

**Diabetes**

**2-year Competency Review for Community Nurses**

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**Diabetes Competencies for Community Nurses**

**2-year Competency Review**

NHS Lothian requires that a two yearly formal re-assessment of competency in clinical skill is undertaken practitioners who have completed the recognised training and initial competency assessment.

This 2 yearly re-assessment of competence should be reflected in your annual PDPR and recorded in your personal record by your line manager.

**Assessor of Competence**

An assessor must be identified by your manager and must be competent and experienced in the administration of insulin therapy. Your final assessment of competence may be required to be completed with a competent senior practitioner from within your clinical area.

**Assessor’s Checklist**

Supervised Practice and Final Observed Assessment

N.B. Guidance notes for Assessors are given in italics.

‘Comp’ = Final clinical assessment of competence

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| **No** | **Assessment Criteria** | **COMP (Assessor initial)** |
| **Participates, as a member of the multidisciplinary team, in the care of a person with diabetes** |
| 1 | Demonstrates the effective assessment and delivery of quality care to patients with diabetes and their carers, e.g. care plan / assessment. |  |
| 2 | Demonstrates knowledge of the MDT approach in the management of diabetes and works effectively as a member of this team. |  |
| 3 | Works within the NMC Code:Identifies areas for, or demonstrates continual professional development and up keep of knowledge and skills in diabetes (patient contact, personal study, study days, courses, resource pack.) |  |
| 4 | Promotes safe and effective practice as an individual and / or with DN team identifying any areas for development. |  |
| 5 | Demonstrates knowledge of and appropriate use of all communication systems used in diabetes:* Green DN recording book
* Insulin titration sheets
* Medical and DN records
* Diabetes team services contact numbers
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| 6 | Demonstration knowledge of an appropriate use of all systems used for communication and collation of information.* TRAK, VISION, EMISS or similar.
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| **Evidence of reflective practice** |
| **Has a knowledge of the tests an assessments carried out in diabetes care, their target range or how to access these, and of the devices use** |
| 7 | Demonstration knowledge of, or how to access information of specific test required – the target ranges, why they are required, and when and how often they are carried out as per* SIGN 116 [www.sign.ac.uk](http://www.sign.ac.uk)
* Via local intranet link / routine reviews
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| 8 | Demonstrates knowledge of the specific tests used in diabetes care. For example – Blood glucose levels, HbA1c, blood pressure, eye examination, urinalysis (proteinuria), renal function, foot examination, BMI. |  |
| 9 | Demonstrates knowledge of target ranges. |  |
| 10 | Understands the importance of risk assessment and management in diabetes care. Understands the significance of results out with target ranges and how to respond (appropriate referral within MDT, liaising with specialist services). |  |
| 11 | Demonstrates knowledge of how to record results using appropriate communication / information technology systems, for example, TRAK, VISION or similar. |  |
| **Evidence of reflective practice** |
| **Shows an understanding of the diagnosis of diabetes and therapeutic interventions in diabetes care** |
| 12 | Demonstrates knowledge of pharmaceutical interventions in diabetes care their actions, interactions and possible side effects by:* Demonstrating knowledge of the action, duration, timing and side effects of oral diabetes agents.
* Knows how to access this information to inform safe and effective practice <https://shop.diabetes.org.uk/products/meds-kit>
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| 13 | Demonstrates knowledge of the influence of diet and nutrition on diabetes and diabetes care.* Able to deliver basic dietary advice – identifying obvious dietary modifications required.
* Makes appropriate dietetic referral.
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| 14 | Demonstrates knowledge of the influence of physical activity on diabetes and diabetes care.* Describes the benefits of regular exercise (insulin sensitivity, reduced weight, BP, mood).
* Describes the effects on blood glucose and therefore advice required

