

Clinical Skills Workshop

Male, Female & Supra Pubic Catheterisation Competency assessment & framework workbook

Name of registered Nurse / Health care worker:

Workplace Area:

Workshop Attendance date:

Name of Lecturer:

This Clinical Skills Workbook is intended for the use only by workshop attendee.

Last updated March 2017 – please check with best practice within you place of work.

No framework can be universally applicable. It is anticipated that each local area or practitioner will adapt the materials to their own needs and then review at a mutually agreed interval between the employing organisation and the staff member (Royal College of Nursing, 2015)

Competency Framework

The suggested framework can be used to document evidence of supervised practice and subsequent competency of this skill. Recognising that nurses and health care staff work in a wide variety of settings and framework is designed to be flexible and developmental.

As a Registered Nurse or a health care worker who has catheterisation as part of their role, it is your duty to keep up your professional knowledge and skills through the continuous process of learning and reflection (NMC, 2015) and to maintain your competency to practice.

It is expected that you demonstrate a **minimum** of 5 supervised practises in each of the skills witnessed by a competent practitioner; this person does not need to be a qualified mentor. Three of these supervised practices need to be at the level of **proficient, one of these can be simulated**. If a practitioner attends for a refresher of their practice it is expected they will perform one supervised, witnessed by a proficient practitioner. The RCN advocates all practitioners should attend a five yearly refresher. On completion of all supervised practices, the competency statement needs to be signed by yourself stating you feel competent to perform the skill unsupervised (appendix 1).

This also needs to be signed by your supervisor/line manager stating that you have provided evidence of competence in performing the skill and therefore able to practice autonomously and safely (appendix 1).

On completion of your supervised practice, it is expected that you will be **proficient** (see appendix 2) having acquired the knowledge, skills and attitude in order to safely and competently undertake the clinical skill of male catheterisation, female or supra pubic catheterisation.



Exemplars:

Within this framework we have provided:

- Exemplar of assessment of competency for this clinical skill (appendix 3)
- Copy of the workshop assessment tool (appendix 4).
- Workbook (appendix 5) for completion which can be completed prior to attending the workshop or at the end and utilised as a written piece of evidence.

Revalidation:

From April 2016, when you next reregister with the Nursing & Midwifery Council (NMC), all nurses will be required to demonstrate they meet a range of revalidation requirements designed to show that you are keeping up to date and actively maintaining your fitness to practise.

On completion of this workshop this is the ideal opportunity to reflect on your achievement of a new or updated competency. This reflection can be utilised to provide written evidence for your revalidation



Suggestions of written pieces of evidence:

- Personnel reflection – i.e. using Gibbs model of reflection
- Patient feedback comments
- Continuing Professional Development plan
- Evidence of Clinical Supervision hours
- References to policy (local and national)
- Evidence of reading relevant journal articles
- Witness testimony from colleagues or supervisor
- Action plans for further development
- Workbook from clinical skill workshop
- E - Learning

Appendix 1: Competency Framework

Level 1 Foundation	The practitioner performs skills under direct supervision of others more proficient in the skill.
Level 2 Intermediate	The practitioner can demonstrate acceptable performance in the skill requiring less supervision and guidance, but they are not expected to demonstrate full competence or practice autonomously
Level 3 Proficient	The practitioner demonstrates competency consistently throughout. They demonstrate the ability to practice safely and effectively without the need for direct supervision.
Level 4 Advanced	The advanced practitioner is autonomous and reflexive, performs skills safely and accurately and is aware of current best practice.
Level 5 Expert	The expert practitioner is able to demonstrate a deeper understanding of the skill and contributes to the development and dissemination of knowledge through teaching and development of others.

Appendix 2: Assessment of competency of registered nurse in male, female catheterisation and supra pubic

Name of RGN/Health Care worker:

Workplace:

Performance Criteria	Achieved please Tick (5 required for each section)	Notes	Date
HEALTH & SAFETY			
Understands and can discuss the importance of hygiene within the clinical area			
Demonstrates and can discuss awareness of the principles of safe waste disposal in the clinical setting.			
Understands and can discuss the difference between legislation, national guidance, local policies and procedures.			
EQUIPMENT			
Able to list the equipment needed to perform this skill			
Understands the importance of intact and in date packaging.			
KNOWLEDGE			
Able to discuss professional accountability in relation to this skill			
Able to discuss legal and professional issues involved in performing this skill in terms of competency, consent etc			
Able to demonstrate knowledge of anatomy and physiology of the male bladder and urethra			

