

**PT/OT/SLP COMPETENCY ASSESSMENT AND IMPROVEMENT**

**Aspect of Care/Skill** | **PMV Observation**

**Employee's Name (PRINT):**

**Facility: Gaylord**

**Competency Performance Check List**

“Able to perform” means the individual independently performs each responsibility.

**Able  
To  
Perform**

**Comments**

**Preliminary Steps**

- |  |  |  |
|--|--|--|
| 1. Explains procedure to patient.  |  |  |
| 2. Suction patient orally and tracheally (if needed) and/or request RT or RN to suction patient.                               |  |  |
| 3. Make sure cuff balloon is DEFLATED (if applicable).   |  |  |
| 4. Place valve on trach hub and gently twist to right ¼ turn.  |  |  |
| 5. Check oxygen saturation throughout wear to ensure >90%.   |  |  |
| 6. When finished with valve use, hold body of trach firmly with two fingers, twist gently to the right ¼ turn with other hand. |  |  |
| 7. Replace oxygen mask (if applicable).  |  |  |
| 8. Suction patient or request suctioning by RN or RT (if needed).  |  |  |

**DATE:** \_\_\_\_\_ **CHECK ONE:**  PASSED  NEEDS TO REPEAT

**COMPETENCY VALIDATED BY (observer):**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_