

Acknowledgements

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This programme has been accredited by the RCN Centre for Professional Accreditation  
Accreditation applies only to the educational content of the programme and does not apply to any product

**Endoscopy Nurse Name:**

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**Title & Banding:**

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**PIN number & expiry date:**

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**Hospital and Health board:**

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**Mentor(s):**

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**Authors, Working Party and process of development**

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**Introduction for Registered Nurses**

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**AWENcf User Guide**

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**References**

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**Followed by:**

**Personal Development Plan**

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**Competencies: Sections 1, 2, 3, 4 and 5 including:  
DOPS, Witness Statement template and Final Assessments**

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### Initial Piloting:

East and West Site Endoscopy Units, Betsi Cadwalader University Local Health Board & Glyndwr University, Wrexham: Gail Bibby, Mandy Collins, Ann Davies and Wendy Pugh (2009)

### Initial Focus Group:

West site Endoscopy Units, Betsi Cadwalader University Local Health Board: Sandra Ewing, Debbie Jones, Sandra Jones, Dan Marshall, Lesley McConville, Wendy Pugh, Sian Roberts and Trish Robertson (2015)

### DOPS Compiled by:

Mandy Collins, Dan Marshall, Anna Lewis, John Prendergast, Jackie Price and Wendy Pugh

## INTRODUCTION FOR REGISTERED NURSES

### Background:

AWENcf has been developed primarily for nurses working at all levels of endoscopy in Wales. The purpose of the document is to provide structure to endoscopy nurse training & development and provide confirmation and evidence of competency in this rapidly changing, complex and important area of nursing. The portfolio within AWENcf covers diverse but inter-connected areas of practice including all the technical and clinical skills required by endoscopy nurses/unit managers and also the more intangible nursing qualities such as compassion, empathy and advocacy.

### The Development Process:

The AWENcf project has been led by Wendy Pugh, Lead Nurse for Endoscopy in Wales who in 2013 won the RCN Nurse Education Award for the work. A multi-disciplinary team approach was undertaken which included piloting, consultations with experts in endoscopy and education, establishing a multi-disciplinary Working Party, gaining RCN accreditation and gaining user feedback through Focus Group methodology. Collaborative working has enabled AWENCF to be revised and evaluated to ensure it is a useable, transparent and dynamic tool based on current professional guidance, new procedural requirements and user experiences.

As users you are invited to provide feedback on your experiences of using AWENcf. The information you provide will add to the existing knowledge and contribute to future reviews and updates. Please contact [wendy.pugh2@wales.nhs.uk](mailto:wendy.pugh2@wales.nhs.uk)

### Using AWENcf:

It is intended that all nurses new to endoscopy will use AWENcf to produce documented evidence of their development from novice to expert. Existing and established endoscopy nurses will use AWENcf to confirm their levels of competence, provide documented evidence of their level of practice and identify strengths and areas for development. All endoscopy nurses can use AWENcf

towards their Individual Performance Appraisal (IPA) and the Nursing and Midwifery Council (NMC) re-validation.

AWENcf has been divided into 5 Sections that are supported by Welsh Endoscopy Nurse Training (WENT) study days as follows:

**Sections 1 and 2** are supported by the ENDO1 study day which Covers: Utilising AWENcf, Quality in Endoscopy, Pre assessment for endoscopy, Professional Nursing Issues, Care of the Endoscopy Patient, Nurse Confirmation of Consent, Decontamination, Role of the Assisting Nurse and Diathermy. This course is aimed at all nurses working in endoscopy units across Wales.

**Section 3** supported by the ENDO2 study day which aims to provide endoscopy nurses with a theoretical overview of common endoscopy therapies and hands on supervised learning on animal models simulating non-variceal and variceal bleeding, upper GI strictures and lower GI polyps. This course is aimed at nurses involved in the care of patients undergoing therapeutic upper and lower GI endoscopy.

**Sections 4 and 5** are supported by ENDO3 which is a two day study event that covers: Leadership, Research, Audit & Teaching and Assessing. This course is aimed at Band 6 and 7 nurses.

