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.

EVEL ANATION OF ICEV

- 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) <u>must</u> 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.								
С	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.								
Α	ASSESSOR	Assessed as having expert and specialised knowledge, understanding and application of this skill. Can train, supervise, and assess others.								
PART	PART A: EMPLOYEE DETAILS									
EMPL	EMPLOYEE NAME:									
ROLE	i:		DEPARTMENT/WARD:							
LINE	MANAGER:									
DATE TNA COMPLETED:		I	IPR YEAR/PERIOD:	2021/22						

ART D. HAMMIN	IG NEEDS ANALYSIS				Relevant to		Curre	ent le	vel of			
	Clinical Skill	Mandatory requirement at		current role	Current level of competence				Training	Verification		
	Cilitical Skill	End of supernumerary period	3 months	12 months	and area of practice	NA	NC	С	S	Α	required	Completed by line manager
	Capillary Blood Glucose Measurement	Yes										
	Electrocardiogram (ECG) Measurement			Yes								
	Physical Care Personal Hygiene	Yes										
Clinical Skills	Physiological Observations and NEWS2	Yes										
	Neurological Assessment											
	Venepuncture and Cannulation			Yes								
	Shift Coordination											
	Venepuncture and Cannulation											
Intravenous	Administration and Preparation (IV PLAD)			Yes								
Therapies	BBraun Infusomat Space Volumetric Pump			Yes								
	BBraun Perfusor Space Syringe Pump			Yes²								
Medicines Management	Medicines Administration	Yes										
	Application of Convenes and Urosheaths											
Continence	Bladder Scanning		Yes									
	Bladder Irrigation											

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	Bowel Management								
	Female Urethral Catheterisation			Yes³					
	Male Urethral Catheterisation			Yes³					
	Supra-Pubic Catheterisation			Yes³					
	Administration of Feed via Bolus or Pump Competency		Yes						
Enteral Care	Advance Rotation of Enteral Tube Competency		Yes						
	Insertion of BGT competency			Yes					
	Replacement of Plastics on an Enteral Feeding Tube		Yes						
Infection Prevention and	Aseptic Non-touch Technique (ANTT)								
Control	PPE Donning and Doffing Competency	Yes							
	Long-Term Invasive Ventilation	Yes²							
	Tracheostomy Level One	Yes							
Respiratory	Tracheostomy Level Two	Yes ¹							
	Tracheostomy Level Three		Yes ¹						
	Cough Assist	Yes ²							
	End of Life Care: An Introduction								
End of Life Care	End of Life Care: Symptom Control								
	End of Life Care: Controlled Drugs								

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

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

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									
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:									
t	and have been assessed as competer the skills and knowledge needed for said and experienced professional to care are within the other person's scope or	and have been assessed as competent in the clinical skills record the skills and knowledge needed for safe and effective practice in ed and experienced professional to carry out any action or proced t are within the other person's scope of competence, and will ens	and have been assessed as competent in the clinical skills recorded as competent, supersthe skills and knowledge needed for safe and effective practice in my role and area of practed and experienced professional to carry out any action or procedure that is beyond the lime that are within the other person's scope of competence, and will ensure they are adequately states.	and have been assessed as competent in the clinical skills recorded as competent, supervisor or the skills and knowledge needed for safe and effective practice in my role and area of practice. ed and experienced professional to carry out any action or procedure that is beyond the limits of my t are within the other person's scope of competence, and will ensure they are adequately supervised					

VERIFICATION		
LINE MANAGER:	SIGNATURE:	

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.