



#4. Swallowing and Voice Restoration through the use of Tracheostomy Tubes or Speaking Valves

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 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.



#4. Swallowing and Voice Restoration through the use of Tracheostomy Tubes or Speaking Valves

Study & Training Objectives	Knowledge, Skills, and Demonstrated Competencies		
Objective 1	Pre-requisites for assessing and managing swallowing and voice disorders and restoration using talking tracheostomy tubes or one-way speaking valves, with or without ventilator dependency	Supervisor Initials	Date
1(a)	Minimum one year of clinical experience – training may commence prior to completion of the one year of experience		
1(b)	Training setting allows for hands-on practical experience with the relevant population		
1(c)	Understands the role of the SLP in the assessment/diagnosis, treatment/management, follow-up, and education of trached or ventilated patients with communication and/or swallowing disorders.		
1(d)	Understands the roles and responsibilities of team members in the provision of tracheostomy and ventilator care, including but not limited to nursing, medicine, respiratory therapy, physiotherapy, dietary and occupational therapy.		
1(e)	Familiarity with emergency processes in the applicable setting and knowledge of the signs of respiratory distress and airway management techniques. Has a basic understanding of respiratory emergencies (including accidental dislodgment, oral and tracheal suctioning).		
Objective 2	Background knowledge for swallowing and voice restoration using talking tracheostomy tubes or one-way speaking valves, with or without ventilator dependency	Supervisor initials	Date
2(a)	Understands normal and disordered respiratory and phonatory systems, pulmonary functions for respiration, airway protection, swallowing and voice production, including post-tracheostomy anatomy.		
2(b)	Knowledge of the anatomical and physiological changes when a tracheostomy is in place.		
2(c)	Knowledge of the physiological changes that occur when a tracheostomy tube is manipulated (e.g., occlusion, cuff deflation).		
2(d)	Understands the impact of a tracheostomy tube has on respiration function, secretion management and swallowing.		
2(e)	Knowledge of the reasons why a tracheostomy and/or ventilation are required for a particular patient.		
2(f)	Knowledge of the risks and benefits of tracheostomy and ventilation (short and long term) and has an awareness of the complications and impact of previous and ongoing airway management.		
2(g)	Awareness of the different methods for tracheostomy insertion and inner cannula changes. Understands local policy on insertion, changes, and cleaning.		
2(h)	Able to identify type, size, and cuff status of tracheostomy tubes.		



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2(i)	Understands a wide range of tube types (i.e., standard and specialized tubes) and their function, rationale for use and contraindications.		
2(j)	Understands the indications for oral and tracheal suctioning and the considerations for pulse oximetry.		
2(k)	Has a basic knowledge of the different modes of ventilation.		
2(l)	Understands common diseases and conditions affecting respiratory function, including prognosis and viable treatment options.		
2(m)	Understands the various traumas that may occur to the larynx and trachea in specific populations (e.g., burns and laryngeal trauma) and the potential patterns of recovery.		
2(n)	Understands the community resources that may be available for various patient types with long-term tracheostomy or ventilation needs.		
2(o)	Ability to determine cuff inflation vs. deflation and understands the changes in oral feeding in the presence of cuff inflation.		
Objective 3	Understand the assessment and diagnostic communication and swallowing parameters for patients with tracheostomy and/or ventilator	Supervisor initials	Date
3(a)	Understands and describes the physiological effects of cuff inflation on phonation and swallowing (including aspiration risk) and the limitations this may have on clinical assessment results. In addition, understands the cognitive linguistic and behavioural factors that may be involved.		
3(b)	Understands the use and timing of instrumental assessments including videofluoroscopic swallow study (VFSS) and fiberoptic endoscopic evaluation of the swallow (FEES) to assess airway patency, phonation, secretion management and swallowing function. (To practice VFSS or FEES additional certification is required)		
3(c)	Understands the impact of tracheostomy on speech, swallowing, voice production and airway function and the inter-relationship between respiration, swallowing and communication.		
3(d)	Understands the limitations of cervical auscultation in patients with an inflated cuff and understands sub-glottic air pressures and its role in normal and altered systems.		
3(e)	Awareness of patient co-morbidities that may have an impact on weaning.		
3(f)	Understands the psycho-social implications of tracheostomy and ventilator dependency.		
3(g)	Awareness of outcome measures related to the assessment findings and subsequent intervention recommendations.		
3(h)	Understands when to finger occlude and if appropriate, can do so to assess phonation.		



