# How to use this template and guide:

This is an “**example only”** template and guide that should be modified to suit local hospital policy.

The guide has been developed to assist the assessor and provide some guidance to correct responses. Both have been reviewed by Victorian Transfusion Nurses who have experience and qualification in workplace assessment and training.

When developing or reviewing policies for administration of blood and blood products – Enrolled Nurses, **consideration must given to the individuals educational background and scope of practice**.

Simply delete this text box and remove the watermark, and modify to create a competency tool for your workplace. Should you require further information please contact bloodmatters@redcrossblood.org.au

# Assessment of clinical competence in

 ADMINISTRATION OF BLOOD & BLOOD PRODUCTS

# Enrolled Nurse – IV medication endorsed

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| **Assessment candidate details** |
| **Name:** |
| **Hospital:**  | **Ward**:  |
| **Pre-requisite and performance criteria met:****Yes ❒ No ❒** | **Date completed: / /**  |  |
| **Clinical assessment attempt: 1 ❒ C / NYC 2 ❒ C / NYC 3 ❒ C / NYC**  |
| **Date of Assessment:****/ /** | **Assessor’s Name & Designation:** | **Competency Achieved:****YES ❒****Not yet competent (NYC)❒** |
| **Assessment feedback:**  |
| **Assessor’s Signature:**  | **Candidate’s Signature:**  |

**Definition**

Enrolled nurse within this document is defined as Enrolled nurse that has completed the relevant medicine administration education units, for example IV medication administration. Nursing and Midwifery Board of Australia states enrolled nurse courses from 2008 onwards have completed relevant medicine administration units. Graduates who have not completed the relevant medicine administration units have notation on their registration that states “Does not hold Board- approved qualification in administration of medicines”.

**Background**

As with all medical procedures, blood product therapy involves some risks. Evidence suggests that the major threats to patient safety from transfusion relates to errors in decision–making and in the way blood products are administered, rather than inherent problems in the actual blood products.

In accordance with Australian and New Zealand Society of Blood Transfusion (ANZSBT) guidelines for the administration of blood products (2nd edition) the pre-administration check of intended recipient and blood product must be conducted at the intended recipient’s side by two authorised staff members (as per your health service policy). For example: An Enrolled nurse with IV medication endorsement who has been assessed as competent to administer blood products may perform this check with a Registered nurse or Registered midwife, administer a blood product and care for a patient having a blood product administered.

**Purpose**

The purpose of this competency assessment is to determine the Enrolled nurse’s knowledge and skill in the administration of blood product. The term blood product is used to describe both fresh components (red cells, platelets, plasma and cryoprecipitate) and fractionated products made from human blood (e.g. Albumin, Prothrombinex VF)

**Prerequisite**

Hospitals should determine their own pre-requisite. An example could be: successful completion of the blood transfusion practice for ENs education day. The education day should be completed no longer than 3 months prior to undertaking the clinical competency assessment.

**Expected outcome**

The Enrolled nurse will understand and articulate the principles of safe blood product administration and demonstrate the required skill when administering blood products and caring for patients having blood products.

## Performance criteria

The Enrolled nurse who has completed the relevant medicine administration units (IV endorsed Enrolled nurse) undertaking this clinical assessment of competency will be expected to:

* Demonstrate a sound knowledge of scope of practice and blood product administration
* Demonstrate safe practice in blood product administration. (Hospitals to determine their own assessments to be completed).

**Clinical competency assessment tool**

The assessment tool for determining clinical competency for administration of blood products adopted here is the 5-point Bondy rating scale (Bondy, 1983). The reference points on the rating scale indicate the degree of competency to which the learner has performed the required clinical behaviors.

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| --- | --- | --- | --- |
| **Scale label** | **Score** | **Standard of procedure** | **Level of assistance required** |
| **Independent** | **5** | SafeAccurateAchieved intended outcomeBehavior is appropriate to context | No supporting cues required |
| **Supervised** | **4** | SafeAccurate Achieved intended outcomeBehavior is appropriate to context | Requires occasional supportive cues |
| **Assisted** | **3** | SafeAccurateAchieved most objectives for intended outcomeBehavior generally appropriate to context | Required frequent verbal and occasional physical directives in addition to supportive cues |
| **Marginal** | **2** | Safe only with guidanceNot completely accurateIncomplete achievement of intended outcome | Required continuous verbal andFrequent physical directive cues |
| **Dependant** | **1** | UnsafeUnable to demonstrate behaviorLack of insight into behavior appropriate to context | Required continuous verbal and continuous physical directive cues |
| **X** | **0** | Not observed |  |
| Bondy, K. N., (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education*, 22(9), 376-382. |

**Assessment**

Clinical competency will be assessed by insert hospital information (for example: Transfusion CNC, Clinical educator).

