



TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE
BAILE ÁTHA CLIATH



IRISH ASSOCIATION of SPEECH & LANGUAGE THERAPISTS

The management of Feeding, Eating, Drinking and Swallowing Disorders / Dysphagia

Outline of pre entry clinical education
2010 – 2014

This document outlines changes in the education programmes for entrants to the speech and language therapy (SLT) profession in Ireland. It was developed by the IASLT following consultation with the profession and the universities in order to ensure that entrants to the profession are competent to assess, diagnose, plan and implement intervention programmes for clients presenting with feeding, eating, drinking and swallowing disorders / dysphagia across the lifespan.

It is anticipated that this document will provide students and practice educators with knowledge of the expected learning progression and required learning outcomes to achieve the competency required to work with clients presenting with disorders in this area. It is hoped that this knowledge will enable students to be fully prepared for practice learning working with clients with feeding, eating, drinking and swallowing disorders and that speech and language therapists in their role as practice educators will be encouraged to increase the range of learning opportunities available to students in this area of work during all placements.

The practice education coordinators from each college would welcome comments and suggested changes to both content and format over the coming year.

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Speech and language therapy: Feeding, Eating, Drinking and Swallowing Disorders

Speech and language therapists play a key role in the evaluation and treatment of infants, children and adults with feeding, eating, drinking and swallowing disorders /dysphagia. The role was defined by the Irish Association of Speech and Language Therapists (IASLT) in a position paper in 2007. The position paper *Standards of Practice for Speech and Language Therapists on the Management of Feeding, Eating, Drinking and Swallowing Disorders* (2007) recommended that from 2010 onwards education programmes for students of speech and language therapy should equip graduates with the knowledge and skills necessary to assess, diagnose, plan and implement intervention programmes for clients presenting with feeding, eating, drinking and swallowing disorders/dysphagia across the lifespan.

Graduates on entry to the profession from 2011 onwards will be expected to be able to independently assess, diagnose and provide intervention for clients with feeding, eating, drinking and swallowing disorders as part of their clinical caseloads. Case assessment and management may involve consultation with senior team members, or onward referral where the client presents with complex medical condition, and/or the clinician has not had experience or has had very limited experience with the client group or context (IASLT 2007). Entrants to the profession will not be deemed competent to conduct or interpret videofluoroscopies or FEES independently. Professional competence in dysphagia, as in other areas of practice, is an ongoing process combining further education and experience. Members of the profession are required to participate actively in developing competencies by self directed learning, attendances at courses and workshops and participating in clinical and peer supervision in order to ensure fitness to practice. Two additional levels of competency, intermediate (level 4), and advanced (Level 5) are recognised by the profession for therapists who further develop their knowledge and skill base for working with clients with feeding, eating, drinking and swallowing disorders. The professional development routes for achieving competency at these levels are outlined in the IASLT position paper (2007). This handbook outlines the developmental progression which students are expected to pass to achieve competency to level 3 (professional entry) and identifies some of the learning activities that will enable them to achieve this goal.

Education programme in feeding, eating, drinking and swallowing disorders levels 1-3 (novice to entry levels)

It is expected that students will acquire the knowledge base for working with clients with feeding, eating, drinking and swallowing disorders /dysphagia by full participation in the academic and clinical education programmes offered by the colleges and accredited by the IASLT Education board. The required knowledge base as outlined by the IASLT position paper (2007) includes:

General knowledge of

- Anatomy and physiology of the head and neck
- Neurology and neurophysiology including the neurology of swallowing and the coordination of respiration, swallowing and phonation
- Oral motor functioning in relation to speech, feeding and swallowing skills
- The normal swallow and changes throughout the lifespan
- Atypical and disordered feeding, eating, drinking and swallowing patterns

Specific knowledge of the following in relation to assessment, diagnosis and intervention of clients presenting with feeding, eating, drinking and swallowing disorders

- Professional terminology specific to the area of feeding, eating, drinking and swallowing disorders/dysphagia

- Knowledge of psychosocial impact of feeding, eating, drinking and swallowing disorders/dysphagia on the individual and carers
- Roles and scope of practice of multidisciplinary team members
- Risk management policies and procedures
- Ethical, legal and service influences on decision making
- Referral processes and typical clinical pathways
- Aetiology of dysphagia and implications for management
- Key factors to be identified from case notes and history prior to and during assessment
- Commonly used subjective and objective assessments including oral motor examination, assessment of oral preparatory, oral and pharyngeal swallow stages and including trials of food consistencies
- Recognise indicators for instrumental assessment e.g. videofluoroscopy, FEES
- Differential diagnosis and management intervention processes for clients with feeding, eating, drinking and swallowing disorders/dysphagia .
- Awareness of needs of clients with complex conditions including neonates, people with tracheostomies, those who are ventilator dependant and dysphagia arising from rare conditions.
- Signs and symptoms of oesophageal dysphagia to assist in differential diagnosis with oropharyngeal dysphagia.
- Prognostic indicators in common case presentation
- Caseload management and service delivery practices
- Carer and client roles in management plans/ intervention programmes
- Direct and indirect management programmes including oral motor and sensory treatment programmes
- Management strategies including rehabilitation and compensatory techniques e.g. physical positioning and modifying food and liquid consistencies
- Non-oral feeding options

It is expected that this knowledge will be developed from a range of academic modules and clinic based learning activities. The colleges provide students with opportunities to acquire the detailed knowledge and transferable skills required to undertake assessment and therapy in this area through a range of academic modules and clinical workshops (appendix 3). These differ in content covered at specific stages as detailed in the course handbooks of each college.

