

CLINICAL SKILLS ASSESSMENT FRAMEWORK PROCEDURE[©]

DOCUMENT SUMMARY/KEY POINTS

- The provision of safe and effective family centred care to the neonate, child, or adolescent and their family requires a workforce that is competent, continually learning, accountable, evidence based, empowered and able to demonstrate mastery of clinical skills.
- The Sydney Children's Hospitals Network (SCHN) utilises the concept of competency based training, as outlined by The National Safety and Quality Health Service Standards ¹, therefore specific skills require nurses undertake further training and assessment. Competence can be assessed in many forms, at SCHN one tool utilised for the assessment of competence is the clinical skills assessment (CSA) tool.
- This document outlines the requirements for the development and use of clinical skill assessments (CSA) for the SCHN.
- All registered and enrolled nurses that are employed by SCHN with a clinical role must discuss with local leadership team the CSA's to be completed relevant to the clinical role and the expected timeframe for completion. All clinical nursing staff must complete:
 - Donning and Doffing (PPE)
 - Aseptic Non Touch technique
 - Administration of IV therapy*

**where required to administer intravenous medication*
- Governance: New CSAs that are proposed will be lodged with the SCHN Nurse Education Manager (NEM) and be assessed by SCHN Nurse Education Strategic Committee.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st January 2024	Review Period: 3 years
Team Leader:	Nurse Education Manager	Area/Dept: Nursing Education

- Endorsed CSA's are located on the [SCHN intranet](#) and within the resource section of the associated policy.

CHANGE SUMMARY

- Document due for a mandatory review
- Revision of core CSAs
- Implementation table added.
- Assessor requirements updated

READ ACKNOWLEDGEMENT

- All nursing managers and nursing staff identified as assessors to read and acknowledge this policy.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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1 Introduction

- The provision of safe and effective family centred care to the neonate, child, or adolescent and their family requires a workforce that is competent, continually learning, accountable, evidence based, empowered and able to demonstrate a mastery of clinical skills.
- The Sydney Children's Hospitals Network (SCHN) utilises the concept of training and assessment for clinical competency, as outlined by The National Safety and Quality Health Service Standards ¹, therefore specific skills require clinical practitioners undertake further training and assessment.
- Nurses within SCHN will be trained and assessed, where appropriate in relation to skills which they are accountable for in their area of practice.
- Through understanding their role in clinical assessment all nurses are supporting the safe and high-quality care delivery that is core to SCHN.
- This policy specifically relates to the assessment of clinical skills for nurses within the SCHN.
- The utilisation of clinical assessment within nursing is an important part of the maintenance of professional standards and subsequently professional regulation ². Competence can be assessed in many forms, at SCHN one tool utilised for the assessment of competence is the clinical skills assessment (CSA) tool.
- For the purpose of this document competence can be described as the combination of training, skills, experience, and knowledge that a person has and their ability to apply them to perform a task safely. It is acknowledged that other factors, such as attitude and physical ability, can also affect someone's competence. ³

2 Standard

All nurses working within SCHN will discuss with the Nursing Unit Manager and education team CSAs required within their area of employment.

- The CSA tool will be utilised as the consistent form of clinical skill assessment for nurses within SCHN.
- All nurses will be aware of the CSAs that are required to be completed at SCHN and within local unit.
- New CSAs that are proposed will be lodged through the SCHN Nurse Education Manager (NEM) to ensure governance of clinical assessment.

3 Clinical Skill Assessments (CSA)

- CSAs are used to assess demonstrated proficiency and knowledge of a specific specialised clinical skill. In accordance with CSA development criteria, demonstration of skills essential to nursing (e.g. Oral medication administration) does not require completion of a CSA unless necessitated through SCHN.
- Assessments may be performed in a simulated environment as deemed applicable by the assessor. When this occurs, it is expected that the nurse will seek support from an experienced colleague when performing the skill clinically for the first time.
- The purpose of assessment is to establish that through skill demonstration the nurse can safely and efficiently apply to practice the necessary theoretical knowledge.
- All registered and enrolled nurses employed in a clinical role must successfully complete assessment the following core clinical skill assessments (CSA's):
 - Personal Protective Equipment (PPE)
 - Aseptic Non-Touch Technique (ANTT)
 - Administration of Intravenous (IV) Therapy *

**where required to administer intravenous medication*
- Successful completion of ANTT and PPE CSA's is expected for all new nursing staff within 3 months of commencement.
- Each area will have requirement of core competencies.