 regarding diabetes medications or dietary intake if indicated.  |  |
| 15 | Recognises the signs and symptoms of complications in the person with diabetes.* Describes complications of diabetes and who is at risk.
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| 16 | Demonstrates knowledge and skill in the health promotion and education required for a person with diabetes and when referral is required.  |  |
| **Evidence of reflective practice** |
| **Contributes to the continuing education of the patient and family/carers**  |
| 17 | Demonstrates knowledge of lifestyle factors that contribute to the maintenance of health and reduce the risk of complications in diabetes.* Demonstrates knowledge and skills in ongoing health promotion and education of patients and carers (diet, exercise, foot care, smoking cessation)
* Appropriately refers to other members of the MDT if indicated
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| 18 | Describes the importance of informed consent for patients making decisions about their care. Demonstrates patient centred care, ensuring patients are involved in the decision making process and meeting any specific learning needs identified by them. |  |
| **Evidence of reflective practice** |
| **Able to perform blood glucose monitoring and provide education in blood glucose monitoring for patients and their carers as per local guidance.** |
| 19 | Demonstrates ability to perform meter calibration, blood glucose testing and quality control procedures along with knowledge of local guidance on blood glucose testing. Performs the test according to manufacturer’s instructions. |  |
| 20 | Interprets result and assesses other parameters and take appropriate action* Demonstrates knowledge of target blood glucose levels for individual patients
* Demonstrates how these are recorded – able to identify significant variations and what to do
 |  |
| 21 | Demonstrates teaching blood glucose monitoring procedure to person with diabetes – carer. |  |
| 22 | Describes which patients may require ketone testing and why. Is aware to seek advice from specialist if indicated. |  |
| 23 | Support people with diabetes to interpret results and take appropriate action and demonstrate ability to motivate and promote self-care where appropriate. |  |
| **Evidence of reflective practice** |
| **Participate in the safe administration of insulin or the supervision / ongoing education of patients to promote self-care. Has knowledge of insulins and equipment required in the community setting.**  |
| 24 | Demonstrate a basic knowledge of different insulins, i.e. action, timing, side effects and treatment. * Able to describe the action, duration, timing of commonly used insulins (Resource pack – Balance Guide page 12 – 13 (4)).
* Describe the main side effect of insulin therapy – hypoglycaemia what this is, causes / signs / symptoms and treatment.
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| 25 | Demonstrate a knowledge of insulin administration and devices used locally e.g. syringes, needle length, pen devices.* Demonstrate understanding of insulin administration and use of devices e.g. drawing up and leaving insulin for patients to self-administer, patients using insulin pen devices (refer to RCN guidance for Community Nurses document, “Advance preparation of insulin syringes for patients to administer at home” (5)).
* Also has knowledge of who to contact if review of devices required.
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| 26 | Teach basic method of insulin administration.* Understands injection technique – needle length, sites and rotation to prevent lipohypertrophy (Resource Pack – BD Logo & BD Microfine 044 March 2010 insert).
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| 27 | Assess individual patients’ educational needs and meet these needs or refer on as appropriate. |  |
| 28 | Recognise when treatment needs to be adjusted.* Able to interpret results and take appropriate action using agreed documentation.
* Demonstrates appropriate use of insulin titration sheets.
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| 29 | Recognise the potential psychological impact of insulin therapy and offer support to a person with diabetes an significant others. |  |
| **Evidence of reflective practice** |

 **2-year Review Competency Statement**

**Diabetes for Community Nurses**

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| **ASSESSOR statement**:I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has achieved the required competence for Diabetes for Community nurses.Signature of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PARTICIPANT statement**: I have completed the Registered nurse Safe use of Insulin e-learning module, and completed a period of supervised practice and final assessment of competence relating to Diabetes for community nurses. I have participated in the Registered Nurses diabetes management.**I am satisfied that I remain competent in Diabetes for community nurses**. I also undertake to maintain my competency in this area of practice in accordance with the NMC Code (2015) and will demonstrate my ongoing competence to a clinical work-based assessor as required by NHS Lothian.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title / Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinical area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Training course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MANAGER statement**: I confirm that the above participant continues to meet the required standard of competence for Diabetes for community nurses and therefore can undertake this role in practice.Signature of manager / charge nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please retain this for your own records and give a copy to your manager to be inserted in your personnel file.****Your manager will also log completion of clinical competencies in your Electronic training record file.** |