CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Advanced Competency Certification

Program of Study and Training Summary

#6. Videofluoroscopic Assessment of Paediatric 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. Fibreoptic Endoscopic Evaluation and Management of Voice Disorders (FEEV)		
2. Fibreoptic 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.

#6. Videofluoroscopic Assessment of Paediatric Swallowing Disorders

Study& Training Objectives	Knowledge, Skills, and Demonstrated Competencies		
Objective 1	Pre-requisites for conducting Videofluoroscopic Assessment of Swallowing (VFAS)	Supervisor Initials	Date
1(a)	Minimum of one year of clinical experience with a relevant population – 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)	Demonstrates an entry-to-practice understanding of Dysphagia and VFAS, including infants and children:		
	i) Knowledge of normal anatomy, physiology, and neurophysiology		
	ii) Identifies and describes normal and abnormal aerodigestive physiology for respiration, airway protection, and voice production		
	iii) Understands the relationship between respiration and swallowing		
	iv) Experienced in evaluation of the oral mechanism, motor speech disorders, voice, and laryngeal function		
	v) Understands the causes, signs, and symptoms of dysphagia		
	vi) Obtains a relevant case history: recognizes the risk for dysphagia through review of the medical history, client diagnosis, and current status		
	vii) Understands the signs and symptoms of dysphagia related to reflux, GERD, and esophageal dysmotility		
	viii) Skilled in clinical/bedside swallowing assessments: Recognizes overt and subtle signs of dysphagia before and during oral intake		
1(d)	Demonstrate familiarity with the VFAS diagnostic equipment		
	i) Able to identify anatomical landmarks viewed laterally and in the Anterior-Posterior position, fluoroscopically		
	ii) Understands the need for optimal seating and positioning options		
1(e)	Understands universal infection control and food safety procedures		
1(f)	Understands emergency processes relevant to the applicable setting		

#6. Videofluoroscopic Assessment of Paediatric Swallowing Disorders

Objective 2	Attain the background knowledge for conducting VFAS	Supervisor initials	Date
2(a)	Knowledge of the purposes of VFAS: • Completed a three credit Master's level course in dysphagia and VFAS or equivalent *Specify:		
2(b)	Knowledge of normal and abnormal swallowing in terms of paediatric anatomy and physiology:		
	i) Knowledge of oral motor and feeding development in infants and our children		
	ii) Normal and abnormal neuroanatomy/aerodigestive anatomy and physiology for respiration, airway protection and swallowing		
	iii) The interrelationship of respiration and swallowing		
	iv) The effect of tracheotomy tubes and ventilators		
	v) The interrelationships of oral, pharyngeal, and esophageal phases of swallowing		
	vi) Age related changes		
	vii) Changes related to medical conditions and surgical procedures. E.g.: • Premature infants • Developmentally delayed infants and children • Medically fragile or compromised infants and children (i.e., cardiac conditions, respiratory conditions) • Neurologically impaired (infants and children) • Infants and children having genetic syndromes • Infants and children having syndromes and/or oro-facial anomalies (including cleft lip & palate) • Infants and children who are tube fed • Infants and children with a diagnosis of failure to thrive • Infants and children with gastro-intestinal dysfunction and conditions (i.e., short gut syndrome, tracheoesophageal fistula, esophageal atresia, GERD, EE) • Infants and children with other relevant and/or related medical conditions (i.e., laryngomalacia, tracheomalacia) • Oncology patients		
	viii) Potential effects of common medications		

	ix) Indications for specific compensatory and rehabilitative management techniques		
	x) Knows to refer client to physician as needed. Examples: otolaryngologist, respirologist, gastroenterologist, plastic surgeon, oncologist etc.		
	xi) Knowledge of when to refer to other health care professionals		
	xii) Knowledge of evidence- based practice related to swallowing assessment, management, and treatment/intervention		
2(c)	Knowledge of foundational elements of a comprehensive VFAS:		
	i) Effects of modifications in bolus presentation, order, size, nipple flow rate, taste and texture		
	ii) Effects of sensory enhancement techniques		
	iii) Effects of compensatory swallowing manoeuvres		
	iv) Effects of client positioning and postural changes as they effect the swallow		
2(d)	Knowledge of the risks and acceptable exposure to radiation at each developmental stage (e.g. time, settings)		
2(e)	Knowledge and understanding of the VFAS design:		
	i) Follows a standardized test protocol adapted appropriately for each client		
	ii) Understands the impact of the order of bolus presentation or modifications to the procedure if the patient appears unable to protect the airway even after the use of therapeutic intervention		
	iii) Bolus presentation is guided by patient performance, aspiration risks, abnormalities identified, and patient tolerance, including fatigue		
Objective 3	Select appropriate client(s) for VFAS	Supervisor initials	Date
3(a)	Proficient in:		
	i) Obtaining client consent		
	ii) Completing a detailed review of the client's medical history prior to the clinical swallowing assessment		

