

Resource kit

Allied health: credentialling, competency and capability framework (revised edition)

Section 2: Competency



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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
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(Second Edition)

Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.

Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

ISBN 978-0-7311-7117-0 (Print)

ISBN 978-0-7311-7118-7 (pdf/online)

Available at <https://www2.health.vic.gov.au>

(1610024)

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The competency resource kit is divided into general tools, developers' resources, supervisors'/assessors' resources, learners' resources, evaluation and case studies and complements the framework document.

Included in each section are the resources you need to develop and implement competency-based programs in your health service organisation. Provided below in the competency resources table is a summary of these resources.

Competency resources table summary

The following tools, samples and case studies relating to competency are included in this resource in full. For a more detailed description of the tools use, please refer to the relevant section.

Competency resource name	
General tools	
2.1	Self-assessment tool: competency
2.2	Competency-based learning and assessment process overview
Developers' resources	
Use these resources to determine if a competency-based training and assessment program is recommended and to guide you through the process of developing competency-based training and assessment in the workplace for an identified area of competency. Check off the items in Resource 2.4, the 'Developers' checklist', as you progress through the process.	
Developers' tools	
2.3	Decision tool: Do we need a competency standard?
2.4	Developers' checklist: Process summary and checklist for developers of competency-based programs
2.5	Developing a unit of competency: Process guide and checklist
2.6	Competency-based terminology: Based on Bloom's taxonomy of educational objectives
2.7	Competency standard template
2.8	Evidence planning document template
2.9	Learning needs analysis (LNA): Self-assessment template
2.10	Learning and assessment plan (LAP) template
2.11	Learning resource development template
2.12	Assessment tool type A template (binary performance rating scale)
2.13	Assessment tool type B template (binary performance rating scale, multiple items)
2.14	Assessment tool type C template (Bondy 1983) (performance rating scale)
Worked examples of competency-based programs	
2.15	<i>Conduct an allied health assistant (AHA)-led adult footwear program: Training and assessment program handbook:</i>
2.16	<i>Training a pharmacy technician to use an automated compounding system to fill elastomeric devices with fluorouracil: Training and assessment program handbook</i>
2.17	<i>Perform ventilator hyperinflation (VHI) in an adult intubated patient</i>
2.17.1	Competency standard

Competency resource name

2.17.2 Evidence planning document

2.17.3 Learning and assessment plan

2.17.4 Assessment tool

2.18 *Perform PICC line insertion by radiographers: Training and assessment program handbook*

2.19 *Refer to a housing crisis support agency (transdisciplinary practice)*

2.19.1 Competency standard

2.19.2 Evidence planning document

2.19.3 Learning and assessment plan

2.19.4 Assessment tool

2.20 Individual register of competency achievement

Assessors' resources

Assessors can use these resources to support the assessment process for developed competency-based programs. Check off the items in Resource 2.21, 'Assessors' checklist', as you address them.

2.21 Assessors'/supervisors' checklist

2.22 Appropriate assessors' self-assessment checklist

2.23 Conditions and context for assessment: Instructions

2.24 Preparing the candidate for direct observation assessment

2.25 Guidelines for allied health assessors during a direct observation assessment

Learners' resources

2.26 Learners' checklist: Process summary and checklist of competency-based programs

Evaluation resources

2.27 Learner evaluation survey: Competency-based programs

Case studies (based on using Resource 2.3: Decision tool: 'Do we need a competency standard?')

1. Do we need a competency standard for allied health assistants (AHA) to apply dressings, padding and pressure relief in a podiatry department? (submitted by Monash Health)
2. Do we need a competency standard for physiotherapists to perform dry needling? (submitted by Gippsland Lakes Community Health)
3. Do we need a competency standard for pharmacy technicians to use an automated pump system to fill elastomeric devices with fluorouracil? (submitted by Western Health)

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General tools

Competency resources table: general tools

Competency resource name	Description or purpose
General tools	
2.1 Self-assessment tool: Competency	Use this self-assessment tool to identify areas for targeted action by your health service. If you have identified an area of need please refer to the competency methodology section or access the other samples and tools to assist you in this process.
2.2. Competency-based learning and assessment process overview	This diagram provides an overview of the development and implementation process for competency-based assessment. It includes key definitions, underpinning principles and a process flow chart.

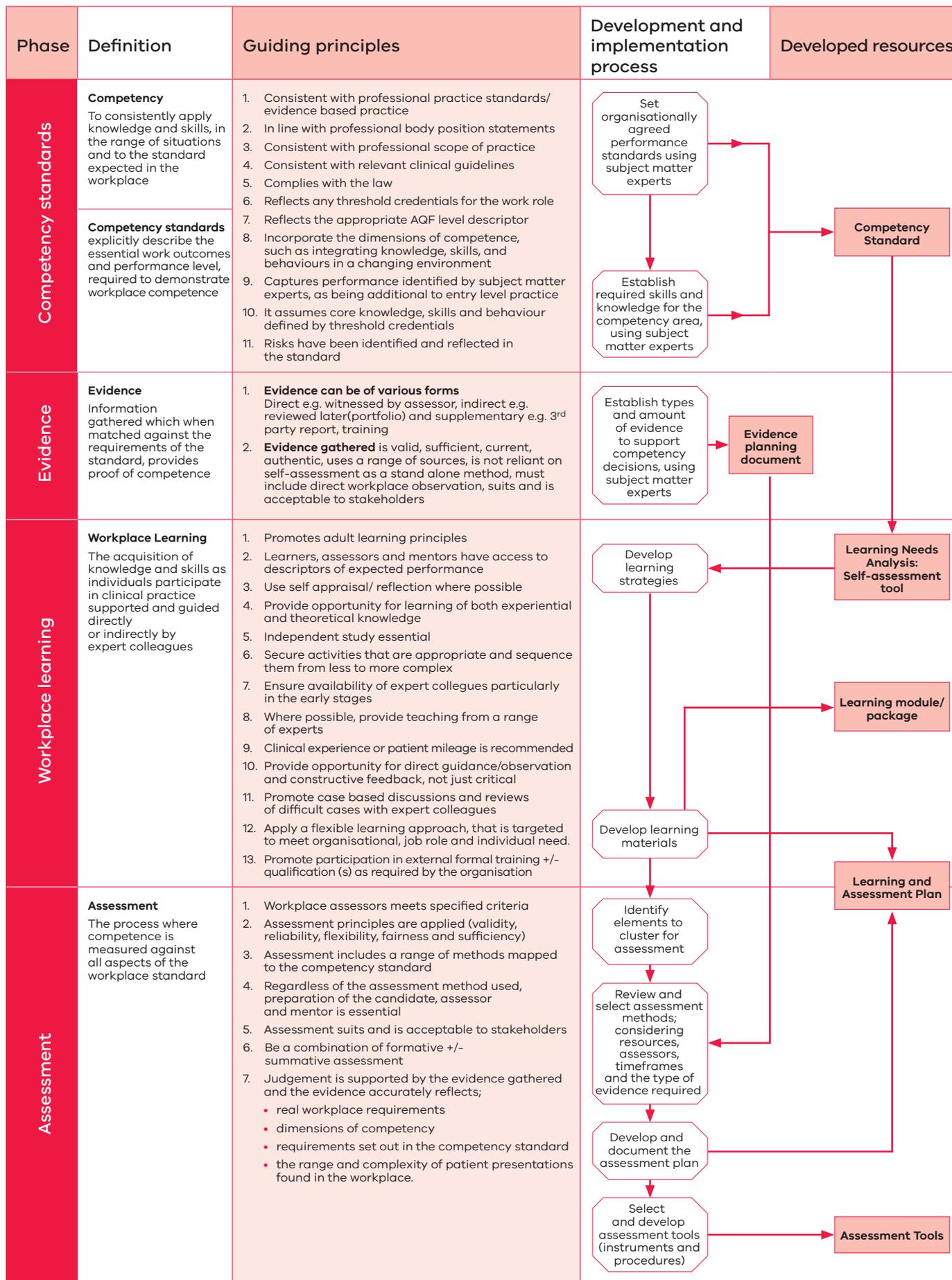
Resource 2.1: Self-assessment tool

Use this self-assessment tool before you progress through the rest of the competency section. It can be used to identify areas for targeted action. If you have identified an area of need please refer to the methodology section of the framework to assist you in this process.

Competency question	Planned	Partly implemented	Established	Not applicable	Review date
Concept and terminology					
1. Does your organisation have an agreed concept of competence and competency to work from? And does it align with the concept provided?					/ /
What will be assessed?					
2. Do you have a method for determining which clinical practices will be assessed using competency-based processes?					/ /
3. Do you have a prioritised working list of these clinical practices?					/ /
How will it be assessed?					
4. Do you have a documented method for developing competency standards?					/ /
5. Do you have developed standards in all identified priority areas?					/ /
6. Do all the developed standards provide for skills recognition?					/ /
7. Do you have a systematic mapping of evidence to a standard to determine competency for all competency-based programs?					/ /
8. Have learning and assessment plans been developed for all competency-based programs?					/ /
9. Have assessment tools been developed for all competency-based programs?					/ /
10. Have criteria for workplace assessors been established for each clinical practice?					/ /

Competency question	Planned	Partly implemented	Established	Not applicable	Review date
Record and report outcomes					
11. Do you have a method for recording the outcomes of a competency assessment?					/ /
12. Are the outcomes of a competency assessment integrated into the overall governance framework for your program?					/ /
Evaluate					
13. Have you developed an evaluation plan?					/ /

Resource 2.2: Competency-based learning and assessment process overview



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Developers' resources

Competency resources table: developers' resources

Competency resource name	Description or purpose
Developers' resources	
Use these resources to determine if a competency-based training and assessment program is recommended and to guide you through the process of developing competency-based training and assessment in the workplace for an identified area of competency. Check off the items in Resource 2.4, the 'Developers' checklist', as you progress through the process.	
Developers' tools	
Competency standards	
2.3 Decision tool: Do we need a competency standard?	This tool can assist decision-makers in identifying skill areas where developing performance standards is recommended to direct training and assessment in the workplace.
2.4 Developers' checklist: process summary and checklist for developers of competency-based programs	This tool assists developers to systematically work through the process of development for competency-based learning and assessment programs.
2.5 Developing a unit of competency: process guide and checklist	This tool provides a step-by-step process to developing a detailed competency standard against which performance can be measured. It uses a standardised format adopted within the framework.
2.6 Competency-based terminology	Based on Bloom's taxonomy of educational objectives, this list provides support for writing performance criteria.
2.7 Competency standard template	Once the competency standard has been developed using resource 2.5, the parameters of the competency standard are recorded in this template.
Evidence	
2.8 Evidence planning document template	The elements and performance criteria from the competency standard are translated to this template and then it is used by the reference group to discuss the types of evidence to be gathered to provide proof of competence. This exercise will help to inform the assessment methods used.
Learning needs analysis	
2.9 Learning needs analysis (LNA), self-assessment template	Completing a learning needs analysis helps clinicians to reflect meaningfully and identify strengths and their own learning needs as they relate to the standards. Use this tool as a self-assessment against the elements and performance criteria and the underpinning skills and knowledge at the beginning of the program to assist in establishing the learning needs of the individual and to allow tailoring of the learning and assessment plan.
Learning and assessment plan	
2.10 Learning and assessment plan (LAP) template	The LAP is the overall planning document for the learning and assessment process. There may be supplementary documents to support it, such as a training timeline. The LAP is separated into two sections: the learning plan and the assessment plan. The learning plan outlines learning resources and describes various learning activities to be undertaken as directed by the <i>Learning needs analysis</i> and as set by the organisation.

Competency resource name	Description or purpose
Learning and assessment plan (cont.)	
2.10 Learning and assessment plan (LAP) template (cont.)	The assessment plan outlines the methods in which the competency assessment will occur such as work-based observed sessions, case-based presentations or oral appraisals. The assessment is mapped back to the performance criteria of the competency standard and recorded on the LAP.
2.11 Learning resource development template	This is a sample template to record what resources are already available and what needs to be developed to support learning.
2.12 Assessment tool type A template	This assessment tool template uses a binary performance scale. It has provision for performance cues that can add further detail to describe what a competent performer might look like in action.
2.13 Assessment tool type B template (multiple items)	This assessment tool template uses a binary performance scale. It is useful for areas of competency where multiple items such as equipment may need to be assessed.
2.14 Assessment tool type C template	This assessment tool template uses the Bondy scale for performance rating. It is useful for areas of competency where competence is likely to be developed over an extended period of time, supported by clinical supervision. Assessment of performance is likely also to occur over time. It also provides the option of indicating only those criteria that are relevant to the job role. This may be helpful to reflect variances in role expectations between sites/services.
Worked examples of competency-based programs	
2.15	<i>Conduct an allied health assistant (AHA)-led adult footwear program: Training and assessment program handbook</i>
2.16	<i>Training a pharmacy technician to use an automated compounding system to fill elastomeric devices with fluorouracil: Training and assessment program handbook</i>
2.17	<i>Perform ventilator hyperinflation (VHI) in an adult intubated patient</i>
2.17.1	Competency standard
2.17.2	Evidence planning document
2.17.3	Learning and assessment plan
2.17.4	Assessment tool
2.18	<i>Perform PICC line insertion by radiographers: Training and assessment program handbook</i>
2.19	<i>Refer to a housing crisis agency (Transdisciplinary practice)</i>
2.19.2	Evidence planning document
2.19.3	Learning and assessment plan
2.19.4	Assessment tool
2.26	Individual register of competency achievement

Resource 2.3: Decision tool: Do we need a competency standard?

Instructions

Outline the clinical practice, profession, client group and context you are considering a competency assessment program for.

Answer each of the following 10 questions, and check them against affirmative answers to determine if development of an organisational competency standard is recommended to support assessment of competence in the workplace for this practice.

Indicate that the following essential prerequisites to initiating the process, have been met:

- The clinical practice is permitted by legislation, supported by professional standards and evidence and is in line with organisational objectives.
- There is organisational support for use of this practice by this profession and for this client group and in this context.
- There are resources and expertise available to support development and implementation of a competency-based program.

Evaluate scope of practice

- 1. Does the clinical practice vary significantly from standard practice for the profession or is it considered 'advanced practice' for the profession, according to your organisation?
- 2. Will the scope of clinical practice of the individual be restricted by the organisation until 'proof' of competency, is established by a qualified person?

Yes to any

No to all

Risk assessment

- 3. Is the risk rating (likelihood of harm x consequence) for the clinical practice above the acceptable level for your organisation?
- 4. Has training and workplace assessment been identified as a key control measure by subject matter experts, or as an organisational directive?
- 5. Is the current training as a key control measure below acceptable control effectiveness levels for your organisation?

Yes to any

No to all

Training and assessment for establishing competency

- 6. Is there a need to regularly assess competency over time, against a defined benchmark?
- 7. Does the professional, registering or governing body recommend competency assessment prior to independent clinical practice?
- 8. Do stakeholders demand robust assessment processes prior to supporting a change process (such as medical staff supporting substituted practices)?
- 9. Is there a gap between the staff skill base and organisational need that can be best met by competency-based training and assessment process in the workplace?
- 10. Does the availability of clinical supervision or appropriate and timely access to education limit independent application of the activity in the workplace?

Yes to any

No to all

Yes to any question

No to all questions

Action

Competency standard development to support workplace training and assessment is recommended

Higher priority: Yes responses to questions 1–5 and/or multiple Yes responses

Lower priority: Yes response(s) to questions 6–10

Action

Competency standard development to support workplace training and assessment is not required

Resource 2.4: Developers' checklist: Process summary and checklist for developers of competency-based programs

Developers' checklist: Process summary and checklist for developers of competency-based programs	
Name of competency-based program:	
Key contact:	
Developer(s) name(s):	
Profession/operational manager(s) name:	
<input type="checkbox"/> Phase 1: Determine if a competency standard needs to be developed	
	Discuss plans with relevant profession or operational manager(s) and seek approval <input type="checkbox"/>
	Access the competency register (if available) to see if work has already been started in this area <input type="checkbox"/>
	Access <i>Resource 2.3: Do we need a competency standard?</i> to determine the need for development of a competency standard <input type="checkbox"/>
<input type="checkbox"/> Phase 2: Develop a competency standard and determine the evidence to be gathered to support assessment decisions	
	Form a reference group including subject matter experts and other relevant stakeholders from across the service <input type="checkbox"/>
	Set organisationally agreed performance standards and establish required skills and knowledge for the clinical practice using <i>Resource 2.5: Developing a unit of competency: process guide and checklist</i> <input type="checkbox"/>
	Transfer the elements performance criteria, required knowledge and skills to the competency standard template (Resource 2.7) <input type="checkbox"/>
	Transfer the elements and performance criteria to the evidence planning document template (Resource 2.8) <input type="checkbox"/>
	Using the reference group, establish the types and amount of evidence to support competency decisions and record this information on the evidence planning document <input type="checkbox"/>
<input type="checkbox"/> Phase 3: Develop workplace learning strategies and plans	
	Research existing learning resources and materials, within and outside the organisation and record them in <i>Resource 2.11: Learning resource development template</i> <input type="checkbox"/>
	Develop additional learning resources as needed to support the learning outcomes as outlined in the competency standard <input type="checkbox"/>
	Sequence the activities in the learning program in a logical manner <input type="checkbox"/>
	Transfer a description of the learning activities to <i>Resource 2.10: Learning and assessment plan (LAP) template</i> <input type="checkbox"/>
	Transfer the elements, performance criteria and required knowledge and skills to <i>Resource 2.9: Learning needs analysis (LNA): Self-assessment template</i> for use by the learner (optional) <input type="checkbox"/>

Developers' checklist: Process summary and checklist for developers of competency-based programs

Phase 4: Develop assessment plans and tools

Identify any elements to cluster for assessment

Review and select assessment methods, considering resources, assessors, timeframes and the recommendations of the reference group

Transfer a description of the assessment activities to *Resource 2.10: Learning and assessment plan (LAP) template*

Select and develop assessment tool(s) using an assessment tool template of choice (Resources 2.12, 2.13 or 2.14)

Conduct a pilot test of the assessment tools, if possible

Phase 5: Complete organisational processes

Review the credentialling processes for the organisation or profession and establish the required recording processes for the outcome of competency assessments such as e-credentialling or a local registry

Contact the profession or operational manager to confirm the process to ratify, store and communicate use of the documents

Resource 2.5: Developing a unit of competency: Process guide and checklist

Developing a unit of competency: process guide and checklist

Before you start: Use this checklist to guide the development process

Checklist	Further explanation/examples
<input type="checkbox"/> Locate any relevant professional association guidelines or position statement related to the competency area	Although position statements are not regulatory they can guide current thinking within the profession; they may provide guidance on scope of practice issues such as support workers
<input type="checkbox"/> Review the relevant accreditation council such as the Australian and New Zealand Podiatry Accreditation Council, Australian Physiotherapy Council, Australian Pharmacy Council or the Medical Radiation Practice Board of Australia	Guides undergraduate skill sets to inform scope of practice in entry-level graduates
<input type="checkbox"/> Review relevant professional standards for the profession and review any other relevant standards articulated by regulators	The domains may help to inform the elements and provide some guidance on performance criteria There may be implications such as insurance cover, payments, licensing requirements
<input type="checkbox"/> Review the registration standards for AHPRA registered professions	Endorsements by AHPRA require a rigorous process and should not be replaced by a workplace competency learning and assessment process
<input type="checkbox"/> Review any related standards/codes of practice for non-registered/self-regulating professions	These may need to be reflected in the structure and scope of any developed standards
<input type="checkbox"/> Review any relevant evidence-based clinical guidelines	Evidence-based clinical guidelines wherever available should direct and be reflected in the competency standard. In addition any learning programs developed should refer to them
<input type="checkbox"/> Review the EBA for the intended workforce	Ensure any competency standard developed is in line with this where necessary
<input type="checkbox"/> Review any relevant organisational policy, procedure or clinical guideline	The competency standard should be directed by and reflect their content. In addition any learning programs developed should refer to them
<input type="checkbox"/> Review any relevant organisational clinical governance processes	Ensure the competency standard is in line with this

Checklist	Further explanation/examples
<input type="checkbox"/> Review any relevant organisational/program, strategic goals and plans	Ensure the competency standard is in line with this and supports it Example: Threshold credentials are considered carefully and should not be unnecessarily restrictive on scope of practice
<input type="checkbox"/> Review any monitoring and verification processes or learning programs already developed for the competency area	There may have been significant resource investment in 'competency programs' already; refinement may be all that is required
<input type="checkbox"/> Review available resources beyond your health service where possible	<ul style="list-style-type: none"> • Training.gov.au is a great resource for the VET sector and has a repository of units of competency used in accredited qualifications • Skills for Health UK have many competences already developed for the health workforce • Health Workforce Australia publications such as the National common health capability resource: shared activities and behaviours of the Australian health workforce, Provisional Edition – March 2013 • Department of Health and Human Services publications such as Department of Health 2012, Supervision and delegation framework for allied health assistants • Content of existing education programs
<input type="checkbox"/> Identify best practice performer(s) and/or form a reference group including subject matter experts to contribute to the development process	Clinical lead, senior clinicians, non-allied health professionals such as a nurse or a doctor
<input type="checkbox"/> Ensure the main areas of risk within the task or work role have been identified	Brainstorm what could go wrong; look at the potential consequences and likelihood of harm. This will inform elements and performance criteria
<input type="checkbox"/> Clarify the main purpose for which the standard is being developed	This should be reflected throughout the competency standard Example: Defining competency for an advanced practice work role Defining competency for a shared clinical task across occupational groups Defining competency for a clinical task (single professional group)
<input type="checkbox"/> Identify all stakeholders for potential consultation	Example: Medical staff, nursing staff, other profession groups, consumers

Checklist	Further explanation/examples
<input type="checkbox"/> Review relevant position descriptions	Example: To guide what tasks are within scope of practice
<input type="checkbox"/> Review risk registers/ complaints data/RISKMAN data	This data can provide useful insights (when available) to ensure they are addressed in the competency standard and learning program
<input type="checkbox"/> Review any national standards that apply	Ensure relevant national standards are reflected and addressed in related competencies such as falls, pressure injury, identifying the deteriorating patient, clinical handover
<input type="checkbox"/> Clarify the levels of clinical support available for the identified task (clinical supervision, medical staff)	A good understanding here will help inform decisions regarding workplace competence verification and may influence the elements and performance criteria developed Example: In more isolated environments such as advanced practice clinics where there is no immediate access to medical consultation, a different performance level or threshold credential may be necessary



