



**#2. Fiberoptic (Flexible) Endoscopic Evaluation  
and Management of Swallowing Disorders**

| Applicant Identification |                              |
|--------------------------|------------------------------|
| Name:                    | CASLPM Registration #:       |
| Registration Category:   |                              |
| Full Regulated           | Restricted Purpose Regulated |
| Training Setting:        |                              |

| Supervisor Identification & Declaration  |                              |             |
|--|------------------------------|-------------|
| Name:  | CASLPM Registration #:       |             |
| Profession:  |                              |             |
| Audiologist  | Speech-Language Pathologist  |             |
| Registration Category:   |                              |             |
| Full Regulated   | Restricted Purpose Regulated |             |
| Member of another College (please specify)   |                              |             |
| Current Advanced Competency Certificates:  | Issue Date                   | Expiry Date |
| 1. Fiberoptic (Flexible) Endoscopic Evaluation and Management of Voice Disorders (FEEV)            |                              |             |
| 2. Fiberoptic (Flexible) Endoscopic Evaluation and Management of Swallowing Disorders (FEES)       |                              |             |
| 3. Voice Restoration Through the Use of Voice Prostheses (VRVP)                                    |                              |             |
| 4. Swallowing and Voice Restoration Through the Use of Tracheostomy Tubes or Speaking Valves (SVR) |                              |             |
| 5. Videofluoroscopic Assessment of Adult Swallowing Disorders (VFAS-A)                             |                              |             |
| 6. Videofluoroscopic Assessment of Paediatric Swallowing Disorders (VFAS-P)                        |                              |             |
| I hereby certify that the information provided on this document is accurate and complete.          | Supervisor's Signature       | Date        |

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



### #2. Fiberoptic (Flexible) Endoscopic Evaluation and Management of Swallowing 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 videofluoroscopy<br>Specify:  |                     |      |
| 1(d)                        | Experience in swallowing assessments<br>Specify:  |                     |      |
| 1(e)                        | Familiarity with emergency processes in the applicable setting  |                     |      |
| Objective 2                 | Background knowledge for conducting FEES  | 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 compensatory swallowing manoeuvres, modifications in bolus consistency and postural changes as they affect the swallow |                     |      |
| 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   |                     |      |
| 3(b)                        | Obtaining information from medical records  |                     |      |



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|             |  |                     |      |
|-------------|--|---------------------|------|
| 3(c)        | Obtaining client history and reviewing relevant screening results  |                     |      |
| 3(d)        | Determining possible signs of aspiration   |                     |      |
| 3(e)        | Determining current cognitive, neurological, and medical status  |                     |      |
| 3(f)        | Knowing the indications for endoscopic exams in addition to or in lieu of fluoroscopic exams as the preferred objective diagnostic exam(s) |                     |      |
| Objective 4 | Understand the FEES 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. Functional disorders   |                     |      |
|             | v. 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 FEES or equivalent content - 8 hours<br>*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)        | Ability to prepare appropriate bolus materials and selection of appropriate consistencies for client testing                                       |                     |      |
| 5(f)        | Ability to view pharyngeal and laryngeal anatomy for bolus flow and residue  |                     |      |
| 5(g)        | Ability to trial swallowing manoeuvres in order to determine appropriate treatment strategies and feeding conditions                               |                     |      |
| 5(h)        | Direct client through appropriate tasks required for a comprehensive exam  |                     |      |
| 5(i)        | Evaluate anatomical structures at each point in the examination  |                     |      |
| 5(j)        | Knowledge of appropriate infection control requirements for sterilization of equipment   |                     |      |
| 5(k)        | Knowledge of the uses of endoscopy as a biofeedback tool   |                     |      |
| 5(l)        | Complete a minimum of 10 observation of endoscopic exams performed by qualified practitioner   |                     |      |
| 5(m)        | Complete 10 passes of the endoscope on normal subjects, with constant supervision  |                     |      |
| 5(n)        | Complete 10 passes of the endoscope on potentially abnormal subjects, with constant supervision  |                     |      |
| 5(o)        | 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  |                     |      |

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|      |   |  |  |
|------|---|--|--|
| 6(b) | Knowledge of normal and abnormal physiology of swallowing   |  |  |
| 6(c) | Recognize the physical signs of premature spillage, pharyngeal residue, laryngeal penetration, and tracheal aspiration  |  |  |
| 6(d) | Recognize the physical signs of obstruction   |  |  |
| 6(e) | Ability to describe the effects of body, head and neck posturing on the client's swallow  |  |  |
| 6(f) | Recognize abnormal patterns and symptoms of oropharyngeal dysphagia   |  |  |
| 6(g) | Accurately describe the client's mechanical, durational, and temporal aspects of the swallow  |  |  |
| 6(h) | 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(i) | Complete general supervision and review of a minimum of 3 additional client interpretations and associated reports— may be conducted via recorded images                      |  |  |
|      | i. Includes recommendations for interventions, further referrals, re-evaluation recommendations   |  |  |
| 6(j) | 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       |  |  |
|      | i. 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.