Students also require learning opportunities to observe and practise skills and develop competencies, which can only be provided in a range of clinical settings. The colleges and the profession are dependent on speech and language therapists in their role as practice educators to provide this experience during practice placements.

Dysphagia clinical practice components

Academic modules and preclinical workshops

In order to ensure that students are adequately prepared to avail of learning opportunities during placements lectures have been rescheduled in many of the courses to ensure that a theoretical basis for work in the area of feeding, eating, drinking and swallowing has been established. Preclinical workshops will be used to encourage the transfer of knowledge and develop basic clinical skills. The timing of these in the colleges is outlined in appendix 3 and general learning outcomes are summarised below.

Level 1 Novice Learning outcomes

Students will demonstrate knowledge of

- detailed knowledge of neuroanatomy and neurology involved in oropharyngeal function
- the influence of feeding/ eating drinking and swallowing on health and general wellbeing
- normal feeding and swallowing patterns and of changes over the life span
- factors associated with disorders of feeding, eating, drinking and swallowing disorders (dysphagia)
- basic principles underlying health and safety policies and procedures and their application to clients at risk of dysphagia
- the roles and scope of practice of members of multidisciplinary team members working in the area of feeding, eating, drinking and swallowing
- terminology for normal and modified food and fluid consistencies

Students will demonstrate competency in

- the application of health and safety procedures related to working with clients who are at risk of or who present with feeding, eating, drinking and swallowing disorders/dysphagia
- using knowledge of feeding, eating, drinking and swallowing disorders/dysphagia to identify information required from case history and client/ carer interviews
- carrying out detailed oral facial(sensory and motor) examinations on normal population and on clients with feeding, eating, drinking and swallowing disorders/dysphagia with direction and supervision
- recognizing the signs and symptoms oropharyngeal and oesophageal dysphagia and using these to inform diagnostic hypotheses
- recognising and producing a range of modified food and fluid consistencies

Level 2 Transition Learning outcomes

Students will demonstrate competency in

- obtaining detailed background information from case notes and taking detailed case histories
- assessing and evaluating oral, facial and swallowing functioning of clients at risk of feeding, eating, drinking and swallowing disorders/dysphagia
- formulating diagnostic hypotheses and outlining possible intervention options
- applying knowledge of rehabilitation and compensatory techniques e.g. physical positioning and modifying food and fluid consistencies and ability to clients under supervision
- explaining and demonstrating management programme to clients/ carers and relevant team members with direction

They will demonstrate knowledge of

- a range of rehabilitation and compensatory techniques

- the need and routes for appropriate referral to other multidisciplinary team members
- the impact of agency policies and procedures on case management

Level 3 Entry learning outcomes

Students will demonstrate competency in

- selecting and using appropriate assessment formats and set to observe, record and evaluate FED patterns
- carrying out bedside clinical assessment including trials of food/fluid consistencies
- Synthesizing and evaluating information on structural, neurological,, medical, psychological and psychosocial factors with assessment findings to formulate diagnoses and develop intervention plans
- Using a range of rehabilitation and compensatory strategies e.g. physical positioning and modifying food and liquid consistencies to reduce risk and enhance life for those with feeding, eating, drinking and swallowing disorders/dysphagia and their carers

They will demonstrate knowledge of

- indicators for instrumental assessment e.g. videofluoroscopy, FEES
- needs of clients with complex conditions including neonates, people with tracheostomies, those who are ventilator dependant and dysphagia arising from rare conditions.
- service delivery and caseload management policies and strategies
- ethical, legal and service influences on decision making in case based activities in specialist modules such as. dysphagia & laryngectomy, ethics and administration and in case discussions in clinical placements

Practice based learning

Speech and language therapists work with clients who present with dysphagia across a wide range of client groups and service settings. It is important that students gain their experience across a similar range of client groups and contexts. It is anticipated that it will be possible for students to have experience in working with client groups such as those with communication and swallowing difficulties associated with physical and/or sensory difficulties, intellectual disability and craniofacial abnormalities across the lifespan. Students also need to have experience of working with clients who acquire feeding eating drinking and swallowing associated with a range of medical, physical, behavioural and psychological conditions across the life span.