Development checklist	Further explanation/examples
Getting started: Use this checklist to systematically work toward development of an organisational competency standard	
<input type="checkbox"/> 1. Develop a title (recommended field) Describe the outcome of the unit concisely	
<input type="checkbox"/> Does the title describe the intended outcome of the unit?	Include location and AH profession only if the competency standard is intended to be limited to a certain context or group Example: Prescribe, measure and fit compression garments in adult patients with oncological lymphoedema Example: Using the DIANA™ to fill elastomeric devices with fluorouracil
<input type="checkbox"/> Is the verb used appropriate for the clinician group (for example, assess versus conduct, professional versus assistant)?	This is of particular relevance to delineate AHPs versus AHAs/other support workers Example: Assessment is not within scope of an AHA but conducting a prescribed program will be
<input type="checkbox"/> 2. Develop a descriptor (recommended field) An overall statement about the learning area, clarifying the purpose of the unit	
<input type="checkbox"/> Does it start with <i>'This unit of competency describes the skills and knowledge required to...'</i> ?	Example: This unit of competency describes the skills and knowledge required by health professionals to prescribe, measure and fit compression garments in adult patients with or at risk of oncological lymphoedema
<input type="checkbox"/> Does it include the main job task or role with more detail than the title?	The descriptor helps to describe the main job task
<input type="checkbox"/> 3. Develop an application statement (recommended field) This section describes how the unit is practically applied in the workplace and in what contexts and includes: <ul style="list-style-type: none"> • a summary statement of the unit content • a brief description of who it refers to and where • the relationship to any scope of practice, licensing, legislative, regulative or certification requirements 	
<input type="checkbox"/> Does it start with <i>'The application of knowledge and skills described in this competency unit relate to...'</i> ?	
<input type="checkbox"/> Does it include a summary statement of what the unit will cover?	
<input type="checkbox"/> Does it include a statement relating to why the competency standard is being developed, where relevant?	Example: To meet the National Emergency Access Targets, carries significant risk, advanced practice role, manage risk of occupational injury to staff

Development checklist	Further explanation/examples
<input type="checkbox"/> Does it specify the allied health clinicians it refers to?	Example: Social worker, speech pathologist, allied health assistant, laboratory technical assistant, pharmacy technician
<input type="checkbox"/> Does it specify the grade level of the allied health professional it applies to, where relevant?	Example: Grade 3 AHAs only, grade 2 physiotherapists only
<input type="checkbox"/> Does it specify the setting where the task will be applied, where relevant?	Example: ICU, ED, radiology department
<input type="checkbox"/> Does it specify the program setting, where relevant?	Example: Bed-based services, ambulatory and community care
<input type="checkbox"/> Does it specify the organisation?	Example: Barwon Health
<input type="checkbox"/> Does it address any contentious issues relating to scope of practice? <ul style="list-style-type: none"> • Perhaps there are accepted frameworks for delegation • Perhaps the task was previously the domain of another profession • What the unit does not cover 	Example: Provision, fit and simple modification of footwear can be delegated by the AHP to the AHA, provided the implemented tasks are within the limits established by the AHP and in line with the, Department of Health's Supervision and delegation framework for allied health assistants. The AHP should assess whether it is appropriate to delegate the task to the AHA and this may depend on the AHA's personal experience and competence and the specific context for the delegated task. Example: On successful completion of this unit, all health professionals within each RAPID ED team will be able to prescribe, fit and provide a limited range of adaptive equipment, previously performed by occupational therapists Example: The scope of the AHA does not include any interpretation of measured data
<input type="checkbox"/> Does it include a statement regarding any legal restrictions to practice where necessary?	Example: There are no legal restrictions to graduate-level physiotherapists performing dry needling Example: There are no legal restrictions in radiographers performing cannulation



Development checklist	Further explanation/examples
<input type="checkbox"/> 4. Develop any prerequisites (recommended field) List in the learning area described any conditions the candidate must meet prior to being eligible for determination of competency by the organisation List any other relevant conditions that apply	
<input type="checkbox"/> Have all the conditions the candidate must meet prior to being eligible for determination of competency by the organisation in this learning area described, been met? Consider:	
<ul style="list-style-type: none"> • job role classification or description 	Example: Grade 2 minimum speech pathologist
<ul style="list-style-type: none"> • other organizational competency standards 	Example: Successful completion of 'Peninsula Health's' BLS must be completed prior to assisting in a hydrotherapy program
<ul style="list-style-type: none"> • professional registration requirements 	Example: Registered occupational therapist
<ul style="list-style-type: none"> • threshold credential such as an undergraduate or postgraduate qualification 	Example: Physiotherapist with Masters degree in Musculoskeletal Physiotherapy
<input type="checkbox"/> Have the requirements of the supervisor/assessor been stated?	Example: Appropriately nominated podiatrist as a clinical supervisor/assessor
<input type="checkbox"/> 5. State any relevant co-requisites (optional field) States other units of competency related to the application of this one in the workplace	
<input type="checkbox"/> Has the relationship to other organisational competency standards that relate to this one been stated?	Example: Completion of Monash Health learning and assessment programs for the following core competencies: Perform a basic mobility and transfer assessment to facilitate patient discharge from ED
<input type="checkbox"/> 6. Specify the conditions relating to skills recognition (recommended field)	
<input type="checkbox"/> Has a mechanism for skills recognition been stated?	Example: Prior work experience or training, including successful completion of previous Monash Health ED competencies may be accepted to verify competency in the work role described here but will be assessed on a case-by-case basis against this standard by the social worker an appropriate nominee
<input type="checkbox"/> Has the person responsible for making that determination been stated?	
<input type="checkbox"/> Have exemptions been described, where relevant?	Example: The skills and knowledge described in this competency standard are considered core skills of social workers working in this context and as such no further verification of workplace competency is required

Development checklist	Further explanation/examples
<input type="checkbox"/> 7. Determine the elements (recommended field) An element is a basic building block of the competency standard. Elements describe the tasks that make up the broader function or job. They are actions or outcomes that are observable and assessable. The detail of performance is more fully described in the performance criteria.	
<input type="checkbox"/> 7.1 Elements for allied health professionals (AHPs) <ul style="list-style-type: none"> • There are many ways to decide what the elements should be. Most allied health professions have entry-level professional competency standards and there is much commonality in the standards and the broad domains described within them. A useful starting point is to look at some examples of domains that may inform the elements as depicted in Table 1. Alternatively the professional standards for your profession could be used • It would be unworkable to assess against each of these for every clinical task and certain assumptions are made based on the attainment of an undergraduate qualification. In general, within this framework, the focus is on the profession-specific technical skills and abilities rather than the more generic aspects of practice that are captured within a capability framework (such as communication and professionalism) unless reference groups highlight any 'stand outs' in these domains that need to be included • More detail is added when performance criteria are developed • For the purposes of developing competency-based programs, the following elements are common to many of the standards already developed. Some areas may end up being integrated into other elements such as risk management 	
Example: <ul style="list-style-type: none"> • Plan and Prepare • Assess patient • Interpret and analyse assessment findings • Develop a plan • Implement safe and effective intervention 	<ul style="list-style-type: none"> • Monitor and evaluate • Report and document patient information • Apply evidence-based practice • Apply risk management
<input type="checkbox"/> Have the building blocks of the clinical task been described or broadly mapped?	These can be refined as the process continues, but it is worth mapping out the domains at this point
<input type="checkbox"/> Are they arranged in a logical sequence as far as practicable?	Complete chronological order will not be possible and some elements may end up integrated into others Example: Risk management may end up peppered throughout the patient encounter



Table 1: Examples of domains for determining elements (like colours denotes clear commonality)	
Example 1: Podiatry competency standards for Australia and New Zealand ¹	Example 2: National common health capability resource (domains) ²
 Practise podiatry in a professional manner	Lifelong learning Development of self Development of others
  Continue to acquire and review knowledge for ongoing clinical and professional practice improvement	 Professional ethical and legal approach Professional behaviours
  Communicate and interrelate effectively in diverse contexts	Health values Respect, equity, diversity, prevention and wellness, whole person focus, responsible use of resources, innovation and change
 Conduct patient/client interview and physical examination	Collaborative practice Collaborating with clients Collaborating interprofessionally Collaborating across time and place
 Analyse, interpret and diagnose	 Provision of care  Performing healthcare activities
 Develop a patient/client-focused management plan	 Plan and prepare Perform/deliver  Monitor and evaluate Modify and replan
  Implement and evaluate management plan	 Supporting processes and standards  Evidence-based practice  Information management  Quality care provision and risk management
Provide education and contribute to an effective health system	

1 Australian and New Zealand Podiatry Accreditation Council 2015/Version 3, Podiatry competency standards for Australia and New ZealandHealth

2 Workforce Australia 2013, National common health capability resource: shared activities and behaviours in the Australian health workforce – provisional edition

Development checklist	Further explanation/examples
<input type="checkbox"/> 7.2. Elements for allied health assistants (AHAs) There are many ways of documenting the elements for allied health assistants. A useful starting point is to review the domains used in the National Health training package, Certificate IV in Allied Health Assistance (HLT42512)	
<input type="checkbox"/> Common elements used in accredited training for AHA <ul style="list-style-type: none"> • Plan/prepare • Perform/deliver/conduct/monitor • Clean and store equipment • Report and document Information • Comply with supervisory requirements 	Look up some therapy-based delivery units in HLT43015: Certificate IV in Allied Health Assistance at Training.gov.au Example: HLTAHA003 – Deliver and monitor a client-specific exercise program, HLTAHA006 – Assist with basic foot hygiene, HLTAHA009 – Assist with the rehabilitation of clients, HLTAHA013 – Provide support in dysphagia management, HLTAHA023 – Support the provision of basic nutrition advice and education
<input type="checkbox"/> Have the building blocks of the clinical task been described or broadly mapped?	These can be refined as the process continues, but it is worth mapping out the domains at this point
<input type="checkbox"/> Are they arranged in a logical sequence as far as practicable?	Complete chronological order will not be possible
<input type="checkbox"/> 8. Develop performance criteria (recommended field) Performance criteria specify the level of performance required to demonstrate achievement of the element. Terms in italics can be elaborated in the range statement Ideal performance criteria contain: <ol style="list-style-type: none"> 1. A measurable action verb 2. The criterion of acceptable performance/success criteria 3. The important condition (if any) under which the performance is to occur Ask What do candidates have to know, do or show, to demonstrate they have achieved the work outcome or element to an acceptable level?	They <ul style="list-style-type: none"> • Are written in passive tense, so as to complete the question. Did they/ can they...? • Are explicit and intelligible • Are realistic and doable • Stick to the most important (worthy) items such as areas of clinical risk, areas specific to change of scope, contingency management, key organisational procedure items
<input type="checkbox"/> Have you gathered resource materials, ideas outlined in the before you start section, to assist in developing the criteria?	Example: Clinical guidelines, organisational procedures
<input type="checkbox"/> Have the risks been identified and addressed in the performance criteria?	Example: Infection control, manual handling, pressure injury, falls, deteriorating patient
<input type="checkbox"/> Has available evidence been accessed to guide development?	Essential to well-developed standards



Development checklist	Further explanation/examples
<input type="checkbox"/> Has an action verb been used that describe the level of performance required by the clinician?	<p>Bloom’s taxonomy can be a useful resource in developing learning outcomes. The following are action verbs that can be used for various levels of learning. Choosing an action verb helps to set a standard:</p> <ul style="list-style-type: none"> • (Knowledge) – for example, identify, define, states • (Comprehension) – for example, explain, discuss, explain • (Application) – for example, demonstrate, apply, interpret, use • (Analysis) – for example, discern, differentiate, distinguish • (Synthesis) – for example, design, develop, plan • (Evaluation) – for example, evaluate, assess <p>A list of useful competency-based terminology is available in Resource 2.6: Competency-based terminology</p>
<input type="checkbox"/> Have non-measurable statements been avoided?	<p>Don’t use aware of, awareness of, familiar with, know, realise, recognise, remember, appreciate, comprehend, conclude, decide, infer, understand</p>
<input type="checkbox"/> Are the criteria explicit and intelligible?	<p>It should be clear to learners what they have to demonstrate to operate at an acceptable level</p>
<input type="checkbox"/> Are the criteria realistic and doable?	<p>Can it actually be achieved?</p>
<input type="checkbox"/> Have both the cognitive and manual aspects of the task been included and reflected in the performance criteria?	<p>Example: Clinical reasoning, manual technical skill</p>
<input type="checkbox"/> Have any behavioural capabilities peculiar to the practice been highlighted in the performance criteria?	<p>Example: Succinctly communicating assessment findings to medical staff to confirm the diagnosis in a primary contact role</p>
<input type="checkbox"/> 9. Define the range statement (optional field) Provides further intentional detail to the terms in italics as needed to help define the context and any relevant conditions or restrictions	
<input type="checkbox"/> Example: You may want to define a list of adaptive equipment, treatment modalities, contraindications, inclusion/exclusion criteria, identified risks	
<input type="checkbox"/> 10. Include references (optional but recommended field) What sources have been used to inform the competency standard?	
<input type="checkbox"/> Example: Organisational policy and procedure, clinical guidelines, peak body position statements, published literature	

Development checklist	Further explanation/examples
<input type="checkbox"/> 11. Assessment requirements outline (Formerly the evidence guide) Such a statement, confirms for the learner, assessor or training program developer the underpinning knowledge and skills that are integrated into performance to demonstrate competency in the standard and sets out contexts and conditions related to assessment	
<input type="checkbox"/> Performance evidence (recommended field) (formerly essential skills)	
<input type="checkbox"/> Has the recommended type of evidence been specified?	As determined by the reference group/subject matter expert(s) when using the evidence planning guide
<input type="checkbox"/> Has the frequency or volume of performance evidence been specified (if necessary)?	Is it enough to see the task performed once or has the reference group/subject matter expert stipulated how many over what timeframe?
<input type="checkbox"/> Knowledge evidence (recommended field) (formerly essential knowledge)	
<input type="checkbox"/> Have you specified what the candidate must know in order to safely and effectively perform the work task described?	It is not possible or necessary to include all a person knows as a result of entry-level qualification
<input type="checkbox"/> Does it relate directly to the performance criteria and/or range of conditions?	Include that knowledge which directly informs performance in the workplace for this area of competency and what might be reviewed as part of a self-assessment to establish an individual's learning needs
<input type="checkbox"/> Is the type and depth of knowledge included?	
<input type="checkbox"/> Assessment conditions (recommended field)	
<input type="checkbox"/> Has the critical conditions for assessment and gathering of evidence been stated?	Example: Refer to the evidence planning document for full details on any mandatory/ recommended evidence designated for specific performance criteria
<input type="checkbox"/> Has the context of and specific resources for assessment been specified?	Example: Formative assessment is acceptable and may include evidence from a range of sources over the assessment period Example: Assessment must include demonstrated workplace application
<input type="checkbox"/> Has the assessor requirements been specified?	Example: Consistency of performance should be demonstrated over the required range of situations relevant to the workplace Example: The assessor must be a nurse/doctor/dietician



Development checklist		Further explanation/examples													
<input type="checkbox"/> Version control (recommended field)															
Fields	Description	Example													
Author/contributors *denotes key contact	Include members of reference groups and other contributors	<table border="1"> <tr> <td>Author:</td> <td>A Smith*, B Citizen, C Moore</td> <td>Last review date:</td> <td>Mar 2016</td> </tr> <tr> <td>Version:</td> <td>V3.2016</td> <td>Next review date:</td> <td>Mar 2019</td> </tr> <tr> <td>Endorsed by:</td> <td>AH CSOP committee June 2016</td> <td>Approved by:</td> <td>Allied Health Council July 2016</td> </tr> </table>	Author:	A Smith*, B Citizen, C Moore	Last review date:	Mar 2016	Version:	V3.2016	Next review date:	Mar 2019	Endorsed by:	AH CSOP committee June 2016	Approved by:	Allied Health Council July 2016	
Author:	A Smith*, B Citizen, C Moore	Last review date:	Mar 2016												
Version:	V3.2016	Next review date:	Mar 2019												
Endorsed by:	AH CSOP committee June 2016	Approved by:	Allied Health Council July 2016												
Version	Add version code to document														
Last review date	State														
Next review date	Set timeframe for review of content and relevance														
Endorsed by/date/title/ program service	State date														
Approved by	Who approved														
Review responsibility	State individual, program or group														

Key related documents

National Skills Standards Council, 2012, *Standards for training packages*

Department of Training and Workforce development, Western Australia, 2012, *Guidelines for assessing competence in VET (4th edn)*

Resource 2.6: Competency-based terminology

Based on Bloom's taxonomy of educational objectives

Cognitive domain	
Knowledge	Delineate, document, express, fill in, identify, label, list, locate, name, outline, place, produce, recall, recite, record, rephrase, reproduce, restate, sketch, state, tell, write Do not use: acquire, aware of, awareness of, familiar with, know, realise, recognise, remember
Comprehension	Change, compile, complete, construct, define, delineate, demonstrate, detail, determine, develop, differentiate, draw, explain, give in own words, illustrate, interpret, make, match, operate, perform, predict, prepare, read, rearrange, reorder, represent, rewrite, select, summarise, transform, translate, use Do not use: appreciate, comprehend, conclude, decide, deduce, infer, understand
Application	Apply, choose, classify, compare, compute, correct, demonstrate, design, devise, employ, extend, extrapolate, interpolate, investigate, organise, produce, relate, resolve, restructure, solve, transfer, unravel
Analysis	Analyse, categorise, contrast, deduce, detect, discriminate, discuss, distinguish, estimate, justify, revise, separate, subdivide, support
Synthesis	Combine, debate, design, formulate, modify, originate, plan, propose, relate, specify, transmit
Evaluation	Argue, compare, decide, evaluate, validate Do not use: appraise, assess, judge
Psychomotor domain	
	Arrange, adjust, align, apply, assemble, begin, build, close, connect, compose, combine, construct, create, calibrate, design, disassemble, disconnect, dismantle, display, explain, fasten, fix, grind, heat insert, initiate, load, make, manipulate, measure, mend, mix, move, open, originate, operate, organise, proceed, react, remove, repair, replace, show, sketch, state, tune, vary, volunteer
Affective domain	
Receiving	Ask, choose, describe, follow, give, hold, identify, locate, name, point to, select, reply, use
Responding	Answer, assist, comply, conform, discuss, greet, help, label, perform, practise, present, read, recite, report, select, tell, write
Valuing	Complete, describe, differentiate, explain, follow, form, initiate, invite, join, justify, propose, read, report, select, share, study, work
Organising	Adhere, alter, arrange, combine, compare, complete, defend, explain, generalise, identify, integrate, modify, order, organise, prepare, relate, synthesise
Behaving consistently	Act, discriminate, display, influence, listen, modify, perform, practice, propose, qualify, question, revise, serve, solve, use, verify

Resource 2.7: Competency standard template

Title:	
Descriptor	This unit of competency describes the skills and knowledge required to...
(Organisational name) prerequisites	
(Organisation name) co-requisites/ (organisation name) related competencies	
Application	The application of knowledge and skills described in this competency unit relate to...
Skills recognition	
Re-credentialling/ ongoing competency requirements	



Element	Performance criteria
Elements describe the essential outcome of a unit of competency	The performance criteria specify the level of the performance required to demonstrate achievement of the element. Terms in italics are elaborated in the range statement.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Elements and performance criteria

	Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
3. Insert elements							
4. Insert elements							



Elements and performance criteria

Elements and performance criteria		Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
5. Insert elements								
Author:		Last review date:			/	/		
Version:		Next review date:			/	/		

Resource 2.9: Learning needs analysis (LNA): Self-assessment template

Learning needs analysis					
Unit of competency:					
Candidate's name:		Date of self-assessment		/ /	
Indicate your level of confidence against the following performance criteria					
1. I require training and development in most or all of this area					
2. I require further training in some aspects of this area					
3. I am confident I already do this competently					
Elements and performance criteria	Role relevance	Confidence rating scale			Action plan/evidence
		1	2	3	
1.1					
1.2					
1.3					
1.4					
1.5					
2.1					
2.2					
2.3					
2.4					



Elements and performance criteria	RR	1	2	3	Action plan/evidence
3.1					
3.2					
3.3					
3.4					
3.5					
4.1					
4.2					
4.3					
4.4					
4.5					
5.1					
5.2					
5.3					
5.4					
5.5					
6.1					
6.2					
6.3					
6.4					
6.5					

Elements and performance criteria	RR	1	2	3	Action plan/evidence	
Essential Knowledge:						
Author:					Last review date:	/ /
Version:					Next review date:	/ /



Resource 2.10: Learning and assessment plan template

Learning and assessment plan		
Title of the competency standard to be achieved		
Assessment timeframe	To be negotiated with clinical supervisor, assessor and/or line manager	
Workplace learning delivery overview	A combination of the following will be implemented <ul style="list-style-type: none"> • Self-directed learning • Coaching or mentoring • Workplace application 	
Learning activities/resources		
Task description (alter as required, example only)		√ x
1. Review the competency standard and complete the self-assessment	Read the competency standard document for this clinical practice. It outlines the expected level of performance to achieve competency in this area. Complete the self-assessment using the learning needs analysis tool and discuss your learning needs and the assessment process, with clinical supervisor.	
2. Access and review relevant organisational procedures		
3. Complete site-specific orientation to...	Complete orientation with clinical supervisor/line manager covering all details outlined in the site-specific orientation guideline.	
4. Complete ... training		
5. Undertake supervised clinical practice and feedback sessions	Candidates will undertake supervised clinical practice and feedback sessions as arranged with their clinical supervisor.	
6. Review the following presentations		
7. Review the following video demonstrations		
8. Review the following publications		
9. Other activities as advised		

Assessment details and linkage			
Assessment task (alter as required, example only)	Due date	Elements and performance criteria	
1. Written responses	/ /		
2. Direct workplace observation assessment and oral appraisal Learners will be observed completing the task in the workplace. Performance will be noted by the assessor using the assessment tool. Follow-up questioning may be used to clarify or address any outstanding performance criteria not observed during the observation assessment. The number of direct workplace observation assessments required to demonstrate competency will be determined by the supervisor/assessor.	/ /		
3. Documentary evidence Learners will be required to produce documentary evidence of health record entries as instructed by their clinical supervisor.	/ /		
4. Case-based presentation Learners will present a case to a group of peers, providing a rationale for decision making and covering specific criteria as directed by the supervisor. Performance will be noted by the supervisor/assessor in the assessment	/ /		
Evaluation			
Complete the learners' survey at the end of the learning and assessment program.			
Author:		Last review date:	/ /
Version:		Next review date:	/ /



Resource 2.12: Assessment tool type A template (binary performance scale)

Assessment tool				
Unit of competency:		Assessment timeframe:	/ / to / /	
Candidate's name:		Candidate's designation:		
Name(s) of assessor(s):		Assessor(s) designation:		
Elements and performance criteria Delete/add rows as necessary	Performance cues Did the candidate provide evidence of the following?	Tick appropriate box, date and sign each tick.		Comments
		Competent	Not yet competent	
1. Insert elements				
Insert performance criteria copied from competency standard	<input type="checkbox"/> Insert a list of key points that demonstrate achievement of the performance criteria/benchmark	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Elements and performance criteria Delete/add rows as necessary	Performance cues Did the candidate provide evidence of the following?		Tick appropriate box, date and sign each tick.		Comments
			Competent	Not yet competent	
4.					
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5.					
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Overall competency result:	<input type="checkbox"/> Competency achieved <input type="checkbox"/> Not yet competent	Date:	/ /	Signature of assessor:	
Name added to database/copy in staff member's file:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Author:				Last review date:	/ /
Version:				Next review date:	/ /

Elements and performance criteria	Insert specific item	Insert specific item	Insert specific item	Insert specific item	Other (state)	Comments
3. Insert elements						
4. Insert elements						

Item category	Insert specific item	Insert specific item	Insert specific item	Insert specific item	Other (state)
Overall competency result <input type="checkbox"/> Competency achieved <input type="checkbox"/> Not yet competent					
C = competent; NYC = not yet competent					
Date	/ /	signature of assessor:			
Comments/further action					
Name added to database/copy in staff member's file		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Author:				Last review date:	/ /
Version:				Next review date:	/ /



Elements and performance criteria	Role relevance	Performance rating scale					Recommended evidence	Comments
		Dependent	Marginal	Assisted	Supervised	Independent		
3.								
4.								
5.								



