

Applicant Identification

November 2022

Advanced Competency Certification

Program of Study and Training Summary

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#1. Fibreoptic (Flexible) Endoscopic Evaluation and Management of Voice Disorders

| Name: | | CASLPN | /I Registration #: | | |
|---|--------------------------|------------|--------------------------------|-------------------|-------------------|
| Registration Category: | 1 | | | | |
| Full Regulated | Restricted Pu | ırpose R | egulated | | |
| Training Setting: | | | | | |
| Companies and antification of Declar | a+i a 12 | | | | |
| Supervisor Identification & Declar | ation | | | | |
| Name: | | | CASLPM Registration # | : | |
| Profession: | | | | | |
| Audiologist | Speech-Lan | guage P | athologist | | |
| Registration Category: | | | | | |
| Full Regulated | Restricted F | Purpose | Regulated | | |
| Member of another Colle | ge (please specify) | | | | |
| Current Advanced Competency Certificate | es: | | | Issue Date | Expiry Date |
| 1. Fibreoptic (Flexible) Endoscopic Evalua | tion and Managen | ment of | Voice Disorders (FEEV) | | |
| 2. Fibreoptic (Flexible) Endoscopic Evaluation | n and Management o | of Swallo | owing Disorders (FEES) | | |
| 3. Voice Restoration Through the Use of | Voice Prostheses (| (VRVP) | | | |
| 4. Swallowing and Voice Restoration Thro Speaking Valves (SVR) | ough the Use of Tr | acheost | omy Tubes or | | |
| 5. Videofluoroscopic Assessment of Adul | t Swallowing Disor | rders (V | FAS-A) | | |
| 6. Videofluoroscopic Assessment of Paec | diatric Swallowing | Disorde | rs (VFAS-P) | | |
| I hereby certify that the information provided on this document is accurate and complete. | Supervisor's Signa | | | Date | |
| By typing your name here, you are signing this applic signature on this document. | ation electronically. Yo | ou agree y | our electronic signature is th | e legal equivaler | nt of your manual |



Program of Study and Training Summary

#1. Fibreoptic (Flexible) Endoscopic Evaluation and Management of Voice Disorders

| Study & Training Objectives | Knowledge, Skills, and Demonstrated Competencies | | |
|-----------------------------------|--|---------------------|------|
| Objective 1 | Attaining pre-requisites for conducting endoscopy | Supervisor initials | Date |
| 1(a) | Minimum one-year of clinical experience. Training on this certificate may commence prior to completion of the one-year experience. | | |
| 1(b) | Training setting allows for hands on practical experience with the relevant population | | |
| 1(c) | Basic training in other instrumental procedures such as video-stroboscopy acoustic and aerodynamic measures Specify: | | |
| 1(d) | Experience in voice assessments Specify: | | |
| 1(e) | Basic knowledge of oral, nasal, pharyngeal, and esophageal anatomy, including developmental and aging characteristics | | |
| 1(f) | Familiarity with emergency processes in the applicable setting | | |

| Objective 2 | Background knowledge for conducting FEEV | Supervisor initials | Date |
|----------------|--|------------------------|------|
| 2(a) | Knowledge of the purposes of endoscopic assessment | | |
| 2(b) | Knowledge of normal and abnormal phonation in terms of the underlying anatomy and pathophysiology | | |
| 2(c) | Knowledge of postural changes and compensatory gestures as they affect voice production | | |
| 2(d) | Knowledge of the aerodigestive physiology for respiration, phonation, airway protection and swallowing | | |

| Objective 3 | Select an appropriate client | Supervisor initials | Date |
|----------------|---|---------------------|------|
| 3(a) | Demonstrate proficiency in client selection and candidacy | | |



