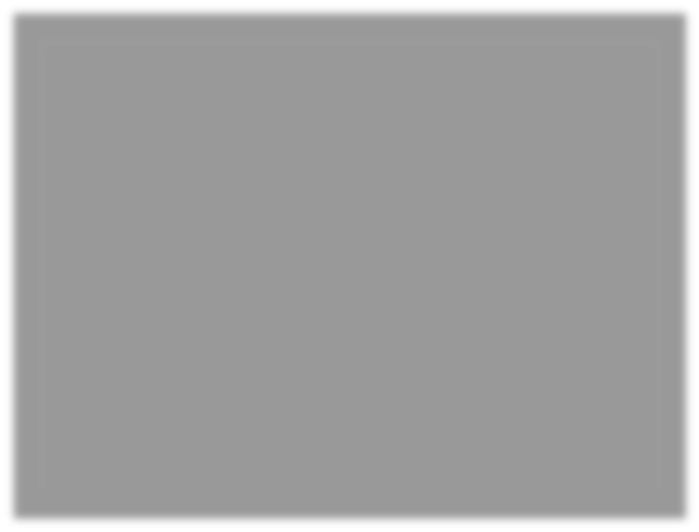


**Tracheostomy Competencies**



**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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |
| **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. ***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 |  |  |  |  |  |  |  |  |  |
| **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. ***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 insertion  For 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 insertion  For 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 |  |  |  |  |  |  |  |  |  |
| **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. ***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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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) |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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 |  |  |  |  |  |  |  |  |  |
| **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**   |  |
| **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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