

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Competency assessment document for Registered Nurses, Midwives and Medical staff using a Bowel Management System

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Ratified By:	Colorectal Service Newcastle Specialist Continence Service Practice Development Group

Introduction

The document has been designed to support Registered Nurses, Midwives and Medical staff using a Bowel Management System. This document should be read alongside the Guidelines for bowel / faecal management systems

<https://policies.app/cgdocs/BowelFaecalManagement201810.pdf>

Named consultant to give approval for using the bowel / faecal management system and document in patient's medical notes.

Guideline Scope

This competency applies to all Registered Nurses, Midwives and Medical staff (hereafter referred to as Registered Practitioners) working within The Newcastle upon Tyne Hospitals NHS Foundation Trust who may use Bowel Management Systems.

Aim

This document describes the core competencies that a Registered Practitioner needs to achieve to maintain lawful, safe and effective practice in relation to use of a Bowel Management System.

Pre requisites to competency assessment

The competency assessment has been designed to incorporate:

- a rationale and assessment – a full bladder and bowel patient assessment has been undertaken
- knowledge of indications of using a bowel management system
- contra-indications for using a bowel management system
- knowledge of the anatomy and physiology of the lower GI system
- the need for patient consent
- patient dignity and comfort
- knowledge of infection, prevention and control issues
- the safe use of equipment
- facilitation and implementation of patient education
- accurate recording of patient documentation

- awareness of the legal and professional issues when using a bowel management system

The Registered Practitioner must be assessed as competent in knowledge, practical skill application and professional approach before undertaking the procedure without supervision.

There is no minimum or maximum amount of times the Registered Practitioner should carry out a skill under supervision before being deemed as competent. This will depend on their individual needs and the nature of the skill. An action plan should be developed if they are unable to achieve this competency.

Duties roles and responsibilities

To attain competency the Registered Practitioner will have the opportunity to:

- access relevant theoretical training
- observe the skill being carried out by a practitioner who is competent in the skill
- attend specific training session necessary for attaining competency in the specific skill
- perform the skill with assistance and/or supervision as many times as necessary to achieve competency
- perform the skill unassisted to demonstrate competence
- provide evidence of the appropriate knowledge and understanding

Following completion of assessment the Registered Practitioner must complete the Competency Record to formalise competency. The Competency Record must be kept in the CPD Portfolio alongside the NMC Revalidation Portfolio as evidence of achievement.

On-going assessment/review

The assessor must identify the time frame for reassessment of competency. However this must be within a minimum of a three year period or based on national/local guidelines. A reassessment form must be completed.

This process ensures an appropriate level of competence is maintained and staff knowledge and skills are kept up to date, e.g. although you may have been assessed as competent with a specific skill it may have been some time since you have carried out that skill and you may want to be supervised until you feel confident to practice the skill again.

Further Trust Policies to be used as a reference:

[Asepsis Policy](#)

[Corporate Records Policy](#)

[Consent for Examination or Treatment \(with reference to the Mental Capacity Act 2005\)](#)

[Hand Hygiene Policy](#)

[Waste Management Policy](#)

[Saving Lives - Continence](#)

Clinical Competency Assessment Tool for Registered Nurses, Midwives and Medical staff using a Bowel Management System

Staff member: _____ Designation: _____

Payroll number: _____

Assessor: _____ Designation: _____

Performance	Date achieved	Action Plan
1. Patient dignity and comfort a. demonstrate the correct and safe positioning of the patient prior to inserting a bowel management system b. discuss methods of enabling the patient to be as comfortable as possible and maintain the patient's dignity and privacy		
2. Equipment a. select the correct equipment b. demonstrate the correct insertion and maintenance of the product according to the manufacturer's instructions		
3. Facilitate and implement patient education a. communicate with the patient and their carer(s) in an appropriate understanding way and encourage them to seek clarification of any information and advice relevant to them b. work in partnership with the patient and their carer(s) c. provide the patient and their carer(s) with verbal and written information and advice concerning the bowel management system		

Knowledge	Date achieved	Action Plan
4. A full patient assessment has been undertaken, identify high risk individuals who may have changing bowel habits		
5. Carry out a bowel assessment with the patient and identify their individual bowel regime. If the patient is unable to participate with their bowel assessment then a record will be made which will record the patient's bowel activity		
6. Explain the risks and complications associated with faecal incontinence to the patient		
7. Demonstrate knowledge of indications for using a bowel management system, identify the indications for appropriate use and document in patient's medical notes		
8. Contra-indications for using a bowel management system, explaining when a bowel management system should not be used		
9. Demonstrates knowledge of the anatomy and physiology of the lower GI system, explain the anatomy and physiology of the male and female lower gastro intestinal tract in relation to lower bowel function and continence status including: - stool production and what influences this - types and consistency of stool - normal defecation - the bowel - the pelvic floor muscles and anal sphincters		

10. Demonstrates knowledge of infection, prevention and control issues: <ul style="list-style-type: none"> a. ensure the environment is clean, suitable, safe, secure b. apply standard precautions for infection, prevention and control c. apply other related infection control policies 		
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Professional Approach	Date achieved	Action Plan
11. Understands the need for patient consent: <ul style="list-style-type: none"> a. explain the relevant bowel management system to the patient and carer(s) and describe what it involves, expected outcomes, side-effects and any complications b. obtain the valid consent of the patient when using a bowel management system and agree the information which may be passed to others 		
12. Documentation: <ul style="list-style-type: none"> a. produce records and reports that are clear and comprehensive b. complete BMS document – maintenance plan of the bowel/faecal management system for all patients c. communicate with others as appropriate within the multi disciplinary team regarding the patient's ongoing care 		
13. Demonstrates an awareness of the legal and professional issues when using a bowel management system: <ul style="list-style-type: none"> a. understand the responsibilities and accountability within a professional and legal framework in relation to current International, European, UK and National legislation, and local guidelines relating to the bowel management system b. be deemed competent when using the bowel management system c. understand the importance of working within their sphere of competence and when to seek advice if faced with situations outside their sphere of competence d. understand the importance of applying standard precautions for infection control and the potential consequences of poor practice 		
14. Can discuss the correct procedure for organising additional training: <ul style="list-style-type: none"> a. understand the situations in which to seek further opinion for the patient, refer on and how this should be implemented b. discuss with the ward sister / charge nurse or Consultant any problems encountered with training issues 		