Overall competency result/performance level

achieved in assessment timeframe (tick)

 Dependent Marginal Assisted Supervised Independent

Date

/ /

Signature of assessor(s):

Signature of candidate:

Comments/further action

Name added to database/copy in staff member's file

 Yes No

Author:

Last review date:

/ /

Version:

Next review date:

/ /

Bondy rating scale				
Scale label	Standard of procedure		Quality of performance	Level of assistance required
Independent (I)	Safe Accurate	Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Expedient	No supporting cues required
Supervised (S)	Safe Accurate	Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Reasonably expedient	Occasional supportive cues
Assisted (A)	Safe Accurate	Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of the performance when assisted	Frequent verbal and occasional physical directives in addition to supportive cues
Marginal (M)	Safe only with guidance Not completely accurate	Incomplete achievement of intended outcome	Unskilled Inefficient	Continuous verbal and frequent physical directive cues
Dependent (D)	Unsafe	Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour/procedure	Continuous verbal and physical directive cues
X	Not observed			

Bondy KN 1983, 'Criterion-referenced definitions for rating scales and clinical evaluation', *Journal of Nursing Education*, vol. 22, no. 9, pp. 376–381.



Conduct an allied health assistant (AHA)-led, adult footwear program

Training and assessment program handbook Version 2, 2016

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Resource 2.15: Conduct an allied health assistant (AHA)-led adult footwear program: Training and assessment program handbook

Learning and assessment plan: Conduct an Allied Health Assistant (AHA)-led, adult footwear program		
Title of competency standard(s) to be achieved	Conduct an Allied Health Assistant (AHA)-led, adult footwear program	
Assessment timeframe	To be negotiated with clinical supervisor, assessor and/or line manager	
Workplace learning delivery overview	<p>A combination of the following will be implemented</p> <ul style="list-style-type: none"> • Self-directed learning • Coaching or mentoring • Workplace application 	
Learning activities/resources		
Task	description	√ x
1. Review the competency standard and complete the self-assessment	<p>Read the competency standard document for this clinical practice. It outlines the expected level of performance to achieve competency in this area.</p> <p>Complete the learning needs analysis tool and discuss your learning needs and the assessment process, with clinical supervisor/assessor. These can be accessed at: G:\alliedhealth_all\HUMAN RESOURCES\CREDENTIALLING\Competency framework and supporting documents\AHA\AHA Podiatry\2. Footwear program</p>	
2. Access the Monash Health procedures relevant to this clinical practice	<ol style="list-style-type: none"> 1. Falls prevention background and procedure document 2. Standard precautions 3. Hand hygiene 4. Cleaning equipment with disposable microfiber (MFC) cloths <p>Discuss their relevance to practice with your clinical supervisor.</p>	
Learning activities/resources		

Task description		√ x
3. Review the following associated Monash Health forms and stickers	<ol style="list-style-type: none"> 1. Footwear program manual 2. Podiatry inpatient referral form (MRI44) 3. AHA review for podiatry service stickers 4. AHA foot health screen form 5. AHA footwear review form 6. AHA footwear issue sticker 7. Footwear issue patient handout 8. Footwear invoice letter. <p>These forms can be accessed at: G:\AH_Podiatry\Staff\PROGRAMS and SERVICES\FOOTWEAR PROGRAM Discuss their use with your clinical supervisor/assessor.</p>	
4. Review the following resources	<p>Please review</p> <ol style="list-style-type: none"> 1. Powerpoint: Orientation to podiatry and footwear program 2. Reading: AHA podiatry education (this document covers common patient conditions and how they affect feet in addition to relevant medical terminology) <p>Discuss these resources with your clinical supervisor/assessor.</p>	
5. Review the following video demonstrations	<p>View the AHA footwear program video, located in the footwear program folder. Discuss this resource with your clinical supervisor/assessor.</p>	
6. Undertake supervised clinical practice and feedback sessions	<p>Learners will undertake supervised clinical practice and feedback sessions as arranged with their clinical supervisor. These will be based on the identified learning needs from the completed learning needs analysis.</p>	
7. Review the following publications	<p>A copy of relevant publications is included in the footwear program folder for learners to access.</p>	



Assessment details and linkage			
Assessment task		Date(s) completed	Elements and performance criteria
1.	Direct workplace observation assessments and oral appraisal Learners will be observed completing provision of footwear to a range of patients in the workplace. Performance will be noted by the assessor using the assessment tool. Follow-up questioning of the candidate may be used to clarify or to address any outstanding performance criteria not observed during the workplace observation assessment(s). The number of patients observed will be at the discretion of the clinical supervisor/assessor.	/ /	All
2.	Documentary evidence Learners will be required to produce documentary evidence of health record entries as instructed by their clinical supervisor/assessor.	/ /	All
Author:	L. Zuegn, E. Vanleeuwen, G. Butcher, A. Pearce.	Last review date:	May 2016
Version:	V2_190516	Next review date:	May 2019

Competency standard: Conduct an Allied Health Assistant (AHA)-led, adult footwear program	
Descriptor	This unit of competency describes the skills and knowledge required by an AHA to provide, fit and modify footwear to meet the individual needs of adult patients evaluated by the supervising podiatrist, as being suitable. It includes the maintenance and ordering of footwear stock.
Monash Health pre-requisites	<ul style="list-style-type: none"> • Current employee Monash Health • Grade 3 AHA • Certificate IV in Allied Health Assistance • Appropriately nominated podiatrist as a clinical supervisor/assessor.
Monash Health related competencies	<ul style="list-style-type: none"> • Apply prescribed padding, cushioning and dressings • Perform a basic foot health screen in conjunction with low-risk nail care
Application	<p>This unit is appropriate for application in bed based or ambulatory care services at Monash Health, where referrals for footwear fitting and provision are firstly triaged by a podiatrist and then patients are referred to the AHA for footwear fitting, modification and provision.</p> <p>Provision, fit and simple modification of footwear can be delegated by an allied health professional(AHP) to the AHA, provided the implemented tasks are within the limits established by the AHP and in line with the Department of Health (2012) <i>Supervision and delegation framework for allied health assistants</i>. The AHP should assess whether it is appropriate to delegate the task to the AHA and this may depend on the AHA's personal experience and competence and the specific context for the delegated task.</p> <p>Work performed by the AHA, requires a range of well-developed skills where some discretion and judgment is required and individuals will take responsibility for their own outputs.</p>
Skills recognition	<ul style="list-style-type: none"> • Completion of <i>HLTAHA016 Support the fitting of assistive equipment</i> (or the equivalent), as part of Certificate IV in Allied health assistance, whilst relevant to the work role described, is an occupational therapy elective and completion is most likely to have been attained in that context. • Completion of Cert IV in Allied Health Assistance with Podiatry specialisation, would stand a candidate in good stead to meet the requirements of this standard, particularly if combined with <i>HLTAHA016 Support the fitting of assistive equipment</i> (or the equivalent), but verification of skills and knowledge against this standard would still need to be made by the supervising AHP. • Prior work experience or training may be accepted to verify competence in the work role described here, but will be assessed on a case-by-case basis against this standard, by the line manager, clinical supervisor or an appropriate nominee.

Element Elements describe the essential outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to demonstrate achievement of the element. Terms in italics are elaborated in the Range Statement.
1. Confirm suitability of client referred for footwear consultation	1.1 Ensure the referred patient is appropriate for service provision by the AHA, in accordance with individual strengths and limitations, organisational or professional procedure/ guideline, the patient profile/ needs and within defined work roles 1.2 Defer patient referrals to relevant professionals when patients are not appropriate for provision of service by the AHA
2. Prepare for the fitting of footwear	2.1 Confirm all <i>relevant information pertaining to the patient</i> , is included in the referral 2.2 Confirm the patient understanding of the footwear fitting process and ensure consent has been obtained 2.3 Clarify their own role with the patient, prior to commencing the footwear fitting
3. Fit footwear	3.1 Provide a safe physical environment during the course of the intervention 3.2 Complete the initial footwear consultation form 3.3 Recognise <i>triggers requiring (re)assessment by a podiatrist</i> and act to obtain their involvement 3.4 Establish the available footwear options that meet the expected performance parameters 3.5 Accommodate patient preference into the footwear options, wherever practicable 3.6 Confirm the suitability of fit and operation meet the expected performance parameters and referral by the podiatrist
4. Complete basic footwear modification	4.1 Perform <i>basic footwear modification</i> to meet the expected performance parameters for a range of patients 4.2 Refer back to podiatrist any complex footwear modification required
5. Support the client to use footwear	5.1 Ensure the patient can don/doff footwear, as required for the user environment 5.2 Trial the use of <i>adaptive equipment</i> to don/doff footwear, following established delegation procedures 5.3 Explain and reinforce information about the use of the <i>footgear</i> and <i>adaptive equipment</i> in a manner, and at an appropriate level and pace 5.4 Provide safe physical support to enable the client to practice use of the footwear, as required for the user environment 5.5 Check for signs and symptoms of ill fit and take appropriate action 5.6 Seek clarification or advice from the podiatrist, where necessary

Element Elements describe the essential outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to demonstrate achievement of the element. Terms in italics are elaborated in the Range Statement.
6. Facilitate purchase of footwear	6.1 Outline the costs of the recommended footwear to the patient/carer 6.2 Confirm the patient/carer's preferred payment option 6.3 Completes equipment provision documentation in accordance with Monash Health procedure
7. Clean and store equipment	7.1 Comply with infection control procedures throughout the consultation process 7.2 Clean equipment in accordance with manufacturers and organisational requirements 7.3 Store equipment in accordance with manufacturers requirements and organisation procedure
8. Report and document information	8.1 Document the clients consent, response, outcomes and any identified problems relating to footwear consultation 8.2 Document in accordance with accepted practice
9. Arrange follow-up appointments/reviews as necessary	9.1 Communicate to the patient the footwear provision evaluation process and provide contact information 9.2 Arrange a review footwear appointment, where necessary 9.3 Refer patients back to the delegating podiatrist, where necessary
10. Comply with supervisory requirements	10.1 Provide timely and appropriate feedback to the delegating podiatrist and any other relevant stakeholders
11. Maintain stock of footwear for trial and patient purchase	11.1 Maintain stock levels to meet the needs of the service

Required knowledge and skills

Essential knowledge:

- Basic anatomy and physiology of the foot
- Basic understanding of foot pathology
- Disease processes relevant to the client group(s)
- Structure and function of the skin
- Aetiology, staging and management of pressure injury
- Infection control procedures
- Relevant medical terminology
- Basic knowledge of falls prevention strategies
- Indications and use of long handled dressing aids
- Levels of independence/assistance as they apply to mobility and transfers
- Compensability as it relates to patients purchasing footwear/equipment
- Shoe performance parameters
- Patient profile/needs appropriate for AHA intervention
- Relevant organisation procedures including; infection control, manual handling, OHS
- Relevant association, regulatory board and state guidelines e.g. DHHS, Podiatry Board of Australia, Australasian Podiatry Council
- Roles, responsibilities and limitations of self
- Referral processes within Monash Health
- Client care plans, goals and limitations of podiatry intervention
- Supervisory and reporting protocols

Essential skills:

- Collate relevant patient information
- Complete footwear consultation forms
- Select and implement basic foot assessment skills
- Use effective observation skills
- Consistently apply infection control requirements
- Use a Brannock device
- Use adaptive equipment
- Fit and measure shoes
- Check for signs or symptoms of ill-fitting shoes
- Perform basic footwear modification
- Identify situations and conditions requiring referral to podiatrist
- Identify variations in podiatry conditions
- Maintain stock levels
- Communicate effectively with clients
- Provide legible, logical and appropriate documentation
- Operate within OHS, manual handling and infection control requirements
- Work under direct and indirect supervision
- Consistently identify foot issues requiring additional podiatry support
- Consistently adhere to supervisory requirements

Range statement

The range statement elaborates terms in italics found in the competency

<p><i>Relevant information pertaining to the patient may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Relevant medical history • Mobility and transfer status of the patient, including aids, level of assistance required any other relevant contraindications or precautions e.g. hip precautions • Task delegated to the AHA • Timeframes/service priority for AHA • Name and contact details of supervising podiatrist • Specific modifications/considerations relevant to the patients' needs e.g. Velcro to accommodate RA hands • Patient compensability
<p><i>Triggers requiring (re) assessment by a podiatrist may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Presence of foot lesion
<p><i>Expected performance parameters includes but is not limited to:</i></p>	<ul style="list-style-type: none"> • Specific modifications requested by the AHP in the referral are completed • A good shoe fit is achieved using the Brannock device • Heel not slipping • Shoe not rubbing • Shoe comfortable • Meet indoor/outdoor surface requirements • Shoe accommodates patient preference • Don/doff as required for user environment • Completes mobility and transfers as required for the user environment
<p><i>Basic footwear modification may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Removing innersole • Extending Velcro straps • Replacing laces with alternate e.g. elastic, shoe noodle • Adding heel grip • Adding tongue padding • Adding jump ring to fastening strap
<p><i>Complex footwear modification may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Grinding out soles • Cutting shoes
<p><i>Footgear may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Shoes • Socks/stockings • Orthotics
<p><i>Adaptive equipment may include but is not limited to:</i></p>	<ul style="list-style-type: none"> • Long-handled dressing aids e.g. pick up stick, shoe horn, sock donner

Evidence guide

The evidence guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, and the range statement.

- Consistency of performance should be demonstrated over the required range of clinical presentations relevant to the workplace.
- Assessment must include demonstrated workplace application.
- Formative assessment is acceptable and may include evidence from a range of sources over the assessment period.

References

Australasian Podiatry Council, April 2009, *The role of Podiatry Assistants in Podiatric Practice*

Baker IDI Heart and Diabetes Institute, 2011, *National Evidence-Based Guideline: Prevention, Identification and Management of Foot Complications in Diabetes* <http://www.nhmrc.gov.au/guidelines/publications/di21> accessed 19/05/16

Community Services and Health Industry Skills Council, 2015, *HLTAHA007 - Assist with podiatric procedures* (supersedes HLTAH405C)

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Department of Health, 2012, *Supervision and delegation framework for Allied Health Assistants* [http://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/\\$FILE/framework-for-web-060612.pdf](http://docs.health.vic.gov.au/docs/doc/87B365A392B0332CCA25799E007F8ACE/$FILE/framework-for-web-060612.pdf) accessed 19/5/16

Podiatry Board of Australia, *Guidelines for podiatrists working with podiatric assistants in podiatry practice*, <http://www.podiatryboard.gov.au/Policies-Codes-Guidelines.aspx> accessed 19/5/16

Author:	A. Pearce, A. Davis, C. Williams, J. Walsh	Last review date:	May 2016
Version:	Previous version V4_2012 V5_2016	Next review date:	May 2019

Learning needs analysis self-assessment tool: Conduct an Allied Health Assistant (AHA)-led, adult footwear program

Candidate's name: _____

Date of self-assessment: ____ / ____ / ____

Indicate your level of confidence against the following performance criteria

1. I require training and development in most or all of this area
2. I require further training in some aspects of this area
3. I am confident I already do this competently

Elements and performance criteria	Role relevance	Confidence rating scale			Action plan/evidence
		1	2	3	
1. Confirm suitability of client referred for footwear consultation					
1.1 Ensure the referred patient is appropriate for service provision by the AHA, in accordance with individual strengths and limitations, organisational or professional procedure/ guideline, the patient profile/needs and within defined work roles					
1.2 Defer patient referrals to relevant professionals when patients are not appropriate for provision of service by the AHA					
2. Prepare for the fitting of footwear					
2.1 Confirm all <i>relevant information pertaining to the patient</i> , is included in the referral or act to gain additional relevant information.					
2.2 Confirm the patient understanding of the footwear fitting process and ensure consent has been obtained					
2.3 Clarify their own role with the patient, prior to commencing the footwear fitting					
3. Fit footwear					
3.1 Provide a safe physical environment during the course of the intervention					
3.2 Complete the initial footwear consultation form					
3.3 Recognise <i>triggers requiring (re)assessment by a podiatrist</i> and act to obtain their involvement					

Elements and performance criteria	RR	1	2	3	Action plan/evidence
3.4 Establish the available footwear options that meet the <i>expected performance parameters</i>					
3.5 Accommodate patient preference into the footwear options, wherever practicable					
3.6 Confirm the suitability of fit and operation meet the <i>expected performance parameters</i> and referral by the podiatrist					
4. Complete basic footwear modification					
4.1 Perform basic footwear modification to meet the <i>expected performance parameters</i> for a range of patients					
4.2 Refer back to podiatrist any <i>complex footwear modification</i> required					
5. Support the client to use footwear					
5.1 Ensure the patient can don/doff footwear, as required for the user environment					
5.2 Trial the use of <i>adaptive equipment</i> to don/doff footwear, following established delegation procedures					
5.3 Explain and reinforce information about the use of the <i>footgear and adaptive equipment</i> in a manner, and at an appropriate level and pace					
5.4 Provide safe physical support to enable the client to practice use of the footwear, as required for the user environment					
5.5 Check for signs and symptoms of ill fit and take appropriate action					
5.6 Seek clarification or advice from the podiatrist, where necessary					
6. Facilitate purchase of footwear					
6.1 Outline the costs of the recommended footwear to the patient/carer					
6.2 Confirm the patient/carers' preferred payment option					
6.3 Completes equipment provision documentation in accordance with Monash Health procedure					

Elements and performance criteria	RR	1	2	3	Action plan/evidence
7. Clean and store equipment					
7.1 Comply with infection control procedures throughout the consultation process					
7.2 Clean equipment in accordance with manufacturers and organisational requirements					
7.3 Store equipment in accordance with manufacturers requirements and organisation procedure					
8. Report and document information					
8.1 Document the clients consent, response, outcomes and any identified problems relating to footwear consultation					
8.2 Document in accordance with accepted practice					
9. Arrange follow-up appointments/ reviews as necessary					
9.1 Communicate to the patient the footwear provision evaluation process and provide contact information					
9.2 Arrange a review footwear appointment, where necessary					
9.3 Refer patients back to the delegating podiatrist, where necessary					
10. Comply with supervisory requirements					
10.1 Provide timely and appropriate feedback to the delegating podiatrist and any other relevant stakeholders					
11. Maintain stock of footwear for trial and patient purchase					
11.1 Maintain stock levels to meet the needs of the service					
Essential knowledge:					
• Basic anatomy and physiology of the foot					
• Basic understanding of foot pathology					
• Disease processes relevant to the client group(s)					
• Structure and function of the skin					



Elements and performance criteria	RR	1	2	3	Action plan/evidence
Essential knowledge:					
• Aetiology , staging and management of pressure injury					
• Infection control procedures					
• Relevant medical terminology					
• Basic knowledge of falls prevention strategies					
• Indications and use of long handled dressing aids					
• Levels of independence/assistance as they apply to mobility and transfers					
• Compensability as it relates to patients purchasing footwear/equipment					
• Shoe performance parameters					
• Patient profile/needs appropriate for AHA intervention					
• Relevant organisation procedures including; infection control, manual handling, OHS					
• Relevant association, regulatory board and state guidelines e.g. DHHS, Podiatry Board of Australia, Australasian Podiatry Council					
• Roles, responsibilities and limitations of self					
• Referral processes within Monash Health					
• Client care plans, goals and limitations of podiatry intervention					
• Supervisory and reporting protocols					
Essential skills:					
• Collate relevant patient information					
• Complete footwear consultation forms					
• Select and implement basic foot assessment skills					
• Use effective observation skills					

Elements and performance criteria		RR	1	2	3	Action plan/evidence
Essential skills:						
• Consistently apply infection control requirements						
• Use a Brannock device						
• Use adaptive equipment						
• Fit and measure shoes						
• Check for signs or symptoms of ill-fitting shoes						
• Perform basic footwear modification						
• Identify situations and conditions requiring referral to podiatrist						
• Identify variations in podiatry conditions						
• Maintain stock levels						
• Communicate effectively with clients						
• Provide legible, logical and appropriate documentation						
• Operate within OHS, manual handling and infection control requirements						
• Work under direct and indirect supervision						
• Consistently identify foot issues requiring additional podiatry support						
• Consistently adhere to supervisory requirements						
Author:	A. Pearce, A. Davis, C. Williams, J. Walsh					Last review date: May 2016
Version:	V2_2016					Next review date: May 2019



Assessment tool: Conduct an Allied Health Assistant (AHA) led, adult footwear program						
			Assessment timeframe:	/ / to / /		
Candidate's name:		Candidate's designation:				
Name(s) of clinical supervisor/assessor(s):		Clinical supervisor/ assessor(s) designation:				
Elements and performance criteria			Type of evidence gathered	Tick appropriate box Date and sign each tick		Comments
Key to evidence type:				Competent	More evidence required	
Written responses (WR)	Documentary evidence (DE)	Workplace observation (WO)				
Oral appraisal (OA)	Practical demo. (Prac.D)	Case based presentation (CBP)				
1. Confirm suitability of client referred for footwear consultation						
1.1	Ensure the referred patient is appropriate for service provision by the AHA, in accordance with individual strengths and limitations, organisational or professional procedure/ guideline, the patient profile/needs and within defined work roles			<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Defer patient referrals to relevant professionals when patients are not appropriate for provision of service by the AHA			<input type="checkbox"/>	<input type="checkbox"/>	
2. Prepare for the fitting of footwear						
2.1	Confirm all <i>relevant information pertaining to the patient</i> , is included in the referral			<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Confirm the patient understanding of the footwear fitting process and ensure consent has been obtained			<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Clarify their own role with the patient, prior to commencing the footwear fitting			<input type="checkbox"/>	<input type="checkbox"/>	
3. Fit footwear						
3.1	Provide a safe physical environment during the course of the intervention			<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Complete the initial footwear consultation form			<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Recognise <i>triggers requiring (re)assessment by a podiatrist</i> and act to obtain their involvement			<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Establish the available footwear options that meet the <i>expected performance parameters</i>			<input type="checkbox"/>	<input type="checkbox"/>	

Elements and performance criteria	Type of evidence gathered	Tick appropriate box Date and sign each tick		Comments
		Competent	More evidence required	
3.5 Accommodate patient preference into the footwear options, wherever practicable		<input type="checkbox"/>	<input type="checkbox"/>	
3.6 Confirm the suitability of fit and operation meet the <i>expected performance parameters</i> and referral by the podiatrist		<input type="checkbox"/>	<input type="checkbox"/>	
4. Complete basic footwear modification				
4.1 Perform <i>basic footwear modification</i> to meet the <i>expected performance parameters</i> for a range of patients		<input type="checkbox"/>	<input type="checkbox"/>	
4.2 Refer back to podiatrist any <i>complex footwear modification</i> required		<input type="checkbox"/>	<input type="checkbox"/>	
5. Support the client to use footwear				
5.1 Ensure the patient can don/doff footgear, as required for the user environment		<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Trial the use of adaptive equipment to don/doff footgear, following established delegation procedures		<input type="checkbox"/>	<input type="checkbox"/>	
5.3 Explain and reinforce information about the use of the footgear and adaptive equipment in a manner, and at an appropriate level and pace		<input type="checkbox"/>	<input type="checkbox"/>	
5.4 Provide safe physical support to enable the client to practice use of the footwear, as required for the user environment		<input type="checkbox"/>	<input type="checkbox"/>	
5.5 Check for signs and symptoms of ill fit and take appropriate action		<input type="checkbox"/>	<input type="checkbox"/>	
5.6 Seek clarification or advice from the podiatrist, where necessary		<input type="checkbox"/>	<input type="checkbox"/>	
6. Facilitate purchase of footwear				
6.1 Outline the costs of the recommended footwear to the patient/carer		<input type="checkbox"/>	<input type="checkbox"/>	
6.2 Confirm the patient/carers' preferred payment option		<input type="checkbox"/>	<input type="checkbox"/>	
6.3 Completes equipment provision documentation in accordance with Monash Health procedure		<input type="checkbox"/>	<input type="checkbox"/>	



