

# THE ADMINISTRATION AND SAFE HANDLING OF CYTOTOXIC CHEMOTHERAPY



## **Portfolio Stage B**

Designed to meet the needs of staff for whom cytotoxic drug administration is a significant part of their role

QA  
CPD

The background is a vibrant red with a white grid pattern. It features several overlapping geometric shapes: a large circle on the left, a large semi-circle at the bottom, and various rectangular and triangular shapes. There are also several curved lines with tick marks, resembling a scale or a dial, scattered across the composition.

strategy

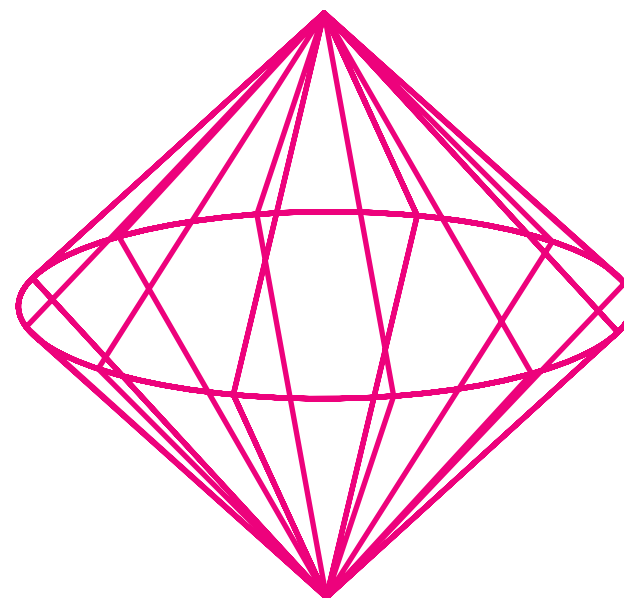
structures

resources

outcomes

## Contents

<b>Development of a Post-registration Portfolio</b>	<b>3</b>
<b>Providing Evidence</b>	<b>3</b>
<b>Assessment</b>	<b>4</b>
<b>Reflection</b>	<b>4</b>
<b>Keeping a Record of Learning</b>	<b>6</b>
<b>Stage B – Clinical Competencies</b>	
<b>Topic 1: Safe Handling</b>	<b>7</b>
<b>Topic 2: Safe Administration</b>	<b>13</b>
<b>Topic 3: Managing Adverse Reactions and Complications</b>	<b>19</b>
<b>Topic 4: Patient Care Issues</b>	<b>23</b>
<b>Topic 5: Professional and Legal Considerations</b>	<b>27</b>
<b>Record of Practice</b>	<b>32</b>
<b>Summary Demonstrating Achievement of Clinical Competencies – Participant</b>	<b>33</b>
<b>Completion of Learning Portfolio – Mentor</b>	<b>34</b>



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# The Administration and Safe Handling of Cytotoxic Chemotherapy



## Development of a Post-Registration Portfolio

### Development of a Post-registration Portfolio for the Administration and Safe-handling of Cytotoxic Chemotherapy Stage B.

This portfolio has been designed to support the work you will undertake to demonstrate competence in the above area of clinical practice. This practice-based portfolio associates with a formal programme of study, delivered in partnership by NHS Greater Glasgow and the Robert Gordon University in Aberdeen. You will be provided with guidance on the completion of the portfolio by the course leader. Ongoing support and supervision will be offered by a named mentor.

### Compiling your portfolio

The purpose of a Practice Learning Portfolio is to enable you to provide evidence of having achieved the course clinical competencies and learning outcomes.

The practice learning portfolio must provide evidence of the work you have done to achieve the competencies/outcomes of the course.

A planning stage should be undertaken in collaboration with your practice mentor to decide what skills/actions/roles you will need to undertake to achieve the competencies and to demonstrate development of the skills required. Discussion with your mentor will help you to determine individual learning needs and the learning opportunities available in your particular area of practice.

Following the planning stage and achievement of a course competency, you should write a summary clearly demonstrating how the evidence presented shows achievement of the competency. These summaries should be typed and normally consist of no more than two sides of A4. Summaries should be dated and should be signed by the participant and their mentor.

