Walsall Healthcare NHS
NHS Trust

Competency Document

Safe Administration of a Medicinal Product

Name:

Department:

Lead Assessor:

Theory Completion Date:

Contents

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 assesse 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 assesse 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

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.

Instructions for Completion of Safe Administration of a Medicinal Product Competency

1. Your line manager **MUST** identify your ward based assessor
2. Complete written assessment pages 6 – 17.
3. One assessment of practice **MUST** be undertaken by your ward based assessor and one assessment by a sister senior sister or practice development nurse
4. Each practice assessment should be completed with a minimum of 6 patients; if formal drugs rounds do not take place within your employed clinical area a minimum of 6 supervised separate administrations should be completed.
5. Once your line manager has signed to confirm overall competence, please complete the confirmation sheets on pages 25 and 26.
6. Please contact the Faculty of Research and Clinical Education: PDU team should you require any other information.
7. Competence to be achieved within 3 Months of issue.
8. **Please make sure that all required elements of the assessment document are completed and all required signatures are present and legible.**

Clinical Assessment 1 - Oral and Controlled Drug Administration

All Registered Practitioners involved in the administration of medication must adhere to the Walsall Healthcare NHS Trust Infection Control Policies and Medicines Management Policy. Prior to completing this assessment all Registrants need to read all the above policies and the Royal Pharmaceutical Society's Guidance on the Administration of Medicines in Healthcare Settings (2019).

Registrants must not administer medications unsupervised prior to successfully completing the competence for administration of medicinal products with final sign off by senior sister.

Final Clinical Assessments

Registrants should undergo a minimum of two supervised assessments. Any subsequent supervised practice required is at the discretion of the Registrant and Supervisor depending on development needs. Supervised practice can be recorded on the form below.

Each assessment involves the administration of medicines to a minimum of six patients, during one drug administration round. At the discretion of the Area Manager /Senior Sister in areas where drug rounds are not undertaken, (e.g., Theatres, A&E, Outpatient Departments, Endoscopy etc.) a minimum of 6 supervised separate administrations should be completed per assessment (assessment via simulation may be considered).

Clinical Assessment – Oral Drug Administration - Written Assessment

Part 1: Principles for the Administration of Medicines

Identify 10 safety checks a Registered Practitioner should make prior to administering medication to patients:

1. _____
   _____
   _____
2. _____
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3. _____
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9. _____
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10. _____
    _____
    _____

Part 2: Principles Related to the Prescription

1. Identify what steps you should take when a prescription (electronic or paper) is incomplete or incorrect or if there is any uncertainty about the prescription.

2. Identify the actions you should take when you omit a drug which has been prescribed.

3. Identify 5 circumstances in which an error in medicines administration is deemed to be made.

1.

2.

3.

4.

5.

4. What is a Patient Group Direction (PGD)?

5. Who can administer a drug against a Patient Group Direction?

6. What is pre-packed medication?

7. What pre-packed medication is kept in your clinical area?

8. Oxygen can be administered without prescription or PGD in which situations and at what flow rate?

Part 3: Care and Custody of Drugs

1. What Is the Trust policy on storage, checking and recording of:

   A. Controlled Drugs?

   B. Patients own Controlled Drugs?

C. All Other Medication?

2. What is the Trust Policy for drugs left in the clinical area, which have been dispensed for a patient who has been discharged or died?

A. Controlled Drugs?

B. All Other Medication?

3. If you require a particular drug and it is not available in you clinical area, what actions should you take:

A. In Normal Working Hours?

B. Out of Hours?

4. Why should drugs never be transferred from their original container to another container?

5. When a registered practitioner arranges to transfer stock medication from one area to another, what action must be taken?

6. What actions would you take if controlled drugs are suspected as missing?

7. What actions should be taken before a patient takes responsibility for self-administration of medications?

8. Who is responsible for the custody of the drug keys?

9. Explain the actions you would take following a drug administration error.

Part 4: Maintaining Stock Levels

1. How is the stock level of drugs maintained in the clinical area?

2. How do you order non stock drugs?

3. How do you order controlled drugs?

4. How are Tablets TTO ordered?

   A. In Normal Working Hours?

   B. Out of Hours?

5. Where can you find information on the drugs used in your clinical area and whether they are stock items?

6. Explain what is meant by an unlicensed Medicine?

Part 5: Identifying and Reviewing the Properties of Common Drugs

Select a drug from each of the groups listed below and complete the table accordingly.

Drug Type	Rationale for Use	Routes of Administration	Normal Dose	Side Effects	Contraindications	Interactions
Cardiac Drug: *Not Digoxin* _____						
Anti-Convulsant: _____						
Steroid: _____						
Diuretic: _____						
Non-Steroidal Anti – Inflammatory: _____						

Opioid: **_____**						
Non-opioid Analgesic: **_____**						
Warfarin						
Inhaler/Nebuliser: **_____**						
Digoxin						
Drug used in Diabetes: *Not insulin* **_____**						

Muscle Relaxant: _____						
Anti - Emetic: _____						

Part 6: Formulations of Medications

Define the following types of drug preparations:

Enteric Coated	Controlled Release
Buccal	Sub Lingual

Pessaries	Suppositories
Enemas	Topical

Explain the meaning of the following terms:

Adverse Reaction	Interaction
Contraindication	Anaphylaxis

What signs and symptoms would indicate anaphylactic shock?

What action would you take if a patient developed anaphylactic shock?

