

Competency Assessment Tool for Care of Febrile Neutropenia 2009

Guidelines for use:

- In assessing competence, a combination of assessment methods may be utilised including clinical questioning/ interview and observation.
- During assessment, for each criterion listed below, choose one indicator that best describes the candidate's performance. Circle the number representing the chosen indicator
- The sum of scores for each item is obtained to determine an overall score. This score will correspond with a band level description of the candidate's overall performance (Refer to page 8) to validate the performance level rating.
- The assessor may prompt the candidate throughout the observation. Such action should be recorded in the comments section. Prompting suggests that the candidate is not yet independent and requires supervision. The rating given should reflect this by circling only the score that the candidate can perform independently.

At the completion of this assessment the specialist cancer nurse (SCN), with respect to care of the person at risk of/or with febrile neutropenia, should:

- Demonstrate an understanding of the rationales for and mechanisms involved in cancer therapies and their related clinical effects, both acute and delayed
- Undertake and document a comprehensive and timely assessment of current and potential effects and complications arising from having cancer and cancer control efforts using a systematic, evidence-based approach
- Anticipate, monitor and respond to potential adverse events associated with cancer and cancer control efforts using evidence-based knowledge
- Communicate effectively with the person affected by cancer and other members of the health care team to facilitate timely and comprehensive assessment and identification of current and potential adverse effects of having cancer and cancer control efforts
- Collaborate with people affected by cancer and other members of the health care team, in planning and implementing care to prevent, minimise and manage the acute and delayed effects of having cancer and its treatment
- Demonstrate knowledge of and adherence to treatment protocols and clinical guidelines including non- pharmacological treatments, in the context of cancer control
- Demonstrate safe and effective use of clinical procedures and technologies in the provision of optimum care related to cancer control efforts
- Provide comprehensive and specialised information in a coordinated manner to assist people affected by cancer to achieve optimal health outcomes, reduce distress and make informed decisions
- Provide education to the person affected by cancer to enable them to be active participants in their care and engage in self-management of health related needs where appropriate to achieve optimal health outcomes across the cancer continuum

Competency Domain: Professional practice

This domain comprises competencies that reflect the SCN's ability to develop professionally, participate effectively in clinical governance and influence cancer control efforts at the systems level.

Criteria	Indicator	Comments
1.1 Adheres to institution specific infection control practices and guidelines, i.e. hand-washing and staff vaccination protocols	<p>0 Does not identify infection control practices relevant to the management of neutropenia</p> <p>1 Practice reflects recall of local policy and procedure regarding management of neutropenia</p> <p>2 Practice and rationale reflects appreciation of local policy and procedure and comprehension of iatrogenic and nosocomial risks faced by individuals with neutropenia</p>	
1.2 Explains interventions with individual to obtain verbal consent for interventions	<p>0 Consent not obtained</p> <p>1 Describes procedures, consent obtained</p> <p>2 In obtaining consent, acknowledges the rights of people affected by cancer OR advocates for individual with regard to consent issues</p>	
1.3 Completes the requirements for reporting and documenting interventions	<p>0 Reporting and documentation incomplete</p> <p>1 Practice reflects recall of local policy for documenting and reporting management of neutropenia</p> <p>2 In accordance with local policy, documents and reports interventions across the care continuum with regard to management of neutropenia and critical events in a timely, objective and accurate manner</p>	

Competency Domain: Critical thinking and analysis

This domain comprises competencies that reflect the SCN's ability to practice within an evidence-based framework, participate in ongoing professional development, ensure optimal standards of cancer care and lead ongoing development of cancer nursing.

Criteria	Indicator	Comments
2.1 Implements relevant neutropenic protocols, i.e. prophylactic therapy orders, isolation rooming, dietary restrictions	<p>0 Does not identify protocols relevant to the management of neutropenia</p> <p>1 Follows local protocols without inquiry</p> <p>2 Demonstrates capacity to critique cancer care against established benchmarks, standards and guidelines</p>	
2.2 Commitment to learning is evident	<p>0 Ability to share knowledge (with colleagues) not demonstrated</p> <p>1 Practice and rationale reflects understanding of sepsis, ability to correlate risk of infection with cancer diagnosis and depth and duration of neutropenia</p> <p>2 Comprehensive understanding of pathophysiology of neutropenia and sepsis apparent, reports on new advances in relevant fields</p>	