The work should be presented in a loose leafed file so that you can add extra pages as necessary. The completed portfolio should contain a contents page at the beginning. This should indicate where the evidence to support achievement of each competency can be located in the portfolio.

## Providing Evidence

The purpose of providing evidence of having achieved the competencies is two-fold:

- i) It enables you to apply theoretical knowledge to practice and allows you to assess your own learning
- ii) It enables learning outcomes/competencies to be evaluated in an objective manner, as the evidence on which decisions are made is available to mentors, tutors and examiners to see.

You may find that you accumulate a lot of evidence to demonstrate achievement of specific competencies. In keeping the portfolio to a reasonable size you may initially find it difficult to decide what to include and what to leave out. You may consult your mentor/tutor for guidance on this but as you work through the competencies you will find that deciding what to include becomes easier. You may also find that you can use one piece of evidence to demonstrate achievement of more than one competency.

## Assessment

Your portfolio will be assessed formally using the portfolio marking criteria. So, when you have completed your portfolio you should answer the following questions:

- ◆ Have I constructed a portfolio that provides evidence of my achievement of the course competencies and my use of a systematic/process approach to learning?
- ◆ Have I provided evidence of having used the available evidence base in my practice in achieving the competencies?
- ◆ Have I demonstrated that my decision making has been informed by evidence?
- ◆ Have I related the ideas that I have read about to my practice?
- ◆ Have I expressed my thoughts and ideas as clearly as I can? Could someone else make sense of my portfolio?
- ◆ Have I included my learning plans?
- ◆ Have I produced a summary of what I have learned and what I want to go on to learn?
- ◆ Have I presented the portfolio in an orderly manner?
- ◆ Have I included a reference list?
- ◆ Have I separated my plans and summary of achievement from my evidence of learning activities?
- ◆ Have I included a contents page and added page numbers to the portfolio?

## Reflection

The object of reflection is to help you learn from both professional knowledge and your clinical practice so you can further develop your practice and professional activities. There is no one correct way of reflecting. Reflection can be simple or complex analysis of practice and relies heavily on experience.

You already have a great deal of experience and knowledge and it is important that you are able to identify this. However, all methods of reflection are based on the work of Schon (1987) and the framework below underpins the guidelines offered in the NMC Code of Professional Conduct. The following stages are an example only, but may help you to plan your personal professional development.

- ◆ *Review your competence – what are your strengths, weaknesses and areas for further development?*
- ◆ *Set your learning objectives – what do you want to achieve?*
- ◆ *Develop an action plan – what learning activities will help you meet your needs? A literature search, a course or a visit?*
- ◆ *Implement the action plan – discuss your plan with your manager, clinical mentor or tutor to ensure that it is feasible. Negotiate any study time or help with funding.*
- ◆ *Evaluate what happened – once the plan has been implemented, think what happened and what you learned:*
  - *did you meet your objectives?*
  - *what was the value to patients/clients?*
  - *how will you share your new knowledge?*
- ◆ *Record your study time and learning outcomes – accurately record all your learning activities in your personal professional profile. Keep these records for at least six years.*

# Portfolio – Stage B

Designed to meet the needs of staff for whom cytotoxic drug administration is a significant part of their role



## Keeping a Record of Learning

It is important to keep in mind the purpose of gathering evidence. The learner should always reflect on the use that the evidence might be put to as they assemble their portfolio. The record of learning should be in a form that will withstand scrutiny and challenge by appropriate others and whenever possible there should be valid and reliable supporting evidence.

Credit should be given for work based learning on the basis of the achievement of appropriate and assessed learning competencies:

<b>Self testimony</b>	explanation, report, analysis by student of process/product/outcome of workplace activity
	verbal, written
<b>Practice based documents</b>	records of work based projects/workbooks
<b>Observation of practice</b>	testimony/reports of others
	mentors, colleagues, peers, patients, relatives
	process/product/learning outcome
<b>Statements</b>	from mentors/line managers/practice educators/others in relation to aspects of practice
<b>Reflection on/of practice</b>	written/verbal
	critical incident analysis/workbooks
<b>Analytical and evaluative description of aspects of practice</b>	verbal/written
<b>Analysis of issues</b>	issues relating to the planning/implementation/review of practice
<b>Plans of care</b>	

## **Stage B – Clinical Competencies**

### **Topic 1: Safe Handling of Cytotoxic Drugs**

**Competency statement:**

**Demonstrates competence in handling cytotoxic drugs to ensure the safety of patients, staff and the environment**

#### **Record of Observation and Supervision – Competency B.1**

You must complete this section in consultation with your mentor. When you have completed the period of observation and supervision recommended by your Trust/Health Board/Employer you should enter the date in the appropriate area. Please note that you must gain the approval of your mentor before proceeding to the next area of practice. You must only initial a box when you are satisfied that you are confident of your knowledge/ability in the area identified.