Understands the indications for catheterisation				
Understands any contraindications for catheterisation				
Able to explain to patient/relative or other staff members the importance of after care				
SKILL				
Puts the patient at their ease and explains the procedure				
Ensures consent for process and answers any questions				
Selects correct equipment, considering size of catheter, type of drainage equipment etc				
Ensures patient has received adequate pain control and anaesthesia				
Inserts the catheter competently and safely using an Aseptic no-touch technique ANTT				
Safely disposes of equipment				
Documents procedure including: <ul style="list-style-type: none"> • Reason for catheterisation • Consent • Use of local anaesthetic • Date and time of insertion • Catheter batch and expiry date • Balloon size • Any complications or interventions • Planned catheter change date (if necessary) • Name and signature of nurse completing procedure. 				
Discusses after care with relevant parties, patient, carer, other staff members etc				

Appendix 3: Catheterisation Workshop assessment

	Achieved (please tick)
Explains procedure & gain informed consent. Offer chaperone. Check for allergies.	
Washes hands using Ayliffe technique Applies apron	
Clean trolley using 70% alcohol & 2% chlorhexidine wipe. Allow to dry	
Gathers equipment check expiry date & integrity. Catheterisation Pack, Catheter, Saline, Instillagel, 70% alcohol & 2% chlorhexidine wipe.	
Opens sterile pack and arrange contents aseptically	
Prepares saline sachet/steripod with 70% alcohol & 2% chlorhexidine wipe and leave to dry	
Cleans hands. Applies sterile gloves	
Opens equipment onto sterile field using ANTT	
Wraps around penis	
Cleans urethral meatus with saline (retracts foreskin in male patients).	
Inserts anaesthetic gel and leaves for five minutes	
Disposes of gloves, washes hands, applies sterile gloves	
Inserts catheter to bi-furcation	
Inflates balloon using prefilled syringe of sterile water	
Gently withdraws the catheter until slight resistance is felt	
Attaches urine collection bag (replaces foreskin in males)	
Disposes of waste and clean any equipment e.g. trolley if used	
Cleans hands with soap & water immediately after glove removal	
Educates patient on catheter care	
Documents Procedure in patients notes. Refer to "High impact intervention" document for insertion & on-going care	

Appendix 4: Supervised Practice – you are expected to demonstrate a **minimum** of 5 supervised practices

Date	Level Achieved (1-5)	Signature of practitioner	Signature, Name & Designation of supervisor	Comments/Action plan

Competency statement

I,(name & designation) feel competent to perform(name of skill) unsupervised

Signed.....Date.....PIN:

I,(name & designation of supervisor/line manager) confirm that the above person has provided evidence of competence in performing the skill and therefore able to practice autonomously and safely.

Signed.....Date.....PIN:.....

Appendix 4: Workbook

1. Accountability

It is essential that you can demonstrate an awareness of the legal, ethical and professional responsibilities before commencing male catheterisation. This is in line with NMC Code of Professional Practice (2015).

What does the NMC Code (2015) state about

1) Accountability

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2) Practicing effectively

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3) Competency

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A urethral catheter is a flexible hollow tube inserted into the bladder using ANTT. A suitable catheter is inserted via the urethra with the purpose of draining urine or instilling fluids. It may be inserted for continuous drainage of the bladder, for intermittent use or for a given period of time.

2. Indications

State below the indications for the insertion of a urethral catheter

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There are also **contraindications** for insertion of a urethral catheter. Please document these below

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3. Types of catheters

There is a wide range of urinary catheters available, appropriate selection ensures complications are minimised. As well as best practice principles, manufacturers' guidelines should be adhered to.

What factors need to be taken into consideration when selecting an appropriate catheter?

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Short term catheters usually last up to four weeks (28 days) but it is important to check before insertion. They can be made of PTFE (Polytetrafluoroethylene), latex, PVC, teflon or silver coated hydrogel (to minimise infections)

Long term catheters can remain insitu for up to twelve weeks and can be made of 100% silicone or latex coated with hydrogel. It is important to check patient's allergies prior to insertion.

Length:

FEMALE: 23-26cm

MALE: 40-44cm

Diameter:

Catheter sizes or charriere (Ch) refer to the diameter of the catheter and range from size 8 (paediatric) to 26CH.

1Ch = 1/3mm diameter

Selection of the correct catheter size should reflect patient comfort and allow adequate drainage. In male catheterisation size 12 or 14 should be the first choice however if urine contains clots, debris or sediment a larger diameter catheter is indicated.

Consent for any procedure is essential. Discuss below how you would gain informed consent your patient and any barriers you may come across in gaining that consent. How would you overcome those barriers?

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Handwashing is “the single most effective way of preventing cross infection, WHO (2009)”. List below the 7 stage ayliffe handwashing technique. Also document the WHO (2006) 5 moments of hand hygiene.

