

# WARM SPRINGS SPECIALTY HOSPITAL OF VICTORIA

## ONE-WAY SPEAKING VALVE CLINICAL COMPETENCY

This competency checklist is to document clinician's knowledge and skills for placement of one-way speaking valves. The training format used during the acquisition of these skills includes the following:

- 1) Observation with instruction
- 2) Practice under direct supervision
- 3) Independent practice with indirect supervision

**Performance Criteria:**

1. Identify the following anatomical structures of the respiratory and phonatory systems: larynx, epiglottis, false vocal folds, true vocal folds, glottis, trachea.
2. Discuss normal and abnormal respiratory pathways.
3. List airway management techniques including endotracheal tubes, tracheostomy tubes and mechanical ventilator interventions.
4. Identify type and size of tracheostomy tubes and relevant components and functions of tubes including button, cuff, fenestration, inner cannula, speaking valve, and outer cannula.
5. Identify normal/abnormal respiratory and metabolic values.
6. Discuss the potential impact of tracheostomy on communication and swallowing.
7. Identifies modes of ventilation and how this may impact speech and swallowing.
8. Manages basic respiratory emergencies which may include oral and tracheal suctioning and basic ventilator trouble shooting such as being able to recognize ventilator disconnect or failure alarms.

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Inservice Complete</i>	<i>Supervised on Manequin</i>	<i>Supervised on Patient</i>	<i>Independent</i>
Performs correct placement of Speaking Valve on non-vented patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs correct placement of Speaking Valve on vented patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs tracheal suctioning (Speech only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_