**Competency statement: Demonstrates competence in handling cytotoxic drugs to ensure the safety of patients, staff and the environment**

##### **B.1 Competencies and criteria for assessing competence**

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Record of Observation and Supervision – Competency B.1

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>Generic</b>		
<b>B.1.1 Prepares equipment and the environment to reduce the risk of contamination</b>		
a Acts in accordance with local policies and procedures in the transport and storage of cytotoxic drugs	<input type="text"/>	<input type="text"/>
b Can state the causes of exposure to cytotoxic drugs	<input type="text"/>	<input type="text"/>
c Takes measures to assess risk and minimise exposure	<input type="text"/>	<input type="text"/>
Date commenced: _____ Date completed: _____		
<b>B.1.2 Takes precautions to protect the health of patients, colleagues and self when administering cytotoxic drugs</b>		
a Handles cytotoxic drugs in a manner which reduces the potential for spillage, splashing, airborne or skin contamination	<input type="text"/>	<input type="text"/>
b Wears protective clothing in accordance with local policies	<input type="text"/>	<input type="text"/>
Date commenced: _____ Date completed: _____		
<b>B.1.3 Takes precautions to protect the health of patients, colleagues and self when disposing of unused cytotoxic drugs used equipment, and other cytotoxic waste</b>		
a Adheres to local policies and procedures in disposal of cytotoxic drugs, used equipment and other cytotoxic waste	<input type="text"/>	<input type="text"/>
b Adheres to local policies for cleaning reusable equipment	<input type="text"/>	<input type="text"/>
c Ensures appropriate facilities for disposal are available	<input type="text"/>	<input type="text"/>
d Ensure that cytotoxic waste is clearly labelled and packaged appropriately	<input type="text"/>	<input type="text"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.1

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.1.4 Takes precautions to protect the health of patients, colleagues and self when disposing of patient excreta</b>	_____	_____
a Explains any specific precautions to be taken to patients/parents/carers	<input type="checkbox"/>	<input type="checkbox"/>
b Disposes of excreta according to local procedures	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.1.5 Demonstrate knowledge of procedures for dealing with a spillage of cytotoxic drugs</b>	_____	_____
a Can explain the actions to be taken in the event of spillage	<input type="checkbox"/>	<input type="checkbox"/>
b Ensures equipment and protective clothing necessary to deal with spillage is readily available in the area where cytotoxic drugs are administered	<input type="checkbox"/>	<input type="checkbox"/>
c Can explain procedures for dealing with contaminated linen equipment	<input type="checkbox"/>	<input type="checkbox"/>
d Can explain procedures for dealing with cytotoxic contamination of skin or eyes	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.1

### Specific – Intravenous Administration

#### B.1.6 Takes precautions to protect the health of patients, colleagues and self when administering cytotoxic drugs

- a Handles and changes intravenous administration sets (for both peripheral and central lines) in a manner which reduces the potential for spillage, splashing, airborne or skin contamination

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

Observed Practice  
Learner's Initials

\_\_\_\_\_

Supervised Practice  
Learner's Initials

\_\_\_\_\_

## Record of Observation and Supervision – Competency B.1

### Specific – Community Administration

#### B.1.7 Demonstrates knowledge and competence in the safe handling of cytotoxic drugs in the home environment.

- a Can explain the local policy for transport of cytotoxic drugs
- b Adheres to local procedures for storage of cytotoxic drugs in the home
- c Ensures that the environment is suitable for administration of cytotoxic drugs
- d Adheres to local policies and procedures in disposal of unused cytotoxic drugs, used equipment and other cytotoxic waste
- e Ensures appropriate facilities for disposal are available
- f Ensures that cytotoxic waste is clearly labelled and packaged appropriately
- g Can explain the actions to be taken in the event of a spillage
- h Ensures equipment and protective clothing necessary to deal with a spillage is readily available
- i Educates patient/parents/carers about storage, disposal and spillage of cytotoxic drugs/waste/excreta
- j Can explain procedures for dealing with contaminated linen/equipment