The delivery of services to clients with swallowing difficulties is provided in a wide range of service setting such as

- Community teams /clinics
- Schools/special schools
- Day care centres
- Client's home
- Rehabilitation units
- Nursing/residential homes
- Acute and community hospitals

The amount of time spent by therapists working with clients with feeding, eating, drinking and swallowing disorders in their caseload at any given time varies greatly and it is expected that some clinics will be able to offer more experience in this area than others.

During all clinical placements students can benefit from opportunities to participate in the assessment and management of clients with feeding, eating, drinking and swallowing disorders/dysphagia to the same extent as they participate in clinical practice with clients with impairments of communication. They would benefit in particular from opportunities to

- Identify information relevant to swallowing difficulties through file reviews and case histories
- Observe a range of assessments procedures and develop competency in using assessment formats and procedures to observe and evaluate feeding, eating, drinking and swallowing patterns including trials of food consistencies
- Assess clients with non complex conditions to detect the presence or absence of feeding, eating, drinking and swallowing disorders/dysphagia (oropharyngeal examination, dry swallow, trial of food consistencies, and other procedures as determined by agency policies and procedures)
- Evaluate, interpret and synthesize information on medical structural, neurological, psychological and psychosocial factors and their impact on swallowing in clients from a range of client groups
- Synthesize information from case history and assessment findings to inform diagnosis and management plan
- Plan, implement and evaluate intervention programmes including carer and staff training
- Attend case conferences and work within a multi disciplinary team to deliver a total package of care to the client.

Where possible other opportunities such as observing instrumental assessments e.g. FEES, videofluoroscopy, pulse oximetry, cervical auscultation, etc. would be beneficial for students.

The degree of supervision required by students at any point of the clinical education programme will vary according to the client, the service agency and the level of competency attained by the student in previous placements. The type of experience gained in dysphagia will vary according to the setting and students are required to keep

detailed records of their experiences and competency levels and make these available to practice educators to ensure client safety and a steady learning progression. They are required to complete Dysphagia logs (appendix 1) and retain these in their professional development logs / portfolios as evidence of learning outcomes achieved. The log divides the developmental continuum for assessment and intervention competencies into 3 bands in order to facilitate placement planning, student evaluation and provide appropriate evidence that entry level knowledge and skills have been acquired (table 1). The components and developmental level are similar to those in the Student Clinical Competency Evaluation forms but the competency set to be evaluated is restricted to feeding, eating, drinking and swallowing disorders/dysphagia.

Table 1 Development of competency

Components	Pre clinical	1 Novice	2 Transition	3 Entry
Level and use of knowledge base	Comprehension	Application of knowledge under direction	Analysis, synthesis and evaluation with reflection	Synthesis & evaluation in real time
Skill base	Focused imitation and effort	Use of skill with conscious effort	Precise use of practised skills	Automatic and flexible use of range of skills
Competency consistency	Absent	Occasionally evident	Present and consistent in familiar contexts	Present and consistent across contexts

Placement specific activities at novice, transition and entry level

The activities below should be matched to the competency levels of the students as they progress through each placement. Students from their second placement onwards must inform practice educators of their competency levels in dysphagia as part of their pre placement preparation by sending a photocopy of the dysphagia log to the practice educator as part of the pre-placement curriculum vitae.

Practice educators are asked to provide the students with information on

- general agency policies relating to service provision to clients with feeding, eating, drinking and swallowing disorders/dysphagia.
- specific health and safety policies and procedures on assessment and intervention of clients with feeding, eating, drinking and swallowing disorders
- agency procedures/ assessment formats in use with clients with dysphagia
- agency policies and procedures on the management of clients with dysphagia
- roles and scope of practice of members of the team involved in working with clients with dysphagia

in pre placement information packs and / or during placement induction meeting.

Level 1 Novice

Novice students have minimal experience in all areas of clinical practice. Their knowledge base of atypical structures and functioning may be limited and they will need specific direction and/or demonstration from clinical supervisor/ practice educator. They are expected to undertake structured observation of all clinical activity in the area of dysphagia. Observational reports will contribute to the clinical continuous assessment mark of the year and are retained in the professional development log as evidence of learning.

Suggested placement activities for students at this level include

1 Observation of clients who are experiencing swallowing difficulties to develop awareness of the impact of difficulties in this area on daily living.

Student should observe

1. social interaction
2. communication
3. effects of environment, posture, cognitive and behavioural function
4. eating/feeding techniques/adaptations

in at least 2 mealtime contexts such as

- eating, drinking and mealtime routines in clients without dysphagia in the agency
- eating, drinking and mealtime routines in clients with dysphagia who are feeding independently
- nursing/ancillary staff feeding clients with dysphagia

and summarize observations in brief objective and subjective reports. These reports should be retained in the student professional development logs / portfolios.

2 Observation of Practice Educator / experienced clinician

- obtaining relevant information from medical and nursing notes and/or referral letters
- taking case histories from clients/ carers
- carrying out structured clinical dysphagia assessments
- carrying out dysphagia therapy
- providing feedback to client and/or relatives
- providing feedback to other professionals
- documenting findings of assessment and management session

3 Observation of other team members working with client / carers on areas related to dysphagia management such as positioning, diet, etc.

