



Competency Document

Safely Insert a Peripheral Intravenous Cannula 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

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: Safely Insert a Peripheral Intravenous Cannula for an Adult Patient

This assessment must be undertaken under direct supervision a minimum of 3 times.

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 relevant Trust Clinical Policies: administration of intravenous therapies, Medicines policy and blood transfusion policy, infection control policies.				

<i>Behavioural Competence</i>				
<p>Candidate demonstrates understanding of the implications of the following for the practitioner undertaking safe peripheral intravenous cannulation:</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 intravenous cannulation, explain the procedure and effectively address any concerns.</p>				
<i>Clinical Competence</i>				
Candidate can:				
Check patient's identity and confirm planned activity. Inform patient of the procedure in a caring and reassuring manner.				
Determine the individual's need or clinical request for cannulation.				
Identify the factors which influence vein choice.				
Discuss the characteristics of a suitable vein for cannulation.				
Discuss types and sizes of cannula available.				
Select the Cannula of correct size and type for the individual and purpose, ensuring it is fit for use .				

Discuss methods to improve venous access.				
Seek clinical advice and support from an appropriate member of the team when events or risks are beyond your level of competence.				
Assess risks relevant to performing the procedure prior to commencement and take relevant action to eliminate risks to the individual – both pre and post cannulation.				
Apply standard precautions for infection control and any other relevant health and safety measures.				
Prepare site using appropriate product; apply tourniquet and demonstrate correct cannula hold.				
Access patient's views on the procedure and obtain consent.				
Demonstrate preparation of equipment.				
Wash hands in preparation of the procedure.				
Select an appropriate site for cannulation, taking into account of individuals comfort, mobility, risk factors and prepare the selected site for aseptic insertion of the intravenous cannula following agreed protocol.				
Apply gloves.				

Insert the cannula into the selected vein using the approved technique and confirm correct siting, positioning and patency of cannula for the intended purpose.				
Advance and withdraw needle.				
Secure cannula cap.				
Flush the cannula when in situ according to local protocols and guidelines.				
Apply an approved dressing to fix the cannula in position. Ensure date of insertion is attached to dressing.				
Ensure patient's dignity at all times.				
Wash hands post procedure.				
Document the cannulation procedure in accordance with patient records procedures.				
Immediately report any condition or behaviour which may signify adverse reactions to the procedure and take appropriate action.				
Maintain the cannulation site at regular intervals to avoid infection and maintain access; complete VIP (visual infusion phlebitis) score as required.				

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 Insert a Peripheral Intravenous Cannula 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 Insert a Peripheral
Intravenous Cannula 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