Elements and performance criteria	Type of evidence gathered	Tick appropriate box Date and sign each tick		Comments
		Competent	More evidence required	
7. Clean and store equipment				
7.1 Comply with infection control procedures throughout the consultation process		<input type="checkbox"/>	<input type="checkbox"/>	
7.2 Clean equipment in accordance with manufacturers and organisational requirements		<input type="checkbox"/>	<input type="checkbox"/>	
7.3 Store equipment in accordance with manufacturers requirements and organisation procedure		<input type="checkbox"/>	<input type="checkbox"/>	
8. Report and document information				
8.1 Document the clients consent, response, outcomes and any identified problems relating to footwear consultation		<input type="checkbox"/>	<input type="checkbox"/>	
8.2 Document in accordance with accepted practice		<input type="checkbox"/>	<input type="checkbox"/>	
9. Arrange follow-up appointments/reviews as necessary				
9.1 Communicate to the patient the footwear provision evaluation process and provide contact information		<input type="checkbox"/>	<input type="checkbox"/>	
9.2 Arrange a review footwear appointment, where necessary		<input type="checkbox"/>	<input type="checkbox"/>	
9.3 Refer patients back to the delegating podiatrist, where necessary		<input type="checkbox"/>	<input type="checkbox"/>	
10. Comply with supervisory requirements				
10.1 Provide timely and appropriate feedback to the delegating podiatrist and any other relevant stakeholders		<input type="checkbox"/>	<input type="checkbox"/>	
11. Maintain stock of footwear for trial and patient purchase				
11.1 Maintain stock levels to meet the needs of the service		<input type="checkbox"/>	<input type="checkbox"/>	
Overall competency result:	<input type="checkbox"/> Competency achieved <input type="checkbox"/> More evidence required	Date: / /	Signature of assessor:	
			Signature of condidate:	
Comments/further action				
Name of successful candidates added to data base	<input type="checkbox"/> Yes <input type="checkbox"/> No	G:\alliedhealth_all\HUMAN RESOURCES\CREDENTIALLING\Recording Register CSOP\AHA skills register		
Author:	A. Pearce, A. Davis, C. Williams, J. Walsh		Last review date:	Nov 2016
Version:	V4_2016		Next review date:	Nov 2019



Western Health

Training a pharmacy technician to use an automated compounding system to fill elastomeric devices with fluorouracil

Using the DIANA™ to fill elastomeric devices with fluorouracil: Training and assessment program handbook

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Resource 2.16: *Training a pharmacy technician to use an automated compounding system to fill elastomeric devices with fluorouracil*: Training and assessment program handbook

Competency standard: Using the DIANA™ to fill elastomeric devices with fluorouracil	
Descriptor	This unit of competency describes the skills and knowledge required by pharmacy technicians, pharmacy interns and/or pharmacists to use the DIANA™, an automated pump system, to fill elastomeric devices with fluorouracil safely and effectively.
Pre-requisites	<ul style="list-style-type: none"> • Grade 2 Pharmacy technician (minimum) with qualification HLT47115 Certificate IV in Hospital/Health Services Pharmacy Support (including successful completion of HLTPHA007 Conduct small-scale compounding and labelling of aseptic pharmaceutical products or equivalent) or Pharmacist intern/Pharmacist (no grade requirement) • And successful completion of training in sterile/cytotoxic production • And access to an appropriate assessor: Such as a DIANA™ representative or Chemotherapy Day Unit Pharmacist (minimum Grade 2) or Senior Oncology Technician (minimum Grade 3) who has successfully completed training in use of the DIANA™ device
Application	On successful completion of this training program, Pharmacy technicians/ Pharmacy interns and Pharmacists will be able to independently use the DIANA™ to fill elastomeric devices. Automated pump systems have been introduced to replace manual preparation, to manage the risk of occupational injury to staff. Preparation is performed in a cytotoxic drug safety cabinet in the Oncology Satellite Unit at Western Health.
Re-credentialing/on-going competency requirements	If staff members have not used the DIANA™ device in the previous 12 months or if the procedure has changed/updated, then re-credentialing or an assessment of current competency may be required and will be assessed on a case by case basis by the line manager or an appropriate nominee.
Standard of performance to meet competency requirements	To be deemed competent in using the DIANA™ to fill elastomeric devices with fluorouracil, the candidate must complete all assessment tasks successfully and meet all of the criteria set out in the assessment tool(s) based on the manufacturers (ICU Medical®) DIANA™ device user's manual.



Western Health

Learning and assessment plan

This document outlines the learning program as well as the assessment processes related to this program.

Title of competency standard(s) to be achieved:	Using the DIANA™ to fill elastomeric devices with fluorouracil
Assessment timeframe:	Assessment is usually done over 2 weeks or as negotiated with clinical supervisor, assessor and/or line manager
Workplace learning delivery overview:	A combination of the following will be implemented <ul style="list-style-type: none"> • Self-directed learning • Coaching by clinical supervisor/assessor • Workplace application

Learning activities/resources

Task	Description	√ x
1. Review the training and assessment program, including the assessment tools	Review the information provided in this handbook and then arrange to discuss the competency requirements with your supervisor/assessor.	
2. Complete orientation	Review the DIANA™ user's manual <ul style="list-style-type: none"> • Hardcopy located on reference shelf in Chemotherapy Unit 	
3. Review the learning resources provided below	<ul style="list-style-type: none"> • Western Health Aseptic and Cytotoxic Training – Validation Test (Cytotoxic) S:\pharmacy1\Oncology\Training and Orientation\ValidationTest_Cytotoxic_VT2_Version2 • Operator Sterility Testing S:\pharmacy1\Oncology\TrainingandOrientation\CytotoxicTechnicianTraining\Sterilitytesting\OperatorValidationTestInstructions • Fluorouracil Manufacture Record Sheet S:\pharmacy1\Oncology\ManufacturingWorksheets\FluorouracilWorksheetforDianaDevice 	
4. Access and review the relevant Western Health procedures listed	<ul style="list-style-type: none"> • Hazardous Drugs – Cytotoxics procedure http://inside.wh.org.au/policies-procedures-forms/WHDocuments/Hazardous Drugs - Cytotoxics.doc • Management of the Chemotherapy Unit http://inside.wh.org.au/policies-procedures-forms/WHDocuments/Management of the Cytotoxic Suite.doc 	



Assessment details and linkage		
Assessment task	Date(s) completed	Process steps (listed below)
<p>1. Practical assessment</p> <p>Direct workplace observation of candidate will be used to assess application of skill required to use an automated pump system to fill an elastomeric device (e.g. DIANA™) The duration of the training will be at the discretion of an appropriate assessor but commonly will require 3 x 2hr working sessions to complete.</p>		1-9
<p>2. Verbal assessment</p> <p>Candidates must demonstrate a thorough understanding of the use of the DIANA™ device, during verbal appraisal by an appropriate assessor. Accurate answers must be given for all questions to be deemed competent. Assessors may use follow-up questioning to clarify and confirm understanding of the candidate.</p>		1-9
<p>3. Other assessments as required</p> <p>Candidates are required to have successfully completed validation and sterility tests within the previous 12 months.</p>		

DIANA™ Hazardous Drug Compounding System

Description and intended use

The DIANA™ Hazardous Drug Compounding System is a controller-regulated device which includes syringe pump units for preparing and filling hazardous drugs. Compatible vials, elastomer pumps, syringes and bags can be used as receiving containers. Volumes (in 0.1 mL increments, with a range of 0.5–999.9 mL) can be selected for compounding. The central device contains a touchscreen display for entering data and for controlling the functions of the system. Entered data, and the status of the system are displayed as plain text or in diagrams.

Cautions and warnings

- Avoid direct contact with liquids. If a spill occurs, quickly remove liquids and hazardous drugs in accordance with unit protocol.
- Never immerse in liquids for cleaning purposes.
- If damaged during operation, switch off immediately and disconnect from the power supply.
- In rare cases if fluid path between Channel One 1 cassette and the attached receiving container is obstructed, or if too much pressure builds up, then fluid within the cassette's syringe will be pushed back up into the vial. If this occurs, the cassette and the patient's receiving container must be replaced.
- In order to prevent injury while the system is operating, ensure that fingers and other body parts do not come into contact with moving parts.

General operation information

Before powering the system on, make sure the power cord is correctly connected to the back of the DIANA™ unit and the wall outlet. After powering the device off, wait 10 seconds before powering on.

Prime all disposables prior to using for drug compounding and patient preparation. Verify all connections and consumables are secure. The system is only compatible with ICU Medical supplied accessories and disposables. Do not use alternative disposables as this can affect the calibration and fail to support accurate compounding and appropriate operation. Discard all DIANA™ diluent sets, cassettes and syringe assembly units and all oncology disposables within 24 hours of opening a sterile package unless otherwise specified in the specific product's user manual or directions for use.

Operation of the system

DIANA™ utilises a touchscreen approach for data entry. The programming screen is the default screen. Users are prompted to select a channel and select a medication before programming volumes. After powering the system on, the device first carries out a self-test. If an error is found during the self-test, the operator sees an error message. If the error is found to be in one of the two compounding channels, the relevant channel is displayed so that the operator can, if appropriate, remove the cause of the problem.

Readiness for operation is only displayed after the self-test has recognised that the device is functioning correctly.

Connecting the external liquid sensor

During compounding with Channel 2, always use the external liquid sensor which is supplied with the system. It monitors the level of liquid in the drip chamber of the diluent supply line and automatically interrupts the compounding process before air is pushed into the receiving container.

Cleaning and disinfecting the DIANA™ system

Standard cleaning and disinfecting agents with an alcohol base can be used to clean and disinfect the device. Do NOT directly spray onto or moisten the connector sockets on the rear wall of the device.

Prior to placing in the CSDS cabinet

Dissolve ONE Actichlor Plus® effervescent tablet (sodium dichlorioscyanurate) in 500 mL of water for irrigation. Allow to dissolve and then use the prepared solution to wipe over the DIANA™ system.

Wipe all surfaces with sterile water to remove any residual chloride solution.

Unused solution should be discarded immediately or by the end of the shift.

Prior to each shift

Wipe all surfaces prior to compounding sterile products.

Audit requirements

The accuracy of the DIANA™ device should be audited every 3 months. Refer to the DIANA™ device Manual for further information on the Accuracy Verification Check Test Protocol.

Further information

Refer to DIANA™ Hazardous Drug Compounding System User Manual v1.2.x Rev 03(4/13), ICU Medical®

Assessment tool

This tool collates evidence to support decisions of competency in this skill area

1. Practical assessment

Instructions: Direct workplace observation of candidate will be used to assess application of skill required to use the DIANA™ device to fill elastomeric pumps with fluorouracil. The duration of the training will be at the discretion of an appropriate assessor but commonly will require 3 x 2hr working sessions to complete. To be deemed competent in using the DIANA™ to fill elastomeric devices, the candidate must successfully meet all of the criteria set out in the assessment tool.

Unit of competency:	Using the DIANA™ to fill elastomeric devices with fluorouracil	Assessment timeframe/date(s)	/ / to / /	
Device used/ medication prepared	DIANA™ used to prepare fluorouracil	Candidate's employee number		
Candidate's name:		Candidate's designation:		
Assessor'(s) name:		Assessor'(s) designation		
Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
1. Prepares environment and self	<input type="checkbox"/> Glove and gown according to Western Health Policy and Procedure <input type="checkbox"/> Disinfect all surfaces prior to compounding <input type="checkbox"/> Disinfect the DIANA™ device	<input type="checkbox"/>	<input type="checkbox"/>	



Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
2. Gathers all items required	<input type="checkbox"/> 1 x CH4002 Channel 2 set (partially cut packet to make easier to tear open) <input type="checkbox"/> 1 x CH4000 Channel 1 cassette <input type="checkbox"/> 2 x CH-33 (double clave) <input type="checkbox"/> 1 x 20 mL syringe for waste <input type="checkbox"/> 500 mL or 1 L normal saline <input type="checkbox"/> Sufficient number of fluorouracil vials to be added to pump <input type="checkbox"/> Same number of vial access devices (CH70S) as fluorouracil vials <input type="checkbox"/> Elastomeric pump(s) (i.e. Baxter™ folfuser) <input type="checkbox"/> Red Cap <input type="checkbox"/> 1 x C3300 MicroClave per elastomeric pump <input type="checkbox"/> 1 x 30 mL syringe for waste	<input type="checkbox"/>	<input type="checkbox"/>	
3. Completes priming of Channel 2 processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical®	Prime and Load Channel 2 set CH4002 <input type="checkbox"/> Press the socket button on the cabinet's panel display to give power to the DIANA™ <input type="checkbox"/> Switch on the DIANA™ first ... then switch on the printer <input type="checkbox"/> Check that both the DIANA™ and the printer are working <input type="checkbox"/> Open CH4002 Channel 2 set and check that the syringe and set are connected tightly <input type="checkbox"/> Pull off white paper tag <input type="checkbox"/> Confirm the contents of the infusion bag	<input type="checkbox"/>	<input type="checkbox"/>	

Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
3. Completes priming of Channel 2 processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical® <i>(Continued...)</i>	Prime and Load Channel 2 set CH4002			
	<input type="checkbox"/> Confirm the expiry date	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Lay the infusion bag on the floor of the cytotoxic cabinet			
	<input type="checkbox"/> SWAB the port using an alcohol swab according to aseptic non-touch technique			
	<input type="checkbox"/> Spike the 500 mL bag of saline with the bag spike using a left, right, left, right motion to			
	<input type="checkbox"/> ensure the Channel 2 set line does not get twisted			
	<input type="checkbox"/> Hang bag on the hook above DIANA™ in between Channel 1 and Channel 2			
	<input type="checkbox"/> Squeeze and fill the drip chamber of the Channel 2 set			
	<input type="checkbox"/> Attach fluid sensor to drip chamber of Channel 2 set			
	<input type="checkbox"/> Open a 30 mL syringe			
	<input type="checkbox"/> Open a CH-33 (double Clave), SWAB one end then attach to 30 mL syringe			
	<input type="checkbox"/> SWAB the other end of the CH-33 and attach to the Spiros on Channel 2 set			
	<input type="checkbox"/> Carefully pull 15 mL of saline into the 50 mL syringe of Channel 2 set			
	<input type="checkbox"/> Stand 50 mL syringe vertically and carefully expel all fluid and air from line and syringe into 30 mL syringe			
	<input type="checkbox"/> Load 50 mL syringe of Channel 2 set into Channel 2 cradle and screw closed			
<input type="checkbox"/> Detach the CH33 and 20 mL syringe from the Channel 2 set				



Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
4. Completes post- priming for Channel 2 processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical®	Prepare the elastomeric pump (i.e Baxter™ folfusors)			
	<input type="checkbox"/> Open the elastomeric pump <input type="checkbox"/> Attach a MicroClave to the input valve of the elastomeric pump and SWAB the MicroClave <input type="checkbox"/> Attach the elastomeric pump to the Spiros on the Channel 2 set	<input type="checkbox"/>	<input type="checkbox"/>	
	Fill elastomeric pump with saline			
	<input type="checkbox"/> Press Channel 2 on the screen of the DIANA™ <input type="checkbox"/> Select medication (normal saline) and press ENTER <input type="checkbox"/> Select speed as FAST using the blue speed button <input type="checkbox"/> Program the desired amount of saline and press ENTER <input type="checkbox"/> Write down volume as displayed on the screen of the DIANA™ <input type="checkbox"/> Get volume check <input type="checkbox"/> Check again that: <ul style="list-style-type: none"> • the connections are all secure • the diluent is normal saline • the programmed volume is correct • the receiving pump can take the programmed volume <input type="checkbox"/> If all is fine, press CONFIRM on the screen of the DIANA™ <input type="checkbox"/> Press START on Channel 2. Watch DIANA™ screen to be ready for possible issues <input type="checkbox"/> When finished, press CLEAR ALL and leave elastomeric bottle attached to Channel 2 set <input type="checkbox"/> Unscrew blue cap on tubing of Baxter bottle and prime the line with saline	<input type="checkbox"/>	<input type="checkbox"/>	

Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
5. Completes priming of Channel 1 processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical®	Loading Channel 1 cassette			
	<input type="checkbox"/> Unpack CH4000 (DIANA™ Cassette with 20mL syringe). Be sure to remove all excess air from the syringe BEFORE screwing on the Cassette, then load into the Channel 1 cradle of the DIANA™ <input type="checkbox"/> Prepare required number of vials of fluorouracil using CH70S (Vented Vial Spike with skirt). SWAB the Clave of each vial adapter <input type="checkbox"/> Attach one vial of fluorouracil on to the top Spiros of the Channel 1 cassette <input type="checkbox"/> Open a 20 mL syringe <input type="checkbox"/> Open a CH-33 (double adapter), SWAB one end then attach to 20 mL syringe <input type="checkbox"/> SWAB the other end of the CH-33 and attach to the Spiros on side of Channel 1 cassette <input type="checkbox"/> Press CHANNEL 1 on the screen of the DIANA™ <input type="checkbox"/> Select Medication and scroll to fluorouracil <input type="checkbox"/> Select fluorouracil and press ENTER <input type="checkbox"/> Select NORMAL speed <input type="checkbox"/> Type desired volume and select ENTER <input type="checkbox"/> Get volume check <p style="text-align: right;"><i>(Continued over...)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	



Process steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
5. Completes priming of Channel 1 processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical® <i>(Continued...)</i>	Loading Channel 1 cassette			
	<input type="checkbox"/> Check again that: <ul style="list-style-type: none"> the connections are all secure the vial is fluorouracil the programmed volume is correct the receiving pump can take the programmed volume <input type="checkbox"/> If all is fine, press CONFIRM on the screen of the DIANA™ <input type="checkbox"/> Press START on Channel 1 <input type="checkbox"/> The screen will ask if a new cassette has been inserted. Press YES . Start priming. The system will then prime the CH4000. <input type="checkbox"/> Once primed, detach the CH-33 and 20 mL syringe from the side Spiros of the Channel 1 cassette.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Completes transferring processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medical	Transfer fluorouracil into BAXTER pump			
	<input type="checkbox"/> Remove elastomeric pump from the Channel 2 set, SWAB the MicroClave and attach on the side of the Channel 1 set (leave the Microclave attached to the elastomeric pump) <input type="checkbox"/> Press START on Channel 1 <input type="checkbox"/> If the vial empties, the screen will ask if the vial is EMPTY? <input type="checkbox"/> If empty, press EMPTY and exchange the empty vial for a new one <input type="checkbox"/> Press RESUME . The DIANA™ will then complete the transfer <input type="checkbox"/> If it asks if vial is EMPTY again and the vial still has fluid in it, press NOT EMPTY – RESUME)	<input type="checkbox"/>	<input type="checkbox"/>	

Proess steps	Procedural checklist Did the candidate follow the steps outlined?	Initial and date each tick		Comments
		Competent	More evidence required	
6. Completes transferring processes in accordance to the DIANA™ Hazardous Compounding System User Manual by ICU Medica (Continued...)	Transfer fluorouracil into BAXTER pump			
	<input type="checkbox"/> The printer will print a label once the transfer is complete <input type="checkbox"/> Press CLEAR ALL <input type="checkbox"/> Disconnect the elastomeric pump. <input type="checkbox"/> Remove the MicroClave and replace with Red cap. Then dispense according to protocol.	<input type="checkbox"/>	<input type="checkbox"/>	
Filling subsequent elastomeric devices AFTER the initial priming is complete				
	<input type="checkbox"/> Follow all directions in sections of process step 4 <input type="checkbox"/> Follow directions in process step 6			
7. Complete worksheet in collaboration with pharmacist	<input type="checkbox"/> Pharmacist to complete worksheet <input type="checkbox"/> Technician to programme DIANA™ volumes and once double checked as correct with worksheet, technician to sign and show Pharmacist through the clean room window. <input type="checkbox"/> Technician to 'confirm volumes and drug' in DIANA™ once Pharmacist checked <input type="checkbox"/> Pharmacist to complete final product check, sign and verify worksheet and attach stickers to manufacturing workbook.			
8. Close run for the day	<input type="checkbox"/> Disconnect the vial and dispose of according to protocol <input type="checkbox"/> Remove the CH4000 (Channel 1 set) and CH4002 (Channel 2 set) and store or dispose of according to protocol			
9. Complete end of session shutdown	<input type="checkbox"/> Switch off printer first and then DIANA™ <input type="checkbox"/> Clean and sterilise DIANA™			
Practical assessment result	<input type="checkbox"/> Competency achieved <input type="checkbox"/> More evidence required	Date: / /	Signature of assessor:	Signature of candidate:



2. Verbal assessment

Instructions: Candidates must demonstrate a thorough understanding of the use of the DIANA™ device, during verbal appraisal by an appropriate assessor. Accurate answers must be given for all questions to be deemed competent. Assessors may use follow-up questioning to clarify and confirm understanding of the candidate.

