

Venous Thromboembolism Prevention Nurse

Competency Assessment Document

Name:

Line manager:

Start date:

Completed:

Guidelines for completing the Competency Assessment Document.

- These competencies are assessed in practice, to give structure to your learning.
- They are separated into: assessing essential knowledge around the subject area, your ability to perform the associated skills in practice and understanding the rationale and risks associated with it.
- Each skill should be assessed as the level it is currently performed at. These levels are as follows: **needs development (N), competent with support (CS) and independently competent (IC).**

1.0 Professional Values	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates in practice:			
1.1 Punctual for work, presenting in professional manner in line with local policy.			
1.2 Works safely within limitations of role and recognises own levels of competence.			
1.3 Conducts practice in line with local policy and procedure at all times.			
1.4 Consistently act in a manner that demonstrates care, compassion, understanding and dignity to all patients, recognising individual beliefs and choices.			
1.5 Consistently acts with care and compassion towards patients and relatives.			
1.6 Maintains own personal development including mandatory training.			
1.7 Acts in a professional manner when attending conferences and meetings outside the trust.			

2. Venous Thromboembolism (VTE)	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates knowledge of:			
2.1 Basic pathophysiology of a VTE.			
2.2 The three main reasons why VTE occurs in hospitalised patients.			
2.3 Common sites for VTE to occur and the signs and symptoms of each type.			
2.4 The risk assessment process, i.e. how patients are VTE risk status is assessed and the appropriate prevention strategies indicated if needed.			
2.5 The mechanism of action of VTE prevention using pharmacological prophylaxis – types of medication, target population, duration, dose, and contraindications			
2.6 The mechanism of action of VTE prevention using mechanical prophylaxis including target populations, duration and cautions.			
2.7 The hospital policy and national guidelines on identification of inpatient and outpatient VTE events, time frame of diagnosis and treatment.			

3.0 Promoting the prevention of VTE	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates in practice			
2.1 Effectively communicates with the multidisciplinary team at all levels, to ensure prevention of VTE is carried out according to trust protocols and national standards.			
2.2 Through data analysis and communication with the ward areas and business intelligence unit, ensures that VTE admission assessment is completed for all patients and the collection of completion data is accurate.			
2.3 Utilises data on risk assessment rates in order to promote risk assessment completion.			
2.4 Ensures VTE resources are updated and evidence based (EPR, KWIKI, e-learning and web content).			
2.5 Ensures that resources are available for use (e.g. IPC in equipment library) and staff are trained in the equipment's use.			
2.6 Facilitates the content and provision of patient information available to teams to provide to patients (e.g. enoxaparin injection booklets / VTE info leaflets).			
2.7 To monitor and promote high standards in the utilisation and documentation of intermittent pneumatic compression and anti-embolic stockings.			
2.8 To teach groups of staff in mandatory training, induction			

Example

and on wards using PowerPoint presentations and creative teaching methods.			
5.1 Ensures quality of care by auditing VTE prevention methods and utilising results to drive quality improvement.			

4.0 Anticoagulants	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates knowledge of:			
3.1 The class of medication warfarin falls within			
3.2 a) Demonstrate a basic understanding of warfarin's mechanism of action. b) Which clotting factors warfarin acts on c) The half-life of warfarin? d) What happens to the anticoagulation factors in the first 3 days of warfarin administration?			
3.10 What are the contraindications to warfarin?			
3.11 What are the main side effects of warfarin?			

Example

5.1 The four direct oral anticoagulant (DOAC) currently licenced in the UK and the specific indications they are licensed for.			
5.2 The basic mode of action of each DOAC.			
5.3 The doses of the DOACs for each indication.			
5.4 The important pharmacokinetic properties of each, i.e. renal/liver clearance, half-life, side effects, and when one agent is preferred over another.			
5.5 Monitoring required for each.			
5.6 Describe the key counselling points for each DOAC.			
5.7 Be familiar with local guidance on when DOACs should be prescribed and how prescribing care is transferred to primary care.			

5.0 Hospital associated venous thromboembolism (HAT)	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates in practice:			
3.1 Uses the trusts "HAT Standard Operating Protocol" to identify cases of HAT and perform a root cause analysis.			
3.2 Communicates regularly with the risk team and relevant consultants and ward areas to facilitate investigation of HAT events where care was not according to trust guidelines.			
3.3 Maintains a data base of HAT events up to date within two weeks of the event occurring.			
3.3 Attends governance and risk meetings to feedback hospital associated VTE results (HAT and risk assessment data) and discuss themes and root causes of HATs which have occurred.			
3.4 Identifies trends and analyses' data over time in order to maximise learning and feedback to departments and wards.			
3.5 Is ready to provide data on request to the hospital board on HAT rates and VTE assessment rates.			

6.0 Trust leadership	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Demonstrates in practice:			
4.1 Developing positive working relationships with teams to facilitate the effective implementation of VTE prevention strategies.			
4.2 Developing and maintaining a network of link practitioners across the hospital who engage in quality improvement projects.			
4.3 Running regular study sessions and study days for link practitioners to equip them to conduct audit and quality improvement projects and to be a resource for their area.			
4.4 Proactively working with managers to lead any areas where care requires improvement into a position of competence, quality and safety.			
4.5 Facilitating a junior doctor's quality improvement project as part of their professional development.			

Example

7.0 Audit, research and Evidence Based Practice/Project work	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Practical outcome:			
5.1 Ensures quality of care by auditing VTE prevention methods and utilising results to drive quality improvement.			
5.2 Maintains up to date clinical knowledge of specialist subject area from current literature and research.			
5.3 Initiates the change and implementation of guidance when research and / or audit outcomes indicate.			
5.4 Participates in national initiatives when the opportunity presents.			
4.6 Attends national networking conferences and where possible present's quality improvement projects.			

8.0 National Nursing and Midwifery Network (NNMN)	Self-assessment (level, date, sign)	Manager Assessment (level, date, sign)	Comments
Practical outcome:			
8.1 Participates in the VTE national nursing and midwifery network.			
8.2 Communicates initiatives and quality improvement success stories with the network.			