For further information about these courses contact: [wendy.pugh2@wales.nhs.uk](mailto:wendy.pugh2@wales.nhs.uk) or [phedra.dodds2@wales.nhs.uk](mailto:phedra.dodds2@wales.nhs.uk)

AWENcf also forms a central component of the Degree and Masters level modules for Endoscopy Nurses and Endoscopy Unit Managers at Bangor and Swansea Universities. For further information regarding the Swansea Module contact: [phedra.dodds2@wales.nhs.uk](mailto:phedra.dodds2@wales.nhs.uk), [wendy.pugh2@wales.nhs.uk](mailto:wendy.pugh2@wales.nhs.uk) and/or [d.m.snipe@swansea.ac.uk](mailto:d.m.snipe@swansea.ac.uk) (Dean Snipe for application pack). For further information regarding the Bangor Module contact [mandy.collins@wales.nhs.uk](mailto:mandy.collins@wales.nhs.uk), [wendy.pugh2@wales.nhs.uk](mailto:wendy.pugh2@wales.nhs.uk) and/or [hssc01@bangor.ac.uk](mailto:hssc01@bangor.ac.uk) (Heather Bloodworth for application pack).

The remaining pages of the introduction serve as a guide to using AWENcf and offers information to help nurses and assessors understand the process to successful completion.

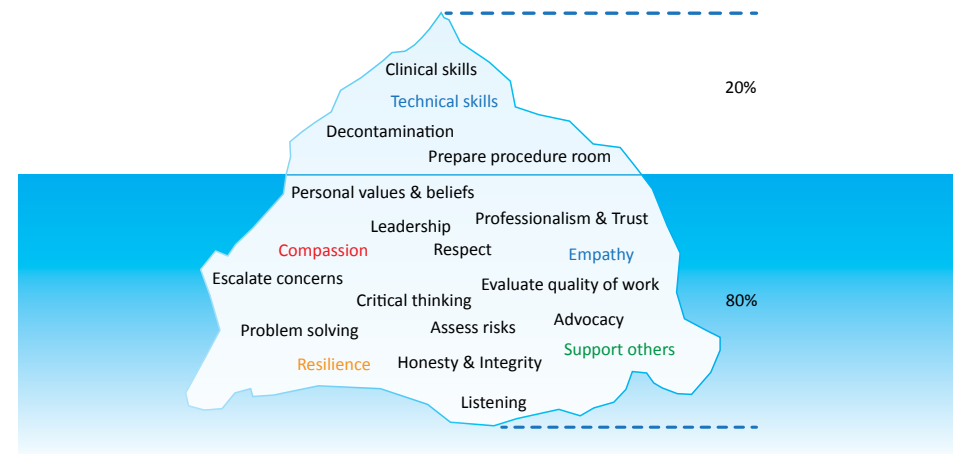
# AWEN<sup>cf</sup> USER GUIDE

**Competency:** is a combination of skills, job attitude and knowledge which is reflected in job behaviours that can be observed, measured and evaluated. The competence of a nurse is their ability to perform consistently in different situations using their knowledge, skills and attitudes to achieve the best outcomes for patients (Beaumont 1996).

**Competency Framework:** is a structure that sets out and defines each individual competency required by individuals working in an organisation or part of an organisation.

**Measuring Competency:** The Iceberg Model of Competency has been utilised to help explain the concept of competency where the tip of the iceberg is above water (visible skills) but the rest remains beneath the surface. The AWEN<sup>cf</sup> Iceberg (Fig 1) shows skills that can be easily assessed and measured (above the water line) and nursing qualities that are more difficult to assess and measure (below the surface). The AWEN<sup>cf</sup> Iceberg shows that only 20% of skills are easily measured while the remaining 80% are intangible. Both sets of skills are required to make a fully competent endoscopy nurse that works within The Code (NMC 2015) enabling best patient experiences and outcomes.

## AWEN<sup>cf</sup> Iceberg



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Service Improvement, PHW

September 2015

Fig 1

**AWENcf:** is a competency framework that is linked to the Skills for Health National Endoscopy and Decontamination Frameworks and KSF outlines. It will help you identify your strengths and areas for development. Advancement through sections 1, 2, and 3 of the framework will take up to 18 – 26 weeks (18 weeks for experienced endoscopy nurses and up to 26 weeks for part time or nurses new to endoscopy work). If you have been deemed competent at level 5 in Sections 1, 2 and 3 you may want to further your development and complete Sections 4 in Leadership and Section 5 in Assessing Clinical Practice. These sections are optional but it is highly advisable for endoscopy nurses at Band 6 and 7 to undertake them. They will take longer to complete as indicated in Table 3.