Unit of competency:	Using the DIANA™ to fill elastomeric devices with fluorouracil	Assessment timeframe/date(s)	/ / to / /
Device used/ medication prepared:	DIANA™ used to prepare fluorouracil	Candidate's employee number:	
Candidate's name:		Candidate's designation:	
Assessor'(s) name:		Assessor'(s) designation:	
Assessor questions	Initial and date each tick		Comments
	Competent	More evidence required	
1. Describe the process for priming and loading Channel 2 set CH4002	<input type="checkbox"/>	<input type="checkbox"/>	
2. Describe the process for preparing the elastomeric pump	<input type="checkbox"/>	<input type="checkbox"/>	
3. Filling the elastomeric pump with normal saline: a. How do you select the medication? b. How do you select the volume? c. What speed setting is used? d. At what point do you request a volume check? e. Where do you write the volume selected?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Loading Channel 1 cassette – when do you expel the air from the syringe?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Transfer fluorouracil into the elastomeric pump: a. Which channel is selected? b. How do you select the medication? c. How do you select the volume? d. What speed setting is used? e. At what point do you request a volume check? f. Where do you write the volume selected?	<input type="checkbox"/>	<input type="checkbox"/>	

Assessor questions		Initial and date each tick		Comments
		Competent	More evidence required	
6. What do you do if the vial is empty and the screen asks if the vial is empty?		<input type="checkbox"/>	<input type="checkbox"/>	
7. What do you do if the vial is not empty and the screen asks if the vial is empty?		<input type="checkbox"/>	<input type="checkbox"/>	
8. What needs to be completed on the worksheet and at what points are pharmacist checks requested?		<input type="checkbox"/>	<input type="checkbox"/>	
9. At the completion of the run what do you do with the empty fluorouracil vials?		<input type="checkbox"/>	<input type="checkbox"/>	
10. How do you stop the DIANA™ once you have pressed start?		<input type="checkbox"/>	<input type="checkbox"/>	
11. What is the difference between the RESUME and RESET button after pressing stop?		<input type="checkbox"/>	<input type="checkbox"/>	
12. What consumables are required to use with the DIANA™ device?		<input type="checkbox"/>	<input type="checkbox"/>	
13. What do you do if you notice consumables for the DIANA™ device need to be reordered?		<input type="checkbox"/>	<input type="checkbox"/>	
Verbal assessment result	<input type="checkbox"/> Competency achieved <input type="checkbox"/> More evidence required	Date:	/ /	Signature of assessor:
				Signature of candidate:
Comments/further action				



3: Other assessments

Instructions: Candidates are required to successfully complete validation and sterility tests within the previous 12 months

Validation test	Date last test completed:	Assessment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spill not detectable	<input type="checkbox"/> Competency achieved	Date:	Signature of assessor:
	/ /		<input type="checkbox"/> Spill detectable	<input type="checkbox"/> More evidence required		/ /
Sterility test	Date last test completed:	Assessment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spill not detectable	<input type="checkbox"/> Competency achieved	Date:	Signature of assessor:
	/ /		<input type="checkbox"/> Spill detectable	<input type="checkbox"/> More evidence required		/ /

Comments/further action

Overall Assessment Result

Overall assessment result	<input type="checkbox"/> Competency achieved	Date:	/ /	Signature of assessor:
	<input type="checkbox"/> More evidence required			Signature of candidate:

Comments/further action

Administration completed:

Record of successful completion sent to the Deputy Director of Pharmacy (Sunshine Campus) for filing and a copy stored on the shared drive (S:\pharmacy1\Oncology\Training and Orientation\Credentialing and competencies)

 Yes No

Author:	Karen Court (Senior Pharmacist – Chemotherapy Unit) Sandra Bengtsson (Senior Pharmacy Technician – Chemotherapy Unit) Catherine Radkowski (Senior Education Coordinator)	Last review date:	May 2016
Version:	V3_2016	Next review date:	May 2019

Resource 2.17: *Perform ventilator hyperinflation (VHI) in an adult intubated patient*

Resource 2.17.1: *Competency standard*

AHP competency standard: Perform ventilator hyperinflation (VHI) in an adult intubated patient		MonashHealth
Descriptor	This unit of competency describes the skills and knowledge required to assess for, plan, implement and evaluate safe and effective application of VHI to assist in desired treatment outcomes in adult intubated patients across Monash Health ICUs.	
Prerequisites	<ul style="list-style-type: none">• Physiotherapist registered to practise in Australia• Current employee of Monash Health• A senior ICU physiotherapist is preferred as supervisor/assessor, but where this is not practicable, a nominee of a senior ICU physio will be acceptable. The nominee needs to have demonstrated achievement of the competency standard	
Application	<p>The application of knowledge and skills described in this competency unit relate to all physiotherapists working or planning to work within ICUs across Monash Health sites.</p> <p>Work performed requires the application of knowledge and skills to demonstrate autonomy, well-developed judgement and responsibility in contexts that require self- directed work and learning and with broad parameters to provide specialist advice and functions.</p> <p>Currently there are no legal restrictions on graduate-level physiotherapists performing these skills.</p>	

Element	Performance criteria
Elements describe the essential outcome of a unit of competency	The performance criteria specify the level of the performance required to demonstrate achievement of the element. Terms in italics are elaborated in the range statement.
1. Determine if VHI is indicated	1.1 Design and conduct an appropriate assessment of the patient 1.2 Accurately interpret assessment findings 1.3 Identify and prioritise patient's problems 1.4 Ensure all <i>contraindications and/or precautions</i> to the application of VHI are identified 1.5 Appropriately determine a <i>treatment plan</i>
2. Prepare for intervention	2.1 Discern when consultation with the treating medical consultant is required prior to the intended application of VHI 2.2 Plan for and access available staff to facilitate efficient and safe treatment 2.3 Position the patient to achieve treatment goals 2.4 Facilitate <i>medication management</i> of the patient if required 2.5 Prepare the environment 2.6 Explain the technique to the patient
3. Perform VHI when indicated	3.1 Establish patient's baseline/normal <i>ventilation settings</i> 3.2 Select alarm limits and alter where appropriate to incorporate VHI parameters 3.3 Alter the ventilation settings as per the VHI clinical guidelines 3.4 Provide <i>appropriate monitoring</i> throughout 3.5 Perform appropriate suction, as indicated throughout procedure 3.6 Provide appropriate dosage and frequency of treatment of VHI 3.7 Return ventilator settings and alarm limits to baseline/original settings 3.8 Analyse, generate and apply solutions to <i>troubleshoot</i> unpredictable issues that arise when performing VHI 3.9 Identify when <i>cessation of VHI</i> within a session may be needed and take appropriate action 3.10 Evaluate effectiveness of VHI
4. Comply with supervisory requirements/operate within individual strengths and limitations	4.1 Identify areas that are outside skills and expertise and consult or refer to a more senior physiotherapist
5. Document patient information	5.1 Document assessment findings according to accepted practice and relevant clinical protocols 5.2 Document PT interventions including application of VHI in the patient's progress notes
6. Apply evidence-based practice	6.1 Locate and apply relevant current evidence to own physiotherapy practice
7. Apply risk management	7.1 Minimise risk associated with assessment and intervention 7.2 Identify adverse events (actual or 'near miss') associated with assessment or intervention and take appropriate action

Required knowledge and skills

This describes the essential skills and knowledge and their level required for the competency.

Essential knowledge:

- A broad and coherent theoretical and technical knowledge of cardiorespiratory anatomy and function, relevant medical terminology and abbreviations, cardiorespiratory dysfunction and physiotherapy treatment options
- A thorough working knowledge of indications, contraindications and precautions to using VHI
- A thorough working knowledge of altering settings and alarm limits to allow for VHI in adult patients including troubleshooting during treatment
- A good working knowledge of the evidence base for the technique of hyperinflation in intubated, ventilated patients
- A good working knowledge of Monash Health policies and procedures that relate to the physiotherapist's role in performing VHI in intubated patients, which includes infection control protocols, VHI clinical protocols and guidelines, OHS and suctioning protocol

Essential skills:

Ability to:

- analyse and evaluate information to complete VHI in a safe and effective way
- communicate effectively with patients, co-workers and supervisors
- identify any limitations to personal competence as it applies to the job role and consult with a more senior staff member
- demonstrate clear and accurate documentation
- manage risk to self and clients.

Range statement

The range statement elaborates terms in italics found in the competency

<p><i>Contraindications</i> include:</p>	<ul style="list-style-type: none"> • Acute head injuries (raised ICP) > 25 mmHg (discuss with senior medical staff if PT strongly indicated) • Recorded diagnosis of ARDS in the patient health record, in conjunction with bilateral infiltrates on CXR (high PEEP, low tidal volume ventilation) • Static pulmonary compliance < 20 H2O • Undrained pneumothorax such as without intercostal catheter • Severe haemodynamic instability such as labile BP to positioning or cardiogenic shock (impaired cardiac index) often in the setting of inotropes or vasopressors • Presence of bronchopleural fistula • Severe bronchospasm • Presence of surgical emphysema • Post lung surgery • Frank haemoptysis • Presence of bullae/cysts
<p><i>Precautions</i> include:</p>	<ul style="list-style-type: none"> • Acute head injuries (ICP elevated) 10 < 25 mmHg • Presence of fractured ribs (discuss with medical staff) • Patients requiring nitrous oxide • Mean arterial pressure (MAP) < 65 mmHg • Change in MAP of +/- 15 mmHg when carrying out VHI • Previous lung surgery such as a lobectomy • Oesophageal surgery • Peak inspiratory pressure (PIP) ≥ 35 cm H2O • Presence of intraortic balloon pump • Presence of an pneumothorax being drained by an intercostal catheter • Restrictive lung compliance such as pulmonary fibrosis
<p><i>Treatment plan</i> may include but is not limited to:</p>	<ul style="list-style-type: none"> • VHI • Suction • Postural drainage or sidelying • Head down tilt • Manual hyperinflation (MHI) • Percussion/vibration in selected patient groups such as copious secretions • Supplemental medication • Saline lavage, humidification • Cough • Huff
<p><i>Medication management</i> may include but is not limited to:</p>	<ul style="list-style-type: none"> • Sedatives • Analgesics • Bronchodilators • Mucolytic medications • Vasopressors • Inotropes

<p><i>Ventilation settings</i> include:</p>	<ul style="list-style-type: none"> • Ventilation mode • Tidal volume (Vt) • Respiratory rate (f) • Peak inspiratory pressure(PIP) • T Insp • PS • Peak end expiratory pressure (PEEP) • Minute volume (MV)
<p><i>Appropriate monitoring</i> may include but is not limited to:</p>	<ul style="list-style-type: none"> • Systolic blood pressure and keeping it within specified limits or targets • Intracranial pressure (ICP) and keeping it within specified limits or targets • Minute volume maintenance at all times in head injured patients or patients with CO2 level control • Patient's comfort/distress/arousal • Other vital signs • Dynamic lung compliance
<p><i>Troubleshoot</i> may include but is not limited to:</p>	<ul style="list-style-type: none"> • Poor lung compliance/perceived ineffective treatment • Patient not tolerating VHI such as coughing, spluttering, hypersecretion from the mouth or ETT • Emerging cardiovascular instability in the patient • Emerging respiratory instability in the patient • Patient becomes agitated or unsettled • ETT dislodgement/other ICU risks • Sputum plugging and possible ETT obstruction • Development of an air leak in ICC (not previously present or change in size)
<p><i>Cessation of VHI</i> within a session may include but is not limited to:</p>	<ul style="list-style-type: none"> • Cardiovascular decompensation (for example < 60 mmHg or unable to attain target SBP; serious arrhythmia) • Unstable ICP parameters • Other acute decompensation/severe patient distress

Evidence guide

The evidence guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, and the range statement.

Critical aspects for assessment and evidence required to demonstrate competency in this unit:	<ul style="list-style-type: none">• The assessee must provide evidence of the essential knowledge as well as skill• Observation of workplace performance is essential for this unit• Consistency of performance should be demonstrated over the required range of situations relevant to the workplace
Context of and specific resources for assessment:	<ul style="list-style-type: none">• Assessment must include demonstrated workplace application• Access to relevant guidelines, standards, policies and procedures• Resources essential for assessment: clients requiring VHI, ventilators and ancillary equipment, documentation, supervisory physiotherapist
Method of assessment:	<ul style="list-style-type: none">• Observation in the workplace under direct supervision• Evidence gathered from clinical work environment• Written assignments/projects/tests or questioning could be used to assess knowledge• Case study and scenario as a basis for discussion of issues and strategies to contribute to best practice• Role-play/simulation

References

Berney S, Denehy L 2002, 'A comparison of the effects of manual and ventilator hyperinflation on static lung compliance and sputum production in intubated and ventilated intensive care patients', *Physiotherapy Research International*, vol. 7, no. 2, pp. 100–108.

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Hodgson C, Denehy L, Ntoumenopoulos G, Santamaria J, Carroll S 2000, 'An investigation of the early effects of manual hyperinflation in critically ill patients', *Anaesthesia and Intensive Care*, vol. 28, no. 3, pp. 255–261.

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Author:	A Pearce, L Skinner	Last review date:	May 2016
Version:	V2_2016	Next review date:	May 2019

Resource 2.17.2: Evidence planning document

Evidence planning document: perform VHI in an adult intubated patient		MonashHealth					
Elements and performance criteria		Acceptable method of Ax/evidence M = min. mandatory ✓ = optional/supplemental P + Preferred					
		Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios
1. Determine if VHI is indicated							
1.1	Design and conduct an appropriate assessment of the patient		✓	P			
1.2	Accurately interpret assessment findings		✓	P			
1.3	Identify and prioritise patient's problems		✓	P			
1.4	Ensure all <i>contraindications and/or precautions</i> to the application of VHI are identified		✓	P		M	
1.5	Appropriately determine a <i>treatment plan</i>		✓	P			
1.6	Design and conduct an appropriate assessment of the patient		✓	P			
2. Prepare for intervention							
2.1	Discern when consultation with the treating medical consultant is required prior to the intended application of VHI		✓			M	
2.2	Plan for and access available staff to facilitate efficient and safe treatment		✓			M	
2.3	Position the patient to achieve treatment goals		✓			M	
2.4	Facilitate <i>medication management</i> of the patient if required		✓			M	
2.5	Prepare the environment		✓			M	
2.6	Explain the technique to the patient		✓			M	

Elements and performance criteria	Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
3. Perform VHI when indicated							
3.1 Establish patient's baseline/normal <i>ventilation</i> settings		✓			M		
3.2 Select alarm limits and alter where appropriate to incorporate VHI parameters		✓			M		
3.3 Alter the ventilation settings as per the VHI clinical guidelines		✓			M		
3.4 Provide <i>appropriate monitoring</i> throughout		✓			M	P	
3.5 Perform appropriate suction, as indicated throughout procedure		✓			M		
3.6 Provide appropriate dosage and frequency of treatment of VHI		✓			M	P	
3.7 Return ventilator settings and alarm limits to baseline/original settings		✓			M		
3.8 Analyse, generate and apply solutions to troubleshoot unpredictable issues that arise when performing VHI		✓			P	M	
3.9 Identify when cessation of VHI within a session may be needed and take appropriate action		✓			M	M	
3.10 Evaluate effectiveness of VHI		✓			M		
3.11 Incorporates VHI into overall <i>treatment plan</i>		✓			M		
4. Comply with supervisory requirements /operate within individual strengths and limitations							
4.1 Identify areas that are outside skills and expertise and consult or refer to a more senior physiotherapist		P			P		
5. Document patient information							
5.1 Document assessment findings according to accepted practice and relevant clinical protocols		✓	M				
5.2 Document PT interventions including application of VHI in the patient's progress notes		✓	M				
6. Apply evidence-based practice							
6.1 Locate and apply relevant current evidence to own physiotherapy practice		P			P		



Elements and performance criteria		Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
7. Apply risk Management								
7.1	Minimises risk associated with assessment and intervention					M		
7.2	Identify adverse events (actual or 'near miss') associated with assessment or intervention and take appropriate action		P				P	
Author:	L. Skinner, A. Pearce	Last review date:				May 2012		
Version:	V2_2016	Next review date:				May 2017		

Resource 2.17.3: Learning and assessment plan

Learning and assessment plan	
Title of competency standard to be achieved:	Perform Ventilator Hyperinflation (VHI) in an adult intubated patient
Assessment timeframe:	To be negotiated with the clinical supervisor, assessor and/or line manager
Workplace learning delivery overview:	A combination of the following will be implemented; self-directed, coaching or mentoring, workplace application
Learning activities/resources	
Task description	Learner to check off when completed
1. Review the competency standard and complete the self-assessment	<p>Read the competency standard document for this clinical practice. It outlines the expected level of performance to achieve competency in this area.</p> <p>Complete the self-assessment using the learning needs analysis tool and discuss your learning needs and the assessment process, with clinical supervisor.</p>
2. Review the following publications	Berney, S. and Denehy, L. (2002). A comparison of the effects of manual and ventilator hyperinflation on static lung compliance and sputum production in intubated and ventilated intensive care patients, <i>Physiotherapy Research International</i> 7(2), 100-108.
	Hanekom, S., Berney, S., Morrow, B., Ntoumenoploulos, G., Paratz, J., Patman, S. and Louw, Q. The validation of a clinical algorithm for the prevention and management of pulmonary dysfunction in intubated adults – a synthesis of evidence and expert opinion, <i>Journal of Evaluation in Clinical Practice</i> , ISSN 1365-1294. doi:10.1111/j.1365-2753.2010.01480.x
	Hodgson, C., Denehy, L., Ntoumenopoulos, G., Santamaria, J. and Carroll, S. (2000). An investigation of the early effects of manual hyperinflation in critically ill patients, <i>Anaesthesia and Intensive Care</i> 28(3), 255-261
	Lemes, D.A., Zin, W.A. and Guimaraes, F.S. (2009). Hyperinflation using pressure support ventilation improves secretion clearance and respiratory mechanics in ventilated patients with pulmonary infection: a randomised crossover trial, <i>Australian Journal of Physiotherapy</i> (55), 249-254
	Naue, W.D.S., da Silva .A.C.T., Guntzel, A.M., Condessa, R.L., de Oliveira, R.P. and Vieira, S.R.R. (2011). Increasing pressure support does not enhance secretion clearance if applied during manual chest wall vibration in intubated patients: a randomised trial, <i>Australian Journal of Physiotherapy</i> (57), 21-26

Learning activities/resources			
Task description	Learner to check off when completed		√ x
2. Review the following publications (Continued...)	Savian, C., Paratz, J. and Davies, A. (2006). Comparison of the effectiveness of manual and ventilator hyperinflation at different levels of positive end-expiratory pressure in artificially ventilated and intubated intensive care patients, <i>Heart Lung</i> 35(5),334-341		
3. Access and review relevant Monash Health procedures	Ventilator Hyperinflation for use in Physiotherapy Treatment		
4. Undertake supervised clinical practice and feedback sessions	Candidates will undertake supervised clinical practice and feedback sessions as arranged with their clinical supervisor. Independent practice of VHI is not to be performed until successful completion of this training program.		
Assessment details and linkage			
Assessment task		Date(s) completed	Linkage to elements and performance criteria
1. Case-based discussions and scenario problem solving Learners will participate in case based discussions and scenario problem solving. Common issues that arise when performing VHI will be covered. Performance will be noted by the assessor on the assessment tool.			1, 2, 3, 4, 6, 7
2. Direct workplace observation assessments and oral appraisal Learners will be observed completing VHI in the workplace followed by oral or written questioning. Performance will be noted by the assessor using the assessment tool. Follow-up questioning, may be used to clarify or to address any outstanding performance criteria not observed during the observation assessment.			1, 2, 3, 4, 6, 7
3. Documentary evidence Learners will be required to produce documentary evidence of health record entries as instructed by their clinical supervisor.			1, 5
Evaluation			
Complete the evaluation survey of the learning and assessment program			
Author:	L. Skinner, A. Pearce	Last review date:	May 2017
Version:	V2_2016	Last review date:	May 2017

Resource 2.17.4: Assessment tool

Assessment tool							
Unit of competency:	Perform ventilator hyperinflation (VHI) in an adult intubated patient	Assessment timeframe:	/	/	to	/ /	
Candidate's name:		Candidate's employee number:					
Name(s) of assessor(s):		Assessor(s) and designation:					
Elements and performance criteria Did the candidate provide evidence of the following?	Performance cues	Performance rating scale Date and initial each tick					Comments
		D	M	A	S	I	
1. Determine if VHI is indicated							
1.1 Design and conduct an appropriate assessment of the patient	<ul style="list-style-type: none"> Collate relevant patient information from a variety of sources(health record, obs. chart, treating staff, information systems) Perform an appropriate physical assessment 						
1.2 Accurately interpret assessment findings	<ul style="list-style-type: none"> Accurately interpret chest XR Discern the likelihood of lung collapse and sputum retention from assessment findings 						
1.3 Identify and prioritise patient's problems	<ul style="list-style-type: none"> Differentiate and prioritise patient's problems 						
1.4 Ensure all <i>contraindications and/or precautions</i> to the application of VHI are identified	<ul style="list-style-type: none"> Ensure it was safe to proceed 						
1.5 Appropriately determine a <i>treatment plan</i>	<ul style="list-style-type: none"> Clearly identify indicators for treatment Treatment plan meets all the client's needs 						

Elements and performance criteria		Performance cues	D	M	A	S	I	Comments
2. Prepare for intervention								
2.1	Discern when consultation with the treating medical consultant is required prior to the intended application of VHI	<ul style="list-style-type: none"> Identify patients requiring consultation with medical staff prior to treatment with VHI Gains permission to proceed 						
2.2	Plan for and access available staff to facilitate efficient and safe treatment	<ul style="list-style-type: none"> Use porters to facilitate treatment time planning Allow for ready location of nursing and other staff during treatment 						
2.3	Position the patient to achieve treatment goals	<ul style="list-style-type: none"> Identify need Initiate discussion with nursing or medical staff re: meds. Time treatment appropriately with respect to meds. 						
2.4	Facilitate <i>medication management</i> of the patient if required	<ul style="list-style-type: none"> Use appropriate positioning Maintains patient comfort and safety throughout 						
2.5	Prepare the environment	<ul style="list-style-type: none"> Gather necessary equipment before commencing 						
3. Perform VHI when indicated								
3.1	Establish patient's baseline/normal <i>ventilation settings</i>	<ul style="list-style-type: none"> Include all relevant parameters <ul style="list-style-type: none"> Vt. MV f PEEP PS RR TInsp Ventilation mode 						
3.2	Select alarm limits and alter where appropriate to incorporate VHI parameters	<ul style="list-style-type: none"> Select alarm limits and alter where appropriate to incorporate VHI parameters. <ul style="list-style-type: none"> Increase PIP > 41–45 cmH₂O Increase TV alarm to 2 L Check other alarm limits with respect to VHI parameters 						

Elements and performance criteria	Performance cues	D	M	A	S	I	Comments
3. Perform VHI when indicated							
3.3 Alter the ventilation settings as per the VHI clinical guidelines to deliver VHI	<ul style="list-style-type: none"> Alter the <i>ventilation settings</i> as per the VHI clinical guidelines to deliver VHI <ul style="list-style-type: none"> Decrease f Increase T_{Insp} Increase V_t 						
3.4 Provide <i>appropriate monitoring</i> throughout	<ul style="list-style-type: none"> Provide appropriate monitoring throughout 						
3.5 Perform appropriate suction, as indicated throughout procedure	<ul style="list-style-type: none"> Perform suction according to MH suctioning adult tracheostomy tube – adult procedure when indicated 						
3.6 Provide appropriate dosage and frequency of treatment of VHI	<ul style="list-style-type: none"> Provide appropriate dosage and frequency of treatment of VHI 						
3.7 Return ventilator settings and alarm limits to baseline/original settings	<ul style="list-style-type: none"> Return ventilator settings and alarm limits to baseline/original settings 						
3.8 Analyse, generate and apply solutions to <i>troubleshoot</i> unpredictable issues that arise when performing VHI	<ul style="list-style-type: none"> Discern event requiring troubleshooting Identify an appropriate course of action in response to the identified event 						
3.9 Identify when <i>cessation of VHI</i> within a session may be needed, and take appropriate action	<ul style="list-style-type: none"> Discern conditions when cessation is indicated Liaise with senior physiotherapist or senior medical staff as appropriate 						
3.10 Evaluate effectiveness of VHI	<ul style="list-style-type: none"> Consider <ul style="list-style-type: none"> Pts. ability to extubate CXR changes Oxygenation values Lung compliance Secretion clearance 						
3.11 Incorporates VHI into overall treatment plan	Incorporates VHI into overall <i>treatment plan</i> <ul style="list-style-type: none"> Within a session Within further treatments that day/ following day 						
4. Comply with supervisory requirements/operate within individual strengths and limitations							
4.1 Identify areas that are outside skills and expertise and consult or refer to a more senior physiotherapist	<ul style="list-style-type: none"> Identify areas that are outside skills and expertise and consult or refer to a more senior physiotherapist 						



Elements and performance criteria		Performance cues	D	M	A	S	I	Comments						
5. Document patient information														
5.1	Document assessment findings according to accepted practice and relevant clinical protocols	<ul style="list-style-type: none"> Document assessment findings according to accepted practice and relevant clinical protocols 												
5.2	Document PT interventions including application of VHI in the patient's progress notes	<ul style="list-style-type: none"> Include all relevant information about <ul style="list-style-type: none"> Ventilator mode Patients position Number of breaths delivered Max volumes reached Insp time/plateau time Patients response to treatment Any changes to medication management throughout Secretions Adverse responses and action taken Plan for frequency and dosage of treatment 												
6 Apply evidence-based practice														
6.1	Locate and apply relevant current evidence to own physiotherapy practice	<ul style="list-style-type: none"> Locate and apply relevant current evidence to own physiotherapy practice 												
7. Apply risk management														
7.1	Minimise risk associated with assessment and intervention	<ul style="list-style-type: none"> Minimise risk to the patient Minimise risk to the therapist 												
7.2	Identify adverse events (actual or 'near miss') associated with assessment or intervention and take appropriate action	<ul style="list-style-type: none"> Document in health record Log incident on RiskMan Seek medical attention as needed 												
Overall competency result/performance level achieved in assessment timeframe (tick)														
<input type="checkbox"/> Dependent			<input type="checkbox"/> Marginal			<input type="checkbox"/> Assisted			<input type="checkbox"/> Supervised			<input type="checkbox"/> Independent		
Date:	/	/	Signature of assessor(s):											
Date:	/	/	Signature of assessor(s):											

Comments/further action		Name added to data base/copy in staff members file <input type="checkbox"/> Yes <input type="checkbox"/> No
Author		Last review date: / /
Version:		Next review date: / /

Bondy rating scale				
Scale label	Standard of procedure		Quality of performance	Level of assistance required
Independent (I)	Safe Accurate	Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Expedient	No supporting cues required
Supervised (S)	Safe Accurate	Achieved intended outcome Behaviour is appropriate to context	Proficient Confident Reasonably expedient	Occasional supportive cues
Assisted (A)	Safe only with guidance	Achieved most objectives for intended outcome Behaviour generally appropriate to context	Proficient throughout most of the performance when assisted	Frequent verbal and occasional physical directives in addition to supportive cues
Marginal (M)	Not completely accurate	Incomplete achievement of intended outcome	Unskilled Inefficient	Continuous verbal and frequent physical directive cues
Dependent (D)	Unsafe	Unable to demonstrate behaviour Lack of insight into behaviour appropriate to context	Unskilled Unable to demonstrate behaviour/ procedure	Continuous verbal and physical directive cues
X	Not observed			

Bondy, K.N. (1983) Criterion- referenced definitions for rating scales and clinical evaluation, *Journal of Nursing Education*, 22(9):376-381.



