

Receptionist Programme

Module 6:

Additional Skills & Review Training Manual

Name of Employee: _____

Date of Training: _____

Trainers Name: _____

Date Training Completed: _____

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Peak Flow Test

	Not Met	Partially Met	Fully Met
Explain to the patient how and why the procedure is being carried out.			
Make sure hands are clean.			
Attach a new disposable mouthpiece (Adult/Child to the end of the peak flow meter.			
Set the arrow to the zero mark.			
Position the patient. This should be the position in which the patient normally undertakes the procedure. However, standing is the most appropriate.			
Ask the patient to take a deep breath in, and hold their breath.			
Advise the patient to seal their lips around the mouthpiece and exhale as quickly and forcibly as possible.			
Note the measurement.			
Repeat the process twice (if tolerated by the patient) ensuring that the arrow is reset to the zero mark for each measurement.			
Dispose of the mouthpiece appropriately into clinical waste bag and ensure that the equipment is clean prior to next use.			
Make a note of the highest value reached and any problems encountered, poor technique etc (document onto Adastra).			
Report any concerns to clinician on duty.			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

Date: _____

Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

This Form must be returned to Glover Street FAO: Training Team

Nebulisation

	Not Met	Partially Met	Fully Met
Explain the procedure to the patient /parent/carer			
The clinician available will inform HCSW if nebuliser is required, and if so, what drug and dose is required (ensure that this is recorded in Adatastra records).			
Check the dose and expiry date /batch number of the drug to be used for nebulisation.			
Ensure the patient is comfortable and in an upright position.			
Plug in nebuliser, and place the machine near to the patient.			
Make sure the machine is clean following infection control policy/procedures and ensure the filter is in place.			
Attach appropriate equipment to the nebuliser.			
Connect the tubing between the mask and the nebulising machine.			
Attach the correct sized mask to the tubing and nebuliser chamber (adult/child).			
Unscrew the nebuliser chamber and pour in nebulising solution required.			
Ensure the top is securely attached.			
Assist the patient to apply the mask over their face covering nose/mouth or as near as possible if they can't tolerate the mask or the child may be distressed.			
Switch the nebulising machine on(do not leave room until you are sure machine is working properly			
Remind the patient to breathe through the mask and not to talk.			
Once the solution has dispersed switch off the nebuliser.			
Dispose of tubing, mask, chamber and plastic medication vial into a clinical waste bag.			
Inform clinician when the nebuliser treatment has finished and if any problems are encountered throughout the procedure.			

Comments

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Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Visual Acuity

	Not Met	Partially Met	Fully Met																
All HCSW's to obtain substantial clinical history, prior to carrying out visual acuity with any patient presenting with eye e.g. infections or injury/foreign bodies. DO NOT CARRY OUT VISUAL ACUITY ON CHILDREN																			
You must find out:																			
Which eye																			
Any injury																			
Is there any infection																			
How long have they had the problem with their eye																			
Do they have any redness/soreness/itching to the affected eye																			
Any pain to the eye																			
Any blurred vision or clear vision																			
Could there be a foreign body e.g. dust/fly																			
Has the patient got any eye disease e.g. cataracts/glaucoma																			
Do they wear glasses/contact lenses																			
Do not get the patient to remove contact lenses prior to visual acuity																			
Carry out visual acuity with and without glasses																			
Which eye has the best vision																			
Has the patient used any eye drops																			
HCSW's still need to ask patient about allergies/medical history/medications																			
Document their visual acuity results in the examination box as below:																			
<table border="1" style="display: inline-table; margin-right: 20px;"> <thead> <tr> <th colspan="2">Without Glasses</th> </tr> </thead> <tbody> <tr> <td>VA's</td> <td>VA's</td> </tr> <tr> <td>R/E</td> <td>L/E</td> </tr> <tr> <td>3/9</td> <td>3/9+4</td> </tr> </tbody> </table> <table border="1" style="display: inline-table;"> <thead> <tr> <th colspan="2">With Glasses</th> </tr> </thead> <tbody> <tr> <td>VA's</td> <td>VA's</td> </tr> <tr> <td>R/E</td> <td>L/E</td> </tr> <tr> <td>3/5+1</td> <td>3/5+3</td> </tr> </tbody> </table>	Without Glasses		VA's	VA's	R/E	L/E	3/9	3/9+4	With Glasses		VA's	VA's	R/E	L/E	3/5+1	3/5+3			
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Comments

Action Required	Responsible Person	Timeframe	Completed Date

Training / Clinical Lead Sign-off

Please obtain signatures confirming that you are now able to work independently on this module.

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Staff member (Full name): _____

Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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ECG

	Not Met	Partially Met	Fully Met
Demonstrates correct cleaning, storage and restocking ECG machine & graph paper including safe transportation to other areas			
Ensure ECG machine is kept on charge			
Can demonstrate how to change graph paper			
Understands the procedure for reporting malfunction of this equipment			
Adhere to local policy on infection control & hand washing			
Explain procedure to patient			
Maintains privacy of patient			
Demonstrates proper preparation of skin prior to placing the leads on patient			
Places electrodes correctly			
Attaches correct limb leads to patient			
Correctly powers correct keys to start recording			
Turns ECG machine off			
Ensure completed recording includes the patients name & Adastra number			

Comments

Action Required	Responsible Person	Timeframe	Completed Date

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Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Module 6: Procedures sign off		
Module	Demonstrated	Discussed
All clinical rooms set up appropriately		
Preparation of PCC (setting up clinical rooms) / Closing down rooms		
Peak Flow Test		
Nebulisation		
Visual Acuity		
ECG		
Leaves PCC clean/tidy at end of shift		

Review Date:	Carried out by:	Comments to be discussed:

Training / Clinical Lead Sign-off

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Staff member signature: _____

Training / Clinical Lead (Full name): _____

Training / Clinical Lead Signature: _____

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Review Demonstrations

		Not Met	Partially Met	Fully Met
1. Role	Works according to policy How to access procedures / policy Partnership working Resolving conflict (accessing advice)			
2. PDP	Contributes to PDP Recording progress Monitoring understanding			
3. Duty of Care	Responding to complaints			
4. Equality and Diversity	Interacting with individuals (respect, beliefs, culture, values and preferences)			
5. Work in a person centred way	Minimise environmental factors Reporting concerns Raising concerns Raising concerns through any other channels Checking individuals are comfortable Recognising pain and discomfort Taking appropriate action Remove or minimise any environmental factors (cause pain) Promote emotional and spiritual wellbeing Promote identity and self esteem Support person centred values			
6. Communication	Appropriate verbal and non verbal Understand communication aids Reports concerns			
7. Privacy and Dignity	Demonstrates actions to maintain this Reports concerns Informed choice Risk assessment Support individuals to question Supports active participation in care			
8. Fluids and Nutrition	Not Applicable	N/A	N/A	N/A
9. Dementia and Cognitive issues				
10. Safeguarding (Adults)	Dignity and respect			
11. Safeguarding (Children)				
12. Basic Life Support				
13. Health and Safety	Moving and assisting Handling hazardous substances			
14. Handling Information	Complete, accurate and legible records			
15. Infection Control	Hand hygiene			

0 = Not met

1 = Partially met

2 = Fully met

RECEPTIONIST PROGRAMME
TRAINING LOG

TRAINEE NAME:

Please use this log to record your training sessions with the Training Team Trainer or Clinical Lead for each Module.

Session	Date	Time	Trainer / Clinical Lead	Trainer / Clinical Lead Sign	Trainee Sign
1					
2					
3					
4					
5					

**PLEASE RETURN THIS FORM WITH YOUR SIGN OFF FOR THIS MODULE TO
 GLOVER STREET FAO: THE BADGER TRAINING TEAM.**