**Mentorship:** You will be assigned a mentor who will have experience in endoscopy nursing, mentorship and teaching. You will need to arrange a series of meetings with your mentor to discuss your individual learning objectives, your progress and/or any problems you may be experiencing.

**Assessment:** The competency assessment scoring system in Tables 1 and 2 comprises 5 levels from novice to expert (Benner 2000). Level 4 is the minimum standard for competence in a particular area. Once you have reached Level 4 you may want to continue to develop your skills and become an expert at level 5 or you may be happy to remain at level 4. Experienced endoscopy nurses may want to aim for Level 5 from the onset however to achieve Level 5 you will be assessed while you are teaching and transferring your knowledge. To achieve Degree level accreditation on the university modules you would need to be deemed competent at Level 4 in Sections 1,2 and 3 however to achieve the Masters Level you would need to be deemed competent at Level 5 in Sections 1,2,3,4 and 5.

**Assessors:** should be trained in undertaking assessment and giving honest and accurate constructive feedback. Ideally they should be competent at level 5 in the procedure they are assessing and be competent at Level 5 in COMPETENCY 5.1: ASSESSING CLINICAL PRACTICE. If this is not possible your assessors could be: 1) the endoscopist undertaking the procedure that you are assisting provided they are trained assessors to JAG standards 2) senior endoscopy nurses with teaching and assessing qualifications 3) other nurses working within the speciality that would be able to assess specific competencies e.g. Specialist Screening Practitioners could be assessors for COMPETENCY 2.8: NURSE PRE ASSESSMENT OF PATIENTS UNDERGOING DIAGNOSTIC GASTROSCOPY, FLEXIBLE SIGMOIDOSCOPY, AND COLONOSCOPY WITH/WITHOUT BIOPSY/POLYPECTOMY and COMPETENCY 2.9: NURSE CONFIRMATION OF POSTAL CONSENT FOR DIAGNOSTIC GASTROSCOPY, FLEXIBLE SIGMOIDOSCOPY, AND COLONOSCOPY WITH/WITHOUT BIOPSY/POLYPECTOMY provided they have a teaching and assessing qualification. If you aim to be deemed competent at Level 5 then you are one of the assessors of the future

**Personal Development Plan:** is a guide for you to plan your learning development with your mentor. It is a process that will ensure you have the support you require to achieve both your short term and long-term objectives. You should take this opportunity to discuss further professional development that you may wish to undertake and how this is going to benefit yourself and your role within the endoscopy unit.

Please retain this for your annual Individual Performance Appraisal (IPA).



## Competency Assessment Levels:

Self-Assessment		
Level 1	I do not know the knowledge and skills required	(Novice)
Level 2	I know the knowledge and skills required but do not have them	
Level 3	I know the knowledge and skills required and am developing them	
<b>Level 4</b>	<b>I have the knowledge and skills and use them regularly</b>	<b>(Competent)</b>
Level 5	I have the knowledge and skills and use them to train others	<b>(Expert)</b>

Table 1

Formative and Summative Assessments		
Level 1	Minimal knowledge and understanding about how the competence relates to practice	(Novice)
Level 2	Needs supervision to effectively carry out the range of skills within the competence	
Level 3	Performs some skills within the competence effectively without supervision	
<b>Level 4</b>	<b>Confident of the knowledge and ability to perform all the identified skills within the competence effectively</b>	<b>(Competent)</b>
Level 5	Can facilitate the knowledge and understanding of other professionals relating to the skills range within the competence	<b>(Expert)</b>

Table 2

(Benner 2000)



The process and timing of assessments:

**Experienced endoscopy nurses**

**Section 1**

**Week 1:** Self-assessment

**Week 3:** Formative assessment

**Week 6:** Summative assessment

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**Section 2**

**Week 7:** Self-assessment

**Week 9:** Formative assessment

**Week 12:** Summative assessment

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**Section 3**

**Week 13:** Self-assessment

**Week 15:** Formative assessment

**Week 18:** Summative assessment

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**Section 4 (Optional)**

**Week 19:** Self-assessment

**Week 22:** Formative assessment

**Week 25:** Summative assessment

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**Section 5 (Optional)**

**Week 26:** Self-assessment

**Week 29:** Formative assessment

**Week 32:** Summative assessment

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**New or part time endoscopy nurses**

**Section 1**

**Week 1:** Self-assessment

**Week 5:** Formative assessment

**Week 9:** Summative assessment

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**Section 2**

**Week 10:** Self-assessment

**Week 14:** Formative assessment

**Week 18:** Summative assessment

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**Section 3**

**Week 19:** Self-assessment

**Week 22:** Formative assessment

**Week 26:** Summative assessment

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**Section 4 (Optional)**

**Week 27:** Self-assessment

**Week 31:** Formative assessment

**Week 35:** Summative assessment

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**Section 5 (Optional)**

**Week 36:** Self-assessment

**Week 40:** Formative assessment

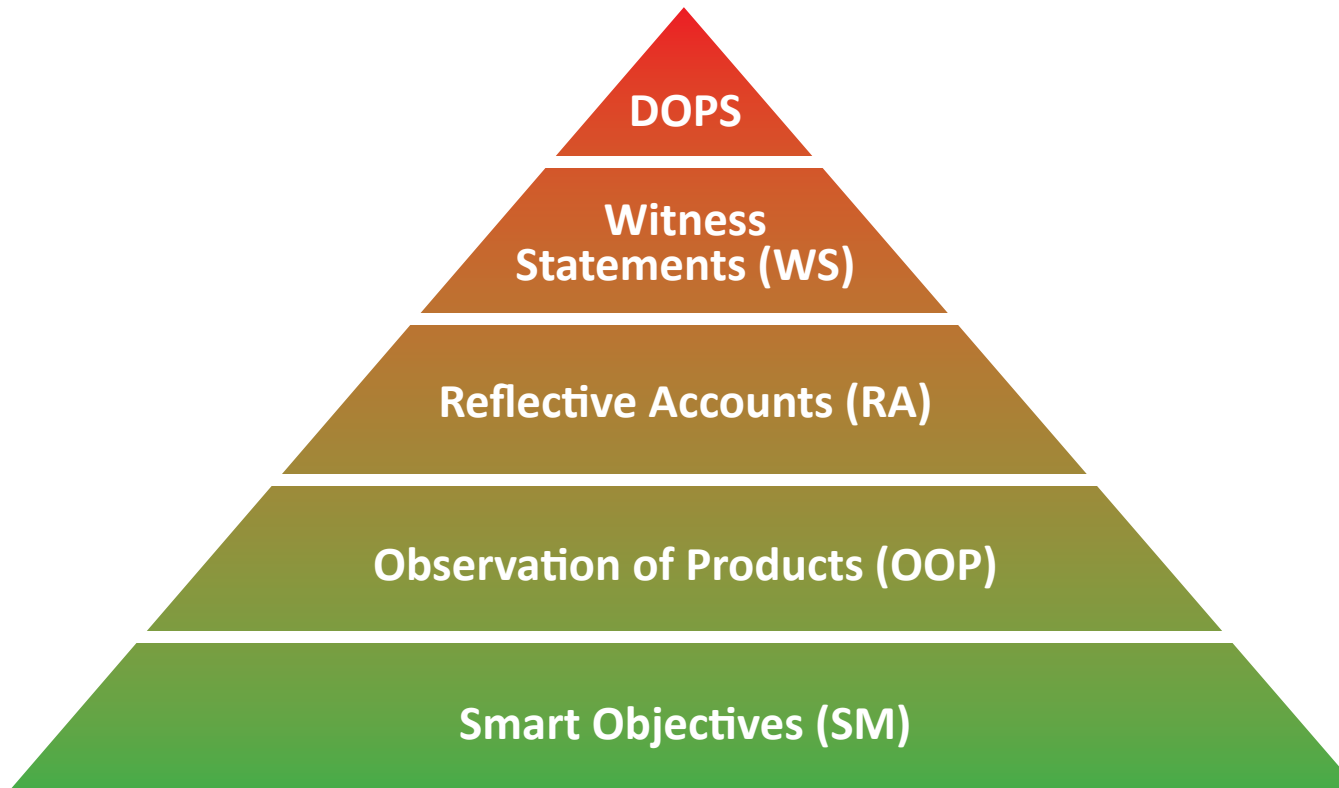
**Week 44:** Summative assessment

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Table 3

Your line manager will have a copy of the final documents

## AWENcf Key to Evidence of Learning Pyramid



W Pugh (2015)

