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| **INFORMATION AND GUIDANCE PAGE** | | | | | | |
| **Name:** | | **Position:** | | **Ward/Service Area:** | | |
| **Statement of Outcome:** The practitioner will be able to demonstrate competence in knowledge and skill mix criteria for; **Male Urethral 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 3** | **1. Attended Catheter Study Day (Classroom)**  **2. Assessed on patient (Ward based)** | | | | **RNs** | |
| **Pre-Requisite eLearning Modules or Study Days required** | | | | | | |
| **Course** | **Percentage Achieved (score)** | | | | **Date Completed** | |
| **eLearning:** |  | | | |  | |
| **Declaration** | | | | | | |
| I hereby agree; I have received adequate training in the above procedure & consider myself competent to perform the clinical skill in this competency document. | | | | | | |
| **Name:** | **Signature:** | | | | **Date:** | |
| I certify; the practitioner has successfully achieved competence in both the knowledge and skill criteria to perform the clinical skill 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** | **In Simulation Environment** | **In Clinical Area (ward based)** | | **Final Sign off** |
| **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** |
| Demonstrate an understanding of the anatomy & physiology of the urinary system. |  |  |  |  |
| Demonstrate an understanding of the indications for male urinary catheterisation. |  |  |  |  |
| Can explain the contraindications of urinary catheterisation and risks involved. |  |  |  |  |
| Is able to select the appropriate catheter; - material, size, length, catheter tip and balloon capacity. |  |  |  |  |
| Is able to rationalize how long the catheter should remain in-situ based on catheter selection, patient condition and RHN policy. |  |  |  |  |
| Demonstrate a clear understanding of consent; outlining the issues when some patients at the RHN are unable to consent. |  |  |  |  |
| Discuss how to access the Royal Marsden electronic manual online procedure for female catheterisation. |  |  |  |  |
| Discuss some of the complications when catheterising a male patient. |  |  |  |  |
| Was the correct information about the procedure explained to the patient? |  |  |  |  |
| Was consent obtained; If not why and explain the reasons. |  |  |  |  |

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| **LEVEL 3.2: Performance Assessment Criteria** | | | | |
| **KNOWLEDGE/SKILL ASSESSMENT CRITERIA** | **In Simulation Environment** | **In Clinical Area (ward based)** | | **Final Sign off** |
| **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** |
| Was the RHN hand washing policy followed? Was the hands washed effectively at the appropriate time and according to RHN Policy? |  |  |  |  |
| Was it obvious that appropriate measures were taken to maintain patient privacy & dignity? |  |  |  |  |
| Was the patient assisted to get into the appropriate position (supine with knees bent and hips flexed and feet about 60cm apart) if able too. |  |  |  |  |
| **Trolley;**  -Was the procedural trolley used?  -Demonstrated the correct cleaning of the trolley |  |  |  |  |
| **Equipment;**  -Was the correct & essential equipment placed on the bottom of the trolley?  -Was the equipment placed on the top of the trolley using aseptic technique  -Was the expiry date of all the products checked? |  |  |  |  |
| **Procedure;**  -Was a sterile field created using the dressing towel placing it across patient’s thighs and abdomen? |  |  |  |  |
| -The penis is examined and foreskin retracted if necessary.  -Urethral opening is cleaned with 0.9% sodium chloride using circular strokes. |  |  |  |  |
| Appropriate action is taken if there is difficulty in visualising the urethral opening. |  |  |  |  |
| Was a lubricating or anaesthetic gel correctly applied into the urethra and appropriate length of time given to take effect? |  |  |  |  |
| A receiver is positioned where appropriate to maintain sterility & catch the urine. |  |  |  |  |
| The tip of the catheter is correctly introduced at the appropriate angle. |  |  |  |  |
| When urine starts to flow the catheter is further advanced by approx. 6-8cm. |  |  |  |  |
| Appropriate action is taken if resistance is felt at the external sphincter (i.e. Increased traction on penis and if applicable ask the patient to strain as if passing urine). |  |  |  |  |
| The balloon is inflated with the correct amount of water using slow & steady rate. |  |  |  |  |
| The catheter is withdrawn slightly and connected to the appropriate drainage system. |  |  |  |  |
| The catheter is supported, according to patient preference. |  |  |  |  |
| Patient is left clean, dry and comfortable. |  |  |  |  |
| The amount of urine drained following catheterisation is measured and accurately recorded on EPR. |  |  |  |  |
| Correct procedure is followed for obtaining a urine specimen if required |  |  |  |  |
| All equipment is disposed of correctly & according to RHN Policy. |  |  |  |  |
| The procedure is correctly documented on Electronic patient’s records including: date, time, type of catheter used, batch number, any complications and a date for the next catheter change. |  |  |  |  |
| Was the catheter passport completed and placed in the patient’s room. |  |  |  |  |
| The necessary information is communicated to the appropriate team members. |  |  |  |  |
| Correct information is provided to patient and/or his carers. |  |  |  |  |
| **KNOWLEDGE/SKILL ASSESSMENT CRITERIA** | **In Simulation Environment** | **In Clinical Area (ward based)** | | **Final Sign off** |
| **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** | **Demonstrated (Y/N)** |
| **FEEDBACK OF ASSESSMENT BY PRACTITIONER**  **NAME, DATE AND SIGNATURE** |  |  |  |  |
| **FEEDBACK OF ASSESSMENT BY ASSESSOR**  **NAME, DATE AND SIGNATURE** |  |  |  |  |

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| **Any other Comments** |