



## Competency Document

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### *Safely Record a 12 Lead Electrocardiogram for an Adult Patient*

**Name:**

**Department:**

**Lead Assessor:**

**Theory Completion Date:**

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# Introduction

## Assessment

Staff completing this booklet will be assessed by a suitably trained Assessor. It is the responsibility of the individual to ensure that they have a competent Assessor, who will be identified in conjunction with the Department Manager.

A Registered Practitioner is expected to demonstrate a minimum of Level 4 of Steinaker and Bell's taxonomy as identified below (Page 4) in all competences. Beyond the preceptorship period Registrants are expected to be demonstrating competence at Level 5 in most areas.

Where Assessors feel a particular skill is demonstrated at Level 5, this should be noted within the assessment. The Ward-based Assessor must ensure that each outcome is reviewed, signed and dated indicating achievement or non-achievement.

The Ward-based Assessor will:

- Meet with the assessee regularly, review competencies and set realistic timescales for achievement.
- Accurately and honestly assess the candidate against the competence criteria. Identify any competencies not being met and provide constructive feedback and guidance to support and enable the assessee to become competent.
- Review progress midway through the programme and escalate to the Ward Manager if timescales are not being achieved or other concerns identified.

Where a competence cannot be demonstrated because that element of care is not delivered in a particular clinical setting this should be documented in this booklet by the manager of that clinical area. The Registrant is expected to ensure any competencies omitted because the opportunities are not available, are achieved within a timely manner – usually 4-8 weeks - should they move to a clinical area where that skill is required.

## Failure to progress

Where areas of concern are identified or the Registrant fails to achieve competence in a timely manner this should be escalated to the Department Manager at the earliest opportunity. The individual, Ward Manager and the assessor must agree clear action plans to facilitate achievement within a defined timescale. These plans must be documented in the individual's personal file and progress regularly reviewed. Further failure to progress should then be managed under the Trust's Capability or Conduct Procedures.

## Relevant Contact Details:

These competencies have been developed by the Faculty of Research and Clinical Education with consultation from Trust senior nursing staff and the Trust Competency Group. The FORCE team may be able to offer support or identify appropriate training opportunities to Ward Matrons or Assessors for individual nurses who are failing to demonstrate competence and can be contacted as below:

- Faculty of Research and Clinical Education Phone – Ext 5794
- Faculty of Research and Clinical Education Email – [force@walsallhealthcare.nhs.uk](mailto:force@walsallhealthcare.nhs.uk)

## *Assessment Taxonomy*

The following taxonomy developed by Steinaker and Bell (1979) describes the sequence of levels of skills acquisition which individuals progress through as they learn and develop competence in a skill.

All Registrants are expected to demonstrate skills at a minimum of Level 4 of the taxonomy to be deemed competent. Beyond the preceptorship period Registrants are expected to be demonstrating competence at Level 5 in most areas. Where assessors feel a particular skill is demonstrated at Level 5, this may be noted within the document.

<b>Taxonomy level</b>	<b>Learners performance</b>	<b>Criteria for accepted performance</b>	<b>Implications for mentors / assessors</b>
Level 1 (L1)	Exposure	Gain understanding through exposure of the knowledge, skills and attitudes needed for professional competence.	Selects and presents information. Demonstrates appropriate task. Acts as a motivator to reduce anxiety and maintain confidence. Observes trainees willingness to learn.
Level 2 (L2)	Participation	Completes competence only with substantial supervision and support. Student is unable to relate theory to practice	Offers guidance and supportive feedback. Questions the trainees understanding. Promote further thought and learning from situation. Observes level of learner participation.
Level 3 (L3)	Identification	Perform competency safely with minimal supervision / support, is able to relate theory to practice.	Less supervision and intervention. Provides advice and feedback. Reinforces good practice. Asks questions of the trainee, relating theory to practice.
<b>Level 4 (L4)</b>	<b>Internalisation</b>	<b>Able to explain the rationale for nursing action, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings.</b>	<b>Requires less supervision whilst caring for a group of patients/clients, demonstrates ability to use problem solving skills, critical analysis and evaluation.</b>
Level 5 (L5)	Dissemination	Capable of independent nursing practice. Advises others, teaches junior colleagues and demonstrates ability to manage care delivery by junior staff.	Requires minimal supervision to plan, implement and evaluate care for a group of patients. Demonstrates critical analysis, evaluation and decision-making skills

Steinaker, N. and Bell, M (1979), *The Experiential Taxonomy: A New Approach to teaching and learning.*

## *Statement of Practice for: Safely Record a 12 Lead Electrocardiogram for an Adult Patient*

This assessment must be undertaken under direct supervision.