Students at this level should also be carrying out tasks to prepare them for active involvement in the assessment and management of clients with dysphagia, e.g., developing familiarity with utensils, materials, etc. used in swallowing assessment / feeding sessions, assisting therapists in preparing for assessments e.g. thickening liquids, practising techniques observed with peers.

By the end of the novice stage they should be able to

- Collect and collate relevant client-related information systematically from health records, medical notes, discussion relevant staff, client and carers
- Perform oral motor/sensory assessments on clients with feeding, eating, drinking and swallowing difficulties and contribute to evaluation of dysphagia assessment conducted by SLT and subsequent management plan/ recommendations
- be aware of the roles of MDT members or parent/carer working with client with dysphagia

Level 2 Transition

Students in transition will have acquired the knowledge and skills base, which should enable them to use skills in a range of contexts but they will need guidance and supervision to ensure that these develop, transfer and stabilise across a range of client presentations. Students may demonstrate precise use of practiced skills but will need guidance and direction to expand the range of protocols / procedures in their repertoire. Students in transition will need direction and guidance to link assessment finding to management plans.

Students should be actively researching to link theory to practice at this stage and would benefit from the inclusion of the following in induction packs.

- Outline of client groups with feeding/ swallowing difficulties likely to be encountered on the placement
- Agency specific assessment procedures / protocols/ support materials
- Outline of roles and scope of practice of teams members
- Specific assessments and recommended reading

Students in transition should be involved in the following under supervision:

- identification of information required to guide assessment planning
- obtaining relevant information from case notes
- expanding on background information through case histories from clients and carers and discussion with relevant professionals
- identification of the appropriate feeding, eating, drinking and swallowing examination required with guidance
- carry out appropriate feeding, eating, drinking and swallowing clinical assessment under supervision
- share information on findings with client / carers and relevant others
- write draft evaluation and guidelines/recommendations for management of client's dysphagia in appropriate formats for case notes and client/ carer information sheets
- carry out dysphagia therapy programme initiated by the practice educator
- participate in informed discussion with practice educator on medical, legal and ethical risk management considerations when working with clients with feeding, eating, drinking and swallowing disorders /dysphagia
- Write guidelines for nursing and other professional staff/ carers with assistance from SLT
- share information at MDT meeting/ ward round re assessment findings

Level 3 Entry

Students at level 3 should be able to identify relevant indicators of the need for a swallow assessment from background information. They should be able to select appropriate assessment formats and intervention pathways with guidance and apply these to practice under supervision. They should demonstrate the ability to:

- Carry out comprehensive assessment of a client with eating, drinking / swallowing impairments using a range of formats/ procedures reflecting current research and best practice
- Evaluate assessment findings and make recommendations for management
- Formulate management plans independently
- Implement swallowing therapy (with guidance and supervision)
- Discuss status and recommendations with client/ carers and staff (include ethical and risk management issues) medical, legal and ethical risk management problems and solutions)
- Provide appropriate oral and written reports to team members at team meetings and in case files.
- Formulate carer training (training objectives, plan, contents and evaluation) and demonstrate programme to clients / carers.
- Share information on assessment findings at MDT meeting / ward round and other formal professional contexts

- Engage in informed discussion with clinician on subject of medical, legal and ethical risk management considerations when working with clients with feeding, eating, drinking and swallowing disorders/ dysphagia

The role of and indications for videofluoroscopy and other instrumental techniques in swallowing assessment and management are covered as part of the academic programme and supported by case based exercises. While students at entry level will not be deemed competent to carry out and analyse VFU/FEES/other instrumental assessments, they would benefit from observation of such assessments of swallowing and from opportunities to discuss the following

- The role of and indications for FEES and/or videofluoroscopic examination in assessment and intervention
- The role of speech and language therapists and other team members in carrying out and evaluating instrumental assessments.
- SLT analysis of videofluoroscopic recording of swallow/FEES analysis
- Indicators for management plans from findings

Assessment of student competency levels

Student learning is evaluated through a range of formats to match the range of modules which input into competency development for clinical practice. The knowledge and skill base for working with clients with feeding, eating drinking and swallowing is acquired and developed through a range of formats including lectures, case based exercises, video learning, preclinical skills workshops and practice based learning.

Students will be deemed competent when they **have satisfied the relevant examinations / assessment procedures for all academic and clinical components**

And presented the following as part of their professional development log.

a Completed cumulative *Student log for feeding, eating, drinking and swallowing competencies* with the majority of competencies (21) at entry level and no more than 4 at transition as certified by clinical educators.