Fig 2

Evidence of assessments and competency can be gathered in any way listed in the “Key to Evidence Gathering Pyramid” in Fig 2 to enable you to develop your AWENcf portfolio which can become part of your NMC revalidation portfolio

## Gathering Evidence of Competency Explained:

**1) The direct observation of procedural skills (DOPS).** These tools are designed to assess the procedural skills essential to good endoscopy nurse clinical practice. This will be the most common method used to assess the clinical competencies within AWENcf. If there are aspects of the procedure that are not performed satisfactorily the completed DOPS will act as a guide for your further training and inform your assessor on the next attempt. It is expected that for some of the more complex endoscopy procedures e.g. ERCP, you will require assessment on more than one occasion. You will need at least 2 satisfactory DOPS for each of the following: -

No	Welsh Endoscopy Nurse Training (WENT) DOPS
1	Assisting in Argon Plasma Coagulation (ACP)
2	Prepare and assist with Balloon Dilation
3	Assisting with Dye Spray
4	Assisting in Non variceal GI Bleed
5	Assisting in Simple Biopsy
6	Assisting in variceal band ligation
7	Assisting with stent insertion
8	Assisting with simple polypectomy
9	Assisting with EMR
10	Assisting the Endoscopist with ESD
11	Assisting with ERCP Cannulation & Sphincterotomy
12	Assisting with removal of biliary calculi and debris
13	Assisting with ERCP Stent insertion
14	Assisting with Biliary Dilatation
15	Assisting with ERCP Mechanical Lithotripsy
16	Operating Diathermy
17	Assisting the Endoscopist with PEG Placement
18	Manual Cleaning of Endoscopes
19	Operating AER
20	Endoscope storage
21	Packaging and Sending Endoscopes for Repair
22	Preparation of the Procedure Room
23	Care & Observation of patients undergoing diagnostic endoscopy procedures
24	Care & Observation of patients undergoing complex endoscopy procedures
25	Assisting with PTC

Table 4

You should also maintain a log of the procedures you have assisted with and provide reflective comments where appropriate as part of your AWENcf portfolio. A more transparent approach would be to use the endoscopy reporting tool to audit the frequency of your clinical practice. For this to be possible the endoscopist would need to input your name as the assisting nurse on individual patient reports.

**2) Witness Statements (WS):** Your assessor will test your knowledge and/or observe your skills and write witness statements as supporting evidence of your knowledge and skills. The assessor is responsible for assessing your knowledge and skills against: -

- The NMC Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (2015)
- Endoscopy Global Rating Scale (Wales)
- BSG-ACPGBI guidelines for the management of large non-pedunculated colorectal polyps (2015)
- BSG UK guidelines on the management of variceal haemorrhage in cirrhotic patients (2015)
- BSG Guidance on Decontamination of Equipment for Gastrointestinal Endoscopy (2014)
- Local policies on: Infection Control, Consent, Diabetes
- Academy of Medical Royal Colleges: Safe Sedation Practice for Medical Procedures (2013)
- BSG Guidance on the indications for diagnostic upper GI endoscopy, flexible sigmoidoscopy and colonoscopy (2013)
- Welsh Health Technical Memorandum (WHTM) 01-01 (2013)
- BSG Consensus guidelines for the safe prescription and administration of oral bowel-cleansing agents (2012)
- NICE Guidelines: Acute upper gastrointestinal bleeding: management (2012)
- NHS Wales: All Wales Guidelines on Delegation (2010)
- BSG Guidelines for the provision of a percutaneously placed enteral tube feeding service (2010)
- BSG Guidelines for the management of gastric polyps (2010)
- BSG Antibiotic Prophylaxis in Gastrointestinal Endoscopy (2009)
- BSG Guidelines for Non-variceal Upper Gastrointestinal Haemorrhage (2009)
- BSG Guidelines for the Management of Anticoagulant and Antiplatelet Therapy in Patients Undergoing Endoscopic Procedures (2008)
- BSG Guidelines on the Management of Common Bile Duct Stones (CBDS)(2008)
- BSG Guidelines for Obtaining a Valid Consent for Elective Endoscopic Procedures (2008)
- BSG Guidelines on Complications of Gastrointestinal Endoscopy (2006)
- BSG Guidelines on the Use of Oesophageal Dilatation in Clinical Practice (2004)
- The Report of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Scoping our Practice (2004)
- NHS Wales: *Fundamentals of Care* (2003)
- HSE Control of Substances Hazardous to Health (COSHH 2002)

