

## Competency Verification Record (CVR) UVA Health Pediatric Chest Tube Management

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

**Disclaimer:** Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator’s signature.

**Transfer of CVR to Permanent Record:** With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

<b>Competency Statement:</b>	Demonstrate maintenance and care of a pleural chest tube. Demonstrate maintenance and care of a mediastinal chest tube	
<b>Validator(s):</b>	Licensed Providers are qualified to sign the competency statement on ACR or Department Specific Competency Forms	
<b>Validator Documentation Instructions:</b>	Validator documents method of validation (below) and initials each skill box once completed <b>and</b> places their full name, signature, and completion date at the end of the document.	
<b>Method of Validation:</b>	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.
<b>Validation Instructions:</b>	NA	

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator’s Initials
<ul style="list-style-type: none"> <li>Discuss the differences between a pleural and mediastinal chest tube</li> </ul>	D	
<ul style="list-style-type: none"> <li>Verbalizes and prepares the equipment and supplies required for the emergency kit</li> </ul>	D, S	
<ul style="list-style-type: none"> <li>Assesses the integrity of the chest tube, chest tube drainage system, and ensures proper suction set-up at a minimum of every 4</li> </ul>	DO	

**Competency Verification Record (CVR)**  
**UVA Health**  
**Pediatric Chest Tube Management**

<b>Demonstrated Skill</b> <b>Behaviors for Competency (Critical Behaviors in Bold)</b>	<b>Method of Validation</b>	<b>Evaluator's Initials</b>
hours and with any change in patient condition		
<ul style="list-style-type: none"> <li>Assess dressing and surrounding skin.</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Assesses respiratory status and vital signs of patients with a chest tube minimally every 4 hours or more frequently per licensed independent provider (LIP) orders or as indicated by patient condition</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Assesses the tubing for proper securement and kinks.</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Assesses the character, consistency, color, and amount of drainage in the drainage collection chamber</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Identify the appropriate chest tube function (ie, water seal, -10 cmH<sub>2</sub>O, -20cm H<sub>2</sub>O)</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Demonstrate changing the chest tube drainage unit</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Demonstrate appropriate patency interventions (ie., milking, striping, and tip/tilt).</li> </ul>	DO	
<ul style="list-style-type: none"> <li>Demonstrate documentation of chest tube maintenance and care in the Electronic Medical Record (EMR)</li> </ul>	DO	

*Competency Verified by:*

\_\_\_\_\_  
*Validator's Name (printed)*

\_\_\_\_\_  
*Validator's signature*

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

**References:**

- Lippincott Procedures:
- Chest tube drainage system collection device setup, child
  - Chest tube dressing change, pediatric
  - Chest tube drainage system monitoring and care, pediatric