

Assessment of Competence for Non-Registered Healthcare Practitioners (Dietetic Assistant Practitioner (DAP) & Dietetic Support Worker (DSW))
Clinical Skill: Estimating height from ulna length

Name:	Ward/Dept: Nutrition and Dietetics
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AIM:	The aim of this document is to provide the Dietetic Assistant Practitioner (DAP) & Dietetic Support Worker (DSW) with adequate knowledge and skills to perform the above task safely and competently.
OBJECTIVES:	<p>The DAP/DSW will be able to:</p> <ul style="list-style-type: none"> • Demonstrate understanding of why Ulna length is measured and be able to interpret the estimated height of the patient based on the measurement • Acknowledge the limitations of using this measurement • Demonstrate the knowledge and skills necessary for the safe completion of this task • Demonstrate competence in carrying out the task safely • Demonstrate understanding of own scope of practice when carrying out this task and when to seek additional support from a registered clinician.
PREREQUISITES:	<ul style="list-style-type: none"> • Familiarise with relevant guidelines: <ul style="list-style-type: none"> ○ BAPEN – The ‘MUST’ Explanatory booklet; 3.11 (https://www.bapen.org.uk/pdfs/must/must_explan.pdf) ○ PENG Parenteral & Enteral Nutrition Specialist Group. A Pocket Guide to Clinical Nutrition (2018). Assessment 2. 2.11 Ulna length. • Anthropometry tutorial completion
TRAINING:	Attendance at <i>Anthropometry tutorial</i> provided by a Specialist Dietitian in the department.
ASSESSMENT:	Using performance criteria below. Assessment of competence will be by a Specialist Dietitian in the department.
RISK ASSESSMENT:	LOW (level of risk of harm due to user error)
UPDATE:	Competence to be reviewed annually by a Specialist Dietitian and annually at appraisal/Individual Performance Development Review (IPDR).

UNDERPINNING KNOWLEDGE

It is expected that the DAP/DSW will:

- Attend the Anthropometry tutorial to gain knowledge and skills for this task
- Read above guidelines
- Understand and can explain why an ulna measurement needs to be carried out,
- Has knowledge of the frequency an ulna measurement should be carried out
- Understand and explain in what circumstances this task may not be appropriate to undertake
- Is able to explain the steps of taking the measurement (overleaf) in lay terms for a patient to understand
- Understand, explains and be able to apply actions if they should find themselves in a situation outside of agreed protocol (overleaf) for task to be carried out
- Understand and apply trust documentation standard following the task
- Gain consent or agree task is being performed in patient best interests with family or carer prior to carrying out task

- Identify the designated trainers and ensure training has been carried out to a point where DAP/DSW is comfortable to take on above task.

I certify that the above named healthcare practitioner has successfully completed the theoretical assessment which covers the above.

Signed:		Date:	
Print Name:		Position:	

CLINICAL SKILL	Performed Safely	
PERFORMANCE CRITERIA - The practitioner will:	(✓) 1	(✓) 2
1. Understand and be able to explain the reasons for carrying out ulna length measurement.		
2. Gains consent from the patient, carer, or document the best interests' decision.		
3. Wash/alcohol gel hands and wears appropriate PPE as per current guidelines.		
4. Explains below steps to patient in laymen's terms and checks patient/carers understands required actions.		
5. Asks patient to: <ul style="list-style-type: none"> • Bend their arm (left if possible/no contraindications). • Place their palm across their chest with their fingers pointing to the opposite shoulder. • If patient is unable to move their arm, gently manipulate to the required position if appropriate and safe to do so. • Abandon the measurement at this point if the patient's arm will not move easily into position. 		
6. Use a disposable tape measure (or a tape measure that is able to be appropriately sanitised between patients) to undertake the ulna length: <ul style="list-style-type: none"> • Place the 0cm mark of the tape measure on the midpoint of the styloid process (prominent bone of the wrist). • Ensuring the tape measure remains taught, measure from the styloid process to the olecranon process (point of the elbow) in cm. 		
7. Record the measurement (in cm).		
8. Repeat steps 5 to 7 three times and take an average measurement. Documents the average. <i>N.B: if you are unable to take the measurement 3 times, document the measurement and state single measurement.</i>		
9. Using the measured length in cm, review the BAPEN ulna conversion chart based on age and gender to obtain an estimated height in metres.		
10. Relay the estimation to the patient/carers if appropriate, acknowledging potential limitations of the measurement.		
11. Dispose of the tape measure into personal use PPE bag(s) if on home visit, or use a Clinell wipe to clean the tape measure if re-useable.		

12. Discard PPE in patient's house hold/on-site waste (as appropriate).		
13. Document full procedure in dietetic record card/electronic notes, and report back to supervising dietitian as requested.		
I confirm that the above named healthcare practitioner has completed the assessment competently at 2 nd observation.		
Signed:		Date:
Print Name:		Position:

ASSESSOR COMMENTS

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CANDIDATE COMMENTS

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DECLARATION

I confirm that I have had theoretical and practical instruction on how to safely and competently estimate height from ulna length, and agree to comply with the policy and procedures of the Trust. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Signed:		Date:	
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SPONSOR/PEER REVIEW

To ensure the content is accurate, current and evidenced based, competencies are required to be peer reviewed by subject matter experts within the specialty. It is your responsibility, as the author, to ensure this is undertaken and the peer review section is signed by the appropriate person.

Author's Name:	Madeleine Williams	Position:	Home Enteral Feeding Team Dietitian
Peer Review Name:	Ella Warsop	Position:	Home Enteral Feeding Team Dietitian
Signed:		Date:	

REFERENCES

BAPEN – The 'MUST' Explanatory booklet; 3.11 (https://www.bapen.org.uk/pdfs/must/must_explan.pdf)

Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition; Clinical guideline [CG32]Published: 22 February 2006 Last updated: 04 August 2017; 1.2, 1.3, 1.5

PENG Parenteral & Enteral Nutrition Specialist Group. A Pocket Guide to Clinical Nutrition (2018).
Assessment 2. 2.11 Ulna length.

1 copy in Personal File; 1 copy to be recorded on the Training Database; 1 copy in Portfolio