Perform insertion of a peripherally inserted central catheter (PICC) by radiographers: Training and assessment program handbook

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Resource 2.18: *Perform PICC line insertion by radiographers: Training and assessment program handbook*

Competency standard: Perform insertion of a peripherally inserted central catheter (PICC) by radiographers		AlfredHealth
Descriptor	<ul style="list-style-type: none"> This unit of competency describes the skills and knowledge required by radiographers to insert PICC lines independently as part of interventional imaging 	
Pre-requisites	<ul style="list-style-type: none"> AHPRA registered radiographer Demonstrated competency in angiography (including a working knowledge of vascular access, complications and management) Availability of an appropriately nominated assessor (an appropriate assessor can be an interventional consultant OR is a radiographer with proven competency as determined by an interventional consultant, in addition to 100 successful PICC insertions in a 12-month period) Successful completion of aseptic non-touch technique training Successful completion of basic life support training 	
Application	<p>The application of knowledge and skills described in this competency unit relate to radiographers at Alfred Health inserting medically indicated PICCs independently in a <i>clinically appropriate environment</i>. PICC's are used for the delivery of mid-long term intravenous medications/therapies or for patients with difficult peripheral access.</p> <p>Traditionally the insertion of PICC lines were performed by a medical doctor, with radiographers assisting in the procedure and performing standard duties including the control of fluoroscopic imaging. Insertion of PICC's by radiographers is now however, an emerging practice both nationally and internationally for appropriately trained, accredited diagnostic radiographers, with appropriate oversight.</p>	
Skills recognition	<p>Prior work experience or training may be accepted to verify competency in the procedure described here, but will be assessed on a case by case basis against this standard by the line manager or an appropriate nominee.</p>	
Re-credentialing/ongoing competency requirements	<p>None currently</p> <p>(The volume of PICC insertions by radiographers is consistent and in demand, with maintaining currency of practice a non-issue at present.)</p>	

Element Elements describe the essential outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to demonstrate achievement of the element.
1 Conduct pre-PICC assessment of the patient	1.1 Integrate information from multiple sources, including the patient health record and bedside charts, to ensure suitability and safety of intervention 1.2 Identify the clinical indication for PICC insertion and establish patient suitability 1.3 Identify contraindications/precautions for PICC insertion and take appropriate action 1.4 Review previous imaging/PICC insertions and integrate relevant findings into the intervention 1.5 Choose the appropriate type of PICC line consistently, to meet the patient's needs, including: <ul style="list-style-type: none"> • single • double • triple lumen • use of cannula when indicated
2 Prepare for the PICC insertion	2.1 Gather necessary equipment 2.2 Perform pre-insertion vein assessment using ultrasound and palpation where required to identify anatomy and pre-empt difficulties 2.3 Justify vessel selection for PICC insertion 2.4 Identify complex access cases for referral to consultant radiologist 2.5 Perform detailed verbal explanation of procedure, in a manner and at a level and pace appropriate for the patient 2.6 Explain accurately to the patient the risks and benefits associated with PICC insertion 2.7 Confirm the patients understanding of the procedure and answer any questions appropriately 2.8 Obtain informed consent and document in accordance with organisational procedure 2.9 Prepare the patient and the environment for PICC insertion, maintaining a sterile field 2.10 Set up an effective ultrasound scanning protocol 2.11 Adjust factors to improve vessel visibility where required 2.12 Use colour flow/pulse wave to determine vessel patency where required

Element Elements describe the essential outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to demonstrate achievement of the element.
3 Apply the use of medicines and contrast agents	3.1 Apply knowledge of the legal and professional responsibilities relevant to possession, administration and use of medicines under current legislation, as relevant to the practice context 3.2 Demonstrate knowledge of pharmacokinetics, indications, contra-indications and precautions, adverse effects, interactions, dosage and administration of commonly used medicines and contrast agents, when inserting PICC lines including; <ul style="list-style-type: none"> • local anaesthetic • contrast medium 3.3 Maintain proper clinical records as they relate to medicines and contrast mediums
4 Performs PICC insertion	4.1 Demonstrate suitable scrub technique and aseptic field preparation including set up of trolley and sterile equipment 4.2 Administer local anaesthetic when indicated in accordance with current legislation and organisational procedure 4.3 Use ultrasound during the procedure to follow needle advancement and demonstrate needle tip/wire position within the vessel 4.4 Use a modified Seldinger technique to puncture the vein and minimised trauma to the patient/vein 4.5 Perform, wire manipulation where indicated, in a safe manner and justify any use of additional wires 4.6 Administer intravenous iodinated contrast safely and effectively as required 4.7 Position the PICC under fluoroscopy in an optimal position 4.8 Justify any suboptimal PICC positioning 4.9 Confirm the inserted PICC is functioning using aspiration and saline flush after sheath removal 4.10 Apply and secure an appropriate dressing and ensure neat placement of the PICC line with no kinks 4.11 Monitor the patient appropriately throughout the procedure and take appropriate action when indicated 4.12 Maintain a sterile field throughout 4.13 Clean, replace and dispose of equipment appropriately 4.14 Answer the patients questions throughout the procedure appropriately 4.15 Apply knowledge of PICC line ongoing management and/or follow-up to interventions e.g. changes dressing when indicated 4.16 Identify when input is required from expert colleagues and act to obtain their involvement

Element Elements describe the essential outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to demonstrate achievement of the element.
5 Manage PICC insertion list	5.1 Manage the scheduled PICC insertion list within the allocated timeframe 5.2 Prioritise patients on the scheduled PICC insertion list based on clinical need 5.3 Anticipate and respond to factors that influence the management of the list
6 Apply risk management	6.1 Identify clinical risks for management and implement effective control measures, throughout the intervention 6.2 Explain clearly, possible adverse responses or near miss events related to PICC insertion and outline the process for reporting them, in line with organisational requirements 6.3 Consistently comply with organisational policy, procedure and guidelines throughout the procedure
7. Document patient information	7.1 Document in line with accepted practice and relevant clinical protocols and/or organisational procedure

Essential knowledge and skills:

- Broad and coherent knowledge of venous and arterial anatomy and physiology of the upper limb and venous drainage of the upper limb
- Well-developed ability to differentiate between arteries and veins
- Well-developed ability to identify key anatomical and other structures on a CXR
- Broad and coherent knowledge of indications, contraindications and precautions to PICC line insertion
- Well-developed ability to prevent and treat common complications with PICC insertion
- Well-developed ability to discern patient requirements for single/double/triple lumen PICC/cannula
- Well-developed ability to conduct vein assessment using ultrasound/palpation
- Broad and coherent knowledge of advantages and disadvantages of different insertion sites
- Broad and coherent knowledge of advantages and disadvantages of each type of PICCS available
- Well-developed skill in ultrasound machine use and probe selection
- Working knowledge of ultrasound maintenance and cleaning
- Well-developed skill in PICC line insertion
- Well-developed skill in setting up and maintaining a sterile field
- Well-developed skill in documenting interventions
- Working knowledge of related organisational policy, procedures and guidelines
- Working knowledge of other related guidelines
- Working knowledge of the legal and professional responsibilities relevant to possession, administration and use of medicines under current legislation
- Working knowledge of pharmacokinetics, indications, contra-indications and precautions, adverse effects, interactions, dosage and administration of relevant medications/contrast medium
- Well-developed skill in managing a PICC list
- Broad and coherent knowledge of risk management as it relates to PICC insertion

Evidence guide

The evidence guide provides advice on assessment and must be read in conjunction with the performance criteria, required skills and knowledge, and the range statement.

- Consistency of performance should be demonstrated over the required range of clinical presentations relevant to the workplace
- Assessment must include demonstrated workplace application

References

Relevant Alfred Health policy, procedures and guidelines and other references, are listed in learning and assessment plan.

Learning and assessment plan	
Title of competency standard (s) to be achieved:	Perform PICC line insertion by radiographers
Assessment timeframe	To be negotiated with the clinical supervisor, assessor and/or line manager
Workplace learning delivery overview	A combination of the following will be implemented
Learning activities/resources	
Task description	√ x
1. Complete self-assessment	Complete self-assessment using the learning needs analysis tool and discuss learning needs and assessment/verification processes with clinical supervisor/line manager
2. Complete PICC worksheet questions	Access the worksheet questions and discuss any areas of concern with your supervisor/assessor, this will later be submitted as an assessment to your supervisor. Please complete this learning activity at the commencement of the program.
3. Access and review relevant Alfred Health organisational procedures and guidelines	<ul style="list-style-type: none"> Peripherally Inserted Central Catheter Protocol
	<ul style="list-style-type: none"> OHS Radiation Management Plan Ionising http://intranet.alfredhealth.org.au/Assets/ContentFiles/198/AlfredHealthRadiationManagementPlanIonisingRadiationV3.0June2012.pdf
	<ul style="list-style-type: none"> Radiation Safety http://intranet.alfredhealth.org.au/Assets/ContentFiles/304/AlfredHealthRadiationManagementPlanIonisingRadiationVersion4.pdf
	<ul style="list-style-type: none"> Aseptic technique http://prompt:89/Search/download.aspx?filename=1149611\5537560\21015584.pdf
	<ul style="list-style-type: none"> Central line insertion infection prevention http://prompt:89/Search/download.aspx?filename=1149611\5537560\19796605.pdf



Learning activities/resources		
Task description		√ x
3. Access and review relevant Alfred Health organisational procedures and guidelines (Continued...)	<ul style="list-style-type: none"> Central venous access device: access and management http://prompt:89/Search/download.aspx?filename=1149517\11220364\21714981.pdf 	
	<ul style="list-style-type: none"> Personal Protective Equipment (PPE) for preventing health care associated infection http://prompt:89/Search/download.aspx?filename=1149611\5537560\21845788.pdf 	
	<ul style="list-style-type: none"> Hand hygiene guideline http://prompt:89/Search/download.aspx?filename=1149611\5537560\21267285.pdf 	
4. Complete the following Alfred Health learning package	<ul style="list-style-type: none"> Aseptic Technique (on Alfred Health Learning Exchange) https://lex.alfredhealth.org.au/mod/scorm/player.php?a=35&currentorg=Aseptic_Technique_ORG&scoid=148 	
5. Review the following publications	<ul style="list-style-type: none"> Department of Health and Human Services USA, Centres for Disease Control and Prevention (CDC). (2011) Guidelines for the prevention of intravascular catheter-related infections. http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf 	
	<ul style="list-style-type: none"> CVAD Hospital Guideline – Central Line Insertion Guideline, Infection Prevention http://prompt:89/Search/download.aspx?filename=1149611\5537560\6483255.pdf 	
	<ul style="list-style-type: none"> Hertzog, D., Waybill, P., (2008). Complications and controversies associated with peripherally inserted central catheters. <i>Journal of Infusional Nursing</i>, 31, 159-163. 	
	<ul style="list-style-type: none"> Earhart, A., (2013). Central lines: Recognizing, preventing and troubleshooting complications. <i>American Nurse Today</i>, 8(11). https://americannursetoday.com/central-lines-recognizingpreventing-and-troubleshooting-complications/ 	
	<ul style="list-style-type: none"> Fairhill, M. (2008). An observational study of peripherally inserted central catheter (PICC)-related complications amongst oncology patients. (A thesis submitted to Victoria University of Wellington in partial fulfilment of the requirements for the Degree of Master of Arts (Applied) Victoria University of Wellington) http://researcharchive.vuw.ac.nz/xmlui/bitstream/handle/10063/659/thesis.pdf?sequence=1 	
6. Undertake supervised clinical practice and feedback sessions, maintain a clinical log book	20 successful PICC insertions must be performed under supervision by a suitably trained PICC inserter in consultation with an interventional radiology consultant within 3 months. A clinical log book must be kept and each insertion signed off by a supervisor. All unsuccessful insertions must also be documented and justified.	

Learning activities/resources

Task description

√ x

7. Anatomy and physiology
review of pre-requisite
knowledge

Review identification of the following veins

- SVC
- Internal jugular vein
- External jugular vein
- Brachial artery
- Basilic vein
- Cephalic vein
- Median cubital vein
- Axillary vein
- Subclavian vein
- Brachiocephalic vein

Review identification using ultrasound for both transverse and longitudinal orientation of each vessel

- Brachial artery
- Basilic vein
- Cephalic vein
- Median cubital vein
- Axillary vein

Review identification of the following on a chest x-ray

- PICC tip
- Clavicle
- Aortic arch
- Carina (bronchial bifurcation)
- Right/left main bronchus
- Right atrium
- Left ventricle
- Right ventricle
- SVC
- The normal path of the

8. Medicines and
contrast agents

- MIMS lignocaine
https://www.mimsonline.com.au.acs.hcn.com.au/Search/AbbrPI.aspx?ModuleName=Product Info&searchKeyword=Lignocaine&PreviousPage=~/Search/QuickSearch.aspx&SearchType=&ID=19100001_2
- MIMS Bupivacaine
https://www.mimsonline.com.au.acs.hcn.com.au/Search/FullPI.aspx?ModuleName=Product Info&searchKeyword=bupivacaine&PreviousPage=~/Search/QuickSearch.aspx&SearchType=&ID=18920001_2
- RANZCR contrast administration guidelines
http://www.google.com.au/url?url=http://www.ranzcr.edu.au/documents-download/document-library-2/document-library-3/573-ranzcr-guidelines-for-iodinated-contrast-administration-2009-edition/file&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwiLjfuj_uTMAhUBn5QKHZBFdQQFggUMAA&usq=AFQjCNH-kMThNfKqG4AUWwij6FX20FlzxQ
- Contact your supervisor for further information on the use of medicines and contrast agents in your department

Learning activities/resources		
Task description		√ x
9. Information on different products insertion sites	<ul style="list-style-type: none"> Contact your supervisor for further information on devices available within your department 	

Assessment details and linkage		
Assessment task	Date completed	Elements and performance criteria
1. Work sheet questions Complete the PICC worksheet questions and submit to your supervisor/assessor 100% of correct responses is required	/ /	All
2. Clinical log book Submit your completed log book of at least 20 successful PICC insertions to your supervisor/assessor for review	/ /	All
3. Direct workplace observation assessments and oral appraisal <ul style="list-style-type: none"> A formal workplace observation assessment will take place with your assessor present. It will include assessment of: <ul style="list-style-type: none"> the overall management and conduction of a scheduled PICC list a minimum of 4 successful PICC insertions No prompting or involvement by the assessor will be allowed during the assessment Outcomes will be recorded on the assessment tool and to be deemed competent all performance criteria need to be met for all patients Further workplace observation assessments may be conducted at the discretion of your supervisor The workplace observation will take place within one month of completing 20 successful PICC insertions as recorded in the clinical log book Follow-up oral appraisal may be required to clarify any performance criteria not addressed during the workplace observation assessment(s)	/ /	All

Assessment tool 1: Worksheet questions, PICC insertion by radiographers

Instructions: Please complete the following PICC worksheet questions at the commencement of your learning program. Discuss any areas of concern with your supervisor/assessor. This completed sheet will later be submitted as an assessment to your supervisor. 100% of correct responses is required to be deemed competent

Anatomy

1. Describe the 'normal' venous drainage from the upper limb from cubital fossa to the heart, include all confluences. Physiologically how does blood return to the heart from the upper limb?
2. Describe the arterial anatomy in the same region.
3. How do arteries and vein differ and how can we differentiate between the two?

PICC insertion

4. What are the main complications associated with PICC insertion. How are they prevented or treated?
5. Explain these commonly used ultrasound functions:
 - a. Gain
 - b. Time gain compensation (TGC)
 - c. Focal number/position

- d. Colour wave
-
- 6. Line related bloodstream infections. How can they occur?
-
- 7. Why is chlorhexadine 2% in ethanol 70% used for PICC line insertion skin preparation?
-
- 8. Why is a PICC requested?
-
- 9. Describe the factors important in these scenarios in relation to insertion and explain your decision for a 4Fr or 5Fr catheter?
 - a. Diabetic foot ulcers for IV antibiotics for osteomyelitis. ESRF

 - b. Chemotherapy infusion via Medical Oncology

 - c. AML with GVHD

 - d. TPN. Note: Patient allergic to lignocaine

 - e. Lung transplant. ABx

 - f. Patient for inotropes.



g. Gastric fistula with abdominal abscess for IV ABx

10. What is required for documentation in the patient history regarding PICC insertion?

PICC management

11. How often should a PICC dressing be changed?

12. What size syringe is recommended for catheter flushing and aspiration? Why?

13. A patient presents to the angiography suite for a femoral angiogram. His antibiotic infusion and saline flush through the PICC have just finished and the pump is now alarming. What do you do?

14. A patient presents to you for a PICC insertion. Currently has a peripheral cannula that has antibiotics running. Throughout the procedure, the infusion is completed. What do you do?

Assessment task 1: Worksheet questions result

Date submitted: / /

Name of candidate:

Signature of candidate:

Reviewed by:

Signature of
supervisor/assessor

Date signed: / /

Result: C NYC

Comments:

Assessment tool 2: Clinical log book, PICC insertion by radiographers

Instructions: Complete 20 successful PICC insertions, performed under supervision by a suitably trained PICC inserter in consultation with an interventional radiology consultant within a 3-month period. This clinical log book must be kept and each insertion signed off by a supervisor. All unsuccessful insertions must also be documented and justified. This log book is submitted as part of the overall assessment of competency for this clinical practice.

PICC #	Date	Patient UR	Arm	Vein	Number of punctures	Wire manipulation	Patient condition	Comments	Supervisor
	Example	Example	Right	Brachial vein	2	Used long wire in pack to guide PICC through tortuous brachiocephalic vein	CF patient for long term AB's	Basilic vein appeared occluded proximally with collaterals seen. Brachial vein more appropriate, needle path through bicep belly required. Left arm not preferable due to pacemaker. 2nd attempt at puncture successful. 1st caused haematoma.	
1	/ /								
2	/ /								
3	/ /								
4	/ /								
5	/ /								
6	/ /								
7	/ /								
8	/ /								
9	/ /								
10	/ /								
11	/ /								
12	/ /								
13	/ /								



PICC #	Date	Patient UR	Arm	Vein	Number of punctures	Wire manipulation	Patient condition	Comments	Supervisor
14	/ /								
15	/ /								
16	/ /								
17	/ /								
18	/ /								
19	/ /								
20	/ /								
21	/ /								
22	/ /								

Assessment task 2: Clinical log book result

Date submitted:

/ /

Name of candidate:

Signature of candidate:

Reviewed by:

Signature of supervisor/assessor

Date signed:

/ /

Result:

 C NYC

Comments:

Assessment tool 3: Workplace observation and oral appraisal, PICC insertion by radiographers

Unit of competency:	Perform ventilator hyperinflation (VHI) in an adult intubated patient			
Candidate's name:		Candidate's designation:		
		Candidate's employee number:		
Name(s) of assessor(s):		Assessor(s) designation:		

Instructions: Candidates are required to successfully complete a minimum of 4 formal workplace observation (WO) assessments as part of one scheduled PICC list, conducted with your assessor present. No prompting or involvement by the assessor will be allowed during the WO assessment. The assessments will involve the overall management and conduction of a scheduled PICC list. Outcomes will be recorded on this assessment tool and to be deemed competent all performance criteria need to be met for all patients. Further WO assessment may be conducted at the discretion of your supervisor. The WO will take place within one month of completing 20 successful PICC insertions as recorded in the clinical log book. Follow-up oral appraisal may be required to clarify any performance criteria not addressed during the workplace observation assessment(s).

