

## ECT clinical nurse competency

Name:	Role:
Base:	Date initial training / E mot completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in care of the patient undergoing electroconvulsive therapy without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 3 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate a knowledge of electroconvulsive therapy (ECT)</b>				
a) Demonstrate a knowledge of the history of ECT	Questioning / Observation			
b) Demonstrate a knowledge of the indications and contraindications for ECT	Questioning / Observation			
c) Demonstrate a knowledge of ECT, what it is and how it works	Questioning / Observation			
d) Demonstrate a knowledge of the adverse effects of ECT	Questioning / Observation			
e) Demonstrate a knowledge of the NICE guidelines around ECT	Questioning / Observation			
f) Demonstrate a knowledge of the Legal and ethical issues around ECT including: i) consent ii) mental capacity act iii) mental health act iv) legal records	Questioning / Observation			
g) Demonstrate a knowledge of the preparation required for ECT including: i) Pre ECT fasting ii) Pre ECT medication	Questioning / Observation			
h) Demonstrate a knowledge of the post treatment required	Questioning / Observation			
<b>2. Demonstrate ability to perform the role of the escorting nurse</b>				
a) Demonstrate ability to prepare a patient for ECT and completion of care pathway				

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
b) Demonstrate ability to escort a patient for ECT				
c) Demonstrate ability to complete physical observations				
d) Demonstrate ability to reassure the patient throughout the procedure				
e) Demonstrate ability to help orientate the patient after the treatment				
f) Demonstrate ability to communicate effectively to clinic staff				
g) Demonstrate ability to assess the patient for side effects and take appropriate action				
h) Demonstrate ability to ensure records are completed and effective transfer				

Source:

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 care of the patient undergoing electroconvulsive therapy

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments