Competency Document

Care of the Adult Patient with a Temporary Tracheostomy or Laryngectomy

Name:

Department:

Lead Assessor:

Theory Completion Date:

Contents

Introduction

Assessment

Staff completing this booklet will be assessed by a suitably trained Assessor. It is the responsibility of the individual to ensure that they have a competent Assessor, who will be identified in conjunction with the Department Manager.

A Registered Practitioner is expected to demonstrate a minimum of Level 4 of Steinaker and Bell's taxonomy as identified below (Page 4) in all competences. Beyond the preceptorship period Registrants are expected to be demonstrating competence at Level 5 in most areas.

Where Assessors feel a particular skill is demonstrated at Level 5, this should be noted within the assessment. The Ward-based Assessor must ensure that each outcome is reviewed, signed and dated indicating achievement or non-achievement.

The Ward-based Assessor will:

- Meet with the assesse regularly, review competencies and set realistic timescales for achievement.
- Accurately and honestly assess the candidate against the competence criteria. Identify any competencies not being met and provide constructive feedback and guidance to support and enable the assesse to become competent.
- Review progress midway through the programme and escalate to the Ward Manager if timescales are not being achieved or other concerns identified.

Where a competence cannot be demonstrated because that element of care is not delivered in a particular clinical setting this should be documented in this booklet by the manager of that clinical area. The Registrant is expected to ensure any competencies omitted because the opportunities are not available, are achieved within a timely manner – usually 4-8 weeks - should they move to a clinical area where that skill is required.

Failure to progress

Where areas of concern are identified or the Registrant fails to achieve competence in a timely manner this should be escalated to the Department Manager at the earliest opportunity. The individual, Ward Manager and the assessor must agree clear action plans to facilitate achievement within a defined timescale. These plans must be documented in the individual's personal file and progress regularly reviewed. Further failure to progress should then be managed under the Trust's Capability or Conduct Procedures.

Relevant Contact Details:

These competencies have been developed by the Faculty of Research and Clinical Education with consultation from Trust senior nursing staff and the Trust Competency Group. The FORCE team may be able to offer support or identify appropriate training opportunities to Ward Matrons or Assessors for individual nurses who are failing to demonstrate competence and can be contacted as below:

- Faculty of Research and Clinical Education Phone – Ext 5794
- Faculty of Research and Clinical Education Email – force@walsallhealthcare.nhs.uk

Assessment Taxonomy

The following taxonomy developed by Steinaker and Bell (1979) describes the sequence of levels of skills acquisition which individuals progress through as they learn and develop competence in a skill.

All Registrants are expected to demonstrate skills at a minimum of Level 4 of the taxonomy to be deemed competent. Beyond the preceptorship period Registrants are expected to be demonstrating competence at Level 5 in most areas. Where assessors feel a particular skill is demonstrated at Level 5, this may be noted within the document.

Taxonomy level	Learners performance	Criteria for accepted performance	Implications for mentors / assessors
Level 1 (L1)	Exposure	Gain understanding through exposure of the knowledge, skills and attitudes needed for professional competence.	Selects and presents information. Demonstrates appropriate task. Acts as a motivator to reduce anxiety and maintain confidence. Observes trainees willingness to learn.
Level 2 (L2)	Participation	Completes competence only with substantial supervision and support. Student is unable to relate theory to practice	Offers guidance and supportive feedback. Questions the trainees understanding. Promote further thought and learning from situation. Observes level of learner participation.
Level 3 (L3)	Identification	Perform competency safely with minimal supervision / support, is able to relate theory to practice.	Less supervision and intervention. Provides advice and feedback. Reinforces good practice. Asks questions of the trainee, relating theory to practice.
Level 4 (L4)	**Internalisation**	**Able to explain the rationale for nursing action, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings.**	**Requires less supervision whilst caring for a group of patients/clients, demonstrates ability to use problem solving skills, critical analysis and evaluation.**
Level 5 (L5)	Dissemination	Capable of independent nursing practice. Advises others, teaches junior colleagues and demonstrates ability to manage care delivery by junior staff.	Requires minimal supervision to plan, implement and evaluate care for a group of patients. Demonstrates critical analysis, evaluation and decision-making skills

Steinaker, N. and Bell, M (1979), The Experiential Taxonomy: A New Approach to teaching and learning.

