



Competency Document

For the Safe Administration of Intravenous Therapies

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	8
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 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: The Safe Administration of Intravenous Therapies

- The Registrant must administer three intravenous medicinal products.
- Two of these administrations must be bolus doses and the third via an infusion.

Assessment One		Assessment Two		Assessment Three		Comments
Date:		Date:		Date:		
Drug:		Drug:		Drug:		
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.				

<i>Behavioural Competence</i>				
<p>Candidate demonstrates understanding of the implications of the following for the practitioner undertaking intravenous therapy:</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 therapies, explain the procedure and effectively address any concerns.</p>				
<i>Clinical Competence</i>				
Candidate can:				
<p>Accountability Demonstrate an understanding of one's own limitations in knowledge & experience and the importance of not operating beyond these.</p>				
<p>Multidisciplinary Team Working (MDT) Demonstrate knowledge of the roles and responsibilities of the MDT and when to ask for advice on intravenous therapies.</p>				
<p>Risk Demonstrate awareness of risk management patient safety and potential causes of medication errors. Identifying awareness of any specific local department guidance.</p>				
<p>Intravenous Access Devices Demonstrate a working knowledge of different intravenous access devices and their care.</p>				

<p>Patient Treatment Plan Demonstrate an understanding of the patient's treatment plan. Assess patient's condition and suitability for treatment advising MDT as necessary.</p>				
<p>Collection of Equipment The candidate will be able to discuss the equipment required and demonstrate collection.</p>				
<p>Prescription (i) Check drug against prescription; regimen. Demonstrate an understanding of prescribing guidelines.</p>				
<p>Prescription (ii) Is the drug satisfactory to be given via route specified? Date; time of prescription; appearance; expiry date & correct diluent (if required) all checked by candidate.</p>				
<p>Drug The candidate will discuss the drug; indications ; potential interactions; side effects and contra indications; demonstrate awareness of where to obtain further in formation</p>				
<p>Dose The candidate will discuss the dose; be able to demonstrate awareness of correct dose and obtaining further information, performing necessary calculations as appropriate.</p>				
<p>Allergy The candidate will discuss allergic reaction: anaphylaxis and will be aware of interventions necessary should this occur. The candidate will demonstrate relevant checking procedure to identify allergic reactions & patients allergy status.</p>				

<p>Compatibility</p> <p>The candidate will discuss sources of information to identify any particular problems with the drug to be administered. Demonstrate indications and contraindications of the medication.</p>				
<p>Drug Drawn Up Correctly</p> <p>The candidate will be able to discuss the process of preparation and demonstrate the ability safely.</p>				
<p>Washed Hands</p> <p>The candidate will be able to discuss infection control implications and demonstrate correct procedures including washing hands.</p>				
<p>Communication (i)</p> <p>The candidate will be able to demonstrate communication with the patient including explanation of treatment side effects and obtaining consent.</p>				
<p>Communication (ii)</p> <p>The candidate will be able to address patient comfort; introduce self and colleagues.</p>				
<p>Patient Identification</p> <p>The Candidate will discuss the reason for identifying patients by full name, date of birth, and be able to demonstrate this process using the prescription; the wristband and any labelled medication (where appropriate). The candidate will discuss steps to be taken if the patient is unable to verbally confirm their identity.</p>				
<p>NHS Number / Unique Patient Identification</p> <p>The candidate will discuss relevance of NHS Number & Unit Number (unique patient identifier) in the identification checking procedure and be able to demonstrate this.</p>				

<p>Date</p> <p>The candidate will discuss correct identification of date and be able to demonstrate this.</p>				
<p>Time</p> <p>The candidate will discuss rationale for the correct time of administration and be able to demonstrate the checking procedure.</p>				
<p>Cannula Site</p> <p>The candidate will demonstrate understanding of potential problems around the cannula site with specific reference to infiltration, extravasation and phlebitis by discussion and demonstration.</p>				
<p>Cleansed Cannula Access Port</p> <p>The candidate will discuss the relevance of this and demonstrate in practice.</p>				
<p>Injected Drug Appropriately</p> <p>The candidate will be able to discuss the process of injecting the drug with reference to the time limit and will then demonstrate the procedure</p> <p>The candidate will give the required medication via prescribed route at the prescribed rate in accordance with local guidelines and relevant COSHH regulations, using the most appropriate device.</p>				
<p>Observed Patient Correctly</p> <p>The candidate will discuss the correct procedure to observe the patient following drug administration and be able to demonstrate this process, discussing any relevant fluid balance issues as required.</p>				
<p>Dispose of Equipment Correctly</p> <p>The candidate will discuss the correct procedure to dispose of equipment and be able to demonstrate the process.</p>				

Documentation

The candidate will discuss documentation procedure and storage and be able to demonstrate the process.

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
Intravenous Therapies
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
Intravenous Therapies
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