

**Competency Verification Record**  
**University of Virginia Health**  
**Ostomy Appliance Change -PCT**

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Date: \_\_\_\_\_

*Successful completion is documented on the PCT New-hire Competency Form Addendum, Annual Competency Record (ACR) or Department Specific Competency Form using the following competency statement(s):*

**Competency Statement(s):**

*1. Demonstrates proper technique when performing ostomy care as delegated by RN*

**Evaluator(s):** RNs are qualified to sign the competency statement on the PCT Competency Addendum, ACR or Department Specific Competency Forms

**Method of validation:**

DO	Direct Observation – Return demonstration or evidence of daily work.
T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
S	Simulation
C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.

**Note:** This Competency Verification Record is **not** a required part of the permanent personnel record. This form is to be used as a guide for competency check off only; **the Annual Competency Record is used to document competency.** . (If competency validation occurs away from the unit, this form can be completed by the validator; the signed form can then be presented to the unit NEC or manager as evidence of competency. The Annual Competency Record is then signed indicating that the competency was validated).

**Instructions:** Bolded steps are required critical elements for competency

Demonstrated Skill:	Method of Validation	Evaluator's Comments
<b>Confirm patient identification</b>		
<b>Perform hand hygiene</b>		
Explain the procedure to the patient		
<b>Gather supplies</b> on the procedure pad in an easily accessible place, including wet and dry gauze		
<b>Apply gloves</b>		

<b>Empty effluent</b> from the bag and <b>clean the bag tail</b> with tissue/gauze		
If gloves are soiled, discard, and cleanse hands and glove.		
<b>Remove existing appliance</b> using adhesive spray remover. Push one finger gently on the skin while peeling the stoma wafer away, with the other hand		
<b>Place gauze over the stoma</b> to contain any output while cleaning		
<b>Clean skin</b> with water and gauze, pat skin dry		
<b>Measure stoma</b>		
<b>Cut ostomy appliance</b>		
If needed, clean and dry skin again		
<b>Apply Skin Prep</b> around the stoma		
<b>Attach ostomy appliance</b>		
<b>Hold against the skin for 2 minutes.</b>		
Remove gloves		
<b>Perform hand hygiene</b>		
<b>Document</b> ostomy appliance change in the EMR		

**Critical Elements:**

**References:**

[Lippincott Procedures - Colostomy and ileostomy, appliance care \(lww.com\)](http://lww.com)

*Competency Verified by:*

\_\_\_\_\_  
**Evaluator's Name (printed)**                      **Evaluator's signature**                      **Date:** \_\_\_\_\_

11/2013 mbt, 2/2022 cm, 8/2022 cm