Competency Domain: Provision and coordination of care

Provision and coordination of care relates to coordination, organisation and provision of nursing care. It includes the assessment, planning, implementation, and evaluation of care for people affected by cancer, and consists of four dimensions including:

- Disease and treatment related care
- Supportive care
- Coordinated care
- Information provision and education

Criteria	Indicator	Comments
3.1 Anticipates individual care needs	0 Care planning not apparent 1 Follows care pathways or plans, is responsive to change in individual's condition 2 Reviews individual's history and assesses risk factors for infection during treatment phase to anticipate care needs and adapt plan of care	
3.2 Evaluates the individual's/carer's knowledge of neutropenia and their condition. Provides individual and carer's with education, i.e. <ul style="list-style-type: none"> • neutrophil function • effects of therapy/ disease on neutrophils • potential sites of infection • signs and symptoms • self management strategies • visitor guidelines • treatment of sepsis 	0 Does not assess individual's understanding of condition, therapy or expected effects 1 Lists routine effects and care requirements without specificity to individual or treatment regime 2 Using appropriate language and demonstration, provides tailored education and supportive resources, based on an assessment of individual need, capabilities, preferences and treatment regimen	
3.3 Conducts ongoing comprehensive assessment for signs of sepsis	0 Does not perform assessments 1 Assesses vital signs, blood counts and common sites of infection: (central line, oral mucosa, perianal area, skin, urinary and gastrointestinal tracts) 2 Conducts comprehensive, individualised nursing assessments reflecting knowledge of pathophysiology of sepsis, importance of subtle cues and the possibility for aberrant/ absent signs of infection	

Criteria	Indicator	Comments
3.4 Management of sepsis occurs in a timely manner	<p>0 Requires continuous prompts in the care of an individual with changing condition</p> <p>1 Recognises signs and symptoms of sepsis/ septic shock and anticipates therapeutic strategies for management of these</p> <p>2 Implements proactive interventions, explains the importance of time to intervention and outcome</p>	
3.5 Treats hypoxia and provides oxygen support	<p>0 Does not recognise signs of hypoxia</p> <p>1 Provides oxygen therapy as per medical orders</p> <p>2 Provides oxygen support, assess for therapeutic benefit or continued deterioration</p>	
3.6 Collects and prepares equipment and individual for procedures, ie. Blood cultures/ Chest Xray	<p>0 Equipment incomplete</p> <p>1 Practice reflects recall of policy, equipment collected</p> <p>2 Equipment preparation complete, rationales for practice are provided while preparing individual in a timely manner, practice promotes individual comfort and safety</p>	
3.7 Performs a full septic workup when a febrile episode occurs according to local protocol	<p>0 Inappropriate techniques employed</p> <p>1 Demonstrates slow or awkward techniques, prompting required</p> <p>2 Demonstrates efficient and dexterous techniques in accordance with local protocol rationales for practice are provided</p>	
3.8 Administers empirical anti- infective therapy as ordered	<p>1 Inappropriate technique for preparation and administration of medications</p> <p>2 Demonstrates slow or awkward techniques, prompting required</p> <p>3 Demonstrates efficient and dexterous techniques in accordance with local protocols, rationales for practice are provided, appraises suitability of treatment orders based on an assessment of individual</p>	

Criteria	Indicator	Comments
3.9 Ensures haemodynamic stability by administering fluid resuscitation ie. crystalloid/ colloid solutions/ blood products	0 Understanding of importance of fluid status of individual not apparent. 1 Demonstrates slow or awkward technique, prompting required 2 Demonstrates efficient and dexterous technique, in accordance with local protocols, rationales for practice are provided, appraises suitability of treatment orders based on an assessment of the individual	
3.10 Administers supportive medications	0 Does not assess individual for other issues 1 Administers medications as per medical orders, without enquiry 2 Assesses individual's needs, administers medications with adequate understanding of rationale and nursing considerations	
3.11 Verifies individual's identity throughout interventions	0 Does not verify identification 1 Practice reflects recall of local policy for identity verification 2 Confidently uses a variety of techniques to verify identity before administration of medications/interventions	
3.12 Assesses for adverse effects and individual comfort	0 Does not monitor individual's condition 1 Requires occasional prompts to guide assessment of individual 2 Independently performs appropriate assessments across the care continuum and explains the significance of change in condition	
3.13 Provides ongoing education regarding self care strategies, ie. hand-washing, hygiene, mouth-care, avoidance of invasive procedures	0 Ongoing education not provided 1 Lists self care strategies without specificity to individual or treatment regime 2 Education continuous and relevant to needs, preferences, capabilities and treatment, utilises strategies to, ensure individual is empowered to be an active partner in own care	

Competency Domain: Collaborative and therapeutic practice

This domain comprises competencies reflecting the SCN's ability to develop effective collaborative relationships with people affected by cancer that will assist to maximise health outcomes, and establish a collaborative approach to working effectively as part of a multidisciplinary team across the care continuum. These competencies include recognition of the critical interdependence between the roles of the SCN, other health professionals and organisations and the establishment of partnerships with people affected by cancer to maximise outcomes.

