



## Competency Document

---

### *The Application of an Above Elbow Plaster Back Slab*

**Name:**

**Department:**

**Lead Assessor:**

**Theory Completion Date:**

# Contents

	Page
1. Introduction	3
2. Relevant Contact Details	3
3. Assessment Taxonomy	4
4. Competency Statements of Practice	5
5. Performance Criteria	5
6. Final Competency Sign-off	11

# 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 Assessee 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 Assessee 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 Assessee 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: The Application of an Above Elbow Plaster Back Slab*

To demonstrate the competence the Assesse will be observed applying an above elbow plaster back slab. Addressing the criteria below, Assesse and Assessor will determine if two or more observed assessments will be required.

Assessment One		Assessment Two		Assessment Three		Comments
<b>Date:</b>		<b>Date:</b>		<b>Date:</b>		
<b>Assessor Initials:</b>		<b>Assessor Initials:</b>		<b>Assessor Initials:</b>		

### *Performance Criteria*

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

	<b>Assessment One</b> (Yes/No)	<b>Assessment Two</b> (Yes/No)	<b>Assessment Three</b> (Yes/No)	<b>Comments</b>
<i>Organisational Competence</i>				
Candidate demonstrates familiarity with any Trust Clinical Policies, SOPS and guidelines for: The application of an above elbow plaster back slab.				

<i>Behavioural Competence</i>				
<p>Candidate demonstrates understanding of the implications of the following for the practitioner undertaking the application of an above elbow plaster back slab:</p> <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Informed consent</li> <li>• Product liability</li> <li>• Documentation and communication</li> </ul> <p>Candidate demonstrates ability to explain to patient, relatives/carers the reasons for the application of an above elbow back slab, explain the procedure and effectively address any concerns.</p>				
<i>Clinical Competence</i>				
<b>Candidate Can:</b>				
Discuss the indications for the application of an above elbow back slab.				
Apply standard precautions for infection prevention and control and take other appropriate health and safety measures.				
Ensure the environment is suitable for the application of an above elbow back slab to take place and that comfort, privacy and dignity are maintained.				

<p>Assemble required equipment in advance:</p> <ul style="list-style-type: none"> <li>• Stockinet</li> <li>• Wool</li> <li>• Plaster of Paris</li> <li>• Water (warm 25-35°C)</li> <li>• Bandage</li> <li>• Plaster strip to finish</li> </ul>				
Check patient's details against hospital notes/ED card				
Check written instructions from notes i.e. Type of plaster, which arm				
Explain to the patient the procedure in a caring and reassuring manner and gain consent the application of the plaster.				
Maintaining privacy and dignity remove only essential/necessary clothing. Remove any necessary jewellery and ensure that they are given to the patient or a relative.				
Use appropriate personal protective equipment and cover patient where necessary.				
Explain the required position of the arm – 90° Flexion and position prior to application of the plaster.				
<p>Assess the limb for:</p> <ul style="list-style-type: none"> <li>• Redness</li> <li>• Swelling</li> <li>• Wounds</li> </ul> <p>Take appropriate action and document in the patient's notes/ED card.</p>				

<p>Measure and cut to the required length:</p> <ul style="list-style-type: none"> <li>• Stockinet</li> <li>• Plaster of Paris (Length, thumb space and thickness)</li> <li>• Prepare the correct size wool</li> <li>• Soak the bandage and wring out excess water</li> <li>• Cut strip of plaster to secure bandage</li> </ul>				
<p>Position the patient with the arm at a 90° angle (assistance required to hold patients arm in position).</p> <p>Apply the stockinet, from the proximal phalangeal joint to just below the axilla. Consider caution with excessive or potential swelling. Ensure it is smooth and ridge free.</p>				
<p>Apply wool smoothly, firmly and evenly with extra layers around the elbow leaving 2cm of stockinet visible at each end.</p>				
<p>Immerse the slab into the water, wring out excess and smooth out.</p>				
<p>Apply the slab over the wool, on the lateral aspect, from the MC joints leaving 2cm of wool visible at each end. Smoothing over the contours of the limb, maintaining the correct position.</p>				
<p>Apply the bandage over the slab starting at the wrist. After the first completed turn fold back the stockinet and wool and bandage over. Continue up the arm to just below the elbow.</p>				
<p>Using the bridging technique continue to bandage from the elbow to 2cm below the wool. Turn back the stockinet and wool and cover with bandage.</p>				



Secure the bandage with the wet strip of plaster				
Ensure fingers and thumb are clean and dry. Dress the patient				
Apply broad arm sling.				
Explain plaster instructions. Give written instructions and follow up appointment. Document the application with a signature on the notes/ED card.				
Assess the patient to ensure safe discharge: <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Home circumstances</li> <li>• Relatives</li> <li>• FEP</li> <li>• Transport Required</li> </ul>				
Ensure to wipe away spillages, clean plaster dust and restock the plaster trolley.				

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: The Application of an  
Above Elbow Plaster Back Slab  
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: The Application of an  
Above Elbow Plaster Back Slab  
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)