



Competency Document

The Application of an Above Knee Plaster Back Slab

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 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 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

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.

Taxonomy level	Learners performance	Criteria for accepted performance	Implications for mentors / assessors
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.
Level 4 (L4)	Internalisation	Able to explain the rationale for nursing action, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings.	Requires less supervision whilst caring for a group of patients/clients, demonstrates ability to use problem solving skills, critical analysis and evaluation.
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 Knee Plaster Back Slab

To demonstrate the competence the Assesse will be observed applying an above knee 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
Date:		Date:		Date:		
Assessor Initials:		Assessor Initials:		Assessor Initials:		

Performance Criteria

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

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

<i>Behaviour Competence</i>				
<p>Candidate demonstrates understanding of the implications of the following for the practitioner undertaking the application of an above knee plaster back slab:</p> <ul style="list-style-type: none"> • Accountability • Informed consent • Product liability • Documentation and communication <p>Candidate demonstrates ability to explain to patient, relatives/carers the reasons for the application of an above knee back slab, explain the procedure and effectively address any concerns.</p>				
<i>Clinical Competence</i>				
Candidate Can:				
Discuss the indications for the application of an above knee 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 knee 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"> • Stockinet • Wool • Plaster of Paris • Water (warm 25-35°C) • Bandage • Plaster strip to finish • Pillows for support 				
Check patient's details against hospital notes/ED card				
Check written instructions from notes i.e. Type of plaster, which leg				
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. Cover the patient where necessary.				
Use appropriate personal protective equipment.				
Ensure that the bed/trolley is at the correct height. Explain the required position of the leg ensuring that the foot is at a 90° angle and the knee has a slight flexion prior to application of the plaster.				
<p>Assess the limb for:</p> <ul style="list-style-type: none"> • Redness • Swelling • Wounds <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"> • Stockinet • Plaster of Paris (Length and thickness for slab and stirrup) • Prepare the correct size wool • Soak the bandage and wring out excess water • Cut strip of plaster to secure bandage 				
<p>Two people will be required to assist in the holding and positioning of the leg during the plaster application.</p> <p>For slab and stirrup: Apply the stockinet, from just beyond the toes to the top of the thigh. 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 knee leaving 3cm of stockinet visible at each end.</p>				
<p>Immerse the stirrup into the water, apply from instep to mid-thigh.</p>				
<p>Immerse the slab; apply on the posterior aspect from the base of the metatarsals to the upper thigh. Smoothing over the contours of the limb, maintaining the correct position (Assistance will be required to hold the patients position).</p>				
<p>Apply the bandage from the MT joint turning back the stockinet and wool after the first turn of bandage incorporating the foot and ankle, working up the leg to the knee.</p>				

Ensure there is 10-15 degrees of flexion at the knee joint. Continue to bandage up the leg turning back the stockinet and wool, incorporating it into the bandage.				
Secure the bandage with the wet strip of plaster. Position the leg on pillows ensuring the knee is supported to maintain the flexion.				
Ensure the skin is clean and dry. Dress the patient				
Once the plaster is hard, measure the patient for crutches/frame and ensure that they are safe and fit for discharge.				
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"> • Mobility • Home circumstances • Relatives • FEP • Transport Required 				
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 Knee 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 Knee 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