



Tracheostomy Competencies Framework

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1. Introduction

This document is a set of core competencies that cover both adult and paediatric caseloads and reflects guiding principles in tracheostomy care for safe and best practice.

All of the core competencies and skills will need to be tailored to your specific job description, client group and setting. Skills that are not required for your setting or client group do not need to be met as agreed with your supervisor and documented accordingly.

The core competencies have not been repeated in each of the additional specialist sections so please use them in conjunction with the specialist sections that apply to you. Ideally the core competencies are achieved before progression to specialist areas.

You will need a tracheostomy mentor to guide you through this competency process. Depending on your resources, this may be someone outside of your existing team. You may need to use local networks to identify a suitable person. The tracheostomy mentor **must be** another speech and language therapist (SLT) working with patients with tracheostomies. Other members of the MDT can support competency development and add valuable understanding of MDT working.

Across the document the term one-way valve has been used in place of speaking valve, this is to cover the broader purpose of the valves and to reflect the changes in evidence.

Pre-requisite core skills

Independent in the management of dysphagia and communication in patients within the same setting and patient group as the patients with tracheostomies.

RCSLT Tracheostomy Training Log

Name of trainee:

Name of supervisor:

Job title trainee:

Job title supervisor:

Core tracheostomy competencies:

Date core tracheostomy competencies commenced

Date core tracheostomy competencies completed

Signed supervisee:

Signed supervisor:

Additional tracheostomy competencies (circle as appropriate):

Critical care/ventilator dependency Head and neck Burns Community and/or
long-term

Date competencies commenced

Date competencies completed

Signed supervisee: Signed supervisor:

2. Core tracheostomy skills

Theoretical tracheostomy knowledge

It is important that training SLTs have a good knowledge of the relevant evidence-based practice and reference the literature to evidence their acquisition of theoretical knowledge.

Please refer to section 8 of this document, *References/reading list*.

Examples of methods of theoretical knowledge acquisition:

- Reading relevant journals/books/literature
- Websites (eg NCEPOD, NTSP and relevant NICE guidance for speciality)
- Discussions with experienced MDT colleagues
- Observing colleagues in MDT
- Attendance at tracheostomy courses and simulation training
- Tutorials with a tracheostomy mentor
- Reading local protocols
- Case scenarios
- Visits to other hospitals
- External supervision
- Invite trainers to your department
- Attending MDT meetings, trache ward rounds etc
- Reflective log
- Attending RCSLT Trache CEN training days/watching webinars

Theoretical knowledge required	Evidence of achievement	Date and Supervisor's signature
Tracheostomy insertion		
1. Reasons for insertion of tracheostomy tube		
2. Different methods for tracheostomy insertion		
3. Risks and benefits of insertion		
Complications and impact		
4. Complications of tracheostomy (short- and long-term)		
5. Impact of previous airway management (eg intubation history, airway reconstruction) on tracheostomy weaning/decannulation		

<p>6. Impact of tracheostomy on autonomy, identity, relationships, activities of daily living, and quality of life</p>		
<p>Safety</p>		
<p>7. Awareness of routine tracheostomy care procedures (eg tape and dressing changes, sutures, stoma integrity, tube changes, inner cannula cleaning, humidification)</p>		
<p>8. Knowledge of tracheostomy red flags and how to respond appropriately (eg airway, breathing, tracheostomy specific) https://www.tracheostomy.org.uk/storage/files/Red%20flags.pdf</p>		
<p>9. Knowledge of emergency equipment (eg blue box) and its use</p>		

<p>10. Knowledge of the National Tracheostomy Safety Project (NTSP) tracheostomy emergency algorithm https://www.tracheostomy.org.uk/healthcare-staff/emergency-care/emergency-algorithm-tracheostomy</p>		
<p>11. Knowledge of local tracheostomy policies and national guidelines</p>		
<p>12. Knowledge of local infection prevention and control policy pertaining to tracheostomies</p>		
<p>Tracheostomy tubes and equipment</p>		
<p>13. Recognises the different parts of the tube and understands their function</p>		
<p>14. Knowledge of a range of different tube types, their function, rationale for use and contraindications</p>		

<p>15. Knowledge of tracheostomy equipment, its function and use (eg HME filter, one-way valves, suction equipment)</p>		
<p>SLT and MDT roles</p>		
<p>16. Understands the importance of including the patient and their family/carers in MDT decision making and tracheostomy care</p>		
<p>17. Knowledge of the role of SLT in tracheostomy weaning and management in a specific setting</p>		
<p>18. Understands the impact of voicelessness on individuals with a tracheostomy (eg on ability to indicate care needs, demonstrate capacity, participate in decisions, obtain information on what has happened, seek reassurance, make social connections with family/staff, impact on work/education)</p>		

<p>19. Knowledge of the roles and importance of collaboration with other MDT members</p>		
<p>Anatomical and physiological changes</p>		
<p>20. Knowledge of the anatomical and physiological changes when a tracheostomy is in situ and in patients with an unhealed stoma post decannulation</p>		
<p>21. Knowledge of the anatomical and physiological differences between a tracheostomy and a laryngectomy</p>		
<p>22. Knowledge of the physiological impact associated with different types of tubes/cuff status/one-way valves</p>		

Timing of assessment		
23. Understands the indications and contraindications for proceeding with SLT assessment/intervention		
24. Knowledge of the importance of assessment of oral hygiene, oromotor function and secretion management irrespective of cuff status		
Laryngeal assessment and rehabilitation		
25. Understands the benefits and techniques/challenges of early restoration of laryngeal airflow		
26. Knowledge of the appropriacy for cuff deflation with consideration of timing, secretion management and impact on respiratory function		

<p>27. Understands the benefits and impact of one-way valves on laryngeal function, voice, swallowing, respiratory function, cough and secretion management</p>		
<p>28. Knowledge of indications and contraindications for use of a one-way valve (eg airway patency, cuff status)</p>		
<p>29. When needed, is able to identify appropriate augmentative and alternative communication options, and train patients and staff to use them effectively</p>		
<p>30. Understands the signs of laryngeal dysfunction/upper airway obstruction and indications for laryngoscopy/Fibreoptic Endoscopic Evaluation of Swallowing (FEES)/referral to ENT</p>		
<p>31. Understands the impact of laryngeal findings on tracheostomy weaning and potential for decannulation</p>		

<p>32. Understands the indications and contraindications of above cuff vocalisation (ACV)</p>		
<p>33. Understands the importance of proactive secretion management on tracheostomy weaning (eg pharmacological management, restoration of laryngeal airflow)</p>		
<p>34. Understands risk/benefits/side effects of interventions to manage saliva (eg pharmacological agents, swallowing therapies and impact on pulmonary secretions)</p>		
<p>Swallowing assessment</p>		
<p>35. Understands the similarities and differences between swallowing assessments for patients with and without a tracheostomy</p>		

<p>36. Understands the limitations of an assessment of oral trials with an inflated cuff</p>		
<p>37. Understands the application and limitations of screening tools (eg blue dye) for detection of aspiration</p>		
<p>38. Understands the appropriate clinical contexts for feeding with an inflated cuff (eg found to be safe with instrumental assessment/QOL/patient choice/end of life)</p>		
<p>39. Knowledge of benefits of instrumental swallowing assessment (FEES, Videofluoroscopy (VFS)) to support feeding decisions (eg with cuff inflated or deflated)</p>		
<p>40. Able to consider oral and tracheal suction requirements as part of a swallowing assessment</p>		

<p>41. Understands the factors contributing to the swallowing impairment in patients with a tracheostomy</p>		
<p>Weaning</p>		
<p>42. Knowledge of the weaning process and decannulation including indications/ contraindications</p>		
<p>43. Knowledge of the impact of medical/surgical management and patient co-morbidities on the weaning process</p>		
<p>44. Knowledge of the different options to facilitate the weaning process (eg size/type of tracheostomy tube, one-way valves and capping)</p>		

45. Knowledge of existing protocols in the literature/local practice and an understanding of the need for an individualised approach to weaning		
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Core practical tracheostomy skills

Examples of methods for practical skill acquisition:

- Practice on models (eg Trache Tom)
- Observe on ward rounds/community clinic/outpatients
- Carry out with patients
- Case-based problem solving
- Simulation training

Note: There is no assumption made about the numbers of patients you have to see to achieve these competencies; this should be decided with your tracheostomy mentor in accordance with your needs, job requirements and clinical setting.

Skills required	Evidence of achievement	Date and Supervisor's signature
Information gathering		
1. Identifies reason for tracheostomy insertion, method of insertion and any related complications from case history		

<p>2. Recognises potential risk of airway complications following intubation and tracheostomy from case history and MDT discussion</p>		
<p>3. Able to gain information regarding secretion status from relevant sources</p>		
<p>Safety and equipment</p>		
<p>4. Able to locate and identify patient's emergency and routine equipment and bedhead signs (as appropriate to setting); initiate replacement/updates information where appropriate</p>		
<p>5. Identifies tracheostomy red flags and responds appropriately (eg partially blocked/displaced tube)</p>		
<p>6. Identify type, size and cuff status of tracheostomy</p>		
<p>7. Able to use relevant equipment (eg cuff pressure manometer, pulse oximeter, as appropriate to setting)</p>		

<p>8. Able to identify, troubleshoot and address problems with basic tracheostomy care (eg condition of tracheostomy stoma, sutures, large stoma leaks, signs of infection)</p>		
<p>9. Able to carry out and monitor subglottic suction and troubleshoot issues</p>		
<p>10. Able to remove, clean and reinsert inner tube according to local policy</p>		
<p>11. Recognises signs of overinflated or underinflated tracheostomy cuff and addresses as appropriate</p>		
<p>12. Recognises clinical signs of upper airway patency issues</p>		
<p>13. Ensures staff/carers/patient are aware of potential safety issues in one-way valve use and responds appropriately to unsafe practice</p>		

<p>14. Ensures staff/carers/patient are aware of safety issues in ACV use and responds appropriately to unsafe practice</p>		
<p>Cuff deflation, one-way valve, laryngeal assessment and weaning</p>		
<p>15. Able to deflate and re-inflate cuff and ensure that cuff pressure is checked</p>		
<p>16. Able to carry out basic clinical assessment of upper airway, recognise potential airway patency issues, and assess suitability for one-way valve trial</p>		
<p>17. Able to use ACV safely and appropriately</p>		
<p>18. Able to place one-way valve and remove safely</p>		

<p>19. Able to assess patients' ability to use one-way valve and impact on voice, swallowing, laryngeal function and respiration and troubleshoot any difficulties</p>		
<p>20. Able to contribute SLT findings to MDT tracheostomy management, tube selection, weaning and/or decannulation plans</p>		
<p>21. Able to tailor tracheostomy advice to individual patient's medical/surgical plans and/or other relevant management plans</p>		
<p>22. Able recognise signs of readiness for decannulation</p>		
<p>Swallowing assessment and management</p>		
<p>23. Able to carry out a swallowing assessment with a patient with a tracheostomy in situ and develop a management plan</p>		

<p>24. Provide tailored swallowing therapy to individuals with a tracheostomy and evaluate progress</p>		
<p>Communication with others</p>		
<p>25. Educates MDT, individual and family members about the impact of tracheostomy on communication, voice and swallowing</p>		
<p>26. Able to guide and train the MDT, individual and family on therapeutic and management strategies for laryngeal rehabilitation, communication and swallowing (eg one-way valve, ACV)</p>		

3. Critical care and/or ventilator dependency tracheostomy competencies

Please refer to ICS AHP Professional Development Framework, SLT Pillar, RCSLT Critical Care position paper, RCSLT FEES position paper for additional guidance and competencies.

Theoretical knowledge required	Evidence of Achievement	Date and Sign
1. Knowledge of the types and causes of respiratory failure		
2. Knowledge of respiratory support and interventions (eg O ₂ , high-flow O ₂ , cough assist, Extracorporeal Membrane Oxygenation (ECMO) etc.)		
3. Knowledge of the different types and modes of ventilation, their benefits and potential complications		

<p>4. Knowledge of ventilatory versus tracheostomy weaning and the interplay between these</p>		
<p>5. Knowledge of the physiological impact on ventilation of placing a one-valve in line with a ventilator (eg PEEP/subglottic pressure restoration)</p>		
<p>6. Knowledge of what values change on a ventilator with a one-way valve in line and and what adjustments to make compensate for these changes (eg consideration for reducing PEEP)</p>		
<p>7. Knowledge of the ventilation and respiratory parameters which indicate airway patency or patency concerns on assessment of upper airway airflow and one-way valve</p>		
<p>8. Knowledge of laryngeal rehabilitation options and relative benefits in individuals using mechanical ventilation (eg one-way valve, ACV, leak speech)</p>		
<p>9. Awareness of appropriate timing of intervention, impact of the environment and the individual's primary medical/surgical condition/treatment</p>		

<p>10. Awareness of the impact of mechanical ventilation on secretion management and swallowing in the presence of a deflated cuff (with/without a one-way valve in situ)</p>		
<p>11. Knowledge of the impact of cuffless tracheostomy tubes on laryngeal assessment (eg paediatric, long-term ventilation)</p>		
<p>Skills Required</p>	<p>Evidence of Achievement</p>	<p>Date and Sign</p>
<p>1. Identifies the ventilatory mode and key parameters of ventilation from the ventilator screen</p>		
<p>2. Demonstrates ability to place a one-way valve in-line with ventilator circuit, using the appropriate steps and equipment</p>		
<p>3. Demonstrates ability to implement leak speech and/or ventilator assisted leak speech when appropriate</p>		

4. Head and neck tracheostomy competencies

Theoretical knowledge required	Evidence of achievement	Date and sign
1. Understands the anatomical and functional changes between tracheostomy and laryngectomy (permanent stoma) patients		
2. Understands disease process and predicted trajectory and its impact on tracheostomy management and potential to wean		
3. Understands treatment intention (i.e. curative versus palliative) and its impact on tracheostomy management and potential to wean.		
4. Knowledge of the appropriate use of tracheostomy tubes in complex laryngectomy/pharyngolaryngectomy in acute management during the healing process		



Skills Required	Evidence of Achievement	Date and Sign
1. Facilitates communication for patients with laryngectomies with a tracheostomy tube in situ		

5. Burns tracheostomy competencies

Theoretical Knowledge required	Evidence of achievement	Date and sign
1. Knowledge of the risks of laryngeal injury from inhalation or ingestion burns and any impact on intubation duration or difficulty, tracheostomy weaning, voice and swallowing		
2. Knowledge of the effects of extent and type of burn injury on intubation and tracheostomy/ventilation requirements and swallowing		
3. Knowledge of the effect of neck burns and grafting on tracheostomy management (eg method of insertion, type of tube, stoma healing)		
4. Knowledge of dysphagia risks and patterns of recovery in burns patients (eg prolonged nasogastric feeding, increased nutritional requirements, oral phase issues due to facial burns, psychological trauma)		

<p>5. Knowledge of the effects on communication and swallowing of disruptions to tracheostomy weaning and need for re-intubation due to theatre interventions (eg for debridements, grafting, dressing changes)</p>		
<p>Skills required</p>	<p>Evidence of Achievement</p>	<p>Date and Sign</p>
<p>1. Demonstrates ability to take a tracheostomy case history paying attention to cause and extent of burn, facial and neck involvement, inhalation or ingestion injury, intubation tracheostomy and ventilation status and issues</p>		
<p>2. Demonstrates ability to adapt swallowing and communication assessment to accommodate facial and neck dressings, burn wounds, scars and pain</p>		
<p>3. Recognises laryngeal trauma due to inhalation injury or intubation trauma on bedside swallowing and communication assessment, and refers for FEES and ENT appropriately</p>		

6. Community and/or long-term tracheostomy competencies

These competencies only refer to community/long-term knowledge with regard to tracheostomy management and do not encompass the range of competencies required for working with a whole community/long-term caseload.

Theoretical knowledge required	Evidence of achievement	Date and sign
1. Knowledge of the role of the extended MDT, availability of staff/resources in local area and interface with acute and community services in ongoing tracheostomy management for routine follow-up/surveillance and assessment		
2. Knowledge of the local support available to patients in their own homes, nursing homes, rehabilitation centres and children's centres/schools		
3. Knowledge of the potential impact of long-term tracheostomy on the lived experience of the patient and their loved ones (eg body image, personal relationships)		