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Wearing personal protective equipment can help protect both you and your patients. List below examples of personal protective equipment (PPE). List below examples of PPE highlighting which ones you would always use when performing catheterisation

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5. Anatomy

Knowledge of the anatomy and physiology is necessary to be able to successfully catheterise a patient.

List below the function of the following:

1) Urethra.....
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2) Urethral meatus
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3) Bladder.....
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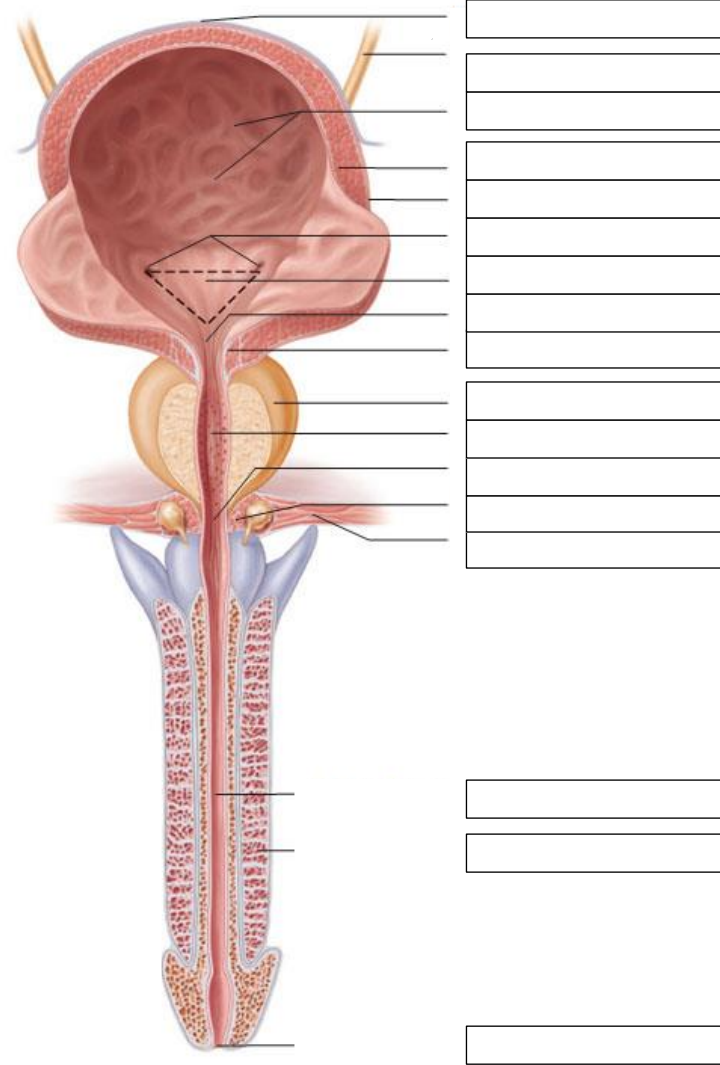
4) Prostate gland
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5) Ureters.....
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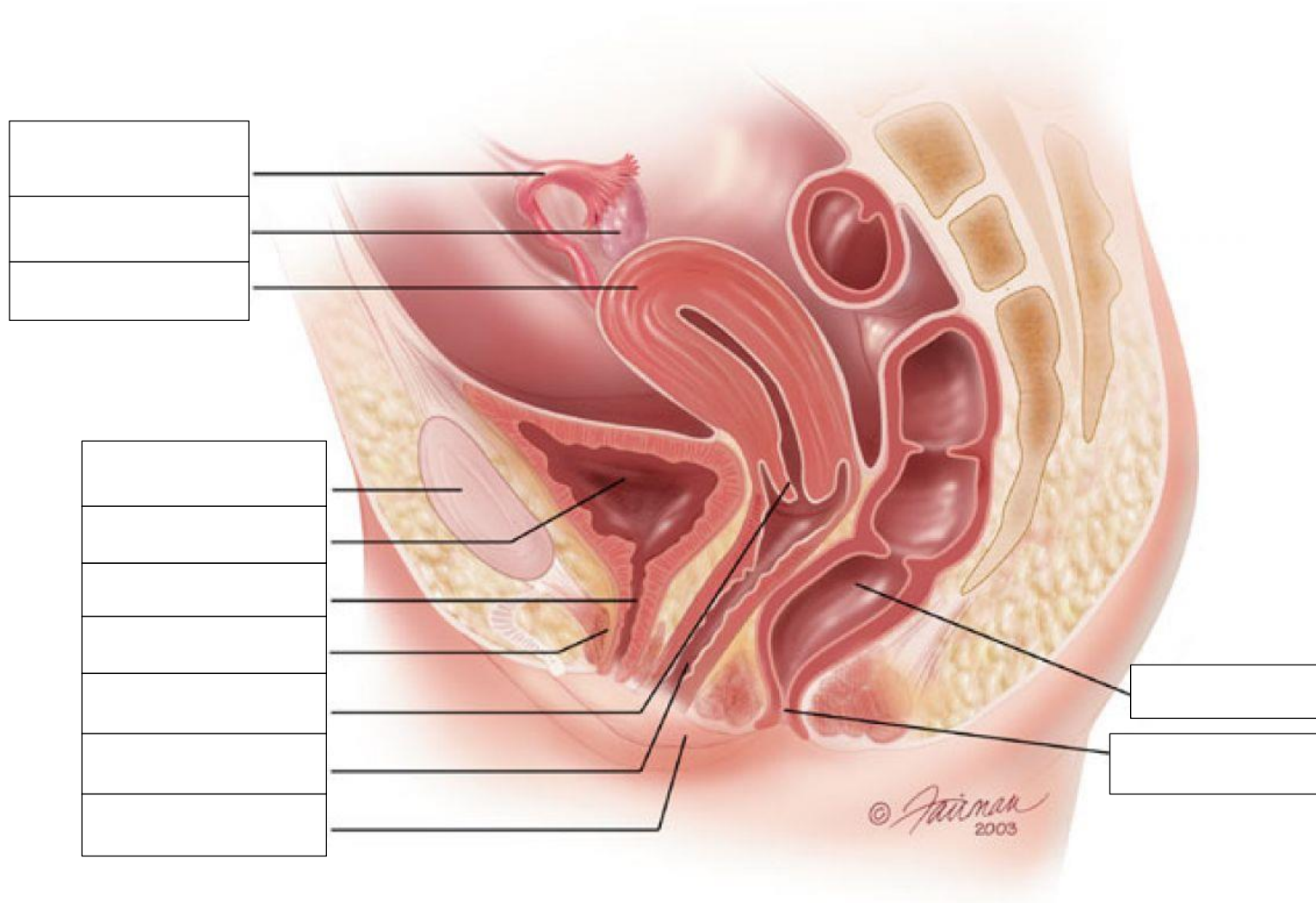
6) Urethral Sphincter
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Urinary Bladder and Urethra - Male