And

Copies of the following assignments certified as at entry level by clinical educators

b Written summary of one case history of a client presenting with feeding, eating, drinking and swallowing disorders taken by the student. The completed history to be certified as appropriate by the clinical educator and a copy retained in the student log/portfolio. (word limit 500)

c Three (3) completed assessment procedures and outcomes / recommendations (across 2 different client groups) signed by the clinical educator. These should include oral facial examinations with consideration of respiratory, laryngeal, pharyngeal and neurological function and may include a trial of food consistencies, as appropriate. (word limit 500)

d Three (3) completed case management reports (across 2 different client groups) signed by the clinical educator (word limit 1000).

e Sample materials and process for the provision of information/feedback to client/carers/staff in relation to 3 clients with feeding, eating, drinking and swallowing disorders across 2 different client groups. (word limit 500 per client)

Marking templates for these assignments are included in Appendix 2 for information. All students will have their own copy for clinical educators (practice educator, practice tutor, regional placement facilitator or member of academic staff as determined by local policies) to use when providing feedback. Students must retain these along with the assignments in their portfolios for the duration of the clinical education programme.

Reading and resources

- Cichero, J. & Murdoch, B. (2006) *Dysphagia: Foundation, Theory and Practice*, Chichester: John Wiley
- Arvedson, J & Brodsky, L (2002) *Paediatric Swallowing and Feeding Assessment and Management*. San Diego: Plural.
- Corbin-Lewis K, Liss, JM and Scortino, K. (2005). *Clinical Anatomy and Physiology of the Swallow Mechanism*. New York: Delmar

Web based documentation

www.iaslt.com

Irish Association of Speech and Language Therapists (2007) *Standards of Practice for Speech and Language Therapists on the Management of Feeding, Eating, Drinking and Swallowing Disorders (Dysphagia) IASLT*

Irish Consistency Descriptors for Modified Fluids and Food IASLT & Irish Nutrition and Dietetic Institute; November 2009

Irish Consistency Descriptors for Modified Fluids and Food FAQ Leaflet IASLT & Irish Nutrition and Dietetic Institute; November 2009

Irish Consistency Descriptors for Modified Fluids and Food Poster IASLT & Irish Nutrition and Dietetic Institute; November 2009

www.rcslt.org

Royal College of Speech and Language Therapists (2006) *Communicating Quality 3*. London: RCSLT.

RCSLT RESOURCE MANUAL FOR COMMISSIONING AND PLANNING SERVICES FOR SLCN 2009

www.higa.ie

National Standards for the Prevention and Control of Healthcare Associated Infections Health Information and Quality Authority 2009

<http://www.dysphagia.com>

General reading and links to journals

Ensuring safer practice for adults with learning disabilities who have dysphagia

<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59823>

Interactive web based resources

Head and neck anatomy & Cranial nerves Wesley Norman, PhD, DSc

<http://home.comcast.net/~wnor/lesson11.htm>

<http://home.comcast.net/~wnor/cranialnerves.htm>

<http://home.comcast.net/~wnor/practicepractical.htm>

<http://www.anatomyatlases.org/atlasofanatomy/index.shtml>

Swallowing examinations videos

<http://www.d.umn.edu/csd/video/swallowing.htm>

http://www.entandallergy.com/vas/gallery/gallery_swallowing_transnasal.php

Identification of Swallowing Patterns Associated with Dysphagia The University of Minnesota.

<http://user.chollian.net/~rmpyun/apraxia.htm>

Stroke Training and Awareness Resources (STARS)

<http://www.stroketraining.org/>

Feeding, hydration and nutrition following stroke

<http://www.strokeadvancingmodules.org/node.asp?id=feeding>

Screening for dysphagia

<http://www.elib.scot.nhs.uk/portal/stroke/dysphagia/index.asp>

<http://www.nlm.nih.gov/medlineplus/swallowingdisorders.html> anatomy video

<http://www.nlm.nih.gov/medlineplus/ency/anatomyvideos/000126.htm>

<http://www.in.gov/fssa/ddrs/2839.htm>

Appendix 1 Student log for feeding, eating, drinking and swallowing competencies / dysphagia

Novice to entry level

Student name

Practice educators and students are required to evaluate and rate their skills and competencies in the area of feeding, eating, drinking and swallowing in this log during each placement. Practice educators should sign for competency level demonstrated in each area and leave blank those which have not developed or being evident during the placement. The log and the required evidence should be retained by the student for the duration of the clinical education programme and submitted for audit by the practice education coordinators as requested.

Competency rating descriptors ¹

Level 1 Novice (N)	Level 2 Transition (T)	level 3 Entry
Minimal experience in the practice area; Knowledge base and skill base limited. Needs specific direction and/or demonstration from practice educator / colleagues	Knowledge and skills consolidated in familiar contexts. Follows preset assessment and intervention procedures with direction. Moderate level of supervision and monitoring required in familiar contexts with specific direction and/or demonstration for new procedures / atypical presentations.	Competent across a range of clinical contexts. Integrated knowledge and experience results in efficient performance in routine procedures. Specific direction and/or demonstration required for complex or novel presentations /conditions

Assessment	N Date	Signature	T Date	Signature	E Date	Signature
Recognize signs and symptoms of feeding, eating, drinking and swallowing disorders						
Identify social cognitive, behavioural, and psychological factors contributing to feeding, eating, drinking and swallowing and/or feeding status						
Identify , atypical structure and function medical conditions, and medications which may be indicative of dysphagia						
Obtain details related to client’s current oral intake situation (e.g., positioning, feeding dependency, environment, diet modification, compensations)						
Identify appropriate feeding, eating, drinking and swallowing assessment procedures						
Conduct an oral examination to assess oral, pharyngeal, laryngeal, and respiratory structures and functioning for speech and swallowing and relate it to neurological function						
Administer, record and evaluate appropriate clinical FESD assessment						
Identify potential aspiration risks						
Identify need for objective / instrumental swallowing assessment						
Communicate findings and recommendations to client, family and other health professionals orally and in writing						
Identify values and attitudes of client /significant other to feeding and swallowing						
Identify indicators for swallowing therapy and show awareness of non oral intake options						

¹ It is not expected that students will have opportunities to develop all competencies to the same level during specific placements. Practice educators should only certify what is achieved during the placement under their supervision. If significant gaps in development are noted these should be brought to the attention of the practice education coordinator by the student.

Management and intervention	N Date	Signature	T Date	Signature	E Date	Signature
Identify the need for consultation /referral to other team members (e.g. clinical nutrition/dietetics)						
Support client and caregivers in decision-making						
Recommend appropriate oral intake method (s) and quantities, taking into account the client's medical, swallowing, feeding, cognitive, and behavioural status and psychosocial factors.						
Set measurable short and long-term treatment goals targeting appropriate feeding and swallowing outcomes						
Recommend appropriate postural, sensory, cognitive, visual and/or perceptual strategies to enhance feeding and swallowing function						
Recommend appropriate food and fluid consistencies						
Identify appropriate compensatory and/or rehabilitative management techniques to improve efficacy of feeding and swallowing						
Provide effective education and/or training to clients and carers using selected management techniques						
Maintain collaborative working relationships with other health professionals involved in the client's care						
Select and modify appropriate assistive feeding utensils						
Evaluate the client's response to treatment						
Identify need for review assessment						
Revise treatment/ discharge plan as appropriate						

Evidence to be retained in student professional development log/ portfolio and certified by practice education coordinator	Certified by	Date
Student must take and present a written summary of one case history of a client presenting with eating, drinking, swallowing disorders. The completed history to be certified as appropriate by the practice educator and a copy retained in the student log/ portfolio. (word limit 500)		
Three (3) completed assessment procedures and outcomes (across 2 different client groups) should be signed by the practice educator and copies (without identification except for student and PE names) should be retained in the student log/ portfolio. These should include orofacial examinations with consideration of respiratory, laryngeal, pharyngeal and neurological function, as relevant. They may include a trial of food consistencies. Completed form to be retained in log with outcomes/ recommendation summarised (500 words max. per report)		
Three (3) completed case management reports (across 2 different client groups) should be signed by the practice educator and copies (without identification except for student and PE names) should be retained in the student log/ portfolio. (word limit 1000)		
Students should provide information/feedback to client/carers/staff in relation to 3 clients with communication and /or EDS disorders across 2 different client groups. Sample materials and process to be outlined in student log/ portfolio. (word limit 500 per client)		

Appendix 2 Scoring templates Portfolio/ log assignments

Students should submit all assignments completed to the practice educator or to the designated clinical educator (PE/ PT/RPF/PEC or member of academic staff as designated by the colleges) along with the appropriate marking form. The evaluated assignments will be returned to students for retention in their portfolios. The completed log and evaluated assignments must be submitted for final evaluation at the end of the clinical education programme.

Please note the competencies do not all have to be satisfied with the same client. E.g. to complete assignment 1 a student may submit a case history on a client who is then seen by the PE for assessment.

FEDS 1	Clinical Speech & Language Studies,
	Summary case history

Student Name		Year
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Student must take and present a written summary of one case history of a client presenting with eating, drinking, swallowing disorders. The completed history to be certified as appropriate by the clinical educator and a copy retained in the student log/portfolio (Word limit 500).

Novice (N)	Transition (T)	Entry (E)
Gaps in knowledge base and /or skill base evident. Needs specific direction from therapist to identify key information needed	Consolidated knowledge evident in familiar contexts. Appropriate relevant information sought and reported accurately. Practice educator prompts may be needed to link some aspects of knowledge base to individual client history	Integrated knowledge and skills evident in concise relevant case history

	Novice (N)	Transition (T)	Entry (E)
Referral Source / date / reason			
Client Age status ; home language / other languages nationality; education; occupation; marital status, family, key carers			
General status; developmental, cognitive hearing; vision; social, emotional, medical, stability			
Communication Current status: language & speech, AAC , SLT involvement			
Physical Medical diagnosis & relevant medical history Relevant information from reports / observations of other team members (appropriately referenced)			
Current feeding, eating, drinking and swallowing status as reported and / or as in case notes			
Tentative feeding, eating, drinking and swallowing clinical diagnostic hypothesis based on evaluation of information obtained			