Assessment task 3: Direct workplace observation assessments and oral appraisal

Elements and performance criteria Did the candidate provide evidence of the following? Key: C = competent, NYC = not yet competent, X = not observed	Number and date of WO assessment Indicate C/NYC/X in each box					Comments
	PICC # 1	PICC # 2	PICC # 3	PICC # 4	PICC # 5	
	Date	Date	Date	Date	Date	

Element 1. Conduct pre-PICC assessment of the patient

1.1	Integrate information from multiple sources, including the patient health record and bedside charts, to ensure suitability and safety of intervention					
1.2	Identify the clinical indication for PICC insertion and establish patient suitability					
1.3	Identify contraindications/precautions for PICC insertion and take appropriate action					
1.4	Review previous imaging/PICC insertions and integrate relevant findings into the intervention					
1.5	Choose the appropriate type of PICC line consistently, to meet the patient's needs, including: <ul style="list-style-type: none"> • single lumen • double lumen • triple lumen • use of cannula when indicated 					



Elements and performance criteria		PICC # 1	PICC # 2	PICC # 3	PICC # 4	PICC # 5	Comments
Element 2. Prepare for the PICC insertion							
2.1	Gather necessary equipment						
2.2	Perform pre-insertion vein assessment using ultrasound and palpation where required to identify anatomy and pre-empt difficulties						
2.3	Justify vessel selection for PICC insertion						
2.4	Identify complex access cases for referral to consultant radiologist						
2.5	Perform detailed verbal explanation of procedure, in a manner and at a level and pace appropriate for the patient						
2.6	Explain accurately to the patient the risks and benefits associated with PICC insertion						
2.7	Confirm the patients understanding of the procedure and answer any questions appropriately						
2.8	Obtain informed consent and document in accordance with organisational procedure						
2.9	Prepare the patient and the environment for PICC insertion, maintaining a sterile field						
2.10	Set up an effective ultrasound scanning protocol						
2.11	Adjust factors to improve vessel visibility where required						
2.12	Use colour flow/pulse wave to determine vessel patency where required						
Element 3. Apply the use of medicines and contrast agents							
3.1	Apply knowledge of the legal and professional responsibilities relevant to possession, administration and use of medicines under current legislation, as relevant to the practice context						
3.2	Demonstrate knowledge of pharmacokinetics, indications, contra-indications and precautions, adverse effects, interactions, dosage and administration of commonly used medicines and contrast agents, when inserting PICC lines including: <ul style="list-style-type: none"> • local anaesthetic • contrast medium 						
3.3	Maintain proper clinical records as they relate to medicines and contrast mediums						

Elements and performance criteria	PICC # 1	PICC # 2	PICC # 3	PICC # 4	PICC # 5	Comments
4. Comply with supervisory requirements/operate within individual strengths and limitations						
4.1 Demonstrate suitable scrub technique and aseptic field preparation including set up of trolley and sterile equipment						
4.2 Administer local anaesthetic when indicated in accordance with current legislation and organisational procedure						
4.3 Use ultrasound during the procedure to follow needle advancement and demonstrate needle tip/wire position within the vessel						
4.4 Use a modified Seldinger technique to puncture the vein and minimised trauma to the patient/vein						
4.5 Perform, wire manipulation where indicated, in a safe manner and justify any use of additional wires						
4.6 Administer intravenous iodinated contrast safely and effectively as required						
4.7 Position the PICC under fluoroscopy in an optimal position						
4.8 Justify any suboptimal PICC positioning						
4.9 Confirm the inserted PICC is functioning using aspiration and saline flush after sheath removal						
4.10 Apply and secure an appropriate dressing and ensure neat placement of the PICC line with no kinks						
4.11 Monitor the patient appropriately throughout the procedure and take appropriate action when indicated						
4.12 Maintain a sterile field throughout						
4.13 Clean, replace and dispose of equipment appropriately						
4.14 Answer the patients questions throughout the procedure appropriately						
4.15 Apply knowledge of PICC line ongoing management and/or follow-up, to interventions e.g. changes dressing when indicated						
4.16 Identify when input is required from expert colleagues and act to obtain their involvement						



Elements and performance criteria		PICC # 1	PICC # 2	PICC # 3	PICC # 4	PICC # 5	Comments
Element 5. Manage PICC insertion list							
5.1	Manage the scheduled PICC insertion list within the allocated timeframe						
5.2	Prioritise patients on the scheduled PICC insertion list based on clinical need						
5.3	Anticipate and respond to factors that influence the management of the list						
Element 6. Apply risk management							
6.1	Identify clinical risks for management and implement effective control measures, throughout the intervention						
6.2	Explain clearly, possible adverse responses or near miss events related to PICC insertion and outline the process for reporting them, in line with organisational requirements						
6.3	Consistently comply with organisational policy, procedure and guidelines throughout the procedure						
Element 7. Document patient information							
7.1	Document in line with accepted practice and relevant clinical protocols and/or organisational procedure						
Competency result for individual workplace observations	PICC insertion # 1	PICC insertion # 2	PICC insertion # 3	PICC insertion # 4	PICC insertion #5 if required		
Date of workplace observation:							
Result: C/NYC							
Date and signature of candidate:							
Date and signature of assessor:							

Comments/further action:

Overall competency result for workplace
observation assessment

C

NYC



Assessment tool 4: Summative assessment tool, PICC insertion by radiographers

Candidate's name:		Candidate's employee number:	Assessment time frame: / / to / /
<p>This assessment tool collates evidence from a number of assessment tasks to verify the competency of radiographers inserting PICC lines. Please refer to the learning and assessment plan for further details on learning resources and assessment process</p> <p>Key: C = competent, NYC = not yet competent</p>			
Assessment task 1: Worksheet questions		Result	<input type="checkbox"/> C <input type="checkbox"/> NYC
Assessment task 2: Clinical log book		Result	<input type="checkbox"/> C <input type="checkbox"/> NYC
Assessment task 3: Direct workplace observation assessments and oral appraisal		Result	<input type="checkbox"/> C <input type="checkbox"/> NYC
Overall competency		Result	<input type="checkbox"/> C <input type="checkbox"/> NYC
Primary :supervisor(s) name (Print):		Primary :supervisor(s) signature:)	Date: / /
Interventional radiologist name (Print):		Interventional radiologist signature:)	Date: / /
Candidate name (Print):		Candidate signature:)	Date: / /
Successful candidate's name added to data base by:		Comments:	Date: / /
Author:	Based on the Alfred Health, Alfred Radiology, (2004) PICC insertion by radiographers competency package. Revised as part of the Victorian DHHS, CCC framework (Science) implementation.	Last review date:	May 2016
Version:	V2_2016	Last review date:	May 2019

Resource 2.19: Refer to a housing crisis support agency (transdisciplinary practice)

Resource 2.19.1: Competency standard

Competency standard: Refer to a housing crisis support agency		MonashHealth
Descriptor	This unit of competency describes the skills and knowledge required to refer patients experiencing homelessness to a housing crisis support agency, in order to facilitate discharge from the emergency department (ED).	
Prerequisites	<ul style="list-style-type: none"> • Current employee of Monash Health • RAPID (rapid, assessment, intervention and discharge) health professional team members within EDs at Monash Health • An appropriately nominated supervisor/assessor; must be a social worker and credentialed to assess the content of this unit 	
Co-requisites	<ul style="list-style-type: none"> • None currently 	
Application/background	<p>The application of knowledge and skills described in this competency unit relate to RAPID health professional team members working in EDs at Monash Health where referral to a housing crisis support agency is identified by the team member as a necessary component of facilitating discharge for patients experiencing homelessness.</p> <p>On successful completion of this unit, all health professionals within each RAPID ED team will be able to complete referrals, historically performed mainly by social workers.</p> <p>This does not take the place of specialised assessment by a social worker. It is designed to provide an avenue for referral when a social worker is not available and contribute to improving the timeliness of discharge for people presenting at the ED in order to meet the National Emergency Access Targets.</p> <p>Regardless of experience or training, clinicians must operate within their individual scope of practice. If at any stage the task falls outside the individual scope of practice of a clinician, then referral back to the primary treating clinician for further management is required.</p>	
Skills recognition	<p>Prior work experience or training, including successful completion of previous Monash Health ED competencies may be accepted to verify competence in the work role described here but will be assessed on a case-by-case basis against this standard by a social worker or an appropriate nominee.</p> <p>The skills and knowledge described in this competency standard are considered core skills of social workers working in this context and, as such, no further verification of workplace competence is required.</p>	

Element Elements describe the essential demonstrate outcome of a unit of competency	Performance criteria The performance criteria specify the level of the performance required to achievement of the element. Terms in italics are elaborated in the range statement
1. Identify indicators and eligibility for <i>housing crisis support agency</i> referral	1.1 Engage in discussion with the patient/carer to determine <i>indicators for referral to a housing crisis support agency</i> 1.2 Determine the patient is eligible for referral by: <ul style="list-style-type: none"> • confirming the patient is medically stable • excluding patients affected by substances such as drugs and/or alcohol • confirming the patient is functioning at a level appropriate to accessing the service • confirming the patient's homeless status • exploring all other accommodation options including previous accommodation, family, friends, support networks, fee-for-service options • following agency eligibility criteria
2. Refer appropriately for specialised social work assessment	2.1 Identify and refer patients with more <i>complex social issues</i> for specialised assessment by a social worker before discharge from the ED
3. Implement referral processes and inform/educate the patient/carer	3.1 Describe the range of potential housing options 3.2 Explain the housing crisis support agency services available 3.3 Explain the referral and assessment processes for housing crisis support agencies 3.4 Gain informed consent before implementing the referral 3.5 Follow agency referral processes for both business and out-of-hours services 3.6 Provide information on transport options to access the agency and any other support made available by the organisation 3.7 Provide contact details for the agency 3.8 Confirm the patient's understanding and answer any questions
4. Report and document information	4.1 Communicate the referral to relevant stakeholders as necessary 4.2 Document the assessment and intervention in accordance with Monash Health procedure including consent, recommendations made and information provided to the patient and/or carer
5. Operate within individual scope of practice	5.1 Clearly explain conditions where intervention would be ceased and deferred to the relevant health professional

Required knowledge and skills

Essential knowledge and skills relating to:

Basic knowledge of homelessness and the underlying causal factors

- Indications for referral to housing crisis support agencies
- Basic knowledge of the services provided by a range of housing crisis support agencies
- Process to obtain consent to services
- Patient eligibility criteria for housing crisis support services
- Processes required for housing crisis support agency referral
- Identify patients experiencing homelessness that cannot be managed by the RAPID team member without social work assessment
- Communicate in an appropriate manner to patients experiencing homelessness
- Relevant organisational procedures at Monash Health that relate to this unit including vulnerable children, elder abuse, family violence, confidentiality and privacy, use of interpreters, informed consent and documentation

Range statement

The range statement elaborates terms in italics found in the competency.

<i>Housing crisis support agency may include but is not limited to:</i>	<ul style="list-style-type: none">• WAYSS• Hanover• Salvation Army, crisis support services
<i>Indicators for referral to a housing crisis support agency</i>	<ul style="list-style-type: none">• Patient request• Patient stating they have no family home and nowhere to stay• Limited social support networks in conjunction with homelessness
<i>More complex social issues may include but is not limited to:</i>	<ul style="list-style-type: none">• Family violence• Carer distress/illness• Vulnerable children• Suspected elder abuse• Youth homelessness• Housing crisis support agency has reason to deny access

Evidence guide

- The assessee must provide evidence of the essential knowledge as well as skill.
- Consistency of performance should be demonstrated over the required range of situations relevant to the workplace.
- Assessment must include demonstrated workplace application.
- Formative assessment is acceptable and may include evidence from a range of sources over the assessment period.
- Refer to the evidence planning document for full details on any mandatory evidence designated for specific performance criteria.

Author:	A Pearce, I Mucic, C Quayle	Last review date:	October 2012
Version:	V3.2012	Next review date:	October 2017

Resource 2.19.2: Evidence planning document

Evidence planning document: Refer to a housing crisis support agency

Unit of competency: Conduct a physiotherapy-led paediatric orthopaedic clinic

Elements and performance criteria

Acceptable method of Ax/evidence

M = min. mandatory

✓ = optional/supplemental

Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
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1. Identify indicators and eligibility for housing crisis support agency referral

1.1	Engage in discussion with the patient/carer to determine indicators for referral to a housing crisis support agency	✓	M				✓
1.2	Determine the patient is eligible for referral by: <ul style="list-style-type: none"> • Confirming the patient's medical stability • Excluding patient's affected by substances such as drugs/alcohol • Confirming the patient is functioning at a level appropriate to accessing the service • Confirming the patient's homeless status • Exploring all other accommodation options including; previous accommodation, family, friends, support networks, fee for service options • Following agency eligibility criteria 		M				

2. Refer appropriately for specialised social worker assessment

2.1	Identify and refer patients with more complex social issues for specialised assessment by a social worker before discharge from the ED	✓				M	
-----	--	---	--	--	--	---	--

Elements and performance criteria		Written responses	Oral appraisal	Documentary evidence	Practical demonstration	Workplace observation	Case-based scenarios	RPL evidence
3. Implement referral processes and inform/educate the patient/carer								
3.1	Describe the range of potential housing options		✓	M				✓
3.2	Explain the housing crisis support agency services available		✓	M				✓
3.3	Explain the referral and assessment processes for housing crisis support agencies		✓	M				✓
3.4	Gain informed consent for implementing the referral		✓	M				✓
3.5	Follow agency referral processes for both business and out-of-hours service		✓	M				✓
3.6	Provide information on transport options to access the agency and any other support made available by the organisation		✓	M				✓
3.7	Provide contact details for the agency		✓	M				✓
3.8	Confirm the patients understanding and answer any questions		✓	M				✓
4. Report and document information								
4.1	Communicate the referral to relevant stakeholders as necessary			M				✓
4.2	Document the assessment and intervention in accordance with Monash Health procedure including consent, recommendations made and information provided to the patient and/or carer			M				✓
5. Operate within individual scope of practice								
5.1	Explain clearly conditions where intervention, would be ceased and deferred to the relevant health professional		✓	✓			M	
Author:	S. Elliott, C. McCubbin	Last review date:			May 2016			
Version:	V2_2016	Next review date:			May 2019			

Resource 2.19.3: Learning and assessment document

Learning and assessment plan: Referral to a housing crisis support agency	
Title of competency standard(s) to be achieved:	Referral to a housing crisis support agency
Assessment timeframe	To be negotiated with clinical supervisor, assessor and/or line manager
Workplace learning delivery overview	A combination of the following will be implemented: self-directed learning, coaching or mentoring, workplace application
Learning activities/resources	
	√ x
1. Complete learning package	Complete learning package and discuss learning needs and assessment/verification processes with the appropriate SW clinician
2. Complete case studies	Complete case studies prepared relevant to homelessness and discuss with supervisor
3. Undertake supervised clinical practice and feedback sessions	Learner to demonstrate knowledge of required information and referral pathways in relation to homelessness, in a session with assessor
4. Undertake supervised clinical practice sessions (optional)	Learners who would like further practical guidance and opportunity for supervised practice by the assessor to complete homelessness assessment and referral pathways

Assessment details and linkage			
Assessment task : proceed in the order of activities as listed		Date(s) completed	Elements and performance criteria
1.	Complete written case studies	/ /	1, 2, 3, 4, 5
2.	Discuss case studies and referral pathways with your supervisor Performance will be noted on the assessment tool	/ /	1, 2, 3, 4, 5
3.	Documentary evidence Clinicians will be required to produce documentary evidence of health record entries	/ /	1, 2, 3, 4, 5
4.	Observation in the workplace (optional)	/ /	1, 2, 3, 4, 5
Author:	S. Elliott, C. McCubbin	Last review date:	May 2016
Version:	V2_2016	Last review date:	May 2019

Resource 2.19.4: Assessment tool

Assessment tool: Refer to a housing crisis support agency				
Title of competency standard(s) to be achieved:		Refer to a housing crisis support agency		
Candidate's name:		Candidate's employee number:		
Name(s) of clinical supervisor(s)/ assessor(s):		Assessment timeframe:	/ / to / /	
Elements and performance criteria		Tick appropriate box.		Comments
Did the candidate provide evidence of the following?		Date and initial each tick.		
		Competent	Not yet competent	
1. Identify indicators and eligibility for <i>Housing crisis support agency</i> referral				
1.1	Engage in discussion with the patient/carer to determine indicators for referral to a housing crisis support agency	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Determine the patient is eligible for referral by: <ul style="list-style-type: none"> • Confirming the patient's medical stability • Excluding patient's affected by substances such as drugs/alcohol • Confirming the patient is functioning at a level appropriate to accessing the service • Confirming the patient's homelessness status • Exploring all other accommodation options including previous accommodation, family, friends, support networks, fee-for-service options • Following agency eligibility criteria 	<input type="checkbox"/>	<input type="checkbox"/>	
2. Refer appropriately for specialised social work assessment		<input type="checkbox"/>	<input type="checkbox"/>	
2.1	Identify and refer patients with more complex social issues for specialised assessment by a social worker before discharge from the ED	<input type="checkbox"/>	<input type="checkbox"/>	
3. Implement referral processes and inform/educate the patient/carer				
3.1	Describe the range of potential housing options	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Explain the housing crisis support agency services available	<input type="checkbox"/>	<input type="checkbox"/>	

Elements and performance criteria		C	NYC	Comments
3. Implement referral processes and inform/educate the patient/carer				
3.3	Explain the referral and assessment processes for housing crisis support agencies	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Gain informed consent for implementing the referral	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Follow agency referral processes for both business and out-of-hours service	<input type="checkbox"/>	<input type="checkbox"/>	
3.6	Provide information on transport options to access the agency and any other supports made available by the organisation	<input type="checkbox"/>	<input type="checkbox"/>	
3.7	Provide contact details for the agency	<input type="checkbox"/>	<input type="checkbox"/>	
3.8	Confirm the patients understanding and answer any questions	<input type="checkbox"/>	<input type="checkbox"/>	
4. Report and document information				
4.1	Communicate the referral to relevant stakeholders as necessary	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Document the assessment and intervention in accordance with Monash Health procedures including consent, recommendations made and information provided to the patient and/or carer	<input type="checkbox"/>	<input type="checkbox"/>	
5. Operate within individual scope of practice				
5.1	Explain clearly conditions where intervention, would be ceased and deferred to the relevant health professional	<input type="checkbox"/>	<input type="checkbox"/>	
Overall competency result		<input type="checkbox"/> Competency achieved <input type="checkbox"/> Not yet competent		
Signature of assessor:			Date:	/ /
Signature of candidate:			Date:	/ /
Comments/further action:				
Name of successful candidate added to data base		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Author:	S. Elliott, C. McCubbin		Last review date:	May 2016
Version	V2_2016		Next review date:	May 2019

Resource 2.20: Individual register of competency achievement

Perform dry needling							
Physiotherapists, occupational therapists (upper limb)							
Employee number	Surname	Given name	Successful completion	Date completed	Assessor(s)	Assessor(s) designation name	Frequency and recertification requirements
EXAMPLE 012345	Smith	Jill	TRUE	20/3/2016	David Citizen	Grade IV Advanced MSK Physiotherapist	Annual review of clinical log



The page features decorative geometric patterns. The top right corner is filled with a grid of overlapping triangles in various shades of red and purple. The bottom left corner is a large, solid light-orange triangle pointing towards the center. The main body of the page is white.

Assessors' resources

Competency resource table: assessors' resources

Competency resource name	Description or purpose	How to use it
<p>Assessors' resources</p> <p>Assessors can use these resources to support the assessment process for developed competency-based programs. Check off the items in Resource 2.21, Assessors'/supervisors' checklist, as you address them.</p>		
2.21 Assessors'/supervisors' checklist: Process summary and checklist for assessors implementing competency-based programs	This tool assists assessors to systematically work through the process of implementing competency-based learning and assessment programs	Systematically review the items on the checklist to guide you through the process.
2.22 Appropriate assessors self-assessment checklist	To establish the suitability of the workplace assessor in accordance with recommended minimum criteria	All workplace assessors should complete the checklist to establish their suitability as a workplace assessor prior to assessing the competency of candidates. This is to be used as a guide only where there are no legislated requirements or additional organisational requirements to be applied.
2.23 Conditions and context for assessment: Instructions	To inform candidates and assessors of the contexts and conditions required for workplace assessment	<p>These instructions can be adapted as needed but in their current format provide general principles and instructions to guide the assessment process.</p> <p>The candidate should have access to these instructions and any assessment tool(s) prior to the assessment task. An opportunity for clarification of these instructions prior to assessment would also be given to the candidate.</p>
2.24 Preparing the candidate for direct observation assessment	To promote consistent conduct and adequate preparation of the candidate prior to assessment	This checklist is to be used by the assessor prior to the assessment of the candidate to promote adequate preparation for the ensuing assessment and to ensure the candidate has been fully informed. It is particularly applicable for direct workplace observation assessments.
2.25 Guidelines for allied health assessors during a direct observation assessment	To promote consistent conduct by assessors during direct observation assessment	This provides a guide to how an assessor should conduct themselves during a direct observation assessment. It is particularly applicable for direct workplace observation assessments, but the principles can and should be applied to other forms of assessment.

Resource 2.21: Assessors'/supervisors' checklist: Process summary and checklist for assessors implementing competency-based programs

Assessors'/supervisors' checklist: Process summary and checklist for assessors implementing competency-based programs		✓
Name:		
Name of competency-based program:		
<input type="checkbox"/> Phase 1: Establish an appropriate clinical assessor/supervisor(s)		
	Nominate key person(s) to implement the training and/or assessment program	<input type="checkbox"/>
	Nominate a workplace assessor/supervisor(s) for the individual learner or group using <i>Resource 2.22: Appropriate assessors self-assessment checklist</i>	<input type="checkbox"/>
	Nominate key person(s) to implement the training and/or assessment program	<input type="checkbox"/>
	Ensure any gaps identified in the <i>Appropriate assessors self-assessment checklist</i> are addressed by workplace assessor/supervisor(s) before moving to phase 2	<input type="checkbox"/>
<input type="checkbox"/> Phase 2: Modify and implement training for learners		
	Establish the needs of the learner(s) against the competency standard using the <i>Learning needs analysis (LNA): Self-assessment</i> developed (Resource 2.9)	<input type="checkbox"/>
	Establish the pathway to assessment (Is it an assessment-only pathway or will training also be required for the learner(s)?)	<input type="checkbox"/>
	Review and clarify with the learner(s) the suggested learning activities as described in the <i>Learning and assessment plan</i> based on their needs (Resource 2.10)	<input type="checkbox"/>
	Confirm with learners how the training program will be conducted, outlining the responsibilities of the learner and supervisor/assessor and the timelines	<input type="checkbox"/>
	Implement the training program as planned (if required)	<input type="checkbox"/>
<input type="checkbox"/> Phase 3: Prepare assessment programs for candidates (+/- training)		
	Ensure all assessment tools are prepared (Resources 2.12, 2.13 or 2.14)	<input type="checkbox"/>
	Where candidates believe their experience should be considered, as they have the required skills and knowledge, a skills recognition assessment can be conducted by an appropriate assessor	<input type="checkbox"/>
	Review <i>Resource 2.23: Conditions and context for assessment: Instructions</i>	<input type="checkbox"/>
	Confirm with candidates how the assessment program will be conducted, outlining the responsibilities of the learner/supervisor/assessor and the timelines	<input type="checkbox"/>
	Where direct observation assessments occurs in the workplace, access <i>Resource 2.24: Preparing the candidate for direct observation assessment</i> prior to candidate assessment	<input type="checkbox"/>

Assessors'/supervisors' checklist: Process summary and checklist for assessors implementing competency-based programs



Phase 4: Conduct assessment

Conduct assessments of competency as required:

- For candidates undergoing the learning and assessment pathway, this will be outlined in the *Learning and assessment plan* developed
- For candidates undergoing the assessment only pathway, this will be at the discretion of the nominated assessor



Provide feedback to the candidate after assessment completion

Is the assessment decision fully supported by the evidence gathered and meets the requirements of the organisation?