<p>4. Knowledge of the impact of being in a community setting on tracheostomy management and approach to weaning, goal setting and use of equipment (eg pacing/risk assessment in weaning, ability to access FEES)</p>		
<p>5. Knowledge of how living with a long-term tracheostomy impacts access to health, education, social, leisure resources and how this may change with patient need over time</p>		
<p>Skills required</p>	<p>Evidence of achievement</p>	<p>Date and sign</p>
<p>1. Recognises inconsistencies in equipment use or tracheostomy care and alerts relevant professional with any concerns</p>		
<p>2. Able to carry out or support relevant training to patient, family and staff that is specific to SLT prior to discharge in conjunction with any local tracheostomy training checklists or patient competencies</p>		

<p>3. Recognises potential for change (both deterioration and improvement) in patients with long-term tracheostomy and how this links to the goals/care aims in relation to tracheostomy</p>		
<p>4. Works with the MDT, including tertiary referrals where required, to facilitate weaning (eg ENT, respiratory physician) or to adapt weaning goals to reflect overall disease/condition change (eg palliative care) where appropriate</p>		

7. Paediatric tracheostomy competencies

These competencies aim to include neonates, children and young people. Given this wide-ranging age group and varied aetiologies, they should be used in conjunction with the core tracheostomy competencies and relevant sub-sections (eg critical care and community) and adapted to the work setting worked.

Theoretical knowledge required	Evidence of achievement	Date and sign
1. Knowledge of the impact of developing anatomy and physiology in neonate/infant/child/adolescent		
2. Knowledge of common causes/aetiologies for neonatal and paediatric tracheostomy and ENT/Head and Neck management (eg airway stenosis and reconstruction)		
3. Knowledge of neonatal, paediatric and adult/2-piece tracheostomy tube including cuff status		
4. Knowledge of the implications of changing airway pathology and impact on feeding and communication		

<p>5. Knowledge of the complications associated with long-term tracheostomy eg suprastomal collapse, granulation tissue</p>		
<p>6. Knowledge of current literature on the impact of long-term tracheostomy on receptive & expressive language and speech sound development</p>		
<p>7. Knowledge of current literature on the impact of long-term tracheostomy +/- long-term hospitalisation on child development, play, interaction, neuro/socio-linguistic development etc</p>		
<p>8. Knowledge of potential impact of tracheostomy, hospitalisation +/- aetiology on developing feeding skills (eg aversion/sensory defensive behaviours/experiential).</p>		
<p>9. Knowledge of range of AAC/communication options and their indications/contraindications eg leak voice, one-way valve, pseudo voice, electrolarynx, signing etc</p>		
<p>10. Knowledge of when one-way valve valves can be considered in patients who are ventilated and non-ventilated.</p>		

<p>11. Awareness of impact of age, tube size/type, aversion/sensory and airway pathology on one-way valve assessment and tolerance.</p>		
<p>12. Knowledge of appropriacy and impact of both upsizing and/or downsizing a tracheostomy tube, in conjunction with MDT. (ie impact on leak)</p>		
<p>13. Knowledge of different types, modes and settings of ventilation, benefits and complications</p>		
<p>14. Knowledge of impact of tracheostomy and ventilatory assistance on swallowing physiology in the developing child.</p>		
<p>15. Awareness of both child and parent/family potential behavioural response to having a tracheostomy and associated equipment</p>		
<p>16. Knowledge of the impact of tracheostomy on activities of daily living, relationships, access to health, education, social, leisure resources and need for EHCP. Impact of this change/need over time.</p>		

<p>17. Knowledge of the role of extended MDT in community tracheostomy management eg educational staff</p>		
<p>18. Knowledge of local tracheostomy support services available to children/families in their own homes, rehabilitation centres, respite care and children’s centres/schools</p>		
<p>19. Knowledge of health and safety implications of working with children with a tracheostomy in the community eg lone working, emergency procedures</p>		
<p>20. Knowledge of tracheostomy weaning and/or staged ward decannulation process/local protocol</p>		
<p>Skills required</p>	<p>Evidence of achievement</p>	<p>Date and sign</p>
<p>1. Recognises potential for change in terms of child development and medical management in patients with long-term tracheostomy and appropriacy of timing of review</p>		

<p>2. Able to identify risk factors for buccal speech and management.</p>		
<p>3. Able to support relevant training to child, family and/or staff that is specific to SLT (eg one-way valve use in school setting)</p>		
<p>4. Recognises the need of MDT working in tracheostomy management and liaises with colleagues appropriately</p>		

8. References/reading list

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The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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