Criteria	Indicator	Comments
4.1 Effectively communicates with individual and the multidisciplinary team	<p>0 Communication is limited with individual and/or multidisciplinary team (MDT)</p> <p>1 At ease in interactions with individual and MDT, evidence-based communication strategies promoting information exchange not attempted</p> <p>2 Therapeutic relationships established and maintained with individual, needs are assessed, facilitates timely involvement of other team members in care</p>	
4.2 Promotes the ability of the person affected by cancer to self manage their health needs, including psychosocial needs	<p>0 Does not assess individual's psychosocial needs</p> <p>1 Offers an explanation about the potential causes of increased anxiety and ineffective coping during febrile episodes</p> <p>2 Ensure mechanisms are in place to allow individual and family to express concerns during periods of changing condition, initiates strategies to enhance normal coping during periods of changing condition, provides rationale for referral to members of the MDT</p>	

Band Level Descriptors

Performance Level	Interpretation	Range
<p>COMPETENT</p> <p>Established competence as specialist cancer nurse</p>	<p>Complies with legislation relevant to cancer care. Explains and justifies practice in accordance with local policy. Evaluates and appraises treatment orders. Is cognizant of individual's specific condition, needs and preferences. Performs comprehensive and ongoing assessments. Has a sound knowledge underpinning management of neutropenia and related adverse effects. Is able to manage changing scenarios and understands the need to intervene with urgency. Efficient and dexterous techniques demonstrated. Documents and reports across the care continuum. Is cognizant of organisation- wide/ global cancer control issues. Confident and independent in procedures. Practices in a way that acknowledges the impact of cancer on the culture, dignity, values, beliefs of people affected by cancer.</p>	30 – 40
<p>COMPETENT</p> <p>Beginning competence as specialist cancer nurse</p>	<p>Identifies and follows standard policy requirements with some specificity to protocol or individual. Identifies and resolves unsafe situations. Nursing considerations limited to specific context but lack organisational/global perspectives. Requires occasional prompts to carry out processes and practice. Evolving techniques demonstrated.</p>	20 – 29
<p>NOT YET COMPETENT</p>	<p>Knowledge of local policy and rationales for practice limited to recall. Limited focus on task, individual or context. Requires continuous directions or prompts to carry out routine procedures. Accuracy and technique not dependable.</p>	0 – 19

Care of the Febrile & Neutropenic Patient Record of Competency Assessment

Candidate's Name: _____

Date of assessment: _____

Total Score: _____

Assessor's comments/ suggested areas for improvement:

(Circle appropriate score range)

Performance Level	Interpretation	Range
COMPETENT Established competence as specialist cancer nurse	Complies with legislation relevant to cancer care. Explains and justifies practice in accordance with local policy. Evaluates and appraises treatment orders. Is cognisant of individual's specific condition, needs and preferences. Performs comprehensive and ongoing assessments. Has a sound knowledge underpinning management of neutropenia and related adverse effects. Is able to manage changing scenarios and understands the need to intervene with urgency. Efficient and dexterous techniques demonstrated. Documents and reports across the care continuum. Is cognizant of organisation- wide/ global cancer control issues. Confident and independent in procedures. Practices in a way that acknowledges the impact of cancer on the culture, dignity, values, beliefs of people affected by cancer.	30 – 40
COMPETENT Beginning competence as specialist cancer nurse	Identifies and follows standard policy requirements with some specificity to protocol or individual. Identifies and resolves unsafe situations. Nursing considerations limited to specific context but lack organisational/ global perspectives. Requires occasional prompts to carry out processes and practice. Evolving techniques demonstrated.	20 – 29
NOT YET COMPETENT	Knowledge of local policy and rationales for practice limited to recall. Limited focus on task, individual or context. Requires continuous directions or prompts to carry out routine procedures. Accuracy and technique not dependable.	0 – 19

Candidate's Signature: _____

Assessor's Name: _____

Assessor's Signature _____