***The above list of documents will undergo intermittent review and it is advisable that you explore for updated guidelines. Links can be found in the Reference list***

WS can also be less formal from colleagues, managers or members of the public e.g. on an issue you explained well or helped with. For the more experienced endoscopy nurses witness statements can be from those you have taught, assessed, coached, encouraged to develop or given advice to. They could be statements on how you solved or prevented a problem.

**3) Reflective Accounts (RA):** Reflection and empowerment by you will be the greatest supporting aspect of effective assessment and competency development. Through reflection you will identify your strengths and areas for development, learn from mistakes and propose alternative approaches if faced with the same or similar situations again. Within AWENcf you will need to write reflective accounts of your experiences, good or bad, in the form of Critical Incident Analysis (CIA). There are many models for reflection and you may have one that you use and prefer. However, Tate & Sills (2004) state that we learn through critical reflection by putting ourselves into the experience and exploring personal and theoretical knowledge to understand it and view it in different ways. Therefore a critical reflective account should include: -

- A description of the experience be it good or bad
- The rationale for choosing to analyse this experience
- How the experience made you feel
- How the experience made others feel
- Contributing factors to what made the experience happen
- Recommendations for change if needed
- The outcome

If AWENcf is utilised as a stand-alone tool on your unit to help you achieve competency then informal reflection is expected, however if AWENcf is utilised as part of an academic module then reflective accounts must be more formal. The RCN (2013) give the following definitions

**Informal Reflection:** Involves self-questioning and develops awareness of our own assumptions

**Formal reflection:** Draws on research and theory and provides guidance and frameworks for practice.

RAs for the university modules should be 1500 words each.

**4) Observation of products (OOP)** e.g. projects/risk assessments/audits/results of appropriate e learning/presentations/lesson plans: It is essential to ensure that your assessor can verify that the end product is evidence based and was of your own doing.

**5) SMART Objectives (SO):** Can be accompanied by 1) certificates of attendance and/or 2) evidence of reading: These can include your individual objectives set for making change happen within your unit or to change your own practice. The objectives should be based on learning outcomes achieved through attending study days or through reading up to date evidence based literature.

***NB: Your AWENcf portfolio should not consist of irrelevant material e.g. leaflets, copies of guidelines, articles, programmes.***

# AWEN<sup>cf</sup> EXPECTED LEARNING OUTCOMES

## SECTION 1

By week 6/9 you should reach competency Level 4/5 in Section One: -

COMPETENCY 1.1: PROFESSIONAL VALUES AND INTERPERSONAL EFFECTIVENESS

COMPETENCY 1.2: COMMUNICATION AND PATIENT ASSESSMENT

COMPETENCY 1.3: UPPER GASTROINTESTINAL ENDOSCOPY (OGD) CARING FOR THE PATIENT

COMPETENCY 1.4: LOWER GASTROINTESTINAL ENDOSCOPY (COLONOSCOPY AND FLEXIBLE SIGMOIDOSCOPY) CARING FOR THE PATIENT

COMPETENCY 1.5: INFECTION CONTROL

**AND**

Write 1 RA linked to one or more of the above competencies.

