
| **Has completed e-learning modules 2 & 3** | | | |  | | | |
| Competency 6  **Demonstrates an awareness of the importance of skin care** | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Can discuss the principles of an effective skin care regime** | | | |  | | | |
| **Recognises skin changes specific to Lymphoedema** | | | |  | | | |
| **Prescribes/selects appropriate topical treatments** | | | |  | | | |
| **Has completed e-learning module 2** | | | |  | | | |
| Competency 8  **Demonstrates knowledge of all types of compression systems, and shows safe, effective application of multi layer lymphoedema bandaging** | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Demonstrates a knowledge of multi-layer lymphoedema bandaging** | | | |  | | | |
| **Demonstrates knowledge of compression wrap systems and indications for use** | | | |  | | | |
| **Demonstrates knowledge of compression garments i.e. circular knit, flat knit, styles, made to measure, off the shelf and indications for use.** | | | |  | | | |
| **Prescribes/selects appropriate intervention/treatment giving rationale for use** | | | |  | | | |
| **Can demonstrate Primary dressings are applied according to the levels of exudate and condition of wounds** | | | |  | | | |
| **Can demonstrate application of Clinifast applied from toe to knee** | | | |  | | | |
| **Can demonstrate application of Orthopaedic wool applied to shape the leg ensuring ankle is smaller than the calf to achieve graduated compression** | | | |  | | | |
| **Can demonstrate application of Short stretch 8 cm bandage applied with 3 turns around the base of the toes in a spiral with full stretch and 50% overlap extending to the ankle to form a boot** | | | |  | | | |
| **Can demonstrate application of Short stretch 10cm bandage applied from the ankle in a spiral with full stretch and 50% overlap extending to 2cm below the back of the knee** | | | |  | | | |
| **Can demonstrate application of Second layer of Short stretch 10cm bandage applied with 1 turn around the base of the toes in a spiral with full stretch and 50% overlap extending to 2cm below the back of the knee** | | | |  | | | |
| **Able to safely Check that the compression is comfortable for the patient and Advise the patient of warning signs and actions to take if they warning signs occur** | | | |  | | | |
| **Able to identify own limitations and refer on as appropriate** | | | |  | | | |
| **Can identify when referral to other agencies is required e.g. physiotherapy, dietician, obesity services, equipment.** | | | |  | | | |
| **Has completed e-learning module 5** | | | |  | | | |
| Competency 9  **Demonstrates knowledge of patient self management strategies** | | | |  | | | |
| Assessment Criteria | | | |  | | | |
| **Can discuss importance of and rational for:**  **Weight management/weight loss** | | | |  | | | |
| **Leg elevation** | | | |  | | | |
| **Skin care** | | | |  | | | |
| **Compression** | | | |  | | | |
| **Has completed e-learning modules 2 & 4** | | | |  | | | |

Assessor: **Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MESI Competency**

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| LEG ULCER PREVENTION AND MANAGEMENT COMPETENCIES | | | | | | | |
| ANKLE BRACHIAL PRESSURE INDEX PROCEDURE (ABPI) using MEDI MESI  Competency Levels: Band 5 – Band 8  To be used in conjunction with the Leg ulcer prevention and management competency, band 5-8 | | | | | | | |
|  | | | | | | | |
|  |  |  |  | | Yes | No | Date Achieved |
| Name: |  | | **Competency 1 completed** | |  |  |  |
|  |  |  | **Competency 2 completed** | |  |  |  |
| Band: |  | | **Competency 3 completed** | |  |  |  |
|  |  |  | **Competency 4 completed** | |  |  |  |
|  |  |  | **Competency 5 completed** | |  |  |  |
| Base: |  | |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  | | | | | | | |
|  | | | | Comments | | | |
| Competency 1  All necessary documents/equipment for the activity are ready for use. | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **The appropriate care plan has now been developed and it has been identified that ABPI is required for assessment or reassessment purposes.** | | | |  | | | |
| **Contraindications for ABPI have been considered.** | | | |  | | | |
| **Equipment for procedure is prepared i.e.,**   * **Medi Mesi, fully charged** * **Charger** * **Standard cuffs** * **Extra large cuffs if required** * **Sterile field or cling film if ulcer is present to protect wound & cuffs** | | | |  | | | |
| Competency 2  Communication | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Prepares patient for resting period – minimum 5 minutes lying flat.** | | | |  | | | |
| **Explanation of activity given throughout the procedure. Opportunity for client questions to be explored & answered.** | | | |  | | | |