All competencies must be present to transition level and the majority (5) must be rated at entry level for satisfactory completion of the report

Comments _____

Practice educator	Date
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FEDS 2	Clinical Speech & Language Studies,
	Feeding, eating, drinking and swallowing: Assessment Report

Three (3) completed assessment procedures and outcomes (across 2 different client groups) should be completed by the student. Confirmation that these assessments have been satisfactorily completed should be signed by the practice educator and copies (without identification except for student and PE names) should be retained in the PDL. These reports should include orofacial examinations with consideration of respiratory, laryngeal and pharyngeal function, as relevant. They may include a trial of food consistencies.

Novice (N)	Transition (T)	Entry (E)
Gaps in knowledge base and /or skill base evident. Needs specific direction from therapist to address this aspect of the assessment report	Consolidated knowledge and skills evident in familiar contexts. General feedback from practice educator prompts self correction/ modifications from student.	Integrated knowledge and skills evident in concise report of standard client presentations. Practice educator confirms student hypotheses and intervention plan with minor modifications

	Novice (N)	Transition (T)	Entry (E)
Referral Source / date / reason			
Client Age; home language / other languages nationality; education; occupation; marital status, family, key carers			
Current communication status: Language & speech, AAC , SLT involvement			
Physical Medical diagnosis & relevant medical history Relevant information from reports / observations of other team members(appropriately referenced)			
Current general status ; stability, medical, hearing; vision; social and emotional			
Assessment format and observations e.g. specific assessments used, mental status, attention, fatigue, etc outlined concisely			
Assessment findings Speech evaluation including: assessment of respiration, phonation; articulation; resonance; intelligibility.			
Swallowing evaluation including assessment: of oral preparatory phase, oral phase, pharyngeal phase			
Summary Brief statement of difficulties observed, their severity and impact on daily living. Prognostic statement linking feeding, eating, drinking and swallowing patterns to holistic client profile			
Recommendations Additional diagnostic procedures indicated, intervention and discharge plan.			

FEDS 3	Clinical Speech & Language Studies,
	Case management reports evaluation Feeding, eating, drinking and swallowing

Student Name		Year
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Three (3) case management reports (word limit 1000) across 2 different client groups should be completed by the student and submitted to the practice educator or other designated evaluator for marking. Reports and evaluation forms are to be retained in student portfolio for verification on completion of the clinical education programme.

Content

	Novice (N)	Transition (T)	Entry (E)
Holistic approach	Presents isolated information on client / impairment/context	Present a key facts related to client and context	Comprehensive and coherent account of the client/context
Referral data	Referral source or date only	Referral source and date given	Referral source, date and reason
Background information	Little or no relevant background information presented	Key factors identified and influence on clinical decisions outlined	All relevant history factors and influence on clinical decisions clearly stated.
Assessment content	Significant omissions in aspects of feeding, eating, drinking and swallowing assessed.	Assessment covering majority of relevant aspects of FEDS	Comprehensive assessment covering all relevant aspects of FEDS
Assessment findings	Errors in scoring and / or evaluation of assessment findings	Assessment findings scored, summarised and evaluated accurately	Results of range of assessments and information gathering processes integrated and used to inform case management
Case management plan	Inappropriate case management plan with no evidence of understanding client's needs or context	Selects appropriate standard case management in light of assessment findings	Selects appropriate case management plan in light of assessment findings and service agency policy and resources
Linking theory to practice	Few or inappropriate links are made to theory	Evidence of decision making based on theoretical rationale	Evidence of effective research and decision making supported by theory
Prioritises areas for intervention	Management plan does not indicate appropriate long term aims or short term objectives	Appropriate long term aims and some short term episode objectives	All appropriate long term aims and short term episode objectives presented
Individualised Intervention approach	Generic approach without reference to individual FEDS profile	Individualised intervention appropriate to assessment findings and objectives	Intervention approach appropriate to client, assessment findings and objectives
Context and environment	Does not identify factors that may influence outcomes	Identifies some factors that may influence outcomes	Outlines factors that may influence timeframe and prognoses
Outcome measure for therapy episode	Does not present outcome measures	Identifies outcome measure to be used	Identifies specific communication and environmental outcome measures
Clinical decision making	Rationale not explicit. No relevant evidence.	Rationale and evidence for most management decisions given	Clear rationale for all decisions evident
Summary and recommendations	summary or recommendations not present	Summary and recommendations incomplete	Concise summary and clear evidence based recommendations
Total possible			
13			

