

CLINICAL SKILLS TRAINING NEEDS ANALYSIS

For Registered Nurses

PURPOSE OF DOCUMENT

The purpose of this document is to help identify your trainings needs and to help support you to develop the clinical skills and expertise required for your role and area of practice.

HOW TO COMPLETE THIS FORM

- Fill out your details in **Part A** and proceed to complete **Part B** using the instructions below.
- For each clinical skill, indicate **Yes** or **No** under relevance to current role and area of practice.
- For each clinical skill, mark an **X** in the column to indicate your current level of competence.
- For each clinical skill, indicate whether training is required by writing **Yes** or **No** under training required.
- Line manager verifies competence by checking against electronic training record, indicates **Yes** or **No**. Note: The completed competency assessment document (CAD) must be uploaded to the electronic training record for a person to be considered competent.
- Complete **Part C**.

KEY		EXPLANATION OF KEY
NA	NOT APPLICABLE	Does not apply to your current role or area of practice.
NC	NOT COMPETENT	Relevant to current role and area of practice but not competent to perform skill.
C	COMPETENT	Assessed and competent to perform skill independently and without supervision.
S	SUPERVISOR	Assessed as having detailed knowledge, understanding and application of this skill. Can supervise and assess others.
A	ASSESSOR	Assessed as having expert and specialised knowledge, understanding and application of this skill. Can train, supervise, and assess others.

PART A: EMPLOYEE DETAILS

EMPLOYEE NAME:			
ROLE:		DEPARTMENT/WARD:	
LINE MANAGER:			
DATE TNA COMPLETED:		IPR YEAR/PERIOD:	2021/22

PART B: TRAINING NEEDS ANALYSIS

	Clinical Skill	Mandatory requirement at			Relevant to current role and area of practice	Current level of competence					Training required	Verification Completed by line manager
		End of supernumerary period	3 months	12 months		NA	NC	C	S	A		
Clinical Skills	Capillary Blood Glucose Measurement	Yes										
	Electrocardiogram (ECG) Measurement			Yes								
	Physical Care Personal Hygiene	Yes										
	Physiological Observations and NEWS2	Yes										
	Neurological Assessment											
	Venepuncture and Cannulation			Yes								
	Shift Coordination											
Intravenous Therapies	Venepuncture and Cannulation											
	Administration and Preparation (IV PLAD)			Yes								
	BBraun Infusomat Space Volumetric Pump			Yes								
	BBraun Perfusor Space Syringe Pump			Yes ²								
Medicines Management	Medicines Administration	Yes										
Continence	Application of Convenes and Urosheaths											
	Bladder Scanning		Yes									
	Bladder Irrigation											

	McKinley T34 Syringe Driver											
Tissue Viability	Assessment and Management of Wounds			Yes								
Learning and Development	Putney Nurse Programme			Yes	Yes	Completed? (Y/N)						

¹Trachestomy Level Two and Three are not mandatory requirements for registered nurses working in neuro-behavioural units.

²Long-Term Invasive Ventilation, Cough assist and BBraun Perfusor Space Syringe Pump are mandatory requirements for registered nurses working in JEC and Leonora Ward only.

³Female urethral, male urethral and suprapubic catheterisation are mandatory requirements for band six registered nurses and above.

Note: The Putney Nurse programme must be in progress or applied for at 12 months, it does not need to be completed.

PART C: DECLARATION OF COMPETENCE											Employee Initials
I have completed all necessary training and have been assessed as competent in the clinical skills recorded as competent, supervisor or assessor.											
I will ensure that I continue to maintain the skills and knowledge needed for safe and effective practice in my role and area of practice.											
I will ask for help from a suitably qualified and experienced professional to carry out any action or procedure that is beyond the limits of my competence.											
I will only delegate tasks and duties that are within the other person's scope of competence, and will ensure they are adequately supervised and supported.											
EMPLOYEE NAME:		SIGNATURE:		DATE:							

VERIFICATION										
LINE MANAGER:		SIGNATURE:								