Statement of Practice for: Care of the Adult Patient with a Temporary Tracheostomy

The following competency assessment document complements the teaching presentations and simulated demonstrations you will participate in during the Tracheostomy study day. The eleven competencies are designed around current national guidance. This will ensure all relevant areas of basic tracheostomy care are covered and will help prepare you to competently care for a patient with a tracheostomy in the ward environment.

Competence in each area will be achieved by:
Undertaking group work and practising core elements in mannequin-based scenarios. This will include completion of all 11 simulation competencies.
In order to deliver safe and effective tracheostomy care and become more confident in transferring the knowledge and skills gained on the study day; you will be expected to complete the ward-based performance assessment. If you require further exposure to patients with a tracheostomy, please contact CCOT or ITU.

Simulation Assessment : Classroom		**Performance Assessment: Ward Area**		**Comments**
Date:		**Date:**		
Assessor Initials:		**Assessor Initials:**		

Performance Criteria

Demonstrates organisation, behavioural and clinical competence achieved at level 4 (see page 4)

	Simulation Assessment (Yes/No)	**Performance Assessment** (Yes/No)	**Comments**
Organisational Competence			
Candidate demonstrates familiarity with Trust Clinical Policies and Guidelines: Standards for the Care of Adult Patients with a Tracheostomy Nursed on General Wards.			
Behavioural Competence			
Candidate demonstrates understanding of the implications of the following for the practitioner caring for an adult patient with a tracheostomy: • Accountability • Informed consent • Product liability • Documentation and communication Candidate demonstrates ability to explain to patient, relatives/carers the reasons for, tracheostomy and on-going care and management, explain the procedure and effectively address any concerns.			
Clinical Competence			
Candidate can:			
Accountability Demonstrate an understanding of one's own limitations in knowledge & experience and the importance of not operating beyond these.			

KNOWLEDGE COMPETENCE 1: What is a Tracheostomy?	Simulation	Ward	Comments
Discuss understanding of what is a tracheostomy.			
Discuss 3 reasons why a patient may need a tracheostomy.			
Discuss which two techniques are used for insertion of tracheostomy.			
With formation of tracheostomy, anatomical 'dead space' can be reduced by up to 50% which can improve ventilation to the lungs. Discuss 3 other physiological changes that occur.			
KNOWLEDGE COMPETENCE 2: What is a Laryngectomy?	**Simulation**	**Ward**	**Comments**
Discuss the physiological changes with a laryngectomy.			
Discuss the use of laryngectomy tubes and studs.			
Explain the role of the head and neck nurse.			
Identifies problems that can occur with a laryngectomy.			
Explain what a Tracheoesophageal Puncture (TEP) is.			
Explains what emergency action should be taken if a TEP comes out.			
KNOWLEDGE COMPETENCE 3: Oxygen and Humidification therapy	**Simulation**	**Ward**	**Comments**
Can describe the normal anatomical humidification processes.			
Discuss understanding of why humidified oxygen therapy must be administered to tracheostomy or laryngectomy patients.			
Discuss the methods of humidification that is available to the patient with a tracheostomy or laryngectomy.			
Explain what atelectasis is.			
State how often the water used for humidification should be changed.			
Explain what the dial on the humidifier should initially be set at.			

Explain how the different oxygen percentage levels are set via the humidifier.			
Discuss when should the water traps be checked, emptied and why.			
Explain how often should the oxygen tubing (large bore elephant tubing) & water traps be changed and why.			
KNOWLEDGE COMPETENCE 4: Tracheal Suction	**Simulation**	**Ward**	**Comments**
Discuss 4 indications for administering suction.			
States how often assessment and suctioning should be performed.			
Discuss the main complications of tracheostomy/Laryngectomy suctioning: A. Trauma/Bleeding B. Hypoxia C. Bradycardia D. Bronchospasm E. Pain/anxiety			
Explains how these complications can be avoided.			
Identifies where to find a relevant suction catheter size guide.			
Explain what level of suction pressure should be set via the walled suction unit and why.			
Discuss what additional therapy can be added to the patient's treatment to help loosen and mobilise secretions.			
States what equipment is required.			
PERFORMANCE COMPETENCE 4: Tracheal Suction	**Simulation**	**Ward**	**Comments**
Explains procedure to the patient and gains verbal consent.			
Ensures the correct equipment is available.			

Demonstrates IPC precautions.			
Ensures an appropriate inner cannula is in place.			
Oxygenates the patient if oxygen saturation level is low.			
Turns on suction unit, sets pressure to 15kPa, occludes suction tubing end and ensures that pressure does not exceed 20kPa.			
Selects correct size of suction catheter.			
Safely demonstrates the suction procedure.			
Ensures that the procedure takes no longer than 15 seconds.			
Folds the used suction catheter into transparent sterile glove and disposes of waste according to Trust policy.			
Re-applies oxygen therapy if needed.			
If multiple suctioning required, is the patient allowed sufficient time between procedures to recover.			
Flushes suction tubing through, using clean water.			
Demonstrates accurate completion of documentation.			
KNOWLEDGE COMPETENCE 5: Cleaning the inner cannula	**Simulation**	**Ward**	**Comments**
Discuss the importance of maintaining a clean and patent inner cannula.			
States how often the cannula should be inspected.			
Discuss why it is important to ensure a spare inner cannula is stored at the patient's bedside in a sterile transparent glove.			
Discuss why the cannula is not left to soak in Normal Saline or water.			
States how often disposable cleaning brushes should be changed.			

PERFORMANCE COMPETENCE 5: Cleaning the inner cannula	Simulation	Ward	Comments
Demonstrates communication with the patient regarding the procedure and gains verbal consent.			
Demonstrates IPC precautions.			
Ensures the correct equipment is available.			
Demonstrates untying of Tracheostomy mask & moves mask to one side.			
Demonstrates the correct method of placing 2 fingers on the flange of the tracheostomy tube. Removes the inner cannula in an 'out' and 'downwards' direction.			
Ensures that the inner cannula is clean and clear of secretion, re-inserts the cannula & replaces oxygen therapy.			
Identifies that cleaning is required, inserts a spare fenestrated inner cannula and replaces oxygen therapy.			
Places soiled tube in a receptacle e.g. a denture pot and covers with 0.9% sodium chloride.			
Using a sterile disposable brush ensures that all secretions are removed.			
Flushes inner cannula through with 0.9% sodium chloride ampoule.			
Dries cannula thoroughly with a clean dressing towel.			
Stores the clean dry inner cannula in a transparent glove.			
The patient is observed post procedure for any signs of complications.			
Demonstrates accurate completion of documentation.			
KNOWLEDGE COMPETENCY 6: Cleaning the tracheostomy site, changing the dressing and Velcro collar	**Simulation**	**Ward**	**Comments**
Discuss understanding of the aim and importance of tracheostomy and laryngectomy stoma care.			
States how often the stoma site should be assessed and re-dressed and why.			

Can discuss tracheostomy / laryngectomy skin and stoma problems, signs of possible infection. What action would you take if the stoma looked infected or stoma problems?			
States what equipment is required to clean the stoma, change dressings and collar.			
Explain why the stoma dressing should be pre-cut by the manufacturers.			
Discuss how many nurses are required for this procedure and why?			
PERFORMANCE COMPETENCY 6: Cleaning the tracheostomy site, changing the dressing and Velcro collar	**Simulation**	**Ward**	**Comments**
Demonstrates communication with the patient regarding the procedure and gains verbal consent.			
Ensures the correct equipment is available.			
Demonstrates assessment of the need to perform tracheal suction.			
Demonstrates IPC precautions.			
Ensures assisting nurse / CSW / student / AHP holds tracheostomy tube in place throughout the procedure.			
Soiled dressing and tracheostomy collar removed and placed in yellow dressing bag.			
Demonstrates assessment of stoma for signs of infection.			
Demonstrates cleaning and drying stoma site using an aseptic technique.			
Applies tracheostomy dressing.			
Applies tracheostomy collar ensuring that the correct tension is applied. Two fingers should fit comfortably under the tracheostomy collar.			
Accurately documents procedure and findings.			