The assessment will be performed using direct observation and questioning and may be conducted in the clinical area or a simulation laboratory.

Each hospital to determine their minimal achievement score to determine competence, e.g. the candidate must achieve a minimum score of 4 for the clinical behavior outlined in the clinical assessment tool, and perform at a supervised level in order to be deemed competent.

Immediately following completion of the assessment the candidate will be provided feedback from the assessor.

A copy of the assessment form will be provided to the candidate.

In the event that a candidate does not achieve clinical competency on the first attempt, the process for review and reassessment will be implemented.

A candidate may have a maximum of 3 attempts after which a 3 month period of non-eligibility for assessment will apply.

Assessors should be familiar with framework of assessing national competency standards for registered nurses, enrolled nurses and midwives.

 <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Framework-for-assessing-national-competency-standards.aspx>

**Frequency of assessment**

To be determined by the hospital, an example could be:

Once assessed as competent, an Enrolled nurse with IV medication endorsement **who is** working in a clinical area where blood products are administered does not require additional assessment of clinical competency.

In accordance with existing hospitals policies and procedures for the nursing management of patients having blood products administered as part of their medical treatment, successful completion of the e-learning blood transfusion practice for nursing and midwifery staff course is required annually. Once assessed as competent, an Enrolled nurses with IV medication endorsement **who is not** working in a clinical area where blood products are administered e.g. residential aged care will be required to undertake the clinical competency assessment second yearly to be deemed competent. Successful completion of the e-learning blood transfusion practice for nursing and midwifery staff course is required annually.

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| BLOOD PRODUCT ADMINISTRATION – CLINICAL COMPETENCY |
| **Demonstrates a sound knowledge of scope of practice** |
| **Response** | **Score** | CNYC | **Assessor Comments**  |
| 1. Verbalises an understanding of Enrolled nurse role and responsibility regarding blood product administration.
 |  | CNYC |  |
| **Demonstrates a sound knowledge of blood product administration** |
| 1. Verbalises an understanding of blood product compatibility requirements.
 |  | CNYC |  |
| 1. States the action required if a blood product cannot be administered immediately or is not required.
 |  | CNYC |  |
| 1. Verbalises blood product prescription requirements including documentation of consent.
 |  | CNYC |  |
| 1. Describes and appreciates the rationale for the checking process, its documentation and impact on patient safety.
 |  | CNYC |  |
| 1. Describes rationale for and identifies appropriate equipment for administration including giving set.
 |  | CNYC |  |
| 1. States restrictions for co-administration of IV fluids and medications during transfusion.
 |  | CNYC |  |
| 1. States maximum infusion time for blood products and describes actions if infusion of product not completed.
 |  | CNYC |  |
| 1. Describes the rationale for observation and vital sign recording pre, during and post transfusion.
 |  | CNYC |  |
| 1. Describes possible transfusion reactions.
 |  | CNYC |  |
| 1. States action required if transfusion reaction occurs.
 |  | CNYC |  |
| **Demonstrates safe practice in blood product administration** |
| 1. Educates intended recipient prior to and during the transfusion, including discussion re possible side effects and the importance of reporting any discomfort, concerns or symptoms to nursing staff.
 |  | CNYC |  |
| 1. Correctly follows checking procedure - recipient and product.
 |  | CNYC |  |
| 1. Monitors patient both visually and by vital sign observation pre, during and post transfusion.
 |  | CNYC |  |
| 1. Commences infusion at prescribed rate, explaining rationale for usual time frame.
 |  | CNYC |  |
| 1. Describes the actions to be taken in the event of a transfusion reaction.
 |  | CNYC |  |
| 1. Completes all documentation.
 |  | CNYC |  |
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