

# Cervical Skills Competency Workbook

Please return to:

Practice Nurse Support and Development Team

[PNA.Team@ggc.scot.nhs.uk](mailto:PNA.Team@ggc.scot.nhs.uk)

**Please return by 26 weeks from course date**



Cervical Skills Competency Workbook

Student Name and contact details Name:

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Practice Name and Code: \_\_\_\_\_

Practice address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Introduction to cervical skills training course:

This training course is a competency based, theoretical and practical programme which involves Self-directed learning including completion of:

- Attendance at the core one day theoretical cervical skills training course
- Observation of two fully person centred cervical screening consultations by practice assessor
- Discussion of the above observed consultations with practice assessor
- Completion of 5 supervised person centred cervical screening consultations
- Reflective discussion on above 5 supervised person centred cervical screening consultations
- 5 indirect supervised person centred cervical screening consultations
- Demonstrate SCCRs competency
- Attendance for 1 session at colposcopy Click [HERE](#) for colposcopy contacts
- Completion of quality improvement assignment
- Completion of log book, competency and completion verification certificate

### Entry Requirements

- Student must be a qualified practicing nurse/midwife or qualified medical doctor
- The student is able to complete the training criteria within a 26 week period

### Pre-Course Requirements

- NHS email access
- SCCRS o Login/Password
- Knowledge of SCCRS
- Ability to use SCCRS appropriately
- Practice assessor (please ensure you have a practice assessor before attending training)
- Ability to attend Colposcopy
- Complete elearning
- Complete reading material

### Course Requirements

- Attend core one day training
- Attend session at colposcopy (**please contact colposcopy as soon as possible either before attending training or directly after training to arrange a date to attend. This will ensure that there is not a delay in your booklet being signed of and gaining your certificate**)
- Achieve 10 satisfactory cervical samples under guidance of practice assessor
- Achieve competency by having workbook ratified by practice assessor
- Demonstrate competency using SCCRs
- Complete quality improvement assignment

**Observation of two fully person centred consultations.**

**Consultation 1.** Brief notes on discussion between assessor and trainee (include emotions evoked).

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Date.

Trainee signature:

Practice assessor signature:

**Consultation 2.** Brief notes on discussion between assessor and trainee (include emotions evoked).

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Date.

Trainee signature:

Practice assessor signature:

**Smear record log book – 5 Direct supervised cervical screening consultations**

Date	CHI number Please remove CHI number when sending to <a href="mailto:PNA.Team@ggc.scot.nhs.uk">PNA.Team@ggc.scot.nhs.uk</a>	Description of Cervix	Comments	Results	Signature of practice assessor

### **Discussion and Reflection meeting**

Discussion and reflection, on the 5 supervised person centred cervical screening consultations, MUST now take place before student goes on to complete the 5 indirect cervical screening consultations. The practice assessor will assess at this point, through observation and discussion, if the trainee is now competent and confident, to progress onto delivering 5 indirect cervical screening consultations.

The following should be included in the discussion meeting:

- Anatomy and physiology
- Passing speculum
- Location of cervix and transformation zone
- Satisfactory sample taking
- SCCRs (see check list on next page)

Scottish Cervical Call and Recall System			
Demonstration of competence			
	Date	Activity	Practice assessors Signature
1		Understands the accountability and professional issues regarding personal login security. Has own username and password	
2		Able to demonstrate appropriate login to SCCRS. Able to navigate around SCCRS application effectively. Understands Alerts and is able to manage these appropriately	
3		Demonstrates ability to identify correct patient	
4		Understands and demonstrates how to complete SCRRS form and send to lab	
5		Able to access smear results returned from lab and knows process any actions generated from results	
6		Understands the referral process and time delays	

**Date discussion and reflection meeting took place:** \_\_\_\_\_

**Trainee signature:** \_\_\_\_\_

**Practice assessor signature:** \_\_\_\_\_

**Smear record log book – 5 In-direct supervised cervical screening consultations**

	Date	CHI number Please remove CHI number when sending to <a href="mailto:PNA.Team@ggc.scot.nhs.uk">PNA.Team@ggc.scot.nhs.uk</a>	Description of Cervix	Comments	Results	Signature of practice assessor
1.						
2.						
3.						
4.						
5.						

## Quality Improvement Assignment

Once you have completed your 2 shadow cervical screening consultations, you are asked to discuss with your assessor a topic for a quality improvement project. This could be timing of appointments, reducing barriers of uptake of screening appointments, content of a holistic consultation. Using a quality improvement tool. Write up what it is you are going to do and why, state how you are going to achieve this, how are you going to measure the outcome or know that your intervention was successful? What changes are required to achieve your goal?

Below are some QI tools and resources that you may find useful (see end of booklet for details on how to return your project along with this booklet).

[Plan Do Study Act](#)

[NHSGGC Quality Improvement Resources](#)

Record of Completion	Student Smear Record Log Book
Student signature:	_____
Mentor Signature:	_____
Date:	_____
Record of Completion	Student Attendance at Colposcopy Suite
Student signature:	_____
Supervisor Signature:	_____
Date:	_____

Student Details	
Surname	
Forename	
<p>Student Declaration</p> <p>I .....(Print Name)</p> <p>Certify that I have completed the NHSGGC Cervical Skills Course, and that my quality improvement assignment has been included along with this document.</p> <p>Signature of Student .....</p> <p>Date .....</p>	

Mentor Details	
Name	
Designation	
<p>Mentor Declaration</p> <p>I .....(Print Name)</p> <p>Certify that the student named above has completed the NHSGGC Cervical Skills Course.</p> <p>Signature of Mentor .....</p> <p>Date .....</p>	

Course Start Date	Completion Date	Update Due

**Options to return workbook and quality improvement assignment:**

- 1) documents into your Turas portfolio and then share link with [PNA.Team@ggc.scot.nhs.uk](mailto:PNA.Team@ggc.scot.nhs.uk)

Scan completed documents and then email them to [PNA.Team@ggc.scot.nhs.uk](mailto:PNA.Team@ggc.scot.nhs.uk)

Any question please don't hesitate to contact us at [PNA.Team@ggc.scot.nhs.uk](mailto:PNA.Team@ggc.scot.nhs.uk)

Or 0141 211 3632