



Competency Document

Safely Obtain a Sample of Venous Blood

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 Obtain a Sample of Venous Blood

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: consent policy, blood transfusion policy.				

<i>Behavioural Competence</i>				
<p>Candidate demonstrates understanding of the implications of the following for the practitioner obtaining a sample of venous blood safely:</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, obtaining a venous sample, explain the procedure and effectively address any concerns.</p>				
Candidate can discuss patient assessment for suitable vein.				
Candidate can identify methods to improve venous access.				
Candidate can discuss when to abort procedure and seek further assistance.				
<i>Clinical Competence</i>				
Candidate can:				
Demonstrate preparation of equipment and Identify correct sample tubes.				
Check identity of patient, matches the details on any request form used.				

Obtain consent for the procedure.				
Identify a suitable vein for the procedure.				
Apply standard precautions for infection control, and any other relevant health and safety measures.				
Wash hands and apply gloves at appropriate times.				
Demonstrate selection and preparation of an appropriate site for obtaining the venous blood.				
Select the appropriate equipment for the procedure.				
Discuss methods of improving venous access.				
Prepare site and apply tourniquet. Apply, and release the tourniquet at appropriate stages of the procedure.				
Introduce the needle.				
Gain venous access using the selected blood collection system, in a manner that will cause minimum discomfort to the individual.				
Demonstrate obtaining the blood from the selected site: <ul style="list-style-type: none"> • In the correct container according to investigation required in the correct volume. • In the correct order when taking multiple samples. • Inverting the vial of blood to mix as required. 				

Discuss and demonstrate appropriate action to stimulate the flow of blood if there is a problem obtaining blood from the selected site, or choose an alternative site.				
Demonstrate removal of blood collection equipment and stop blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped.				
Completely withdraw needle and dispose of sharps.				
Apply a suitable dressing to the puncture site according to guidelines and/or protocols, and advise the individual about how to care for the site.				
Remove gloves & wash hands post procedure.				
Check sample and request form identifiers. Label samples clearly and legibly.				
Place samples in the appropriate packaging and ensure the correct request forms are attached.				
Place samples in the nominated place for collection and transportation.				
Communication The candidate should promptly identify any indications that the individual may be suffering an adverse reaction or event to the procedure and act accordingly.				

<p>The candidate should assess patient's views on the procedure. Inform patient of procedure in a caring and reassuring manner. Provide advice as required on accessing results.</p>				
<p>The candidate should ensure patients dignity and comfort at all times. Discuss relevant infection control issues and any required action with blood spillages.</p>				
<p>The candidate should document all relevant information clearly, accurately and correctly in the appropriate records.</p>				
<p>The candidate should discuss relevant procedures related to needle stick injury.</p>				

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 Obtain a Sample of Venous Blood

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 Obtain a Sample of
Venous Blood
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