Some CSAs will require repeat assessment. Compliance matrix can be found in the resource section of this policy.

4 Governance

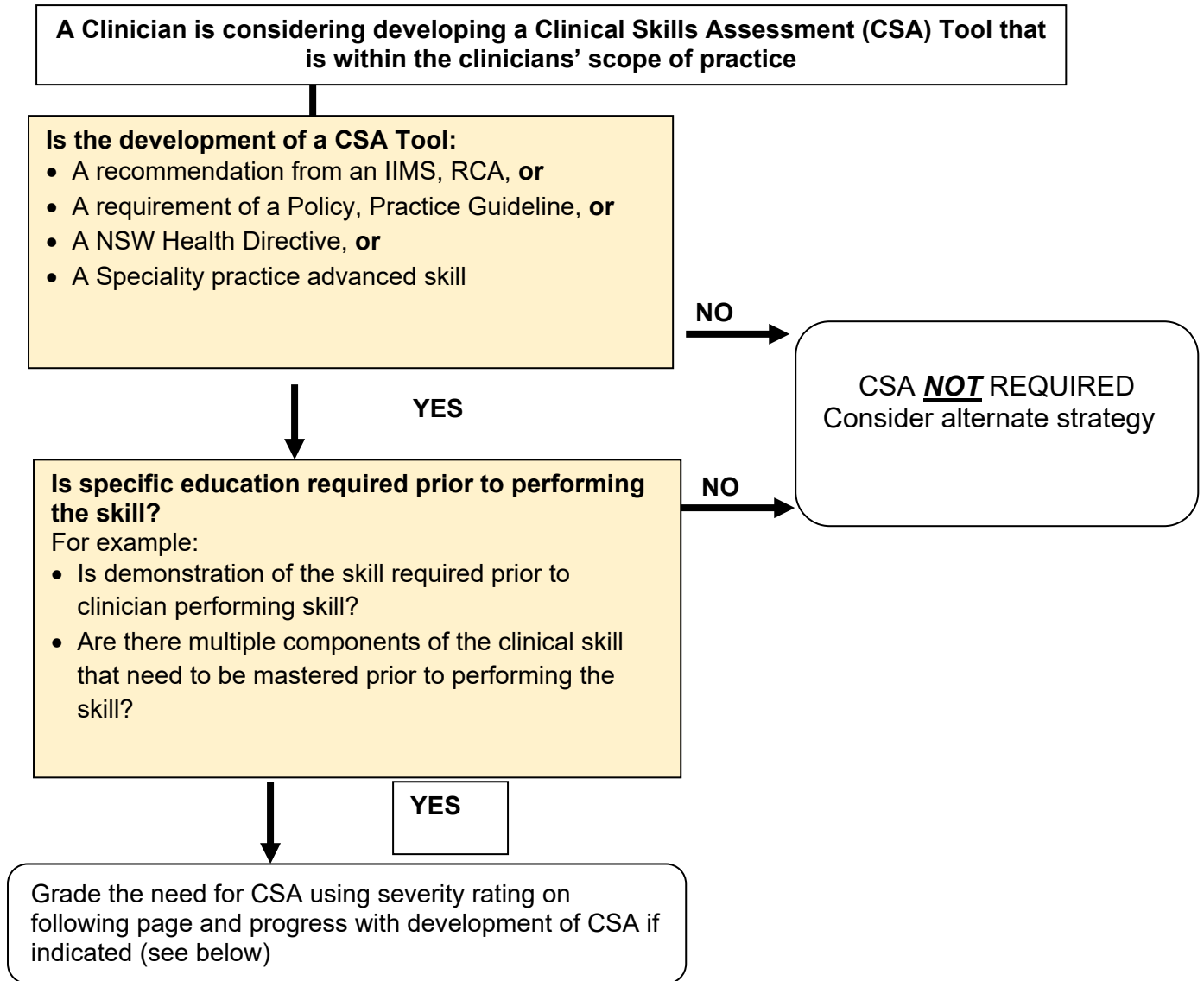
4.1 Development of CSA

- The development of CSAs will occur through the following processes:
 - Review and development of policy, procedure, and guidelines with direction from Policy, Procedure and Guidelines Committee.
 - CSA development application- Clinical Department.
 - CSA development application- Clinical Speciality.

Before CSA development (Department or Speciality) commences, the CSA development application must be supported by the relevant portfolio NE and submitted to the SCHN NEM for review by the Nurse Education Strategic Committee. The development application can be found in the resource section of this policy.

