

Advanced Competency #4: Swallowing and Voice Restoration through the use of Tracheostomy Tubes or Speaking Valves FAQ

Q: Do I need to have trach certification (#4) to conduct a clinical swallowing assessment on someone who has been decannulated and still has an open stoma?

A: No. The certification applies to working with individuals with tracheostomy tubes. However, like any other task that is within SLP scope, the SLP must be confident that they have the appropriate skills/training to proceed.

Q: Do I need to have trach certification (#4) to participate in cleaning the stoma site?

A: No. SLPs may participate in stoma care as long as this is permitted by their region/facility, and they have the appropriate skills/training to proceed.

Q: Do I need to have trach certification (#4) to do a clinical swallow assessment on someone with a tracheostomy?

A: Yes

Q: Do I need to have trach certification (#4) to do an instrumental swallow assessment on someone with a tracheostomy?

A: Yes

Q: Could an SLP who holds an advanced competency in FEES or VFSS but not trach certification #4 be able to conduct an instrumental swallowing assessment while an SLP who has trach certification #4 is present?

A: Yes, as long as the SLP holding trach certification #4 is present for the entire examination.

Q: Can a non-certified SLP be trained by a certified SLP to provide services to tracheostomy patients on an individual basis? For example, if there is someone in a remote community with an uncuffed trach and a speaking valve, can an SLP be trained and delegated to remove/place the valve, clean the valve, and work on voicing/communication?

A: No

Q: Can a non-certified SLP provide communication assessment and intervention for a patient with a trach, so long as the SLP is not removing/manipulating the trach, speaking valve and/or cap?

A: Yes, an SLP can provide services such as language or dysarthria treatment, AAC assessment/intervention, etc. (with the exception of phonation/voice treatment).

Q: Can a certified SLP change a trach, provided they have been trained to do so?

A: No. Changing a trach is not within the Reserved Acts of an SLP in Manitoba.

Q: Can an SLP provide tracheal suctioning, with or without trach certification?

A: Suctioning is outside of the scope of this certification. Extra training is required to provide suctioning.

Q: If I have moved to Manitoba, and have previous experience with trachs in another jurisdiction, equivalent to what is described in the plan of study, do I need to fulfill all of the steps in the plan of study?

A: Yes and liaise with the Registrar for further individualization to your plan of study.

Q: How would a fully regulated speech-language pathologist receive a Tracheostomy Advanced Clinical Competency working in a rural health authority, where no other SLP's already have this competency?

A: The onus is on the registrant to liaise with SLPs that hold this competency to put a plan in place. There is potential to have supervisors outside of the SLP discipline that could provide supervision in conjunction with a fully registered SLP who holds this certification. Discuss an individualized plan of study with the Registrar.

Q: We receive very few patients with a trach (and none on a vent) in our health authority. What is the timeline from when notice of intent is submitted and a "supervisor/ mentor" approves completion?

A: Three years; if more time is needed, discuss an individualized plan of study with the Registrar.

Q: Are there definitions for the supervision terms mentioned in the Advanced Competency Certification Program of Study and Training Summary form?

A: Constant supervision means the supervisee may not engage in clinical activities unless the supervisor is in attendance.

Close supervision means supervision with a sufficiently close proximity between supervisor and supervisee; that a supervisor may attend in person at the request of either the supervisor or supervisee (e.g., the supervisor and supervisee work within the same facility and they are easily accessible).

General supervision means the supervisor is accessible to a supervisee but does not attend in person. General supervision is synonymous with remote supervision and could be by telephone, email, or virtual access.

Note: These supervision terms were borrowed and adapted with permission from the College of Speech and Hearing Health Professionals of British Columbia (CSHBC). The Practice Advisory Committee (PAC) is working on developing a supervision practice direction that will incorporate these definitions so they can be applied in a broader context.