Observed Practice  
Learner's Initials

Supervised Practice  
Learner's Initials

\_\_\_\_\_

\_\_\_\_\_





















Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_



## **Stage B – Clinical Competencies**

### **Topic 2: Safe Administration**

**Competency statement:**

**Demonstrates competence in the safe administration of cytotoxic drugs**

#### **Record of Observation and Supervision – Competency B.2**

You must complete this section in consultation with your mentor. When you have completed the period of observation and supervision recommended by your Trust/Health Board/Employer you should enter the date in the appropriate area. Please note that you must gain the approval of your mentor before proceeding to the next area of practice. You must only initial a box when you are satisfied that you are confident of your knowledge/ability in the area identified.

**Competency statement: Demonstrates competence in the safe administration of cytotoxic drugs**

#### **B.2 Competencies and criteria for assessing competence**

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Record of Observation and Supervision – Competency B.2

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>Generic</b>		
<b>B.2.1 Demonstrates knowledge of normal blood results and recognises when chemotherapy should be withheld</b>	_____	_____
a Interprets blood values of individuals and identifies when chemotherapy should be withheld	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.2.2 Assesses toxicity using a recognised toxicity grading system and recognises when chemotherapy should be withheld</b>	_____	_____
a Assesses severity of side-effects experienced by individuals and identifies when toxicity requires chemotherapy requires to be withheld	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.2.3 Checks the drug, prior to administration according to local cytotoxic drug administration policies and procedures</b>	_____	_____
a Adheres to local policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>
b Takes measures to ensure five rights of drugs administration (right patient, right drug, right dose, right time, right route)	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.2.4 Is able to calculate drug dosages and infusion rates</b>	_____	_____
a Accurately uses recognised method to check prescribed individual drug dosages	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.2

### Specific – Intravenous Administration

#### B.2.5 Demonstrates competence in venepuncture

- a Selects viable vein; Performs venepuncture proficiently and according to local procedure

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

Observed Practice  
Learner's Initials

\_\_\_\_\_

Supervised Practice  
Learner's Initials

\_\_\_\_\_

#### B.2.6 Demonstrates competence in cannulation

- a Selects viable vein; Selects appropriate cannulae; performs cannulation proficiently and according to local procedures

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B.2.7 Demonstrates competence in the care and management of peripheral cannulae

- a Follows local procedures for prevention of infection, flushing cannulae dressing site and checking patency

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B.2.8 Demonstrates competence in the care and management of PICCs (if appropriate)

- a Follows local procedures for prevention of infection, flushing line and dressing site

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### B.2.9 Demonstrates competence in the care and management of central lines (if appropriate)

- a Follows local procedures for prevention of infection, flushing line, changing caps and dressings

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Record of Observation and Supervision – Competency B.2

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.2.10 Demonstrates competence in the care and management of an implantable port (if appropriate)</b>	_____	_____
a Follows local procedures for prevention of infection and flushing	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.2.11 Demonstrates proficiency in administering a continuous infusion of:</b>		
<b>i) a non-vesicant cytotoxic drug via a peripheral line</b>	_____	_____
<b>ii) a cytotoxic drug via a central line (if appropriate)</b>	_____	_____
a Ensures patient comfort	<input type="checkbox"/>	<input type="checkbox"/>
b Reviews patient's allergy history	<input type="checkbox"/>	<input type="checkbox"/>
c Assesses patency of line before commencing infusion	<input type="checkbox"/>	<input type="checkbox"/>
d Explains the side effects of drug(s)	<input type="checkbox"/>	<input type="checkbox"/>
e Recognises any precautions to be taken with specific drugs	<input type="checkbox"/>	<input type="checkbox"/>
f Checks IV fluid compatibility	<input type="checkbox"/>	<input type="checkbox"/>
g States the recommended dose range of drug(s)	<input type="checkbox"/>	<input type="checkbox"/>
h States potential drug interactions	<input type="checkbox"/>	<input type="checkbox"/>
i Explains the importance of administering anti-emetics and hydration fluids within specific regimens	<input type="checkbox"/>	<input type="checkbox"/>
j Administers prescribed pre-treatment drugs e.g. anti-emetics/hydration fluids/steroids	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.2

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.2.12 Demonstrates proficiency in administering:</b>		
<b>i) a non-vesicant cytotoxic bolus via a peripheral cannula</b>	_____	_____
<b>ii) a vesicant cytotoxic bolus via a peripheral cannula</b>	_____	_____
<b>iii) a cytotoxic bolus via a central line</b>	_____	_____
a Administers the drug(s) according to local procedures	<input type="checkbox"/>	<input type="checkbox"/>
b Administers drugs in correct order	<input type="checkbox"/>	<input type="checkbox"/>
c Continually monitors the patient during administration	<input type="checkbox"/>	<input type="checkbox"/>
d Anticipates and plans interventions to minimise potential side-effects	<input type="checkbox"/>	<input type="checkbox"/>
e Initiates any specific patient monitoring required	<input type="checkbox"/>	<input type="checkbox"/>
f Documents procedure	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		



## **Stage B – Clinical Competencies**

### **Topic 3: Managing Adverse Reactions and Complications**

**Competency statement:**

**Demonstrates knowledge of the signs and symptoms of adverse reactions and their immediate treatment and acts to detect them**

#### **Record of Observation and Supervision – Competency B.3**

You must complete this section in consultation with your mentor. When you have completed the period of observation and supervision recommended by your Trust/Health Board/Employer you should enter the date in the appropriate area. Please note that you must gain the approval of your mentor before proceeding to the next area of practice. You must only initial a box when you are satisfied that you are confident of your knowledge/ability in the area identified.

**Demonstrates knowledge of the signs and symptoms of adverse reactions and their immediate treatment and acts to detect them**

#### **B.3 Competencies and criteria for assessing competence**

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Record of Observation and Supervision – Competency B.3

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>Generic</b>		
<b>B.3.1 Demonstrates knowledge of procedures for dealing with a drug error/critical incident</b>	_____	_____
a Can explain the actions to be taken in the event of drug error/critical incident	<input type="checkbox"/>	<input type="checkbox"/>
b Can explain procedure for documenting and reporting a drug error/critical incident	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.3.2 Demonstrates ability to detect and manage hypersensitivity and anaphylactic reactions in conjunction with other members of the multidisciplinary team</b>	_____	_____
a Can identify potential risk factors	<input type="checkbox"/>	<input type="checkbox"/>
b Can state signs and symptoms of a hypersensitivity reaction	<input type="checkbox"/>	<input type="checkbox"/>
c Can state signs and symptoms of an anaphylactic reaction	<input type="checkbox"/>	<input type="checkbox"/>
d Systematically observes for occurrence of signs and symptoms when administering a cytotoxic drug	<input type="checkbox"/>	<input type="checkbox"/>
e Can explain immediate actions to be taken in the event of both hypersensitivity and anaphylactic reactions	<input type="checkbox"/>	<input type="checkbox"/>
f Can state which members of the multidisciplinary team should be contacted to provide further management	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>Specific – Intravenous Administration</b>		
<b>B.3.3 Demonstrates ability to distinguish between a flare reaction and an extravasation</b>	_____	_____
a Can state the signs and symptoms of both a flare reaction and an extravasation	<input type="checkbox"/>	<input type="checkbox"/>
b Can explain how the two differ	<input type="checkbox"/>	<input type="checkbox"/>
c Can explain how a flare reaction can be prevented and treated	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.3