For direct observation assessments in the workplace, access *Resource 2.25: Guidelines for allied health assessors during a direct observation assessment*

Phase 5: Record and evaluate outcomes

Record and communicate the outcome of assessments as per local/organisational process

Establish any continuing competency requirements as determined by the reference group

Resource 2.22: Appropriate assessors self-assessment checklist

Appropriate assessors self-assessment checklist	✓
Tacit knowledge of assessment area	<input type="checkbox"/>
Recent and broad experience in the area being assessed	<input type="checkbox"/>
Working knowledge of the competency standard content	<input type="checkbox"/>
Working knowledge of the assessment plan, tool(s) and processes	<input type="checkbox"/>
Working knowledge of the responsibilities as an assessor	<input type="checkbox"/>
Deemed competent themselves in the parameters of the competency standard by virtue of a qualification, training or experience	<input type="checkbox"/>

Resource 2.23: Conditions and context for assessment: Instructions

Conditions and context for assessment: Instructions (adapt as needed)

1. Self-assessment using the *Learning needs analysis* tool is recommended for the candidate prior to engaging in a work-based learning and assessment program. (Self-assessment will not be used as a stand-alone method to make a decision of competency.)
2. Assessment tasks will be planned throughout the timeframe negotiated between the candidate and the assessor. A combination of assessment occasions and methods will be used and are mapped on the *Learning and assessment plan*. The assessment tool(s) collates the evidence gathered and then the assessor makes and records an overall assessment about the learner's competency.
3. The assessment(s) will be conducted at a time that is mutually agreeable to both the assessor and the candidate.
4. When the assessment task requires direct workplace observation, this will be conducted in reality, with appropriate patient(s) and within the practice context setting.
5. Access to relevant guidelines, standards and procedures will be given during the assessment task.
6. To achieve competency, the candidate will provide sufficient evidence through planned assessment activities, as determined by the assessor.
7. All competency elements and performance criteria must be satisfactorily met for the candidate to be deemed competent.
8. The assessment must be conducted by a workplace assessor who meets the recommended minimum criteria for assessors.
9. It is implicit that the candidate demonstrates appropriate knowledge during the whole assessment task.
10. If the candidate does not meet the expected standard of performance:
 - A plan will be made to address the performance gap. This may include opportunity for additional teaching and supervised clinical practice. This will be made available prior to subsequent assessments.
 - An additional assessment will be rescheduled at a time negotiated between the assessor and candidate.
 - The candidate is permitted to engage another assessor if available/appropriate.

Resource 2.24: Preparing the candidate for direct observation assessment

Preparing the candidate for direct observation assessment	✓
Have you prepared all necessary equipment prior to the assessment?	<input type="checkbox"/>
Have you introduced yourself?	<input type="checkbox"/>
Have you verified the candidate is ready for assessment?	<input type="checkbox"/>
Have you informed the candidate about confidentiality issues regarding the assessment?	<input type="checkbox"/>
Have you provided an explanation of the parameters of the assessment, method and context included?	<input type="checkbox"/>
Have you explained that in the event of unsafe practices the assessment will be terminated?	<input type="checkbox"/>
Have you invited the candidate to ask questions before the assessment begins?	<input type="checkbox"/>

Resource 2.25: Guidelines for allied health assessors during a direct observation assessment

Guidelines for allied health assessors during a direct observation assessment

Use 'non-prompting' and 'non-involvement' behaviour.

Provide succinct clarification on request, without suggestive prompting.

Use follow-up questioning at the conclusion of the direct observation to clarify or address outstanding performance criteria.

Inform the candidate of the outcome of the assessment in a timely manner.

Provide effective feedback at the completion of the assessment.

- Be concise. Focus on behaviour, not personality, and engage the candidate in a discussion about performance.
- Discuss areas performed well.
- Discuss areas requiring improvement.
- Document the outcome of the assessment on the tool.

Communicate effectively with a candidate who is 'not yet competent' or the performance rating given.

- Communicate objective reasons for non-competence/the rating.
- Negotiate an action plan with the candidate to develop their skills for successful completion/performance improvement.
- Agree on a timeframe for an ongoing learning and assessment plan.
- If applicable/available, offer an alternate assessor.



Learners' resources

Competency resource name	Description or purpose
Learners' resources	
2.26 Learners' checklist: Process summary and checklist of competency-based programs	Learners can work through this checklist to systematically work through the process of participating in a competency-based learning and assessment program.

Process guide

Not all people pursue competency development. Professionals must recognise the need for skill updating, possess the necessary motivation and recognise relevant opportunities. Continuing competency beyond entry level is largely the responsibility of clinicians themselves, and the motivation for maintaining and extending competency requires both internal and external influences interacting to facilitate competency maintenance behaviours.

In addition to enhancing the quality of learning in the workplace and providing a structure to support changing scope of practice, competency-based training and assessment is an important part of clinical governance, particularly in areas of advanced practice.

Clinicians should be encouraged to look at competency-based assessment as 'assessment for learning', rather than 'learning for assessment'. The expectation is that clinicians will be supported in workplace learning for competency attainment and contribute significantly to their own learning in partnership with the organisation.

Resource 2.26: Learners' checklist: Process summary and checklist of competency-based programs is designed to assist learners to systematically work through the process of participating in a competency-based learning and assessment program.

Resource 2.26: Learners' checklist: Process summary and checklist of competency-based programs

Learners' checklist: Process summary and checklist of competency-based programs		✓
Name of learner:		
Name of competency-based program:		
<input type="checkbox"/> Phase 1: Understand the expected standard of performance; familiarise yourself with the training and assessment process		
	Access the organisational competency standard for this competency area and review the expected performance standards.	<input type="checkbox"/>
	Review <i>Resource 2.2: Competency-based learning and assessment process overview</i> .	<input type="checkbox"/>
<input type="checkbox"/> Phase 2: Establish the learning plan with your supervisor/assessor		
	If available complete a self-assessment using the <i>Learning needs analysis</i> tool and then discuss with your supervisor your learning needs in this area of competency. (If you believe previous training and experience has given you the required skills and knowledge for this area of competency, include this in the discussion with your supervisor.)	<input type="checkbox"/>
	Discuss with the supervisor how the training program will be conducted, the recommended learning activities and the timelines. (Your responsibilities for self-directed learning and those of the supervisor should be clarified.)	<input type="checkbox"/>
	Ensure the learning plan is documented by the supervisor in the <i>Learning and assessment plan</i> . (While this plan may be common to many learners it can be adjusted based on your needs as well as the job role.)	<input type="checkbox"/>
<input type="checkbox"/> Phase 3: Negotiate the assessment plan with your supervisor/assessor		
	Discuss with the supervisor how the assessment program will be conducted, the assessment activities and the timelines. (Your responsibilities in the assessment plan and those of the supervisor/assessor should be clarified.)	<input type="checkbox"/>
	Ensure the assessment plan is documented by the supervisor/assessor in the <i>Learning and assessment plan</i> . (While this plan may be common to many learners it can be adjusted based on your previous experience and training and the job role.)	<input type="checkbox"/>
<input type="checkbox"/> Phase 4: Participate in training		
	Complete learning activities outlined in the <i>Learning and assessment plan</i> in the timeframe negotiated with your supervisor/assessor.	<input type="checkbox"/>
	Self-directed, independent learning is essential to the process.	<input type="checkbox"/>
	Seek opportunities in the workplace to secure appropriate learning activities.	<input type="checkbox"/>
	Include direct guidance/observation and seek constructive feedback.	<input type="checkbox"/>
	Where possible, gain teaching from a range of experts.	<input type="checkbox"/>

Learners' checklist: Process summary and checklist of competency-based programs



Phase 5: Participate in assessment



Complete assessment activities outlined in the *Learning and assessment plan* in the timeframe negotiated with your supervisor/assessor



Phase 6: Provide feedback

Provide feedback on the training program, as directed by your supervisor/assessor.



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Evaluation resources

Competency resource name	Description or purpose
Evaluation resources	
2.27 Learner evaluation survey: Competency-based programs	A survey sample used for evaluating competency-based programs

Resource 2.27: Learner evaluation survey: Competency-based programs

Allied Health: Learner evaluation, competency based programs

Introduction

Please complete the following survey after completing your training program. It will provide valuable information for future improvement to our learning and assessment programs. Your feedback remains confidential and it will only take 5-10 mins. to complete. Please contact your supervisor/ assessor for further information.

Demographics

1. Please indicate your discipline and grade level

	Grade 1 (if applicable)	Grade 2	Grade 3	Grade 4 (if applicable)
Allied Health Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Pathologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

*2. Which Monash Health site do you primarily work at?

- Casey Hospital
- Dandenong Hospital
- Kingston Centre
- Monash Medical centre- Clayton
- Monash Medical centre- Moorabbin
- Monash Community
- Mental Health
- Other (please specify)

Allied Health: Learner evaluation, competency based programs

*3. Please specify the name of the allied health professional, training and assessment program you completed

- Not applicable (I'm an AHA)
- Prescribe, apply and remove customised casting or splinting (OT, PT, Pod)
- Perform dry needling as an adjunct to therapy in Allied Health (OT, PT, Pod)
- Implement basic prescription, fitting and provision of selected adaptive equipment
- Perform a basic mobility and transfer assessment
- Implement basic prescription, fitting and provision of selected gait aids
- Support the fitting and provision of upper and lower limb musculoskeletal (MSK) support
- Implement referral processes for selected community support services
- Refer to a housing crisis support agency
- Refer to an Aged Care Assessment service (ACAS) for community assessment
- Equipment prescription (OT)
- Home assessment (OT)
- Conduct aquatic physiotherapy assessment and programs
- Measure and apply a cervical collar
- Perform cervical collar care: collar maintenance, cleaning and patient hygiene
- Conduct an assessment of adult oncological Lymphoedema
- Apply complex decongestive therapy (CDT) in patients with oncological conditions
- Conduct a physiotherapy assessment and treatment program for pelvic floor muscle weakness, using internal examination.
- Conduct a Physiotherapist led, neurosurgery clinic
- Conduct a Physiotherapy led, paediatric, orthopaedic clinic.
- Conduct a Physiotherapist led, orthopaedic shoulder Clinic
- Conduct a Physiotherapist led, spinal clinic
- Conduct a Physiotherapist led, soft tissue clinic
- Delivering advanced musculoskeletal physiotherapy in the emergency department
- Deliver advanced practice musculoskeletal physiotherapy in the OAHKS
- Delivering advanced musculoskeletal physiotherapy in the PAR clinic
- Plan, conduct, and interpret a Videofluoroscopy Examination of swallowing function in an adult population
- Plan, conduct and interpret a Videofluoroscopy Examination of swallowing function in a paediatric population
- Plan, conduct and interpret a Video fluoroscopy Examination of velopharyngeal competence for speech
- Assess and manage communication and swallow function in tracheostomised adult inpatients
- Assess and manage communication and swallow function in tracheostomised paediatric patients
- Assess and manage communication and swallow function following Laryngectomy
- Assess, plan and conduct feeding management for infants (0-2 years)
-

Allied Health: Learner evaluation, competency based programs

- Perform suctioning via the Tracheostomy Tube in non ventilated adults (SP)
- Conduct Fiberoptic Endoscopic Evaluation of Swallowing (FEES) scoping in adults
- Interpret and report on Fiberoptic Endoscopic Evaluation of Swallowing (FEES) in adults
- Interpret and report on nasoendoscopy in patients with velopharyngeal incompetence
- Assess and manage communication and swallowing function following head and neck reconstructive surgery (complex patients)
- Insertion of nasopharyngeal airway or oropharyngeal airway
- Tracheostomy management (PT)
- Bi-level Positive Airways Pressure (BIPAP)
- Continuous Positive Airways Pressure (CPAP)
- Apply oxygen therapy in physiotherapy practice
- Suctioning an artificial airway (PT)
- Use of in-exsuffalator
- Perform ventilator hyperinflation (VHI) in an adult intubated patient
- Perform Manual Hyperinflation (MHI) in paediatric patient
- Other (please specify)

Allied Health: Learner evaluation, competency based programs

*4. Please indicate the allied health assistant training and assessment program you completed

- Not applicable (I'm an AHP)
- Perform basic foot health screen and low risk nail care
- Apply prescribed dressings, padding and pressure relief
- Conduct an AHA led. adult footwear program
- Deliver and monitor an aquatic therapy program
- Implement referral procedures & reinstate services for patients being discharged from bed based services
- Administer an initial Dysphagia screening for adult patients in a general medical population
- Plan, perform and monitor mealtime performance for diet and fluids in adult patients
- Provide feeding assistance in noncomplex videofluoroscopy procedures for adult patients
- Support the fitting and provision of adaptive equipment
- Gather preliminary data about the home environment via an off-site visit
- Perform outcome measures
- Performing the Malnutrition Universal Screening Tool (MUST) on patients in an acute and rehabilitation setting
- Plan and modify meals and menus according to nutrition care plans
- Provide assistance to nutrition and dietetic services
- Support the provision of basic nutrition advice/education
- Plan meals and menus to meet cultural and religious needs
- Other (please specify)

Supervisor/ assessor

*5. Was you supervisor and assessor for this training program the same person(s)?

- Yes
- No

Supervisor/ assessor details

Allied Health: Learner evaluation, competency based programs

*6. Please specify the discipline and grade of your supervisor(s)/ assessor(s)

	Grade 1 (if applicable)	Grade 2	Grade 3	Grade 4 (if applicable)
Allied Health Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Supervisor details

*7. Please specify the discipline and grade of your supervisor(s)

	Grade 1 (if applicable)	Grade 2	Grade 3	Grade 4 (if applicable)
Allied Health Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Assessor details

Allied Health: Learner evaluation, competency based programs

*8. Please specify the discipline and grade of your assessor(s)

	Grade 1 (if applicable)	Grade 2	Grade 3	Grade 4 (if applicable)
Allied Health Assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpreting Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Why?

*9. Why are you completing this training and assessment program? More than one answer can be selected

- To support organisational credentialing for an advanced practice role
- To support organisational credentialing for an advanced practice skill
- To support organisational credentialing for an additional skill
- To support organisational credentialing of a core skill
- To support a new service/ model of care, introduction
- It is a requirement of my job role
- It is part of my performance enhancement plan
- I don't know
- Other (please specify)

Performance standard and learning

Allied Health: Learner evaluation, competency based programs

*** 10. Please indicate your level of agreement with the following statements related to the training program you specified**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The documented standard of performance for this skill area (competency standard), helped me understand the performance level expected in the workplace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learning outcomes for the program were unclear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The available learning resources/ activities were clearly outlined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were insufficient learning resources/ activities to support the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learning resources aided self-directed learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Performance standard and learning

*** 11. Which learning resources/ activities for the program did you find most beneficial?**

*** 12. How could the learning resources/ activities for this program be improved?**

Assessment

*** 13. Please indicate your level of agreement with the following statements related to the training program you specified**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
The assessment methods for the program were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The assessment methods for the program were not appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Allied Health: Learner evaluation, competency based programs

*** 14. Which assessment activities for the program did you find most beneficial?**

*** 15. How could the assessment activities for this program be improved?**

General

*** 16. Please indicate your level of agreement with the following statements related to the training program you specified**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I felt supported by my supervisor/ assessor during the training and assessment period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After completing the program, I still don't have the required knowledge and skill to apply this practice in the work-place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After completing the program, I am confident to apply this practice in the work-place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A structured learning and assessment program such as this was not beneficial to me as a learner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 17. Please indicate your understanding of how successful completion of this competency based training program, impacts on your individual scope of practice within this organisation.**

Allied Health: Learner evaluation, competency based programs

18. Please provide any additional comments related to the training program e.g. constructive feedback, other areas for improvement, reflections

Thankyou

We appreciate you taking the time to complete this survey. If you have any further questions please contact the developer, supervisor or assessor of this training program.



Case studies

Case studies (based on using Resource 2.3: Decision tool: 'Do we need a competency standard?')

- 1 Allied health assistants (AHAs) applying dressings, padding and pressure relief in a podiatry department (submitted by Monash Health)
- 2 Physiotherapists performing dry needling (submitted by Gippsland Lakes Community Health)
- 3 Pharmacy technicians using an automated compounding system to fill elastomeric devices with fluorouracil (submitted by Western Health)

Case study 1: Allied health assistants (AHAs) applying dressings, padding and pressure relief in a podiatry department

Do we need a competency standard for AHAs to apply dressings, padding and pressure relief in a podiatry department? (submitted by Monash Health)	
Instructions	
<input checked="" type="checkbox"/> The clinical practice is permitted by legislation, supported by professional standards and evidence and is in line with organisational objectives.	Yes
<input checked="" type="checkbox"/> There is organisational support for use of this practice by this profession and for this client group and in this context.	Evaluate scope of practice
<input checked="" type="checkbox"/> There are resources and expertise available to support development and implementation of a competency-based program.	Yes
Evaluate scope of practice	
<input checked="" type="checkbox"/> 1. Does the clinical practice vary significantly from standard practice for the profession or is it considered 'advanced practice' for the profession, according to your organisation?	Yes for the AHA workforce; it varies considerably from the units of competency available for AHAs
<input checked="" type="checkbox"/> 2. Will the scope of clinical practice of the individual be restricted by the organisation until 'proof' of competency by a qualified person is established?	Yes, competency to the level described in the standard needs to be achieved
Risk assessment	
<input checked="" type="checkbox"/> 3. Is the risk rating (likelihood of harm × consequence) for the clinical practice above the acceptable level for your organisation?	Moderate risk established
<input checked="" type="checkbox"/> 4. Has training and workplace assessment been identified as a key control measure by subject matter experts or as an organisational directive?	Yes
<input checked="" type="checkbox"/> 5. Is the current training as a key control measure below acceptable control effectiveness levels for your organisation?	No formal training available
Training and assessment for establishing competency	
<input checked="" type="checkbox"/> 6. Is there a need to regularly assess competency over time against a defined benchmark?	No
<input checked="" type="checkbox"/> 7. Does the professional, registering or governing body recommend competency assessment prior to independent clinical practice?	No
<input checked="" type="checkbox"/> 8. Do stakeholders demand robust assessment processes prior to supporting a change process (such as medical staff supporting substituted practices)?	Yes, podiatrists wanted this
<input checked="" type="checkbox"/> 9. Is there a gap between the staff skill base and organisational need that can be best met by competency-based training and assessment processes in the workplace?	Yes
<input checked="" type="checkbox"/> 10. Does the availability of clinical supervision or appropriate and timely access to education limit independent application of the activity in the workplace?	Yes
Outcome from using the tool	
Most answers Yes: develop a competency standard to guide training and assessment	

Case study 2: Physiotherapists performing dry needling

Do we need a competency standard for physiotherapists to perform dry needling? (submitted by Gippsland Lakes Community Health)	
Essential prerequisites to initiating the process have been met:	
<input checked="" type="checkbox"/> The clinical practice is permitted by legislation, supported by professional standards and evidence and is in line with organisational objectives.	Yes
<input checked="" type="checkbox"/> There is organisational support for use of this practice by this profession and for this client group and in this context.	Yes
<input checked="" type="checkbox"/> There are resources and expertise available to support development and implementation of a competency-based program.	Yes
Evaluate scope of practice	
<input checked="" type="checkbox"/> 1. Does the clinical practice vary significantly from standard practice for the profession or is it considered 'advanced practice' for the profession according to your organisation?	No
<input checked="" type="checkbox"/> 2. Will the scope of clinical practice of the individual be restricted by the organisation until 'proof' of competency by a qualified person is established?	Yes, successful completion of a two-day Australian Physiotherapy Association accredited dry needling course is required by the organisation
Risk assessment	
<input checked="" type="checkbox"/> 3. Is the risk rating (likelihood of harm × consequence) for the clinical practice above the acceptable level for your organisation?	Yes, moderate to major risk. With worse injury from improper use of needles being pneumothorax, which would require emergency medical attention
<input checked="" type="checkbox"/> 4. Has training and workplace assessment been identified as a key control measure by subject matter experts or as an organisational directive?	No, so long as clinician has successfully completed the course stated, they are not required to undergo any further competency assessment in the workplace
<input checked="" type="checkbox"/> 5. Is the current training as a key control measure below acceptable control effectiveness levels for your organisation?	No

**Do we need a competency standard for physiotherapists to perform dry needling?
(submitted by Gippsland Lakes Community Health)**

Training and assessment for establishing competency

<input type="checkbox"/>	6. Is there a need to regularly assess competency over time against a defined benchmark?	No
<input checked="" type="checkbox"/>	7. Does the professional, registering or governing body recommend competency assessment prior to independent clinical practice?	Yes
<input type="checkbox"/>	8. Do stakeholders demand robust assessment processes prior to supporting a change process (such as medical staff supporting substituted practices)?	No
<input type="checkbox"/>	9. Is there a gap between the staff skill base and organisational need that can be best met by competency – based training and assessment processes in the workplace?	No
<input type="checkbox"/>	10. Does the availability of clinical supervision or appropriate and timely access to education limit independent application of the activity in the workplace?	No

Outcome from using the tool

The credentialling standard has been set as an Australian Physiotherapy Association accredited two-day dry needling course. If training was to be provided locally, then a competency-based standard is recommended to guide training.

Case study 3: Pharmacy technicians using an automated compounding system to fill elastomeric devices with fluorouracil

Do we need a competency standard for pharmacy technicians using an automated compounding system to fill elastomeric devices with fluorouracil		
Instructions		
<input checked="" type="checkbox"/>	The clinical practice is permitted by legislation, supported by professional standards and evidence and is in line with organisational objectives.	Yes
<input checked="" type="checkbox"/>	There is organisational support for use of this practice by this profession and for this client group and in this context.	Yes
<input checked="" type="checkbox"/>	There are resources and expertise available to support development and implementation of a competency-based program.	Yes
Evaluate scope of practice		
<input checked="" type="checkbox"/>	1. Does the clinical practice vary significantly from standard practice for the profession or is it considered 'advanced practice' for the profession, according to your organisation?	No, manual preparation of cytotoxics is current practice
<input checked="" type="checkbox"/>	2. Will the scope of clinical practice of the individual be restricted by the organisation until 'proof' of competency by a qualified person is established?	Yes, successful completion of an organisational training program will be required
Risk assessment		
<input checked="" type="checkbox"/>	3. Is the risk rating (likelihood of harm × consequence) for the clinical practice above the acceptable level for your organisation?	Yes, moderate to major risk
<input checked="" type="checkbox"/>	4. Has training and workplace assessment been identified as a key control measure by subject matter experts or as an organisational directive?	Yes
<input checked="" type="checkbox"/>	5. Is the current training as a key control measure below acceptable control effectiveness levels for your organisation?	Yes, no training yet available
Training and assessment for establishing competency		
<input checked="" type="checkbox"/>	6. Is there a need to regularly assess competency over time against a defined benchmark?	No
<input checked="" type="checkbox"/>	7. Does the professional, registering or governing body recommend competency assessment prior to independent clinical practice?	No
<input checked="" type="checkbox"/>	8. Do stakeholders demand robust assessment processes prior to supporting a change process such as medical staff supporting substituted practices?	Yes
<input checked="" type="checkbox"/>	9. Is there a gap between the staff skill base and organisational need that can be best met by competency-based training and assessment processes in the workplace?	Yes
<input checked="" type="checkbox"/>	10. Does the availability of clinical supervision or appropriate and timely access to education limit independent application of the activity in the workplace?	Yes
Outcome from using the tool		
Most answers Yes: develop a competency standard to guide training and assessment.		

