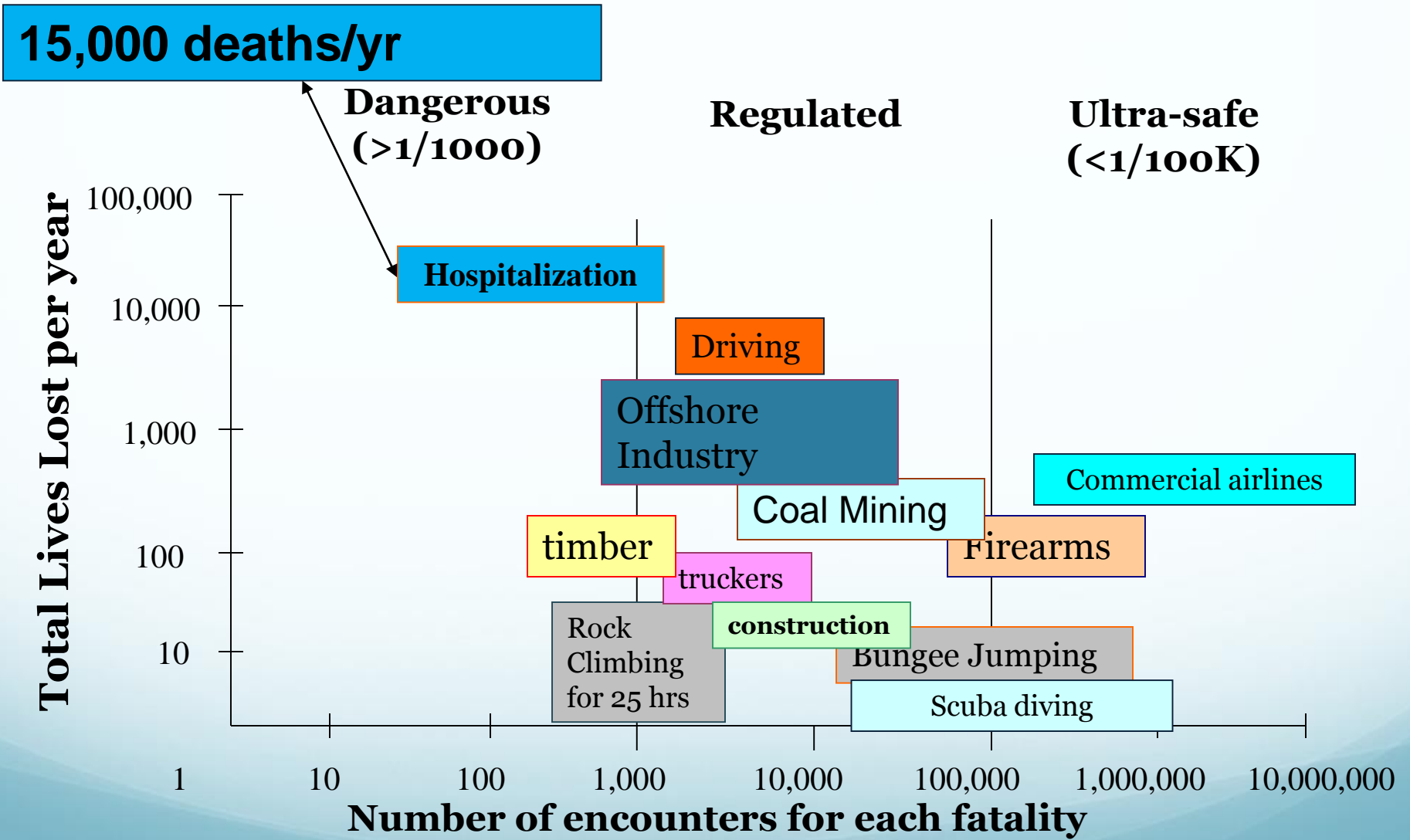


Nursing competency and skill sets

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Nottingham 2016

Risky Activities (Adapted by Dr Philip Hebert, Incidences of Medical Errors)