Part 7: Drug Administration Questions and Calculations

You are required to answer all these questions correctly to successfully complete your oral drug administration assessment. If questions are answered incorrectly you may be asked to retake this part of the assessment or undertake a piece of reflection

1. A patient is prescribed Warfarin 4mg daily at 18.00. You have 1mg, 3mg and 5mg tablets available. Which tablets would you give?

   _____

2. A patient is prescribed 62.5 micrograms Digoxin once daily for heart failure. The patient can only take liquid medication. You have Digoxin elixir 50micrograms/mL available, how many millilitres would you give?

   _____

3. A patient is prescribed risperidone 2 mg orally for psychosis. You have 500 microgram tablets available. How many do you give?

   _____

4. An 84 year old patient is prescribed furosemide 80 mg once daily
   You have 20mg and 40mg tablets furosemide available as stock.
   a. What tables would you use and how many would you administer?

      _____

b. What further actions, if any would you take?

_____

_____

5. A patient is prescribed 1500 micrograms of pizotifen for migraine prevention. What is the equivalent dose in mg?

_____

6. A patient is prescribed gabapentin for epilepsy. The dose is 0.6g orally. You have 300mg tablets available. How many tablets do you give?

_____

7. A patient is prescribed 2 micrograms of desmopressin by subcutaneous injection for Diabetes Insipidus. You have desmopressin acetate 4 micrograms/ml solution for injection. How many millilitres do you need?

_____

8. A patient is prescribed 40mg oral prednisolone. You have 5mg tablets available, how many do you give?

_____

9. A patient is prescribed intravenous naloxone 1.2mg. You have naloxone 400 micrograms/ml. How many millilitres do you give?

_____

10. A patient is prescribed Acetylcysteine following a paracetamol overdose. Their initial dose is prescribed as 150mg/kg body weight. The patient weighs 62kg.
    a. What total dose should be given in Mg?

    _____

    b. You have Acetylcysteine for injection 200mg/Ml available. How many mls do you need?

    _____

Statement of Practice for: The Safe Administration of Medicinal Products

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

		ASSESSED ADMINISTRATION(S)		
Criteria Number		**1st Assessment**	**2nd Assessment**	**Comments**
	Organisational Competence			
1	Candidate demonstrates familiarity with Trust Clinical Policies: Trust Infection Control Policies and Medicines Management Policy, as well as The Royal Pharmaceutical Society's Guidance on the Administration of Medicines in Healthcare Settings (2019).			
	Behavioural Competence			
2	Candidate demonstrates understanding of the implications of the following for the practitioner undertaking practice: • Accountability • Informed Consent • Product Liability • Documentation and Communication Candidate demonstrates ability to explain to patient, relatives/carers the reasons for administration of the oral drug and explain the procedure and effectively address any concerns.			
	Clinical Competence			
3	• Drug trolley (if applicable) organised appropriately prior to medication round. • Wash hands prior to dispensing medication and as appropriate throughout the procedure.			

Safety Check				
4	The practitioner **must** explain and demonstrate in practice the checks taken in their clinical area to confirm that the correct patient receives the prescribed medicinal product (using the processes described in the current edition of the patient identification policy). Making reference to the 'Wrist Band' (when they are in use) and expected checks.			
5	The patients NHS number, name and hospital unit number **must** be confirmed to be the same as that detailed on the treatment chart or other documentation requesting administration of medicinal products.			
6	Date for administration confirmed.			
7	Time for administration confirmed.			
8	Drug for administration confirmed.			
9	Dose for administration confirmed.			
10	Route of administration confirmed.			
11	Allergies /contra indications checked for.			
12	Expiry date of medication checked.			
13	Practitioner must demonstrate ability to obtain information on a drug they have not encountered before, and identify contraindications.			
14	Communication maintained throughout the procedure with patient and other members of the multidisciplinary team when required.			
15	Medication checked by second registered practitioner if applicable, discussed if not applicable.			

16	Explained procedure to patient in a kind and reassuring manner.			
17	Ensured the patient's comfort throughout the procedure.			
18	Discuss the observations relevant to their patients and correct response.			
19	Record the drug given correctly, clearly and accurately.			
20	Disposed of equipment correctly.			
21	Discuss the procedure of administering a liquid medicinal product: • by mouth (orally) • via a naso gastric tube (NGT) • via a gastrostomy tube (PEG) • via a Jejunostomy tube Include in this discussion why a **purple syringe must be used**. Reference must be made to The National Patient Safety Agency (NPSA) recommendations on how to safely measure and administer oral and enteral liquid medicines.			
22	Demonstrate the checking procedure of subcutaneous injections and delivery of injection, as required, including safe disposal of sharps.			
23	Discuss and demonstrate the procedure for administration of a controlled drug including stock control.			
24	Discuss how a controlled drug written in error is documented in the controlled drugs book.			
25	What are your responsibilities if you identify that the controlled drugs count is wrong?			
26	Discuss the process when accepting controlled drugs from the portering staff to being put in the correct cupboard.			

27	Discuss the correct and most appropriate methods for ordering medication not available in the clinical area.			
28	What drug related incidents are reportable as never events?			
29	How and to whom would you report a Never event?			
30	Trolley safely secure clean and restocked (as appropriate) following medication round.			
31	Any outstanding issues addressed e.g. medications not available requested or other action taken.			

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: Safe Administration of Medicinal Products
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: Safe Administration of Medicinal Products
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