- To fulfil the criteria for development of a CSA, demonstration of a clinical skill must be required.
- CSAs must be linked to policies, procedures, or guidelines to enable regular review.
- Prior to submitting request for a CSA development, review of the [CSA risk assessment matrix](#) is required.
- The SCHN Nurse Education Strategic Committee will utilise the following flowchart to determine application outcomes:

Clinical Skills Assessment Development Flow Chart



1 – EXTREME RISK
 CSA required, please contact the Nurse Educator for your portfolio

2 – HIGH RISK
 CSA may be required - please contact the Nurse Educator for your portfolio to discuss education strategy to manage risk.

4 – LOW RISK
3 – MEDIUM RISK
 CSA **NOT** REQUIRED
 Consider alternate education strategy: Discuss with portfolio NE

Clinical Skills Risk Assessment Matrix

Severity Rating	Description used to assess the risk	Actions required following risk assessment	Example
1 EXTREME CSA likely required, please contact the Nurse Educator for your portfolio	<ul style="list-style-type: none"> High risk of harm to practitioner & patients New skill introduced as advanced practice at SCHN. Unlikely to have received education when obtaining formal qualifications. Skill performed by trained staff. Specialist education is required. Education component requirement to ensure safe practice 	<ul style="list-style-type: none"> Detailed education strategy is required to reduce the risk of harm to patients, families, and clinicians. Annual monitoring and reporting of compliance to education interventions required. 	<i>Nitrous Oxide administration</i>
2 HIGH CSA may be required - please contact the Nurse Educator for your portfolio to discuss education strategy to manage risk.	<ul style="list-style-type: none"> Increased risk of harm to practitioner & patients May have received limited and/or adult focused education in undergraduate degree. Skill requires demonstration or additional support i.e., simulation. Existing education strategy in place Skill performed by trained staff 	<ul style="list-style-type: none"> Holistic education strategy required to reduce risk rating. Establish education action plan to address level of risk. Completion of additional education required i.e., Learning package. Monitor trends i.e., IIMs relating to risk post education to assess effectiveness. 	<i>Cannulation</i>
3 MEDIUM CSA not required – consider additional education intervention	<ul style="list-style-type: none"> Minor increased risk to practitioner & patients Received education in undergraduate degree. Skill <u>may</u> require demonstration or additional support i.e., simulation 	<ul style="list-style-type: none"> Additional education intervention in place i.e., eLearning package Consider escalating frequency and diversifying the type of education offered to increase knowledge and skills. Monitor trends i.e., IIMs relating to risk post education to assess effectiveness. 	<i>12-lead ECG Nasogastric tube insertion</i>
4 LOW CSA not required	<ul style="list-style-type: none"> Low risk to practitioner and patients Received education in undergraduate degree. 	<ul style="list-style-type: none"> Opportunity to receive additional educational support is available. Manage by routine education support processes no action required. 	<i>Removal of a cannula</i>

- When a CSA development application has been submitted, the applicant will be informed of the outcome within one week following the SCHN Nurse Education Strategic Committee monthly meeting. If CSA application is approved, the applicant should liaise with the relevant portfolio Nurse Educator to commence development.
- Completed CSAs will be forwarded to the SCHN Nursing Education Strategic committee for endorsement. Once endorsed, the CSA development lead will need to request creation of operational assessment code from SCHN LMS administrator via [SCHN Education](#).
- The NEM will facilitate CSA to be uploaded to education intranet page and relevant policy.
- The relevant Education Governance subcommittee will be advised of CSA creation by NEM.
- New CSAs require submission of evaluation data after 6 months then at policy review. The relevant portfolio NE will facilitate the evaluation via QARS survey.
- Endorsed CSAs are located within the education intranet page and resource section of the relevant e-policy. Approved assessors will have access to assessor guides.
- The Nursing Education Strategic Committee will keep a register of current and developing CSAs to ensure review at a minimum three yearly period.

5 Completion of a Clinical Skill

- Assessment should occur through negotiation with the staff member, local CNE and assessor.
- Each CSA requires pre-requisite learning that must be completed prior to attempting skill assessment.
- The staff member may be offered recognition of prior learning for requisite knowledge if appropriate evidence is presented. Evidence must be details on page 2 of the assessment document.
- The staff member requesting assessment must maintain ongoing accountability of their learning and formally acknowledge that required learning has been completed.
- The assessor should also sign the CSA document and record completion via My Health Learning (HETI) online Operational Assessments. Each CSA has an identified operational assessment code for recording.
- Templates for CSA and CSA assessor guideline are available in Resource section of this policy.