Assessment		Comments
<b>Date:</b>		
<b>Assessor Initials:</b>		

### *Performance Criteria*

Demonstrates organisation, behavioural and clinical competence achieved at level 4 (see page 4)

	<b>Assessment (Yes/No)</b>	<b>Comments</b>
<i>Organisational Competence</i>		
Candidate demonstrates familiarity with relevant Trust Clinical Policies: e.g. the consent policy.		
<i>Behavioural Competence</i>		
Candidate demonstrates understanding of the implications of the following for the practitioner undertaking recording of a 12 lead Electrocardiogram: <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Informed consent</li> <li>• Product liability</li> <li>• Documentation and communication</li> </ul>		

Candidate demonstrates ability to explain to patient, relatives/carers the reasons for, the electrocardiogram, explain the procedure and effectively address any concerns.		
<i>Clinical Competence</i>		
Candidate can:		
Identify any special need which may affect performance of the test or influence results.		
Obtain assistance and advice where alternative arrangements are required to meet special needs.		
Demonstrate a manner which respects his/her beliefs, and which ensures privacy, dignity and confidentiality is preserved at all times.		
Encourage patient to relax and remain immobile during procedure.		
Identify correct placement of electrodes.		
Prepare skin (if required) in order to ensure adequate electrode contact and to optimise recording.		
Position and apply electrodes firmly to minimise artefact.		
Attach patient to equipment in a safe and appropriate manner.		
Give clear instructions to the patient during the procedure in a sensitive and reassuring manner.		
Choose machine settings appropriate to the recording.		

Make a recording ensuring that an accurate, artefact-free tracing is obtained.		
Take steps to modify the procedure if a suitable recording cannot be made, and re-record if necessary, noting this on the recording.		
Confirm completion of procedure with patient.		
Remove electrodes, address patient needs and ensure that he/she is informed of what happens next.		
Recognise the normal electrocardiogram, components and wave form and inform a senior member of staff if necessary.		
React promptly and appropriately to signs of anxiety or change in patient status.		
Recognise equipment faults and report them in line with local protocols.		
Demonstrate adherence to infection control, COSHH, and other risk management guidelines.		
Correctly label documents/tracing and dispatch.		
Prepare equipment for next patient.		

If the candidate does not achieve the statement of practice, an action plan for development must be detailed below

Signature of Assessor: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



*Statement of Practice: Safely Record a 12 Lead  
Electrocardiogram for an Adult Patient  
Final Competency Sign-Off*

I declare that I have assessed the individual and found them to be competent in this statement of practice and in accordance with current Trust policies and procedures.

Signature of Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

I declare that I believe I have demonstrated competence in this statement of practice. And that I have read and understood relevant Walsall Healthcare Trust policies/guidelines. I understand that I am required to ensure that I maintain this level of competence and practice in accordance with Trust policies and procedures.

Signature of Registrant: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

The following page - Final Competency Sign-Off (Area Manager Copy) - should be completed and given to the Ward Matron as evidence of Competence. The Area Manager should sign for receipt of this copy below.

**I confirm that I have received the Final Competency Sign-Off (Area Manager Copy)**

Signature of Area Manager: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



*Statement of Practice: Safely Record a 12 Lead  
Electrocardiogram for an Adult Patient  
Final Competency Sign-Off (Manager Copy)*

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

**Clinical Area:** \_\_\_\_\_

**Theory Completion Date:** \_\_\_\_\_

I declare that I have assessed the individual and found them to be competent in this statement of practice and in accordance with current Trust policies and procedures.

Signature of Assessor: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that I believe I have demonstrated competence in this statement of practice. And that I have read and understood relevant Walsall Healthcare Trust policies/guidelines. I understand that I am required to ensure that I maintain this level of competence and practice in accordance with Trust policies and procedures.

Signature of Registrant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*PLEASE RETURN A SCANNED COPY OF THIS PAGE **ONLY** TO THE FORCE FACULTY  
AT EMAIL:*

[Force@walsallhealthcare.nhs.uk](mailto:Force@walsallhealthcare.nhs.uk)