

## **Example Competency Assessment Form**

Name:		Department: Nutrition and Dietetics	Role: Dietetic Assista	nt Practitioner
Clinical Skill:	Checking the ball	oon volume of a balloon gastrostomy tub	e (BGT) or low-profile o	device
Aim & Objectives:	To enable the ab competently. Objectives:	ove-named person to undertake the outli	ned clinical task safely	effectively and
	of this task	n understanding of the knowledge and sl	·	
	<ul> <li>demonstrate a additional supp</li> </ul>	n understanding of their scope of practice port.	e within the task and wh	nen to seek
Pre-requisites:	observation of	he Home Enteral Feed Team 'tube tutoria "checking BGT water volume" Home Ent protocol on 'Checking the balloon volume	eral Feed Team video (	(2020 version)
Assessment:		ce criteria below and assessment by an e ber of staff with experience in this skill.	enteral nutrition nurse s	pecialist or an
Risk Assessment:	LOW (level of risl	c of harm due to user error)		
Update:		e reviewed annually by an appropriate m dividual Performance Development Revie		erience in this
The practitioner can d	emonstrate the fo	llowing knowledge:		(Tick)

Understands a	nd can explain the steps involved in completing	g the skill		
Understands a	nd can explain the relevance and importance of	of the task, ar	nd implications if not completed	
Understands a	nd can explain the frequency requirements, an	d how these	vary dependent on tube type	
Understands a	nd can explain the circumstances in which che	cking the vol	ume of a balloon gastrostomy	
tube or low-pro	file device should not be carried out	0	с .	
Understands a	nd can explain the escalation protocols, for situ	ations outsic	le of the agreed protocol	
Understands o	nd ann avalain all truat degumentation relevant	to the took		
Understands a	nd can explain all trust documentation relevant			
I confirm that	the above-named practitioner has successf	ully demons	strated the theoretical knowled	lge required
for this comp	-	•		• .
	stency.			
Signed:		Date:		
Print Name:		Position		
DT Number				

The practitioner can demonstrate the following clinical sk	kills:	Demon	stration A	ttempt
		1	2	3
Able to identify, when asked, the type of tube in place and det sterile water to be used				
Demonstrates effective communication, building of rapport an or, other (as required)	d gaining service user consent			
Able to locate and check the expiry date on the water for inject	tion and syringes, when asked			
Able to draw up the required amount of water for injection into				
prepare the other syringe ready for use	one of the syninges and			
Able to slide the external disc 2-3cm away from the skin surfa	ce (unless low-profile device)			
Able to document the 'cm' marking on the tube visible at the s device)	kin level (unless low-profile			
Demonstrates thorough checking of the condition of the stoma appropriate method for cleaning the site	a site, and if needed, the			
Demonstrates appropriate escalation if the stoma site has red	ness, discharge and/or pain			
Able to push the tube in 2-3cms into stomach, until the disc is profile device) and secure the disc against the skin with finger	<b>e</b>			
Able to check the balloon port valve is clean and functional ar syringe to the balloon port	nd attach the empty Luer slip			
Able to draw back the plunger on the syringe until no further fl	uid can be withdrawn from the			
balloon and documents the of amount of water removed				
Demonstrates checking of the water colour and volume prior t				
Demonstrates effective escalation procedure if the balloon ha outlined in protocol)	s lost more than expected (as			
Able to re-inflate the balloon, attaching the second syringe (fill of water for injection) to the balloon port, and injecting the wat				
syringe				
Demonstrates effective escalation procedure if there are any s or pain on re-inflation	signs of resistance, discomfort			
Able to re-position tube by gently pulling back the tube until sl	ight resistance is felt			
Able to replace external disc to ensure it lies 2-5 mm from the				
cm marking at the skin level is the same as at the start of the	procedure			
Demonstrates correct hygiene and personal protective equipment including appropriate waste disposal	nent (PPE) protocol for the task,			
Demonstrates appropriate documentation of the procedure in	the service users' records.			
Demonstrates appropriate reporting to the task supervisor				
I confirm that the above-named practitioner has complete required for this task.	ed the assessment competently	at all obs	ervations	5
Signed:	Date:			
Print Name:	Position:			
DT Number:				

Assessors' comments		
Practitioner comments		

## Declaration:

I confirm that I have had theoretical and practical instruction on how to safely and competently **check the balloon volume** of a balloon gastrostomy tube or low-profile device and agree to comply with the local workplace policies and procedures. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Signed:	Date:	
Print Name:	Position:	

## Office Use Only

Author Details		
Name:	Position:	
Signed:	Date:	
DT Number:		

Peer Reviewer Det	ails:		
Name:		Position:	
Signed:		Date:	
DT Number:			

Competency Review Date:	

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