Anticoagulation Service Competency

|  |  |  |
| --- | --- | --- |
| Title (Mr/Mrs/Miss/Dr etc): | Surname: | |
| Forename(s): | | |
| Job Title: | | |
| Dept & Ward | | Extension No: |

***Task: CoaguChek Competency***

Competence is attained when the trainee has the ability to perform a test/procedure to a set standard on more than one occasion, in a consistent manner and with minimal or no supervision, together with a thorough comprehension of the principles and concepts of the content of the key task.

The competent member of staff is responsible for the direct observation of performance of the task and will authenticate the documents by dating and signing on more than one occasion. On completion of the Criterion evaluation, the task champion will perform a summative (final) assessment on how much has been learned and to what degree the learning outcomes of the activity have been met. Upon satisfactory completion, the task champion and trainee will authenticate the documented evidence. If the trainee is considered ‘not yet competent’ further evidence will be requested and reviewed by the task champion.

**Learning Outcomes**

On successful completion of the competence sheet you will be able to:

* Use the CoaguChek POCT device.
* Understand the importance of sharing information with the medical team looking after the INR test patient.
* Know how to deal with situations such as interacting drugs, foods, and high/low INR results.

**Learning Activities**

In order to fulfill these learning outcomes the following areas will be focused on:

* INR Clinic SOP’s
* CoaguChek User Guide

**Criterion Evaluation**

Competence in the task is obtained upon successful:

* Completion of a series of questions focusing on the important points of the task
* Completion and authentication of a direct observation evidence sheet
* Completion of a self-assessment reflective practice sheet

**Evaluation Questions:**

**1: How would you turn the CoaguChek device on?**

**2: At what point would you insert the test strip into the device?**

**3: What would happen if you had a chip in the machine that did not match the batch number on the test strips?**

**4: What would you do if the device showed an error message on the screen?**

**5:**  **What would you do if the INR result shown on the device was >5.0?**

**6: Who must be informed of result once the test has taken place? How is this documented?**

**7: What precautions would you take whilst bleeding a patient for their INR test?**

**Direct Observation**

|  |  |
| --- | --- |
| Task | CoaguChek Competency |
| Member of staff |  |
| Department |  |
| **Learning Outcome Checklist**  **1st Evaluation 2nd Evaluation**  Understands how to use the POCT device  Able to locate the user guide for the POCT device    Able to share information/results with designated team  looking after the INR test patient.  Read and Understood relevant SOP’s | |
| **1st Evaluation**  *A short description of the context in which the observation occurred* | |
| Witness (Assessor) Signature: Date: | |
| Member of staff Signature: Date: | |
| **2nd Evaluation**  *A short description of the context in which the observation occurred* | |
| Witness (Assessor) Signature: Date: | |
| Trainee Signature: Date: | |

***Reflective Learning Statement***

|  |
| --- |
| Name: |
| Activity Title: |
| Date(s): |

|  |
| --- |
| 1. What learning did you undertake? |
| *Please continue on a separate sheet if necessary.* |
|  |
| 2. Explain what you have learned or achieved through this activity. |
| *Please continue on a separate sheet if necessary.* |
|  |
| 3. How have you applied or will you apply this learning in your day-to-day practice? |
|  |
| *Please continue on a separate sheet if necessary.* |
|  |
| 4. How could this benefit the service user? |
| *Please continue on a separate sheet if necessary.* |

**Statement:** I have completed the Criterion Evaluation and *consider myself to be competent* in the assigned task.

Signature: …………………………………………… Date:………………………..

**To be completed by the Assessor**  
I have assessed ........................................................... and consider them to be competent in the assigned task.  
  
Signature: ……………………………………………. Date: ………………………..

**Keep this form in your portfolio when complete. Your manager may require a copy**

For advice on any aspects of competency sheets, please contact the Anticoagulation Team x5812