

Insulin or fixed ratio combination Insulin and GLP1 agonist Competency Signoff

Participants: Registered Nurses (RN), Registered Dietitians (RD) working in Haldimand Norfolk Diabetes Program who have met the following qualification standards:

Criteria for initial qualification or if on a leave for longer than one year.

- Self-assessment of competency skills checklist (Appendix A)
- Any gaps in knowledge where competency is not self-assessed a learning plan will be developed with the medical advisor or delegate until competency is achieved.
- Completion of the written examination (Appendix B) with a grade not less than 80% corrected by the medical advisor or delegate;
- Completion of 6 case study scenarios reviewed by a certified educator or physician delegate (Appendix C);
- To assess the critical thinking and application of knowledge to practice the medical directive or delegate will assign a competency of C(competent), S(requires support) or N (requires knowledge development) for supervised insulin adjustments. There will be 2 components for each type of insulin adjustment (premix, dose scale, set bolus, carbohydrate to insulin ratio, insulin sensitivity factor, basal insulin, basal combination with GLP-1 agonist)
- If competency is judged to be inadequate, the educator will be required to continue supervised clinical practice.

Criteria for Recertification: Recertification will be required every two years and will consist of:

- Evidence of participation in continuing education- minimum 16 hours per year;
- An assessment of insulin adjustments to assess the critical thinking and application of knowledge to practice. The medical directive or delegate will assign a competency of C(competent), S(requires support) or N requires knowledge development) for insulin adjustments. There will be 2 components for each type of insulin adjustment (premix, dose scale, set bolus, carbohydrate to insulin ratio, insulin sensitivity factor, basal insulin, basal combination with GLP-1 agonist)

Purpose:

To assess the critical thinking and application of knowledge (reflective of the competency self-assessment) to practice, meeting the requirements of the Medical Directive: Adjusting Insulin and Mixed Insulin GLP1 agonist in the Diabetes Program.

Guidelines:

Competency Assessment with the Medical Director of the diabetes clinic or designate.

1. The Medical Advisor or designate will assign a competency of C (competent), S (requires support), or N (requires knowledge development) for reviewed insulin adjustments
2. To implement the medical directive Insulin adjustment for patients on subcutaneous insulin therapy: competency will be demonstrated on two occasions for each component
3. For participants with a competency assessment evaluated as S (requiring support) will continue to have support on these components until competency is achieved
4. For participants with a competency assessment evaluated as N (requiring knowledge development) requires meeting with the medical director/practice leader/ designate to develop a learning plan

Name: _____

Year: _____

Subcutaneous Insulin or Insulin/GLP1 Adjustment

Date	Insulin Component	C(competent) S (requires support) N (requires knowledge development)	Evaluator Signature
	<input type="checkbox"/> Premix	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Premix	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Dose scale	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Dose scale	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Set bolus	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Set bolus	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> CIR	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> CIR	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> ISF	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> ISF	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Basal	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Basal	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Basal plus GLP 1	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	
	<input type="checkbox"/> Basal plus GLP 1	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> N	