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3(i)	Able to recognize signs of aspiration in the presence of a trach tube and recognize signs of cuff leak in an inflated cuff and able to determine the need for tracheal suctioning during and post-swallow assessment.		
3(j)	Understands the need for equipment such as cuff pressure manometer, pulse oximeter and who on the team is responsible for what process.		
3(k)	Able to identify oxygen needs, type and size of tracheostomy tube, vital signs.		
3(l)	Identify contraindications for intervention and criteria to objectively assess patient tolerance for the intervention(s).		
3(m)	Understands the special considerations in swallowing assessments in tracheotomized individuals such as candidacy for oral trials, respiratory needs, secretion management and the weaning process.		
3(n)	Able to identify and interpret signs and symptoms of aberrant swallowing and communication.		
3(o)	Observed a minimum of 5 initial swallowing assessments with tracheostomized patients.		
3(p)	Completed initial assessments, including SLP diagnosis under constant supervision until able to demonstrate competency and appropriate rationale for processes chosen.		
3(q)	Completed initial assessments including SLP diagnosis under close supervision until able to demonstrate competency and appropriate rationale for processes chosen.		
3(r)	Completed initial or re-assessments under general supervision until able to demonstrate independent competency and appropriate rationale for processes chosen.		

Note: Assessment and SLP diagnostic proficiency must include aspects of communication AND swallowing

Objective 4	Understand the management options available for communication and swallowing disorders in a trached and/or ventilated patient	Supervisor initials	Date
4(a)	Understands the physiological changes when tracheostomy tubes are manipulated (e.g., cuff deflation, occlusion).		
4(b)	Able to identify the need for additional investigation including further instrumental assessments.		
4(c)	Able to identify when a re-assessment and additional follow-up will be necessary.		
4(d)	Understands and can describe the communication options available including augmentative communication devices (low- and high-technology options).		
4(e)	Understands the oral communication options including the purpose, effect on respiration, candidacy and function related to each option.		
4(f)	Provides communication and swallowing recommendations and objectives as part of an overall patient care plan in collaboration with the inter-professional team.		



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4(g)	Understands and considers quality of life and goals of care that are important to the patient, when developing recommendations.		
4(h)	Observed a minimum of 3 management sessions with patient, family and/or health professionals including patient education, goal setting and patient specific outcome measurements.		
4(i)	Participated in a minimum of 3 management sessions with patient, family and/or health care professionals including education, goal setting and outcome measurement under constant supervision until able to demonstrate proficiency in information shared.		
4(j)	Participated in a minimum of 3 management sessions with patient, family and/or health care professionals including education, goal setting and outcome measurement under close supervision until able to demonstrate proficiency in information shared.		
4(k)	Participated in a minimum of 3 management sessions with patient, family and/or health care professionals including education, goal setting and outcome measurement under general supervision until able to demonstrate proficiency in information shared.		
Note: Completion of management proficiency must include aspects of communication AND swallowing			
Objective 5	Gain proficiency in documenting assessment and diagnostic results and interventions	Supervisor initials	Date
5(a)	Able to accurately document assessment findings and related SLP diagnoses as well as interpretations and recommendations for management, including follow-up.		
Objective 6	Understand and be proficient in the use of one-way speaking valves and caps as a communication treatment option	Supervisor initials	Date
6(a)	Understands the use of one-way speaking valves and caps, including where and how to attach the valve, signs of intolerance, placement of warning labels, and status of the trach, tube and or ventilator.		
6(b)	Understands the weaning process and criteria for decannulation, including the role of one-way speaking valves, capping, and determining the appropriate timing for intervention.		
6(c)	Able to teach the patient (or supervisor if a patient is not available) to phonate with one-way speaking valve and/or cap including knowledge of the behaviours that facilitate production of sound and behaviours that are counterproductive to sound production. Ability to resolve problems related to sound production or swallowing and to teach the patient to do the same.		
6(d)	Able to teach the patient, significant others, and other health professionals the proper maintenance of the one-way speaking valve and/or cap. This includes frequency of cleaning, procedures for cleaning, necessary replacement, and manufacturer's instructions.		
6(e)	Observed a minimum of 3 placements of a one-way speaking valve and/or cap performed by a qualified SLP and monitoring patient specific tolerance at the time of SLP intervention. Observations of other qualified health care providers (e.g., physician, respiratory therapist under physician delegation) are acceptable.		

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6(f)	Demonstrates proficiency in placements of a one-way speaking valve and/or cap.		
6(g)	Able to teach the patient or significant others to place and remove a one-way speaking valve and/or cap.		
6(h)	Able to identify improvements in voice production, airway protection and swallowing and troubleshooting difficulties encountered.		

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.

This Practice Direction was adapted with permission from The College of Speech and Hearing Health Professionals of British Columbia (CSHBC).

References:

College of Speech and Hearing Health Professionals of British Columbia. Certificate G: Tracheoesophageal Voice Restoration Assessment and Management.
<https://cshbc.ca/wp-content/uploads/2022/07/CSHBC-CP-G-Tracheo-esophageal-Voice-Restoration-Assessment-and-Management-09-01-2022.pdf>

Royal College of Speech and Language Therapists. Tracheostomy Competency Framework, 2014.
[Royal College of Speech and Language Therapist Tracheostomy Competencies \(rcslt.org\)](https://www.rcslt.org/)

The Speech Pathology Association of Australia. Practice Guideline: Tracheostomy, 2022.
To obtain a copy of this document, please contact The Speech Pathology Association of Australia directly.