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.3.4 Demonstrates ability to detect and manage an extravasation in conjunction with the other members of the multidisciplinary team</b>	_____	_____
a Can identify potential risk factors for extravasation	<input type="checkbox"/>	<input type="checkbox"/>
b Can identify irritant and vesicant drugs	<input type="checkbox"/>	<input type="checkbox"/>
c Can state signs and symptoms of an extravasation from a peripheral vein	<input type="checkbox"/>	<input type="checkbox"/>
d Can state signs and symptoms of an extravasation from a PICC (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
e Can state signs and symptoms of an extravasation from a central venous access device (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>
f Systematically observes for signs and symptoms of an extravasation	<input type="checkbox"/>	<input type="checkbox"/>
g Can explain immediate actions to be taken if extravasation of a vesicant drug should occur	<input type="checkbox"/>	<input type="checkbox"/>
h Can state which members of the multidisciplinary team should be contacted to provide further management	<input type="checkbox"/>	<input type="checkbox"/>
i Ensures that equipment and drugs necessary to deal with an extravasation are available in the area where cytotoxics are administered	<input type="checkbox"/>	<input type="checkbox"/>
j Can explain procedure for documenting and reporting an extravasation	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

### Specific – Community Administration

<b>B.3.5 Demonstrates ability to manage an adverse reaction in the home environment</b>	_____	_____
a Can explain the actions to be taken in an extravasation or hypersensitivity reaction, neutropenic sepsis, hyperemesis or profuse diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		



## Stage B – Clinical Competencies

### Topic 4: Patient Care Issues

**Competency statement:**

**Demonstrates competence in supporting patients and their families in managing side-effects and complications of cytotoxic drugs**

#### Record of Observation and Supervision – Competency B.4

You must complete this section in consultation with your mentor. When you have completed the period of observation and supervision recommended by your Trust/Health Board/Employer you should enter the date in the appropriate area. Please note that you must gain the approval of your mentor before proceeding to the next area of practice. You must only initial a box when you are satisfied that you are confident of your knowledge/ability in the area identified.

**Competency statement: Demonstrates competence in supporting patients and their families in managing side-effects and complications of cytotoxic drugs**

#### **B.4 Competencies and criteria for assessing competence**

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Record of Observation and Supervision – Competency B.4

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>Generic</b>		
<b>B.4.1 Demonstrates competence in supporting patients and their families in minimising and managing common side-effects of cytotoxic drugs in conjunction with other members of the multidisciplinary team</b>	_____	_____
a Assesses patient's ability to self-care	<input type="checkbox"/>	<input type="checkbox"/>
b Informs patient of sensory effects which may be experienced	<input type="checkbox"/>	<input type="checkbox"/>
c Educates patient and family both before and after treatment about immediate and short term, physical and psychological side-effects and early warning signs of complications associated with specific drugs they are receiving	<input type="checkbox"/>	<input type="checkbox"/>
d Educates patient and family to monitor and act to detect and minimise the following common side-effects of cytotoxic drugs: nausea and vomiting, mucositis, dry mouth, taste changes, anorexia, constipation, diarrhoea, alopecia, infection, bleeding, anaemia, effects on sexual function, sun sensitivity, flu like effects and fatigue	<input type="checkbox"/>	<input type="checkbox"/>
e Plans and provides evidence based care in relation to the side-effects of chemotherapy and individual information needs	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.4.2 Demonstrates competence in supporting patients and their families in minimising and managing specific side-effects encountered with drug regimens in common use in the participant's clinical area in conjunction with other members of the multidisciplinary team</b>	_____	_____
a Plans and provides evidence based care in relation to side-effects of specific drug and individual information needs	<input type="checkbox"/>	<input type="checkbox"/>
b Educates patient and family about where, when and how to seek advice on side-effects which develop at home	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.4

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.4.3 Demonstrates competence in supporting patients and their families in managing side-effects of other drugs used in conjunction with cytotoxic regimens e.g. anti-emetics, in conjunction with other members of the multidisciplinary team</b>	_____	_____
a Can explain side-effects of other drugs used in conjunction with specific drug regimens	<input type="checkbox"/>	<input type="checkbox"/>
b Educates patient and family about anticipated side-effects and how to minimise them	<input type="checkbox"/>	<input type="checkbox"/>
c Plans and provides evidence based care in relation to the side-effects of these drugs and individual information needs	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.4.4 Supports the patient and their family in coping with the social consequences of cancer and chemotherapy</b>	_____	_____
a Demonstrates an awareness of the social consequences of cancer and chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
b Discusses these issues with patients/parents/carers	<input type="checkbox"/>	<input type="checkbox"/>
c Supports patients/parents/carers through listening and directing them to sources of advice and support	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		



