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| **INFORMATION AND GUIDANCE PAGE** | | | | | | |
| **Position;** | **Name:** | | | **Ward:** | | |
| **Statement of Outcome:** The practitioner will be able to demonstrate competence in all knowledge & skill criteria for; I**ntermittent Catheterisation** | | | | | | |
| **Assessor:** Any Registered Nurse who has successfully completed this competency assessment to an assessor level, to complete final sign off of the competency. | | | | | | |
| **DEFINITION OF COMPETENCE**  NOTE: All staff are required to work under direct supervision until deemed “competent” in all performance and knowledge criteria. | | | | | | |
| **Not Competent (NC)** | Has not fulfilled all knowledge and performance criteria in order to perform the skill competently in an unsupervised setting. | | | | | |
| **Competent (C)** | Has fulfilled all knowledge and performance criteria on this occasion and has been assessed by a practitioner deemed competent in this skill. Practitioner must be assessed as competent on a minimum of 3 occasions before assessment is complete. | | | | | |
| **Supervisor (S)** | Able to guide the practice of others through role modelling, demonstration and critical analysis. Has been assessed as competent in this skill by a practitioner deemed competent in this skill. | | | | | |
| **Assessor (A)** | Able to assess and analyse the practice of others in this skill area. Has been assessed as competent in this skill by a practitioner deemed competent in this skill. | | | | | |
| The practitioner must be assessed as competent on a minimum of three (3) occasions before competency in the skill can be signed off by the assessor. Minimum of two (2) of these occasions should be signed off in ward based environment, with at least one sign off in a simulation environment, and the final sign off should be by someone at the level of an Assessor.  After completion, the declaration must be signed.  The practitioner and assessor must date and complete the appropriate competency level on the Assessment Criteria Form overleaf after each assessment (NC, C, S or A).  All practitioners still in training, i.e. Student Nurses and Trainee Nursing Associates should at all times practice/complete this skill under supervision of their Practice Assessors or Supervisors.  Once completed, the declaration should be scanned and uploaded to the practitioner’s electronic portfolio. The completed competency assessment document should be retained by the practitioner as evidence of completion and for Nursing and Midwifery Council Revalidation purposes (as applicable). | | | | | | |
| **DECLARATION AND SIGN OFF PAGE** | | | | | | |
| **LEVELS OF COMPETENCE IN THIS CAD** | | | | | | |
| **Level** | | **Competency** | | | **Eligible Staff** | |
| **Level 2** | | **1.**  **2.** | | | **RNs**  **NAs**  **HCA** | |
| **Pre-Requisite eLearning Modules or Study Days required** | | | | | | |
| **Course** | | **Percentage Achieved (score)** | | | **Date Completed** | |
| **Study days:** | |  | | |  | |
| **Declaration** | | | | | | |
| I hereby agree that I have received adequate training and instruction in the above procedure and consider myself competent to perform the clinical skill at Level ………… of this competency document. | | | | | | |
| **Name:** | | **Signature:** | | | **Date:** | |
| I certify that the above practitioner has successfully achieved competence in both the knowledge and skill criteria components to perform the clinical skill at the Level of a/an ……………………………………. of this competency document. | | | | | | |
| **Name of Final Sign off Assessor:** | | **Position:** | **Signature:** | | | **Date:** |
| **Competency Revalidation** | | | | | | |
| Competency revalidation is through completion of the clinical skills self-assessment undertaken as part of Training Needs Analysis (TNA) and annual individual performance reviews (IPRs) | | | | | | |

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| **LEVEL 3.1:** **Knowledge Assessment Criteria** | | | | |
| **KNOWLEDGE/SKILL ASSESSMENT CRITERIA** | **Simulation Environment** | **In Clinical Area (ward based)** | | **Final Sign off** |
| **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** |
| Discuss the Anatomy/Physiology of the urinary system. |  |  |  |  |
| Discuss the potential challenges of intermittent catheterisation. |  |  |  |  |
| Discuss the assessment process & reasons for intermittent catheterisation – Consider alternatives |  |  |  |  |
| Discuss why it is important to know the following before carrying out the procedure ;   * Medical or surgical history. * Known allergies |  |  |  |  |
| Discuss the various application of consent;   * Informed consent * Best interest * Implied consent |  |  |  |  |
| Discuss the following;   * Procedure – is it clean or aseptic? * What are the potential/associate risks to the patient? |  |  |  |  |
| Did the nurse carry out the following;   * Checked equipment and materials to ensure they are safe and fit for purpose before usage * Checked type of catheter, size and expiry date of catheter. |  |  |  |  |
| Did the nurse carry out a clean and safe procedure? |  |  |  |  |
| Did the nurse work within the infection Prevention & Control policies then dispose of the clinical waste correctly? As outlined in the catheterisation policy. |  |  |  |  |
| Has the patient been correctly positioned for the procedure? |  |  |  |  |
| Was the area & environment prepared and correct equipment available? |  |  |  |  |
| Describe when not to proceed or abandon intermittent catheterisation and what actions to take |  |  |  |  |
| Has the correct technique been applied when inserting and removing intermittent catheter? |  |  |  |  |
| Did the nurse know where to record information (EPR) & update the patient care plan |  |  |  |  |
|  | **Date** | **Name** | **Signature** | |
| **FEEDBACK OF ASSESSMENT BY PRACTITIONER** |  |  |  | |
| **FEEDBACK OF ASSESSMENT BY ASSESSOR** |  |  |  | |
| **Any other comments** | | | | |