| Competency 3  Infection Control | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Demonstrates in practice:**   * **Effective hand hygiene** * **Use of personal protective equipment** * **Aseptic technique (for open wounds)** * **Safe disposal of waste** | | | |  | | | |
| Competency 4  Procedure | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Client should remain as still as possible during the procedure.** | | | |  | | | |
| **Apply red “ARM” cuff to the left or right upper arm. Align the artery indicator over the approximate position of the brachial artery.** | | | |  | | | |
| **Apply yellow “LEFT ANKLE” cuff above the left medial ankle. Align the medial ankle indicator over the approximate position of the inner ankle. Repeat with right leg cuff.** | | | |  | | | |
| **Cuffs should have a finger width gap between limb & cuff.** | | | |  | | | |
| **Push start button to commence automated test. All cuffs will inflate simultaneously. The test takes around 1 minute to complete.** | | | |  | | | |
| **Document the displayed results. Document ABPI in leg ulcer assessment form (written or electronic).** | | | |  | | | |
| **Interpret the ABPI results (alongside the other information gained as part of a holistic assessment). Relate the result to the appropriate patient pathway. Discuss this with other colleagues if necessary.** | | | |  | | | |
| **ABPI guide:**   * **0.6 or less or “PAD” result: refer to Vascular Clinic** * **0.6-0.8: Vascular referral; await compression recommendations** * **0.8-1.3: Full compression.** * **1.3 or greater: consider Tissue Viability or Vascular advice** | | | |  | | | |
| Competency 5  Health Education | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Explain the ABPI test results to the client. State implications, planned treatments & relevant health education. Opportunity for client questions to be explored & answered. Document.** | | | |  | | | |
| **Relevant care/referral and/or need for further investigations documented and actioned.** | | | |  | | | |

Assessor: **Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ANKLE BRACHIAL PRESSURE INDEX

PROCEDURE (ABPI) – **using Dopplar Ultrasound**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| LEG ULCER PREVENTION AND MANAGEMENT COMPETENCIES | | | | | | | |
| ANKLE BRACHIAL PRESSURE INDEX PROCEDURE (ABPI) – **using Dopplar Ultrasound**  Competency Levels: Band 5 – Band 8  To be used in conjunction with the Leg ulcer prevention and management competency, band 5-8 | | | | | | | |
|  | | | | | | | |
|  |  |  |  | | Yes | No | Date Achieved |
| Name: |  | | **Competency 1 completed** | |  |  |  |
|  |  |  | **Competency 2 completed** | |  |  |  |
| Band: |  | | **Competency 3 completed** | |  |  |  |
|  |  |  | **Competency 4 completed** | |  |  |  |
|  |  |  | **Competency 5 completed** | |  |  |  |
| Base: |  | |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  | | | | | | | |
|  | | | | Comments | | | |
| Competency 1  All necessary documents/equipment for the activity are ready for use. | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **The appropriate care plan has now been developed and it has been identified that ABPI is required for assessment or reassessment purposes.** | | | |  | | | |
| **Relevant specialist assessment tools are available. Contraindications for ABPI have been considered.** | | | |  | | | |
| **Equipment for procedure is prepared ie.,**   * **Sphygmomanometer** * **Doppler and Probe (relevant size)** * **Ultrasound Gel – single use sachet** * **Tissues** * **Sterile field or Cling film if ulcer is present** | | | |  | | | |
| **Equipment checked prior to use to ensure function.** | | | |  | | | |
| Competency 2  Communication | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Prepares patient for resting period – minimum 15 minutes.** | | | |  | | | |
| **Explanation of activity given throughout the procedure.** | | | |  | | | |
| **Answers questions correctly or refers to appropriate person.** | | | |  | | | |
| Competency 3  Infection Control | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Has an awareness of the essential steps to safe, clean care** | | | |  | | | |
| **Demonstrates in practice:**  **Effective hand hygiene**  **Use of personal protective equipment**  **Aseptic technique**  **Safe sharps disposal (when necessary)**  **Safe disposal of waste** | | | |  | | | |
| Competency 4  Procedure | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Cuff applied around the upper arm. Located brachial pulse by palpation and applied ultrasound gel.** | | | |  | | | |
| **Located brachial pulse with probe.** | | | |  | | | |
| **Cuff inflated until signal disappears then lowered until signal returns. Probe kept still. Repeated for other arm. Both systolic readings recorded. Highest reading taken to make calculation.** | | | |  | | | |
