

Appendix A: Blood glucose monitoring clinical competency

Name:	Role:
Base:	Date initial training completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in blood glucose monitoring without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Health Care Professional who can demonstrate competence at level 4 or above.

Performance criteria	Assessment method	Level achieved	Date	Assessor/self-assessed
1. The participant will be able to demonstrate the knowledge and skills to perform blood glucose monitoring.				
a) The reason for the patient needing blood glucose monitoring.	Questioning			
b) The limitations of using a blood glucose meter.	Questioning			
c) The rationale for calibrating meter, ensuring test strips are in date, performing internal Quality Control (QC) and external Quality Assurance (QA)	Questioning			
d) Correct method to obtain blood sample.	Questioning			
e) Significance of test results and how to interpret.	Questioning			
f) When it is necessary to refer to a GP or the diabetes nurse specialist.	Questioning			
2. The participant will be able to demonstrate practical skills in blood glucose monitoring.				
a) How to ensure accuracy of meter by demonstrating internal quality control (QC) check	Observation			
b) Correct calibration procedure if needed for meter.	Observation			
c) How to operate the meter.	Observation			
d) Correct procedure for skin preparation.	Observation			
e) Correct method to obtain blood sample.	Observation			

f) Practices in accordance with Trust Infection Control Policy and Sharps Inoculation and Management Policy to avoid needle stick injury.	Observation			
g) Practices in accordance with Trust Infection Prevention and Control Policy and Hand Hygiene Procedure and Standard Precautions Procedure to avoid contamination and cross infection.	Observation			
h) Interprets and actions results in accordance with role and responsibilities.	Observation			
i) Documents all care given in accordance with Trust policy & procedures.	Observation			

Source: SHFT Blood Glucose Monitoring Protocolv3 SH CP158

Date all elements of competency tool completed to level 3:

Name: **Signature:**

Status: **Date:**

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in blood glucose monitoring.

Assessor: **Signature:**

Status: **Date:**

Review dates	Competent (yes/no)	Healthcare Professional/ Assessor signature	Verifier signature	Comments

Levels of competency rating scale

	Level of achievement	Level
Novice	Cannot perform this activity satisfactorily to the level required in order to participate in the clinical environment	0
↓	Can perform this activity but not without constant supervision and assistance	1
	Can perform this activity with a basic understanding of theory and practice principles, but requires some supervision and assistance	2
Competent Practitioner	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision	3
↓	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice At this level competence will have been maintained for at least 6 months and/or is used frequently (2-3 times /week) The practitioner will demonstrate confidence and proficiency and show fluency and dexterity in practice This is the minimum level required to be able to assess practitioners as competent	4
	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. At this level the practitioner will be able to adapt knowledge and skill to special/ novel situations where there maybe increased levels of complexity and/or risk	5
Expert	Can perform this activity with understanding of theory and practice principles without assistance and/or direct supervision, at an appropriate pace and adhering to evidence based practice. Demonstrate initiative and adaptability to special problem situations, and can lead others in performing this activity At this level the practitioner is able to co-ordinate, lead and assess others who are assessing competence. Ideally they will have a teaching and /or mentor qualification	6

Adapted from: Herman GD, Kenyon RJ (1987) Competency-Based Vocational Education. A Case Study, Shaftsbury, FEU, Blackmore Press, cited in Fearon, M. (1998) Assessment and measurement of competence in practice, *Nursing Standard* 12(22), pp43-47.

Appendix B: Annual Self-Assessment Competency Statement

Blood Glucose Monitoring

Surname:	Forename(s):
Dept & Ward/Unit:	Job title/designation:

Self-verification of competence is undertaken by assessment against the statements below. These statements are designed to indicate competence to undertake this skill. If you are in any doubt regarding your competence, you should seek education (consider self-directed learning, coaching and formal training) to bring about improvement.

Your statement of competence will provide evidence towards the national TREND-UK competence criteria in relation to blood glucose monitoring (section 5.6): For the safe use of blood glucose monitoring and associated equipment you should be able to:

1. Unregistered practitioners

Perform the test according to manufacturers' instructions and local guidelines.
 Perform the test unsupervised, at the request of a registered nurse.
 Document and report the result according to local guidelines.
 Recognise and follow local quality assurance procedures, including disposal of sharps.
 Recognise hypoglycaemia and be able to administer glucose.
 Understand the normal range of glycaemia and report readings outside this range to the appropriate person.

2. Competent nurse

As above and:
 Actively seek and participate in peer review of one's own practice.
 Interpret the results and report readings outside the acceptable range to the appropriate person.
 Teach the test procedure to a person with diabetes or their carer.
 Identify situations where testing for ketones is appropriate.

Carry out an initial assessment. You must be able to answer 'Yes' to all the questions before considering yourself to be competent. If you are not competent, instigate learning and then repeat self-verification.

Ask yourself the following questions.	Initial assessment date:	Final assessment date:
Do I understand my accountability within the NMC Code (NMC 2015) and my responsibility within the law?(Registered Nurses only)	Yes/No	Yes/No
Can I describe the Trust's policy and procedure with regard to blood glucose monitoring?	Yes/No	Yes/No
Can I describe the indications and frequency for blood glucose monitoring?	Yes/No	Yes/No
Can I describe the infection control precautions to take when undertaking blood glucose monitoring?	Yes/No	Yes/No
Can I describe the appropriate equipment to use in undertaking the procedure for blood glucose monitoring?	Yes/No	Yes/No
Can I describe the contradictions and test interferences to be aware of when blood glucose monitoring?	Yes/No	Yes/No

Do I know:		
How to obtain verbal consent?	Yes/No	Yes/No
How to prepare the patient for blood glucose monitoring?	Yes/No	Yes/No
When and where to seek help if required?	Yes/No	Yes/No
How to interpret and act upon blood glucose results appropriately	Yes/No	Yes/No
How to care for the blood glucose meter and how and when to perform internal quality control (QC) and external quality assurance (QA)	Yes/No	Yes/No
How to report an error or clinical incident and what to do if your meter fails QC or QA testing?	Yes/No	Yes/No

STATEMENT OF COMPETENCE

I certify that I am aware of my professional responsibility for continuing professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent to undertake Blood Glucose Monitoring without further training

Signature: Date:

I require further training before I can undertake Blood Glucose Monitoring in a competent manner

Signature: Date:

Keep this form in your personal portfolio or training record. Ensure your manager has seen the form when completed.

A new self-assessment competency statement must be completed each year for Appraisal.

Indicate how you plan to meet your learning needs:	By when: