

**Tracheostomy Competencies**



**Trainee**

**Name:** -------------------------------------------------------------

**Title:** ---------------------------------------------------------------

**Ward or department**: -----------------------------------------

**Clinical assessor(s)**

**Name:** -------------------------------------------------------------

**Title:** --------------------------------------------------------------- **Method of assessment:** -------------------------------------

**Attended Tracheostomy Study Day Yes / No**

**Date attended: ……………………………………………………………………**

**Faculty signature: ……………………………………………………………….**

# Supervision Record

Please detail your clinical supervision activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Activity**  | **Suggested learning activities**  |  **Clinical assessors**  **signature** |
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# Skill criteria Knowledge criteria

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| --- | --- | --- | --- |
| No errors observed  | 5  | Evaluation: *articulates response, what, when how and why*  | 5  |
| Occasional errors, corrected by trainee  | 4  | Synthesis: articulates the *connections between the parts*   | 4  |
| Frequent errors, corrected by trainee  | 3  | Analysis: *able to examine how parts relate to the whole*  | 3  |
| Frequent errors, not corrected by trainee  | 2  | Application: *can relate facts to another situation*  | 2  |
| Trainee unable to proceed without instruction/prompting  | 1  | Knowledge and understanding: *provides examples and distinguishes differences between examples*  | 1  |

S= skill (minimum level 4) K= knowledge (minimum level indicated in box \*)

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| --- | --- | --- | --- | --- |
| **Observable criteria**  | **Minimum level**  | **Tick level of achievement**  | **Assessment Outcome** | **Assessors** **Signature and Date**  |
|   | **\*State required level i.e. S4,K5** | **1**  | **2**  | **3**  | **4**  | **5**  | **Pass**  | **Fail**  |   |
| 1. ***Professional Considerations***
 |  |  |  |  |  |  |  |  |   |
| **1.1**  Discuss accountability issues in relation to this competency document |  |  |  |  |  |  |  |  |   |
| **1.2** Discuss the term informed consent |  |  |  |  |  |  |  |  |   |
| **1.3** Explore the professional boundaries in relation to the competency document  |  |  |  |  |  |  |  |  |   |
| 1. ***Anatomy and Physiology***
 |  |  |  |  |  |  |  |  |   |
| **2.1** Can discuss the anatomy and physiology of the upper airway |  |  |  |  |  |  |  |  |  |
| **2.2** Can define the term tracheostomy |  |  |  |  |  |  |  |  |  |
| **2.3** Can discuss the altered anatomy and physiology of a tracheostomy |  |  |  |  |  |  |  |  |  |
| **2.4** Can discuss the indications for a tracheostomy  |  |  |  |  |  |  |  |  |  |
| **2.5** Can discuss the difference between a tracheostomy and laryngectomy |  |  |  |  |  |  |  |  |  |
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| 1. ***National Tracheostomy Safety Project (NTSP)***
 |  |  |  |  |  |  |  |  |  |
| **3.1** Can safely set up a bedspace using the tracheostomy emergency equipment checklist |  |  |  |  |  |  |  |  |  |
| **3.2** Can discuss the key elements of the daily tracheostomy care bundle |  |  |  |  |  |  |  |  |  |
| **3.3** Can discuss the importance of the correct use, position and documentation of the bed head sign  |  |  |  |  |  |  |  |  |  |
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| 1. ***Effective and early recognition of tracheostomy ‘Red Flags’ and complications***
 |  |  |  |  |  |  |  |  |  |
| **4.1** Can identify and use all emergency equipment* Suction and correct suction catheters
* Oxygen with correct delivery system (tracheostomy mask, paediatric mask, bag-valve-mask, T-piece or Waters circuit as applicable)
* Tracheostomy box, as per local guidelines
* Resus/advanced airway trolley
 |  |  |  |  |  |  |  |  |  |
| **4.2** Can demonstrate the knowledge and ability to call for expert airway help  |  |  |  |  |  |  |  |  |  |
| **4.3** Can discuss the tracheostomy ‘Red Flags’ * Airway
* Breathing including signs & symptoms of respiratory distress
* Tracheostomy-specific
* General
 |  |  |  |  |  |  |  |  |  |
| **4.4** Can discuss the general complications of a tracheostomy and demonstrate the effective and early treatment of * Tube blockage
* Tube displacement
* Increased viscosity/dry secretions
* Chest infections
* Bleeding
 |  |  |  |  |  |  |  |  |  |
| **4.5** Identify 3 complications that may occur immediately after insertionFor each complication:* List signs and symptoms
* Identify methods of prevention

Discuss the immediate treatment |  |  |  |  |  |  |  |  |  |
| **4.6** Identify 3 complications that may occur 36 hours after insertionFor each complication:* List signs and symptoms
* Identify methods of prevention

Discuss immediate treatment  |  |  |  |  |  |  |  |  |  |
| **4.7** Can describe the differences of the adult tracheostomy and laryngectomy bed head signs |  |  |  |  |  |  |  |  |  |
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| 1. ***Effective and safe performance of tracheostomy inner tube care***
 |  |  |  |  |  |  |  |  |  |
| **5.1** Can explain the function of the inner tube |  |  |  |  |  |  |  |  |  |
| **5.2** Can explain the measures that can be taken to prevent inner tube occlusion |  |  |  |  |  |  |  |  |  |
| **5.3** Demonstrates the ability to safely remove, clean and re-insert a tracheostomy inner tube * Ensure that the patient is in a comfortable position
* Preparation of all essential bedside equipment
* Remove, clean and re-insert the inner tube as per local protocol
* The patient is observed post procedure for any signs of complications
 |  |  |  |  |  |  |  |  |  |
| **5.4** Can describe the minimum frequency that the inner tube needs to be checked as per local policy |  |  |  |  |  |  |  |  |  |
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| **6*. Suctioning***  |  |  |  |  |  |  |  |  |  |
| **6.1** Can discuss clinical indications for tracheal suctioning |  |  |  |  |  |  |  |  |  |
| **6.2** Can demonstrate ability to prepare and check all necessary bedside equipment  |  |  |  |  |  |  |  |  |  |
| **6.3** Prepare the patient and reassure about the suctioning to be performed  |  |  |  |  |  |  |  |  |  |
| **6.4** Can identify the correct suction catheter size |  |  |  |  |  |  |  |  |  |
| **6.5** Can set up the correct suction pressure |  |  |  |  |  |  |  |  |  |
| **6.6** Can demonstrate a safe and effective suctioning technique |  |  |  |  |  |  |  |  |  |
| **6.7** Dispose of all waste material effectively  |  |  |  |  |  |  |  |  |  |
| **6.8** Ensure patient is comfortable post procedure |  |  |  |  |  |  |  |  |  |
| **6.9** Can discuss the main complications of tracheostomy suctioning and how to minimise risk * Hypoxia
* Trauma/bleeding
* Vagal stimulation/bradycardia
* Bronchospasm/paroxysmal coughing
* Pain/anxiety
* Infection
 |  |  |  |  |  |  |  |  |  |
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| **7*. Emergency Algorithm*** |  |  |  |  |  |  |  |  |  |
| **7.1** Can discuss where to locate the correct bed head sign with attached emergency algorithm  |  |  |  |  |  |  |  |  |  |
| **7.2** Can discuss in detail emergency tracheostomy management following the algorithm |  |  |  |  |  |  |  |  |  |
| **7.3** Can demonstrate the ability to assess the tracheostomy tube patency* Speaking valve removal
* Passing the suction catheter
* Re-assess breathing
 |  |  |  |  |  |  |  |  |  |
| **7.4** Can demonstrate the ability to perform primary emergency oxygenation Standard airway manoeuvres:* Cover the stoma
* Bag-valve-mask
* Oral or nasal airway adjuncts

Tracheostomy stoma ventilation:* Paediatric face mask to stoma
* LMA applied to stoma