| **Cuff appropriately applied around ankle protecting any open ulcers.** | | | |  | | | |
| **Pedal pulses located (minimum of 2, not DP and AT - remember DP and AT indicate the same vessel) with Doppler probe after applying ultrasound gel.** | | | |  | | | |
| **Cuff inflated for each pulse until signal disappears, then deflated until signal returned. Probe kept still. Systolic pressures of pedal pulses recorded.** | | | |  | | | |
| **Highest of the systolic readings taken as the ankle systolic reading.** | | | |  | | | |
| **Repeat for other limb.** | | | |  | | | |
| **Accurate calculation and interpretation of limbs ABPI undertaken.** | | | |  | | | |
| Competency 5  Health Education | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Health education given and documented following ABPI procedure.** | | | |  | | | |
| **Relevant care/referral and/or need for further investigations documented and actioned.** | | | |  | | | |

Assessor: **Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRESSURE ULCER PREVENTION & MANAGEMENT COMPETENCIES | | | | |
| Competency Level  Band 5 - 8 | | **Competency** | **Date Achieved** | **Assessor Sign &**  **Print Name** |
|  |  | Assessment |  |  |
| Name: | |
|  |  | Skin Inspection |  |  |
| Band: | |
|  |  | Surface |  |  |
| Base: | |
|  |  | Keep Moving |  |  |
| Evidence for revalidation – Portfolio   * Prioritise people * Practise effectively * Preserve safety * Promote professionalism and trust | |
| Incontinence |  |  |
| Nutrition & Hydration |  |  |
| Giving Information |  |  |

|  |  |
| --- | --- |
| **Competency** | **Comment** |
| **Competency 1 Risk assessment:** Demonstrate an understanding of the importance of holistic assessment, incorporating clinical judgement with the formalised risk assessment. Minimum of 3 patients to be assessed | |
| Complete a structured and comprehensive pressure ulcer risk assessment. Provide recommendations for the frequency of reassessment & the rational for this frequency |  |
| Discuss how each of the patient’s pressure ulcer risk factors affect the skin/tissues/blood flow |  |
| From the pressure ulcer risk assessment, identify what principal actions need to be addressed to minimize pressure ulcer risk for the immediate future |  |
| The nurse is able to identify and discuss what the aSSKINg acronym stands for and its use in prevention and treatment. |  |
| The nurse is able to identify what factors would prompt implementation of the pressure ulcer care plan documentation |  |
| **Competency 2. Skin inspection:** Demonstrate knowledge of what skin changes can indicate the onset of pressure damage and underlying pressure damage, accurate identification of bony prominences and pressure ulcer severity | |
| Carry out a skin inspection accurately identifying (naming) all bony prominences and key areas that can be susceptible to pressure damage |  |
| Identify what skin changes might indicate early and underlying signs of pressure damage and. In your answer, include:   * The significance of “react to red” * Recognition in patients with darker toned skin * Patient reported symptoms * The significance of touching & feeling the skin * What actions you would undertake if you found any changes |  |
| Using photograph images of pressure ulcers, accurately identify the categories of pressure damage and describe the skin/tissue structures affected. For each category, identify the requirements and time frame for reporting and referral and where relevant the escalation process for reporting as a serious incident. |  |
| Identify any actions that need to be undertaken for patients with devices in relation to pressure ulcer risk |  |

|  |  |
| --- | --- |
| **Competency 3 Surface:** Demonstrates an understanding of the mechanism of action of pressure reducing equipment including safe implementation and use | |
| Able to appropriately select, install/set up & undertake pressure redistributing/relieving equipment check to ensure appropriate for patient needs & is working effectively:   * Softform mattress/equivalent * Dynamic mattress * Repose overlay * Modular foam cushion * Repose heel protectors * Kerrapro dermal pads * Heel cast |  |
| Demonstrate effective delivery of advice to patients and carers with the use of pressure redistributing equipment, including:   * Repose mattress overlay * Dynamic mattress * Repose heel protector * Modular foam cushion * Kerrapro dermal pads * Heel cast * Electric profiling bed frame   This includes actions to undertake if there is a problem with the equipment |  |
| The nurse is able to demonstrate an understanding of targeted equipment and when to utilise. |  |
| The nurse is able to demonstrate an understanding of the step-up and step-down approach to equipment |  |
| Able to identify what risks are associated with the use of foot stools |  |