## Stage B – Clinical Competencies

### Topic 5: Professional and Legal Considerations

**Competency statement:**

**Demonstrates knowledge of professional and legal responsibilities in relation to cytotoxic drug administration and acts to fulfil these**

#### Record of Observation and Supervision – Competency B.5

You must complete this section in consultation with your mentor. When you have completed the period of observation and supervision recommended by your Trust/Health Board/Employer you should enter the date in the appropriate area. Please note that you must gain the approval of your mentor before proceeding to the next area of practice. You must only initial a box when you are satisfied that you are confident of your knowledge/ability in the area identified.

**Competency statement: Demonstrates knowledge of professional and legal responsibilities in relation to cytotoxic drug administration and acts to fulfil these**

#### **B.5 Competencies and criteria for assessing competence**

Date commenced: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Record of Observation and Supervision – Competency B.5

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>Generic</b>		
<b>B.5.1 Demonstrates knowledge of professional and legal accountability and responsibility in relation to the administration of cytotoxic drugs</b>	_____	_____
a Takes responsibility for the safety of self and others	<input type="checkbox"/>	<input type="checkbox"/>
b Can state their responsibilities in relation to the administration of cytotoxic drugs	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.5.2 Communicates effectively with other members of the of the multidisciplinary team in relation to patient care</b>	_____	_____
a Communicates well both verbally and in writing	<input type="checkbox"/>	<input type="checkbox"/>
b Keeps accurate records	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.5.3 Communicates effectively with patients and relatives</b>	_____	_____
a Develops a rapport with patients and their families	<input type="checkbox"/>	<input type="checkbox"/>
b Actively listens to patients and their relatives	<input type="checkbox"/>	<input type="checkbox"/>
c Can detect both verbal and non-verbal cues	<input type="checkbox"/>	<input type="checkbox"/>
d Responds appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		

## Record of Observation and Supervision – Competency B.5

	Observed Practice Learner's Initials	Supervised Practice Learner's Initials
<b>B.5.4 Critically analyses current policies and procedures</b>	_____	_____
a Analyses care by reflecting on the current evidence base and best practice professional guidelines	<input type="checkbox"/>	<input type="checkbox"/>
b Takes action to ensure care delivered is based on evidence and best practice guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		
<b>B.5.5 Applies ethical principles to practice</b>	_____	_____
a Provides information to inform decision making	<input type="checkbox"/>	<input type="checkbox"/>
b Ensures patient's/parents understanding of relevant information	<input type="checkbox"/>	<input type="checkbox"/>
c Involves patients/parents in decision making	<input type="checkbox"/>	<input type="checkbox"/>
d Treats patient/parents as partners in care	<input type="checkbox"/>	<input type="checkbox"/>
e Acts to safeguard the patient's/parents' best interests	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced: _____ Date completed: _____		



# Summary and Record of Practice



# The Administration and Safe Handling of Cytotoxic Chemotherapy

## Stage B – Clinical Competencies

### Summary of Practice

#### Claim for competency

You should sign this section only when you and your mentor agree that you have satisfactorily achieved and demonstrated a sound grasp of necessary underpinning knowledge and you have completed a period of observation and supervised practice sufficient to allow you to demonstrate knowledge of, and competence in the administration and safe handling of a wide range of cytotoxic chemotherapy.

### Record of practice

	Date Commenced	Observed Practice Learner's Initials	Supervised Practice Learner's Initials	Date Completed
Topic 1 – Safe handling	_____	_____	_____	_____
Topic 2 – Safe administration	_____	_____	_____	_____
Topic 3 – Managing adverse reactions and complications	_____	_____	_____	_____
Topic 4 – Patient care issues	_____	_____	_____	_____
Topic 5 – Professional and legal issues	_____	_____	_____	_____

#### Comments:

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Signed: \_\_\_\_\_  
(practitioner)

Signed: \_\_\_\_\_  
(mentor)

Date: \_\_\_\_\_

Date: \_\_\_\_\_





The background is a complex abstract composition of red and white. It features a grid pattern, several overlapping circles of varying shades of red, and curved lines that resemble the edges of a gear or a dial. The overall aesthetic is technical and modern.

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