

## Appendix 2

### LEARNING CONTRACT

### Implantation of Implantable Cardiac Monitor

Taunton and Somerset



NHS Trust

<b>Learner Name</b>	<b>Simon Adams</b>
<b>Learner post / role</b>	<b>Cardiac Nurse Specialist</b>
<b>Ward / Dept</b>	<b>Cardiac Cath Lab</b>
<b>Assessor Name</b>	<b>Dr Mark Dayer</b>
<b>Assessor post / role</b>	<b>Consultant Cardiologist</b>
<b>Ward / Dept</b>	<b>Cardiac Cath Lab</b>
<b>Line Manager</b>	<b>Diana Cooper</b>
<b>Manager post / role</b>	<b>Senior Sister</b>
<b>Trust Clinical Lead</b>	<b>Dr Mark Dayer</b>

<b>Competency to be achieved:</b>	<b>Implantation of an implantable Cardiac Monitor</b>
<b>Competency statement/ National Occupational Standard/ Protocol to be used as benchmark</b>	<b>Knowledge and Skills outline for this post. Foundation Gateway Levels of competence.</b>
<b>Pre-requisite standards of competence/qualifications</b>	<b>Current registration with appropriate Professional Body. NMC At least two years experience within the Cardiac Cath Lab. Band 6 or above Training identified &amp; supported by the learner's Line Manager.</b>
<b>Learning need identified in PDP</b>	<b>Yes                      No ( please circle as appropriate)</b>

<b>Learning contract supported by Line Manager</b>	<b>Yes</b>	<b>No</b> (please circle as appropriate)
<b>Manager signature</b>		
<b>Learner signature</b>		<b>Date:</b>
<b>Assessor Signature</b>		<b>Date:</b>

*Subsequent pages of this contract may be reproduced if required.*

<b>Learning Objectives (SMART objectives)</b>	<b>Competence to be assessed by direct/indirect observation and discursive accounts.</b>	<b>By when? <i>(date)</i></b>	<b>Assessors Signature</b>
<b>Demonstrates competent practice in the implantation of a loop recorder</b>	<ul style="list-style-type: none"> <li>• <b>Making a surgical incision and pocket for Implantable loop recorder.</b></li> <li>• <b>Suturing of incision</b></li> <li>• <b>Observes infection prevention and PPE measures in accordance with the Trust policy for Aseptic technique.</b></li> <li>• <b>An understanding of emergency interventions, and who to contact if an adverse reaction occurs during the procedure.</b></li> <li>• <b>Demonstration of accurate and timely documentation prior to and post procedure.</b></li> <li>• <b>Demonstration of good interpersonal skills when explaining the procedure to the patients.</b></li> </ul>		
<b>Demonstrates required knowledge of anatomy and physiology</b>	<ul style="list-style-type: none"> <li>• <b>Identification of correct anatomical landmarks.</b></li> <li>• <b>An understanding of cardiac</b></li> </ul>		

	<b>symptoms / conditions requiring the procedure.</b>		
<b>Demonstrates required knowledge of Implantable loop recorder and explanation of device to patient</b>	<ul style="list-style-type: none"> <li>• <b>Demonstrates competence in programming the device</b></li> <li>• <b>Ascertain correct vector</b></li> <li>• <b>Demonstration of teaching patients how to use device</b></li> </ul>		
<b>Recognises the legal aspect of gaining consent from patient</b>	<ul style="list-style-type: none"> <li>• <b>Observe consent being taken (for adult patients)</b></li> <li>• <b>Demonstration of competence in obtaining patient consent, within legal parameters</b></li> </ul>		
<b>Administration of local anaesthesia Identifies adverse reactions and informs appropriate personnel</b>	<ul style="list-style-type: none"> <li>• <b>In accordance with Lidocaine and Adrenaline PGD, demonstrates competence in the administration of local anaesthetic and is able to highlight possible adverse reactions. Demonstrates an understanding of emergency interventions if an adverse reaction occurs.</b></li> </ul>		

**COMPETENCY - achievement log**

Assessor to sign and date when there is sufficient evidence of successful learning and competent practice.

<b>Performance record</b>		<b>Date of assessment</b>	<b>Assessor signature</b>
<b>Patient number</b>	<b>Comments about the procedure</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**ASSESSMENT FEEDBACK from the assessor**

I confirm that ..... has achieved the identified competencies to practise and can perform this skill as required, in the workplace.

Signed: ..... Role:..... Date:.....

**LEARNING REVIEW from the trainee**

I confirm that I feel confident of my competence and will practise as required, in the workplace.

Signed:

..... Role:..... Date:.....