| Identify what factors need to be considered to ensure safe and effective seating, including the significance of height, width, depth of chair, arm rests, specialist cushions and lumbar supports. (NB In the Community the cushions used include a Modular foam, which is first line & a Viscoelastic is second line if the Modular has not been suitable) |  |
| **Competency 4: Keep moving:** Demonstrates an understanding of factors & requirements to consider to ensure a safe and effective 24-hour approach to mobility and repositioning | |
| Demonstrate advice and supervision of patients, carers & relatives with safe and effective repositioning of the patient |  |
| What actions can be implemented to improve patient’s posture? |  |
| What advice should be given to patients who sit out for long periods during the day |  |
| Discuss how mobile patients with complex health conditions can be prepared if they have an exacerbation of that condition |  |
| Give examples of patient circumstances where you would teach and encourage (a) active exercises (b) passive exercises. |  |
| **Competency 5: Incontinence**: Able to consistently recognise incontinence-associated skin damage and differentiate from pressure ulcers and demonstrates good understanding of appropriate strategies for prevention and management of incontinence-associated skin damage | |
| Using photograph images of incontinence-associated skin damage and pressure ulcers, differentiate between both types of wound and provide rationale for your answer. |  |
| Identify the types of moisture associated skin damage |  |
| What are the reporting and referral requirements for moisture associated skin damage and combined pressure ulcers? |  |
| What strategies should be implemented for a patient at risk of incontinence associated skin damage? |  |
| What strategies should be implemented for a patient with incontinence associated skin damage when there is:   * Erythema of the buttocks only * Maceration of the intergluteal or natal cleft * Epidermal erosion & rash of the buttocks * Deep dermal erosion * Infection (including differentiate bacterial & fungal) |  |
| Identify any strategies you would implement after skin damage from incontinence has resolved |  |
| **Competency 6: Nutrition and Hydration:** Demonstrates understanding on how poor nutrition and dehydration can increase pressure ulcer risk and the additional needs required for wound healing | |
| Undertake screening of patients to identify malnutrition or risk of malnutrition and ensure actions are progressed and monitored. This includes assessment of:   * Weight * Height (including estimation using ulna length) * BMI (including calculating adjustments for presence of oedema, amputations, plaster casts) * MUST (including identification of and calculation of recent unplanned weight loss) * MUAC * Need for modified utensils & subsequent referral * When to reassess |  |
| Identify risk factors for and signs of dehydration in patients & what strategies to implement to promote hydration |  |
| Demonstration of provision of specific guidance on nutritional and hydration care to patients, relatives and carers:   * Oral health awareness, including fitting of dentures * Stimulating appetite * Food booster information * Use of fortified supplements * Escalating onset of any dysphagia issues as appropriate e.g., stroke, dementia * Tips relating to eating and drinking assistance * Determine daily fluid intake goal * Strategies to increase fluid intake * Significance of urine colour * Awareness of signs & symptoms of dehydration * Complications and risks from dehydration & malnutrition |  |
| When would you refer to the dietician? |  |
| How does undernutrition contribute to increased pressure ulcer risk? |  |
| How does dehydration contribute to increased pressure ulcer risk? |  |
| **Competency 7: Giving information:** Demonstrates safety, caring, effectiveness, responsiveness and leadership | |
| Demonstrates an understanding of the different types of communication associated with pressure ulcer prevention and management |  |
| Outline what actions you would undertake if the patient had limited understanding of English |  |
| Identify strategies that can be implemented to help ensure patients/their family/carers escalate matters of concern |  |
| Demonstrates an understanding of mental capacity assessment and discuss the implications in relation to non-concordance |  |
| For patients who disengage with pressure ulcer prevention strategies, demonstrate knowledge of the Trust Decisions Against Advice pathway & uses this to help promote concordance with the care plan, including completion of the Decisions Against Advice form |  |
| Arranges next patient visit giving clear details to patient / carer of visit date, time and of contact details if any problems arise before visit date. |  |