5.1 Reassessment of Clinical Skill

- If assessment does not satisfy the expected criteria, candidates can undertake reassessment. The assessor must provide feedback on the assessment and offer strategies for improvement on page 2 of the CSA tool. This original CSA tool is to be utilised for the reassessment of the clinical skill.
- If reassessment is unsuccessful the matter must be referred to local management and relevant Nurse Educator for further development and management strategy implementation.

6 CSA Assessors

Within the SCHN the following criteria are required to be deemed a nominated assessor for CSAs:

- Minimum of 3 years post registration experience
AND
- completed the SCHN assessors' course.
OR
- completed a post graduate education assessment subject and has reviewed CSA tool and assessment process with SCHN CNE, NE or SCHN assessor.
OR
- Completed a CERT IV in training and assessment and has reviewed CSA tool and assessment process with SCHN CNE, NE or SCHN assessor.
OR
- Is employed as a CNE/NE and has reviewed CSA tool and assessment process with SCHN CNE, NE or SCHN assessor.

7 Documentation

- The participant needs to document completion of the prerequisite learning components.
- The assessor and participant are required to sign the CSA following completion of the assessment.
- Completion of the CSA is to be entered into My Health Learning (HETI) in the organisational operational assessment folder. Information can be found in the resource section of this policy.
- The assessor provides the participant with a copy of the assessment.
- Completed CSAs are to be scanned and stored securely for seven years as evidence of completion.
- If the CSA is a repeated assessment the most recent documented evidence should be retained, and older copies destroyed. Note previous completions must have record in MHL before destroying.

8 CSA implementation

Apart from core CSA's, local leadership teams should consider need for utilisation of an available CSA. The table below provides a guide to decision making. Please discuss with portfolio NE or NEM as needed.

Likelihood of occurrence	
Frequent exposure to skill or practice	Is expected to be encountered again either immediately or within a short period of time. Recommendation: considered core business of clinicians' practice. Establish education process including information provided in unit orientation program, access to face-to-face education and other supportive resources i.e., clinical practice guideline, learning packages, CSA
Likely exposure to skill or practice	Will probably occur in most circumstances (several times a year) Recommendation: required knowledge for staff education should be provided in unit orientation program, regular staff updates should be provided via face-to-face education, resources should be provided to support clinical practice i.e., clinical practice guidelines, CSA
Possible exposure to skill or practice	Possibly will recur – might occur at some time (may happen every 1-2 years) Recommendation: annual update in-service or other education strategy, establish resource to support staff practice
Unlikely Exposure to skill or practice	Possibly will recur at some time in the next 2 to 5 years. Recommendation: establish resource to guide staff in the event of occurrence i.e., Information in clinical resource folder
Rare Exposure to skill or practice	Unlikely to recur – may occur only in exceptional circumstances (may happen every 5 to 30 years) Recommendation: unable to establish ongoing level of staff knowledge and skill in this instance, no requirement for development of an education strategy, refer to relevant clinical specialists i.e. CNC, Senior Medical Staff in the event of occurrence.
LIKELIHOOD	EDUCATION REQUIREMENT
	Extreme High Medium Low
Frequent	1 1 2 3
Likely	1 1 2 4
Possible	1 2 3 4
Unlikely	2 2 3 4
Rare	2 3 4 4

9 Grievances

- Participants may dispute an assessment if the CSA was deemed not achieved.
- Participant provides a written or verbal statement to their line manager outlining the context of their grievance.
- Identify a timeframe where the assessment outcome and grievance will be followed up.
- Identify if there are any immediate restrictions on practice and identify how these will be addressed.
- Written feedback should include recommendations to help the participant work towards successful completion of the CSA including referral to relevant policies and learning packages.
- If grievance is unable to be successfully mediated refer to the NSW Health [Resolving Workplace Grievances policy](#)

10 References

1. Australian Commission on Safety and Quality in Healthcare, Clinical performance and effectiveness 2023. Retrieved 25.10.2023 <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness>
2. Chang, E. & Daley, J. Transitions in Nursing, 5th Edition. Elsevier Australia
3. Pijl-Zieber, E.M., Barton, S., Konkin, J., Awosoga, O, & Caine, V. (2014). Competence and competency-based nursing education: Finding our way through the issues. *Nurse Education Today*, 34, pp676-678

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