



### #3. Voice Restoration through the Use of Voice Prostheses

Applicant Identification	
Name:	CASLPM Registration #:
Registration Category: <div style="display: flex; justify-content: space-around;"> <span>Full Regulated</span> <span>Restricted Purpose Regulated</span> </div>	
Training Setting:	

Supervisor Identification & Declaration		
Name:	CASLPM Registration #:	
Profession: <div style="display: flex; justify-content: space-around;"> <span>Audiologist</span> <span>Speech-Language Pathologist</span> </div>		
Registration Category: <div style="display: flex; justify-content: space-around;"> <span>Full Regulated</span> <span>Restricted Purpose Regulated</span> </div> Member of another College (please specify)		
Current Advanced Competency Certificates:	Issue Date	Expiry Date
1. Fiberoptic Endoscopic Evaluation and Management of Voice Disorders (FEEV)		
2. Fiberoptic 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.



### #3. Voice Restoration through the Use of Voice Prostheses

Study & Training Objectives	Knowledge, Skills, and Demonstrated Competencies		
Objective 1	Pre-requisites for assessing and managing voice disorders and restoration using tracheoesophageal puncture (TEP) techniques and prostheses	Supervisor initials	Date
1(a)	Minimum two years clinical experience with adult population – training may commence prior to completion of the one-year experience.		
1(b)	Training setting allows for hands on practical experience with the relevant population		
Objective 2	Background knowledge for conducting TEP	Supervisor initials	Date
2(a)	Knowledge of:		
	i. Post-laryngectomy anatomy and physiology in relation to respiration, deglutition, and production of tracheoesophageal (TE) sound and articulating alaryngeal speech		
	ii. The effects of head and neck surgery, irradiation therapy and / or chemotherapy		
	iii. Tumour staging and implications for treatment		
Objective 3	Select appropriate candidates for TEP	Supervisor initials	Date
3(a)	Proficient in discussing all aspects of TEP with the client and significant others		
3(b)	Knowledge of:		
	i. The purpose of TEP		
	ii. The advantages and disadvantages of TEP		
	iii. Anatomical and physiological requirements for producing esophageal sound and articulating alaryngeal speech		
	iv. The physical and mental requirements for TEP		
	v. TEP surgical procedures (primary vs. secondary)		
	vi. Prosthesis function, use and care		
	vii. Materials/information for pre-operative consultation, post-operative consultation and a laryngectomy volunteer visit		



### #3. Voice Restoration through the Use of Voice Prostheses

3(c)	Proficient in identifying physical, mental, and social factors that contraindicate or complicate successful outcome of the TEP procedure		
3(d)	Proficient in evaluating the sound generating potential of the pharyngoesophageal segment by insufflating the esophagus and interpreting the results		
3(e)	Knowledge of:		
	i. Rationale for insufflating the esophagus		
	ii. Esophageal insufflation test procedures, risks and infection control		
	iii. What constitutes a successful response		
	iv. The factors that can result in false negative responses		
	v. The risk of vasovagal stimulation that may be elicited by gastric distention		
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		



### #3. Voice Restoration through the Use of Voice Prosthesis

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		

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 *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		



### #3. Voice Restoration through the Use of Voice Prostheses

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		
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.