In the outpatient setting of endoscopy the acuity and dependency of patients varies on a daily basis, although it can be broadly categorised according to age, known disability, comorbidities and procedure type (emergency, routine, diagnostic, therapeutic). This information however, is not always available when planning ahead and hence the challenge in calculating staffing levels in endoscopy is in guaranteeing that skills, competencies and staffing numbers can support both the routine diagnostic non dependent patient procedure and the emergency therapeutic dependent patient procedure at all times.

Considerations

- Review of the clinical skills/competencies of the workforce
- Requirement of drug administration
- Assessment of patient's individual risk factors.
- Risk assessment of the procedures to be performed on any given day
- Risk assessment of potential impact of identified clinical issues
- Environmental placement of staff across the clinical area.
-

ENDOSCOPIC PROCEDURE

Procedure Risk Level	Low Risk - Non Sedated	Medium Risk - Sedated	High Risk
	OGD Flexible Sigmoidoscopy Polyp <1cm	OGD Flexible Sigmoidoscopy Colon EUS FNA Laser Enteroscopy PEG Polypectomy <2cm	Dilatation Therapeutic OGD Variceal Banding EMR ESD ERCP/Spyglass© GA PEXACT© Polypectomy >2cm
Skills for Health Competency	ENDO1 ENDO2 ENDO6 ENDO7 ENDO8 ENDO9 ENDO11 ENDO20 ENDO21	ENDO1 ENDO2 ENDO6 ENDO7 ENDO8 ENDO9 ENDO10 ENDO11 ENDO20 ENDO21	ENDO1 ENDO2 ENDO6 ENDO7 ENDO8 ENDO9 ENDO10 ENDO11 ENDO20 ENDO21

Competency & Skills – what place in ERCP?

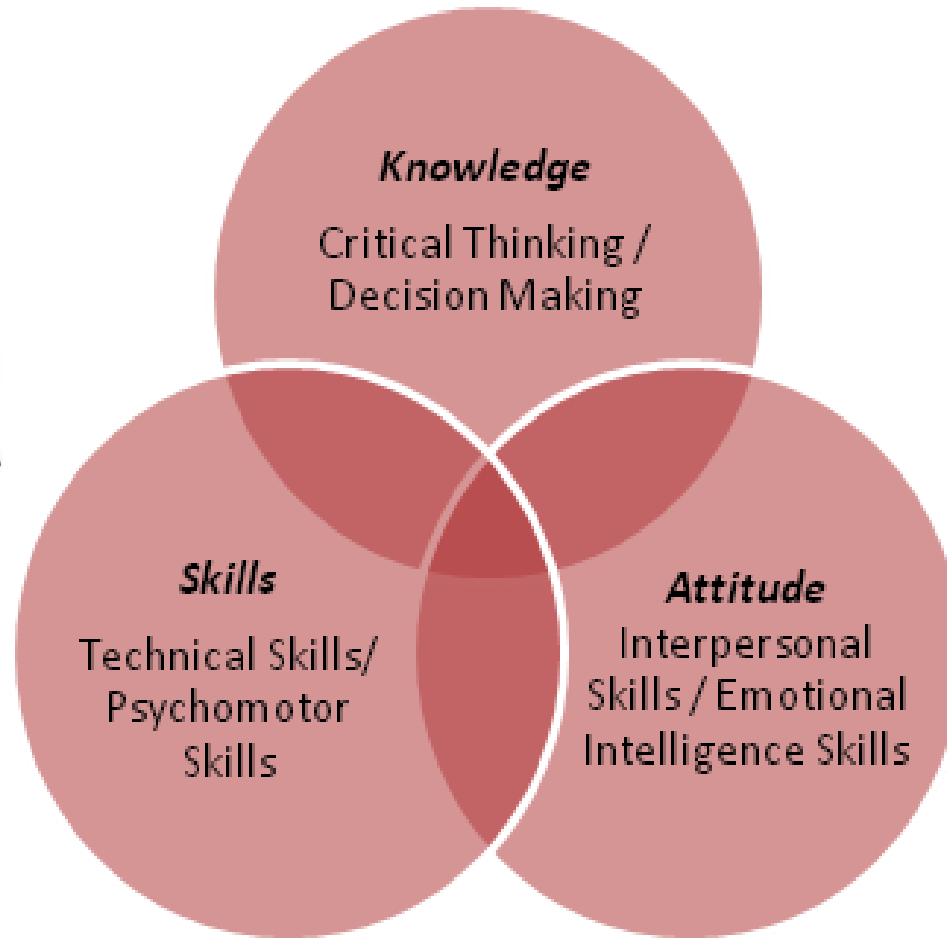
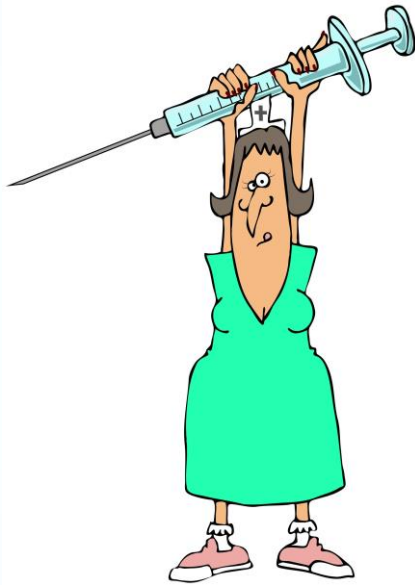
The quality and safety of ERCP was examined by the national confidential enquiry into patient outcome and death (NCEPOD) in 2004 as part of its examination of deaths after therapeutic endoscopy. It found that 68% of ERCP examinations were futile and that complications were unacceptably high.