Label Diagram



Female Anatomy



6. Equipment

List below all the equipment and resources needed to perform a male urinary catheterisation

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7. Complications

List below 4 potential complications of catheterisation and describe how you would deal with each of them if they arose

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8. Patients require practitioners to be safe and competent in this procedure. Therefore it is essential you follow a period of supervision and be deemed competent in this skill.

Changing and Managing a Supra-pubic Catheter

- Insert the new catheter of the same size within 10 minutes for the first change and 30 mins thereafter.
- Advance it into the tract a little further than the one removed.
- When urine starts to flow, proceed another 2cms.
- If resistance is prolonged or there is pain, stop the procedure and seek advice.

Post procedure

- Checks that the catheter is draining urine within 30 minutes
- Correctly connect the closed drainage system
- Anchor / fix / support the catheter to the thigh and ensure that it doesn't become taut on mobility.
- Ensure the patient is comfortable
- Measure and record amount of urine drained
- Dispose of equipment according to organisational policy and record all information in the relevant documents
- Patient instructed in catheter care and given written information. For patients living at home, they will have prescribed equipment in the home to enable recatheterisation if necessary, which must be stored in a cool, dry area away from direct sunlight or heat



References:

Dougherty L and Lister S (Eds) (2015) The Royal Marsden Manual of Clinical Nursing Procedures, 9th Edition, Wiley Blackwell Publishing, Chichester.

Gilles, A. Howard, J. & Storey, L. (2002). Competency in Healthcare: a practical guide to competency frameworks. Radcliffe Publishing: UK.

Male Urinary Bladder and Urethra image available at <http://antranik.org/the-urinary-system-ureter-and-urinary-bladder/> Accessed 01/05/15

NMC: The Code (2015) Professional standards of practice and behavior for nurses and midwives. Available at <http://www.nmc.org.uk> accessed 01/05/15



Bibliography:

Department of Health (2010) 'High Impact Intervention: Urinary Catheter Care bundle'. Available at <http://webarchive.nationalarchives.gov.uk>

Skills for Health CHS8 Insert and secure urethral catheters and monitor and respond to the effects of urethral catheterisation. Available at <https://tools.skillsforhealth.org.uk/competence>

Skills for Health CC04 Manage supra pubic catheters. Available at <https://tools.skillsforhealth.org.uk/competence>

Royal College of Nursing (2012) 'Catheter care: RCN guidance for Nurses'. Available at <https://www.rcn.org.uk>