KNOWLEDDGE COMPETENCY 7: Elective change of the tracheostomy tube	Simulation	Ward	Comments
Explains when the first tracheostomy tube change should be undertaken.			
Explains why the procedure is not carried out sooner than this.			
Which is the only type of tracheostomy tube used in patients in ward areas at the Walsall Manor hospital?			
What is the maximum amount of time a Blue Line Ultra tracheostomy tube can be left in place?			
Discuss reasons why tracheostomy tubes are changed / downsized.			
PERFORMANCE COMPETENCY 7: Elective change of the tracheostomy tube	**Simulation**	**Ward**	**Comments**
Demonstrates communication with the patient regarding the procedure and gains verbal consent.			
Assembles all the equipment required to carry out procedure.			
Assists CCOT, anaesthetist or ENT medic to safely change the tracheostomy tube.			
Ensures that the patient is reassured and comfortable post procedure ensures that any problems, concerns or abnormal observation are escalated.			
KNOWLEDGE COMPETENCY 8: Emergency management of the patient with a tracheostomy and laryngectomy	**Simulation**	**Ward**	**Comments**
Can discuss the general complications of a tracheostomy/laryngectomy, and the effective and early treatment of: A. Tube Blockage B. Tube displacement C. Increased viscosity/dry secretions D. Increased chest infections E. Bleeding			

List the emergency equipment that must be kept at the bed side of all patients with tracheostomy or laryngectomy.			
Clinically, what signs and symptoms would the patient exhibit that would suggest respiratory distress?			
Explain how you would assess your patient for cessation of breathing?			
Where can you find the emergency tracheostomy and laryngectomy algorithms? Discuss the differences between the tracheostomy and laryngectomy algorithms.			
Describe the basic differences between the tracheostomy and laryngectomy. Bed-head signs. Discuss the importance of the bed head signs, the correct use, position and documentation.			
Explain the default emergency action of applying oxygen to the face and the stoma for all neck breathers when there is doubt as to the nature of the stoma.			
Can discuss the need to call for expert airway help.			
PERFORMANCE KNOWLEDGE COMPETENCY 8a: Emergency management of the patient with a tracheostomy and laryngectomy	**Simulation**	**Ward**	**Comments**
Looks, listens and feels at mouth and tracheostomy stoma for presence or absence of breathing.			
Applies 100% oxygen to both face and tracheostomy stoma.			
Calls for assistance, demonstrating knowledge of Trust resuscitation policy.			
Looks, listens and feels for presence or absence of breathing.			
Recognises some spontaneous breathing so attempts to pass a correctly sized suction catheter.			
Removes cleans and replaces tracheostomy inner tube.			
Removes tracheostomy tube and occludes stoma using sterile gauze or similar.			

Can demonstrate standard oral airway manoeuvres. Head tilt, Chin lift, Insertion of Guedel airway.			
Ensures facial oxygen therapy continues whilst waiting for expert help.			
PERFORMANCE KNOWLEDGE COMPETENCY 8b: Emergency management of the patient with a tracheostomy and laryngectomy	**Simulation**	**Ward**	**Comments**
Looks, listens and feels at mouth and laryngectomy stoma for presence or absence of breathing.			
Applies 100% oxygen to the laryngectomy stoma. Demonstrates that if in doubt whether patient has a laryngectomy, applies 100% oxygen to face also.			
Calls for assistance, demonstrating knowledge of Trust resuscitation policy.			
Looks, listens and feels for presence or absence of breathing.			
Recognises some spontaneous breathing so attempts to pass a correctly sized suction catheter.			
Removes cleans and replaces tracheostomy inner tube.			
Removes tracheostomy tube and applies 100% oxygen to stoma.			
Recognises that laryngectomy patients have a stoma that ends in the neck and cannot be oxygenated via the mouth or nose.			
Ensures oxygen therapy continues at the stoma site whilst waiting for expert help.			
KNOWLEDGE COMPETENCY 9: Mini tracheostomy	**Simulation**	**Ward**	**Comments**
Explain what is a mini-tracheostomy?			
Discuss the differences between a mini-tracheostomy and a tracheostomy.			
Explain what is the primary function of a mini-tracheostomy?			