Isaacs, P (2011) World J Gastrointestinal Endoscopy Feb 16; 3(2): 30–33

Staffing

- Pre-ERCP assessment of all patients by appropriately trained staff
- For each case, a minimum of 3 endoscopy assistants with appropriate competences

JAG Quality and Safety indicators



Attitude

- Excellent people skills
- Good communication and observation
- Ability to answer questions and offer advice
- Be able to work as part of a team
- Be able to deal with emotionally charged situations

The 6 C's

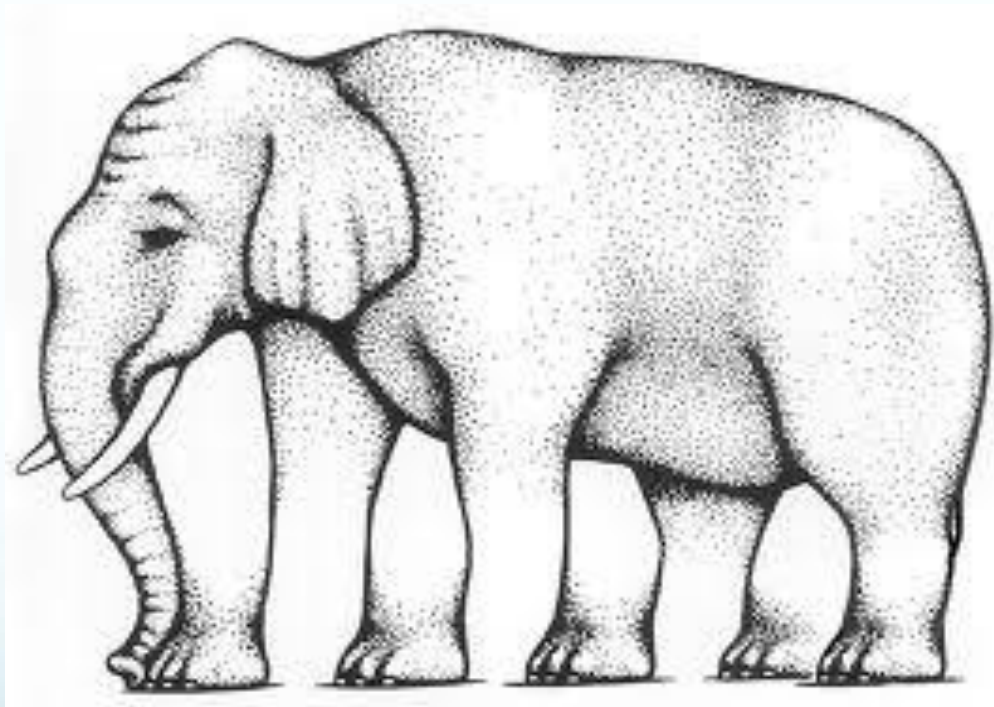


Skills

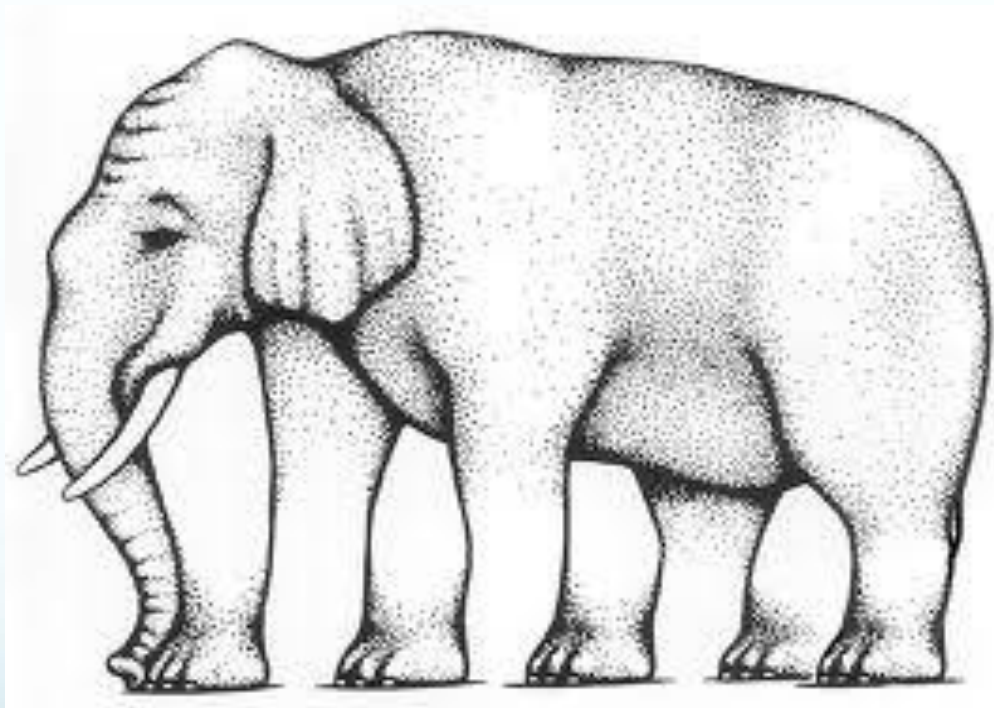
- Competency based training (GIN, Skills for Health or similar)
- Skills based training – manufacturers, DOPs
- Maintenance of competency and skills – working within all areas.
- Revalidation and training updates – how often?

And acknowledging when we ‘don’t know’

How many legs has the elephant got?



AnswerI don't know



I don't know – the risk of saying it

- Fear of appearing stupid
- Fear of opinion not being valued
- Fear of not getting the promotion
- Fear of losing your job
- Fear of.....

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"Remember the heirarchy of competence – see one, do one, teach one, become a regulator."

On you or your relative?