| Demonstrates effective handover to peers and escalation of patient changes and initiation of follow up visit |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| WOUND ASSESSMENT AND MANAGEMENT COMPETENCIES | | | | | | | |
| WOUND ASSESSMENT AND MANAGEMENT  Competency Levels: Band 5 – Band 8 | | | | | | | |
|  | | | | | | | |
|  |  |  |  | | Yes | No | Date Achieved |
| Name: |  | | **Competency 1 completed** | |  |  |  |
|  |  |  | **Competency 2 completed** | |  |  |  |
| Band: |  | | **Competency 3 completed** | |  |  |  |
|  |  |  | **Competency 4 completed** | |  |  |  |
|  |  |  | **Competency 5 completed** | |  |  |  |
| Base: |  | | **Competency 6 completed** | |  |  |  |
|  |  |  | **Competency 7 completed**  **Competency 8 completed** | |  |  |  |
|  |  |  |
|  | | | | | | | |
|  | | | | Comments | | | |
| Competency 1  All necessary documents and equipment for the activity are utilised. | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Select correct assessment documentation, Current care plan, wound assessment and treatment chart read** | | | |  | | | |
| **The nurse is able to demonstrate an understanding of the history of the wound and previous wound assessment** | | | |  | | | |
| **Appropriate equipment has been selected ready for use.** | | | |  | | | |
| Competency 2  Assessment | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Undertakes relevant baseline observations and accurate interpretation of results.** | | | |  | | | |
| **Identification of known allergies.** | | | |  | | | |
| **Undertakes pain assessment.** | | | |  | | | |
| **Demonstrates a comprehensive assessment of wound utilising the Trust wound assessment tool and is able to give a rationale for each element** | | | |  | | | |
| **Able to apply infection prevention & control principles with rationale** | | | |  | | | |
| **Observes for clinical signs of infection. Able to list at least 6 clinical signs of potential infection and act upon appropriately** | | | |  | | | |
| Competency 3  Prescribing Dressings/Treatment | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Prescribes/selects appropriate dressing/treatment giving rationale for use.** Ensure rationale is provided for off formulary prescribing. | | | |  | | | |
| **Prescribes/selects appropriate secondary dressings ie bandages giving rationale for use.** | | | |  | | | |
| **Assesses if socially clean or aseptic procedure is required and documents.** | | | |  | | | |
| Competency 4  Communication | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Explanation of assessment and activity given throughout to patient and carer.** | | | |  | | | |
| **Answers questions correctly or refers to appropriate person.** | | | |  | | | |
| **Ensures that relevant written information leaflet is available to patient and/or carer: How can I help to heal my wound and prevent infection?** | | | |  | | | |
| Competency 5  Infection control | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Has an awareness of the essential steps to safe, clean care** | | | |  | | | |
| **Demonstrates in practice:**  **Effective hand hygiene**  **Use of personal protective equipment**  **Aseptic technique**  **Safe sharps disposal (when necessary)**  **Safe disposal of waste** | | | |  | | | |
| Competency 6  Dressing Procedure | | | |  | | | |
| **Assessment Criteria** | | | | | | | |
| **Dressing procedure carried out with appropriate use of primary and secondary treatments.**  **Note – Compression bandage please complete Leg Ulcer competency.** | | | |  | | | |
| **Cleanse wound if exudate or wound/dressing debris requires. Ensure leg is bathed if leg ulcer.** | | | |  | | | |
| Competency 7  Health Education | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Rationale given for appropriate health education strategies.** | | | |  | | | |
| **Demonstrates an ability to promote concordance with the care plan and has an awareness of the alternatives available** | | | |  | | | |
| **If the patient is deemed non concordant with treatment, a decisions against advice form is completed** | | | |  | | | |
| Competency 8  Preparation for Next Visit | | | |  | | | |
| **Assessment Criteria** | | | |  | | | |
| **Completes appropriate required documentation clearly and concisely** | | | |  | | | |
| **Arranges next visit giving clear details to patient/carer of visit, date, time and of contact details if any problems arise before visit date.** | | | |  | | | |
| **Identifies if next visit requires formal wound reassessment and arranges for patient to be seen by appropriate health care professional on next visit** | | | |  | | | |
| **Ensure there is adequate stock for the next identified visit and prescribe if not** | | | |  | | | |

Assessor: **Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**