Can describe NO oral airway with laryngectomy patients (separate competency document)  |  |  |  |  |  |  |  |  |  |
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| **8*. Humidification*** |  |  |  |  |  |  |  |  |   |
| **8.1** Can describe the normal anatomical humidification process |  |  |  |  |  |  |  |  |   |
| **8.2** Discuss the importance of humidification in a patient with a tracheostomy and describe appropriate method of humidification including potential complications |  |  |  |  |  |  |  |  |   |
| **8.3** Can discuss and set up the different methods of humidification* Cold humidification
* Warm humidification
* Heat moisture exchange system (HME’s) e.g. Swedish nose, TrachPhone
* Nebulisers
 |  |  |  |  |  |  |  |  |   |
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| **9*. Stoma and skin care*** |  |  |  |  |  |  |  |  |  |
| **9.1** Can effectively clean and assess skin condition of the tracheostomy stoma  |  |  |  |  |  |  |  |  |  |
| **9.2** Can safely perform a routine wound swab of the tracheostomy stoma |  |  |  |  |  |  |  |  |  |
| **9.3** Can safely select and apply the appropriate tracheostomy dressing  |  |  |  |  |  |  |  |  |  |
| **9.4** Can demonstrate a safe and effective technique for changing the tracheostomy tapes |  |  |  |  |  |  |  |  |  |
| **9.5** Can discuss tracheostomy skin and stoma problems and correctly refer for tissue viability input |  |  |  |  |  |  |  |  |  |
| **9.6** Can assess and document the effectiveness of the applied humidification  |  |  |  |  |  |  |  |  |   |
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| **10*. Can safely manage an inflated tracheostomy tube cuff***  |  |  |  |  |  |  |  |  |  |
| **10.1** Can describe a normal tracheostomy tube cuff pressure reading |  |  |  |  |  |  |  |  |  |
| **10.2** Can safely use a cuff pressure manometer |  |  |  |  |  |  |  |  |  |
| **10.3** Can accurately document routine tracheostomy cuff pressure observations |  |  |  |  |  |  |  |  |  |
| **10.4** Can describe the symptoms of a tracheostomy cuff leak and actions required |  |  |  |  |  |  |  |  |  |
| **11*. Effective use of a speaking valve and different forms of communication for a patient with a tracheostomy*** |  |  |  |  |  |  |  |  |  |
| **11.1** Explain why a patient may be unable to speak |  |  |  |  |  |  |  |  |  |
| **11.2** Can discuss the different types of speaking valves available within the trust |  |  |  |  |  |  |  |  |  |
| **11.3** Can demonstrate how to safely attach and detach a speaking valve |  |  |  |  |  |  |  |  |  |
| **11.4** Can discuss when you can or cannot use a speaking valve |  |  |  |  |  |  |  |  |  |
| **11.5** Can discuss when to change the speaking valve |  |  |  |  |  |  |  |  |  |
| **11.6** Can discuss different communication methods i.e. pen and paper, iPad, picture charts or alphabet charts |  |  |  |  |  |  |  |  |  |
| **11.7** Can discuss how and when to refer to SALT for specialist assessment or advice on communication difficulties |  |  |  |  |  |  |  |  |  |
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| **12*. Can demonstrate knowledge of the importance of expert speech, voice and swallowing input with a tracheostomy patient*** |  |  |  |  |  |  |  |  |  |
| **12.1** Can discuss the physical and psychological impact of a tracheostomy on a patients speech and swallow |  |  |  |  |  |  |  |  |  |
| **12.2** Can discuss when to refer to SALT  |  |  |  |  |  |  |  |  |  |
| **12.3** Can collaborate with SALT to develop an individualised plan of care |  |  |  |  |  |  |  |  |  |
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| **13*. Can safely transfer a patient with a tracheostomy*** |  |  |  |  |  |  |  |  |  |
| **13.1** Can effectively identify and assemble the correct equipment required to safely transfer a patient with a tracheostomy |  |  |  |  |  |  |  |  |  |
| **13.2** Can identify and ensure that all personnel required for a safe transfer are present |  |  |  |  |  |  |  |  |  |
| **13.3** Ensure that the receiving department/ward are aware of the patient transfer |  |  |  |  |  |  |  |  |  |
| **13.4** Can effectively handover the patient including appropriate documentation and ongoing issues with the patient’s tracheostomy are identified |  |  |  |  |  |  |  |  |  |
| **14*. Can accurately complete all relevant documentation*** |  |  |  |  |  |  |  |  |  |
| **14.1** Ensure that a full colour and correct type of bedhead sign is correctly completed and clearly observable at the patient bedside |  |  |  |  |  |  |  |  |  |
| **14.2** Can accurately record all tracheostomy observations  |  |  |  |  |  |  |  |  |  |
| **14.3** Can demonstrate that the tracheostomy care bundle, care plan and emergency checklist are kept up to date |  |  |  |  |  |  |  |  |  |
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| **15*. Infection Control*** |  |  |  |  |  |  |  |  |  |
| **15.1** Can demonstrate awareness of the different levels of PPE required when attending individual patients |  |  |  |  |  |  |  |  |  |
| **15.2** Can demonstrate the appropriate donning and doffing procedure according to the guidelines |  |  |  |  |  |  |  |  |  |
| **15.3** Can demonstrate how to dispose of equipment/materials used appropriately |  |  |  |  |  |  |  |  |  |

**Competency Statement**

**Practitioner’s signature and date:**

I am competent in this procedure at this time and understand the standard statement, action and outcome. Having received appropriate training, I accept full responsibility for the maintenance my own competence and have discussed this role as part of my job description with the person to whom I am managerially accountable.

|  |  |
| --- | --- |
| Signature:    | Date:  |
| Printed name:  | Date:  |

**Clinical Assessor’s signature and date:**

I confirm that the above practitioner has achieved the required competency level and is now able to work autonomously in an unsupervised capacity.

|  |  |
| --- | --- |
| Signature:    | Date:  |
| Printed name:  | Date:  |

Job role:

Please place one copy of this record in your professional portfolio and give a second copy to your line manager

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