Explain how does performing suction through a mini-tracheostomy differ from suction through a tracheostomy?			
Explain if a patient has a mini-tracheostomy insitu and requires supplementary oxygen, how is this administered?			
KNOWLEDGE COMPETENCY 10: Use of speaking valves	**Simulation**	**Ward**	**Comments**
Explains why speaking valves are used with tracheostomy patients. Discuss when speaking valves are not appropriate to use.			
Can discuss different communication methods i.e. pen and paper, iPad, picture charts or alphabet charts.			
Explains which inner cannula must you ensure is in place before using a speaking valve.			
Discuss how the speaking valve works.			
If a patient is breathless shortly after application of the speaking valve, explain what would you do?			
Discusses the physical & psychological impact of a tracheostomy on a patient's speech & swallowing.			
Discuss when and how to refer to SaLT for specialist assessment or advice on communication difficulties and swallowing assessment.			
PERFORMANCE COMPETENCY 10: Use of speaking valves	**Simulation**	**Ward**	**Comments**
Demonstrates assessment of the patient's suitability for speaking valve use (Gloved finger occlusion).			
Communicates with the patient regarding the procedure and gains verbal consent.			
Ensures that the cuff is deflated and the pink fenestrated inner cannula is insitu.			
Once insitu, instructs the patient to breathe in via tracheostomy & out through the mouth.			
Ensures patient is observed for any signs of deterioration, checks oxygen saturation levels whilst valve is insitu.			

KNOWLEDGE COMPETENCY 11: De-cannulation caps and De-cannulation	Simulation	Ward	Comments
Discuss why we use de-cannulation caps with tracheostomy patients.			
Explain which inner cannula must be in place before using a de-cannulation cap.			
Explain how the cap works.			
How long should a cap be insitu before considering de-cannulation?			
Who should be involved in the decision to de-cannulate a patient?			
Discuss the de-cannulation procedure.			
Post de-cannulation what observations should be monitored? How long should the emergency equipment box be left at the bedside?			
Discuss the clinical signs and symptoms of respiratory distress.			
PERFORMANCE COMPETENCY 11: De-cannulation caps and De-cannulation	**Simulation**	**Ward**	**Comments**
Demonstrates assessment of the patient's suitability for de-cannulation cap use.			
Demonstrates communication with the patient regarding the procedure and gains verbal consent.			
Ensures that the cuff is deflated and the pink fenestrated inner cannula is insitu.			
Correctly applies the de-cannulation cap.			
Demonstrates safe de-cannulation of the patient and occlusion of the stoma.			

If the candidate does not achieve the statement of practice, an action plan for development must be detailed below

Signature of Assessor: _____ Print Name: _____ Date: _____

Signature of Registrant: _____ Print Name: _____ Date: _____

Statement of Practice: Care of the Adult Patient with a Temporary Tracheostomy or Laryngectomy
Final Competency Sign-Off

I declare that I have assessed the individual and found them to be competent in this statement of practice and in accordance with current Trust policies and procedures.

Signature of Assessor: _____

Print Name: _____ Date: _____

I declare that I believe I have demonstrated competence in this statement of practice. And that I have read and understood relevant Walsall Healthcare Trust policies/guidelines. I understand that I am required to ensure that I maintain this level of competence and practice in accordance with Trust policies and procedures.

Signature of Registrant: _____

Print Name: _____ Date: _____

The following page - Final Competency Sign-Off (Area Manager Copy) - should be completed and given to the Ward Matron as evidence of Competence. The Area Manager should sign for receipt of this copy below.

I confirm that I have received the Final Competency Sign-Off (Area Manager Copy)

Signature of Area Manager: _____

Print Name: _____ Date: _____

Statement of Practice: Care of the Adult Patient with a Temporary Tracheostomy or Laryngectomy
Final Competency Sign-Off (Manager Copy)

Candidate Name (Print): _____

Clinical Area: _____

Theory Completion Date: _____

I declare that I have assessed the individual and found them to be competent in this statement of practice and in accordance with current Trust policies and procedures.

Signature of Assessor: _____

Print Name: _____ Date: _____

I declare that I believe I have demonstrated competence in this statement of practice. And that I have read and understood relevant Walsall Healthcare Trust policies/guidelines. I understand that I am required to ensure that I maintain this level of competence and practice in accordance with Trust policies and procedures.

Signature of Registrant: _____

Print Name: _____ Date: _____

*PLEASE RETURN A SCANNED COPY OF THIS PAGE **ONLY** TO THE FORCE FACULTY AT EMAIL:*

Force@walsallhealthcare.nhs.uk