## SECTION 2

By week 12/18 you should reach competency Level 4/5 in Section Two: -

COMPETENCY 2.1: DECONTAMINATION - FLEXIBLE ENDOSCOPE MANUAL CLEANING

COMPETENCY 2.2: DECONTAMINATION OF A FLEXIBLE ENDOSCOPE – USE OF AUTOMATED ENDOSCOPE REPROCESSORS (AER)\_

COMPETENCY 2.3: DECONTAMINATION – STORAGE OF FLEXIBLE ENDOSCOPES AND ACCESSORIES

COMPETENCY 2.4: PREPARATION OF THE PROCEDURE ROOM.

COMPETENCY 2.5: ASSISTING WITH UPPER GI GASTROINTESTINAL ENDOSCOPY

COMPETENCY 2.6: ASSISTING WITH LOWER GASTROINTESTINAL ENDOSCOPY (COLONOSCOPY AND FLEXIBLE SIGMOIDOSCOPY)

COMPETENCY 2.7: OPERATION OF DIATHERMY

COMPETENCY 2.8: NURSE PRE ASSESSMENT OF PATIENTS UNDERGOING DIAGNOSTIC GASTROSCOPY, FLEXIBLE SIGMOIDOSCOPY, AND COLONOSCOPY WITH/WITHOUT BIOPSY/POLYPECTOMY

COMPETENCY 2.9: NURSE CONFIRMATION OF POSTAL CONSENT FOR DIAGNOSTIC GASTROSCOPY, FLEXIBLE SIGMOIDOSCOPY, AND COLONOSCOPY WITH/WITHOUT BIOPSY/POLYPECTOMY

**AND**

Write 1 RA linked to one or more of the above competencies.

### SECTION 3

**By week 18/26 you should reach competency Level 4/5 in Section Three: -**

COMPETENCY 3.1: CARE OF PATIENTS UNDERGOING COMPLEX THERAPEUTIC UPPER GASTROINTESTINAL ENDOSCOPY

COMPETENCY 3.2: CARE OF PATIENTS UNDERGOING COMPLEX THERAPEUTIC LOWER GASTROINTESTINAL ENDOSCOPY

COMPETENCY 3.3: CARE OF PATIENTS UNDERGOING PLACEMENT OF ENTERAL FEEDING TUBES

COMPETENCY 3.4: CARE OF PATIENTS UNDERGOING ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)

COMPETENCY 3.5: ASSISTING WITH COMPLEX THERAPEUTIC UPPER GASTROINTESTINAL ENDOSCOPY (OGD)

COMPETENCY 3.6: ASSISTING WITH ENDOSCOPIC MUCOSAL RESECTION (EMR)

COMPETENCY 3.7: ASSISTING WITH COLONIC STENTING

COMPETENCY 3.8: ASSISTING WITH ENDOSCOPIC SUBMUCOSAL DISECTION (ESD)

COMPETENCY 3.9: ASSISTING WITH PLACEMENT OF ENTERAL FEEDING TUBES

COMPETENCY 3.10: ASSISTING WITH ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)

**AND**

Write 1 RA linked to one or more of the above competencies.

### Section 4 (Leadership)

**By week 25/35 you should reach competency Level 5 in Section Four: -**

COMPETENCY 4.1: UNIT MANAGEMENT

COMPETENCY 4.2: TEAM LEADERSHIP

COMPETENCY 4.3: CLINICAL NURSE LEADERSHIP

COMPETENCY 4.4: TEACHING (competency Level 5 required)

COMPETENCY 4.5: RESEARCH & AUDIT

**AND**

Write 1 RA linked to one or more of the above competencies.

### Section 5

**By week 32/44 you should reach Level 5 in Sections 1, 2, 3, 4 and 5**

COMPETENCY 5.1: ASSESSING CLINICAL PRACTICE (competency Level 5 required)

You should be assessed at this competency once you have achieved Level 5 in one or more of the individual sections. You will only be able to assess others when you have achieved Level 5 in the appropriate sections for your workplace and Section 5. After achieving Level 5 in Teaching and Assessing Clinical Practice, your performance as a teacher and assessor should be reviewed annually and you should receive regular trainee feedback on your performance.

COMPETENCY 5.2: GIVING CONSTRUCTIVE FEEDBACK (competency Level 5 required)

Write 1 RA linked to these competencies.



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