Structure and format

Date	Dates not stated or incorrect	Report and assessment dates given	All dates and calculations correct
Structure	Introduction and summarising vague or cursory.	Effective introduction, orderly progress and effective summary.	Clear focused presentation of client and communication system and intervention options.
Clarity of expression	Grammatical and spelling errors. Inappropriate vocabulary/ style	Grammar and spelling accurate. Vocabulary and syntax apt.	Grammar and spelling accurate. Concise syntax and vocabulary.
Appropriate for recipient	Inappropriate content / style for intended recipients	Appropriate style and content for professional recipients.	Appropriate style and content for recipient and client/ carers.
References if appropriate	Referencing inaccurate or inconsistent	Referencing relevant and mostly accurate	Referencing relevant and accurate
Summary	Summary of assessment findings and recommendations omitted	Summary of majority of assessment findings and recommendations	Concise summary of assessment findings and clear recommendations
Signature / date/ recipients	Unsigned	Signed and dated recipients listed	Signed / dated above typed name, all recipients listed
Total possible 5			

All areas must be present to transition level and the majority (10 content, 4 Structure and format) must be rated at entry level for satisfactory completion of the reports)

Report:

Content	Total achieved	
Format	Total achieved	
Comments		

Clinical educator	Date
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FEDS 4	Clinical Speech & Language Studies, Trinity College, Dublin
	FEDS Case management support materials

Student Name		Year
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Students should provide information/feedback to client/carers/staff in relation to 3 clients with communication and /or feeding, eating, drinking and swallowing disorders across 2 different client groups. Sample materials and process to be retained in student log/portfolio. (word limit 500)

Novice (N)	Transition (T)	Entry (E)
Gaps in knowledge base and /or skill base evident. Needs specific direction from therapist to identify key information needed by client /carers and / or ways to present this	Application of knowledge of communication and FEDS evident in information selected and presentation format Practice educator prompts may be needed to ensure that materials are appropriate to individual client / context	Integrated knowledge and skills evident in concise instructions clearly presented in a format appropriate to client and context.

	Date	Clinical educator
Client 1		
Client 2		
Client 3		

Appendix 3

Knowledge base	TCD Year	Academic	Case based learning & Clinical workshops
Anatomy and physiology of the head and neck	1	Preclinical Level 1	Preclinical Level 1
Neurology and neurophysiology including the neurology of swallowing and the coordination of respiration, swallowing and phonation	1-2	Preclinical Level 1& 2	Preclinical Level 1& 2
Oral motor functioning in relation to speech, feeding and swallowing skills	1-2	Preclinical Level 1 & 2	Preclinical Level 1& 2
The normal swallow and changes though out the lifespan	1-2 4	Preclinical Level 1, 2 &3	
Atypical and disordered feeding, eating, drinking and swallowing patterns	2 & 4	Level 1, 2 &3	
Professional terminology specific to the area of feeding, eating, drinking and swallowing disorders	2,3,4	Level 1, 2 &3	Level 1, 2
Knowledge of psychosocial impact of feeding, eating, drinking and swallowing disorders on the individual and carers	2,3,4	Preclinical Level 1& 2	Preclinical Level 1& 2
Roles and scope of practice of multidisciplinary team members	2,3,4	Level 1, 2 &3	Level 1, 2
Risk management policies and procedures	1,2,3,4	Preclinical Level 1,2 &3	Level 1, 2 &3
Ethical, legal and service influences on decision making	2,3,4	Level 1, 2 &3	Level 1, 2 &3
Referral processes and typical clinical pathways	2,3,4	Level 1, 2 &3	Level 1, 2 &3
Aetiology of dysphagia and implications for management	2,3,4	Level 1, 2 &3	
Key factors to be indentified from case notes and history prior to and during assessment	2,3,4	Level 1, 2 &3	Preclinical Level 1
Commonly used subjective and objective assessments including oral motor examination, assessment of oral preparatory, oral and pharyngeal swallow stages and including trials of food consistencies	2,3,4	Level 1, 2 &3	Preclinical Level 1& 2
Recognise indicators for instrumental assessment e.g. videofluoroscopy, FEES	4	Level 2 &3	Level 1, 2 &3
Differential diagnosis and management intervention processes for clients with FEDS disorders including awareness of needs of clients with complex conditions (neonates, people with tracheostomies, etc) and signs and symptoms of oesophageal dysphagia to assist in differential diagnosis with oropharyngeal dysphagia.)	2,3,4	Level 1, 2 &3	Level 1, 2 &3
Prognostic indicators in common case presentation	2 3	Level 1, 2 &3	Level 1, 2 &3
Caseload management and service delivery practices	2,3,4	Level 1, 2 &3	Level 1, 2 &3
Carer and client roles in management plans/ intervention programmes	2,3,4	Level 1, 2 &3	Level 1, 2 &3
Direct and indirect management programmes including oral motor and sensory treatment programmes	2 3,4	Level 1, 2 &3	Level 2 &3
Management strategies including rehabilitation and compensatory techniques e.g. physical positioning and modifying food and liquid consistencies	2,3,4	Level 1, 2 &3	Level 2 &3
Non-oral feeding options	2,3,4	Level 1, 2 &3	Level 1, 2 &3