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| 3(b) | Obtaining information from medical records | |
|------|---|--|
| 3(c) | Obtaining client history and reviewing relevant screening results | |
| 3(d) | Recognizing anatomical/medical contraindications to Fiberoptic endoscopic evaluation for voice | |
| 3(e) | Determining current cognitive, neurological, and medical status | |
| 3(f) | Knowing the indications for fibreoptic endoscopic exams in addition to or in lieu of trans-oral rigid endoscopic exam as the preferred objective diagnostic exam(s) | |

| Objective 4 | Understand the FEEV procedure including risk and precautions | Supervisor initials | Date |
|----------------|--|---------------------|------|
| 4(a) | Able to describe the advantages and disadvantages of endoscopy | | |
| 4(b) | Knowledge of the risks, benefits, and precautions for specific patient populations, including those with: | | |
| | i. Acquired neurological disorders | | |
| | ii. Dementia | | |
| | iii. Other acquired medical conditions (e.g., cancers) | | |
| | iv. For clients of various ages across the life span | | |
| 4(c) | Ability to describe the indications and contraindications for the procedure | | |
| 4(d) | Understanding the objectives and goals for the procedures (i.e. expected outcomes) | | |
| 4(e) | Knowledge of potential adverse reactions including potential drug allergies | | |
| 4(f) | Knowledge of client's ability to comply with or tolerate the procedure | | |
| 4(g) | Knowledge of appropriate treatments for conditions such as vasovagal response, nasal inflammation, vomiting etc. | | |
| 4(h) | Determine contraindications including: agitation, reduced compliance, history of epistaxis, movement disorders, acute cardiac conditions | | |



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| Objective 5 | Perform the endoscopic procedure independently | Supervisor initials | Date |
|----------------|--|---------------------|------|
| 5(a) | Complete a workshop / course in methodology and use of fibreoptic endoscopic evaluation of voice - 8 hours or equivalent *Specify: | | |
| 5(b) | Prepare and instruct client for the procedure | | |
| 5(c) | Understand use of topical anaesthetics, potential adverse reactions and contraindications, application protocol | | |
| 5(d) | Insert endoscope transnasally and manipulate it within the hypopharynx to obtain desired view with minimal client discomfort and/ or complications | | |
| 5(e) | Determine and elicit appropriate treatment intervention strategies to determine the effect on phonation | | |
| 5(f) | View pharyngeal and laryngeal anatomy to describe laryngeal and supralaryngeal structures, postures, and gestures | | |
| 5(g) | Direct client through appropriate tasks required for a comprehensive exam | | |
| 5(h) | Evaluate anatomical structures at each point in the examination | | |
| 5(i) | Knowledge of appropriate infection control requirements for sterilization of equipment | | |
| 5(j) | Knowledge of the uses of endoscopy as a biofeedback tool | | |
| 5(k) | Complete a minimum of 10 observation of endoscopic exams performed by qualified practitioner | | |
| 5(I) | Complete 10 passes of the endoscope on normal subjects, with constant supervision | | |
| 5(m) | Complete 10 passes of the endoscope on potentially abnormal subjects, with constant supervision | | |
| 5(n) | Complete 10 endoscopic examinations on potentially abnormal subjects, with direct supervision including review and discussion with supervisor | | |

| Objective 6 | Accurately interpret the endoscopy results | Supervisor initials | Date |
|----------------|---|---------------------|------|
| 6(a) | Knowledge of normal and abnormal oral, pharyngeal, and laryngeal anatomy and physiology | | |
| 6(b) | Describe the effects of body, head and neck posturing and compensatory gestures on the client's laryngeal postures and vocal fold movements | | |



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| 6(c) | Recognize abnormal patterns, signs and symptoms of voice problems | |
|------|---|--|
| 6(d) | Accurately describe the client's laryngeal postures, gestures, and phonation patterns | |
| 6(e) | Complete constant supervision of a minimum of 5 client study interpretations, in real time, including report writing with evidence of high inter-rater consistency of results | |
| 6(f) | Complete general supervision and review of a minimum of 3 additional client interpretations and associated reports— may be conducted via recorded images | |
| | Includes recommendations for interventions, further referrals, re- evaluation recommendations | |
| 6(g) | Constant supervision of a minimum of 5 presentations of results and implications to client and/or family with recommendations for follow-up and treatment/interventions | |
| | Use of the assessment results (images) for educational purposes during or after the examination as appropriate | |

Applicant Declarations

I have completed any examinations and the requirements outlined in this Advanced Competency Certification Program of Study and Training.

I declare that the statements made by me in this document and all accompanying submissions are complete and accurate. I understand that a false or misleading statement is an act of professional misconduct and may disqualify me from eligibility to hold an Advanced Competency Certificate and may result in referral to the Complaints Investigation Committee.

Applicant's Signature

By typing your name here, you are signing this application electronically, and you agree your electronic signature is the legal equivalent of your manual signature.