	iii) Completing an in-depth clinical/bedside swallowing assessment. Forms a clinical impression regarding the overall nature, severity, and causal factors of the oral, pharyngeal, laryngeal, and/or esophageal swallowing impairment		
	iv) Determining optimal (safe) test consistencies		
	v) Integrating clinical results with the medical history and current medical and cognitive status		
3(b)	Knowledge of when it is appropriate to recommend a VFAS:		
	i) Questions remain after the clinical assessment		
	ii) To define abnormalities or confirm a change in swallowing function		
	iii) To confirm or contribute to a suspected medical diagnosis		
	iv) To identify and evaluate treatment and strategies that my enable the patient to eat/feed safely and/or efficiently		
	v) Takes into account the indications/contraindications and advantages/disadvantages of the VFAS		
3(c)	Demonstrates knowledge of other instrumental swallowing assessments, their purpose and value. Examples include but are not limited to: FEES (age dependent), upper GI, ultrasound and salivagram		
Objective 4	Understands the VFAS procedure including risk and precautions	Supervisor initials	Date
4(a)	Able to describe the advantages, limitations, and disadvantages or VFAS:		
	i) Able to extrapolate findings from the MBS and apply them; to predict performance during a feeding/mealtime		
	ii) Able to recognize clients who will not tolerate, comply, or benefit from the procedure		
	iii) Able to recognize when results from the VFAS will not alter the patient 's medical plan for oral intake and nutrition		
	iv) Able to monitor possible adverse reactions during the examination and respond appropriately		
	v) Ability to identify a child's readiness when previously NPO (e.g. managing adequate oral volumes to complete the study)		

4(b)	Knowledge of the risk of harm to the patient, including allergic reactions to food or contrast, dietary limitations or intolerances, acute respiratory distress and airway obstruction or choking related to airway penetration and aspiration		
	i) Makes every effort to maximize client safety during assessment and management procedures		
	ii) When risks are high, SLP obtains advice from the most responsible physician, radiologist, or client care team member as appropriate. SLP ensures that medical assistance is available should choking or an adverse event occur		
	iii) Consults as needed with the Radiation Protection Officer at their institution to ensure that they are in compliance with all procedures and exposure		
	iv) VFAS is performed efficiently. Steps are taken to avoid unnecessary or excessive radiation exposure keeping in mind child-related information and guidelines		
4(c)	Knowledge of the risks, benefits, and precautions specific to different client populations that the SLP may encounter in their work setting including but not limited to:		
	i) Newborns and infants		
	ii) Premature infants		
	iii) Developmentally delayed infants and children		
	iv) Medically fragile or compromised infants and children (i.e. cardiac conditions, respiratory conditions)		
	v) Neurologically impaired (infants and children)		
	vi) Infants and children having a genetic syndrome		
	vii) Infants and children having syndromes and oro-facial anomalies (including cleft lip and / or palate)		
	viii) Infants and children who are tube fed		
	ix) Infants and children who are tube fed		
	x) Infants and children with gastro-intestinal dysfunction and conditions (i.e., short gut syndrome, tracheoesophageal fistula, esophageal atresia, GERD, EE)		

	xi) Infants and children with other relevant and / or related medical conditions (i.e., laryngomalacia, tracheomalacia)		
	xii) Oncology patients • Medication induced dysphagia • Other client groups that the SLP may be asked to care for in their work setting • Required infection control guidelines and procedures		
Objective 5	Perform the VFAS independently	Supervisor initials	Date
5(a)	Completion of workshop/course in the methodology, use the interpretation of VFAS or equivalent content – 8 hours (may be in person, workshop, coursework, webinar, DVD, etc.) *Specify:		
5(b)	Completed a minimum of 5 case study observations of VFAS performed by a qualified SLP. Observations include review of the patient's medical history, clinical / bedside results, and rationale for the VFAS, interpretation, recommendations, and planning after the study. Observation must include infants (0-12 mos.) toddlers (12-36 mos.) and older children (> 36 mos.) in any combination to equal 5 cases. In the case of infants and toddlers the age range refers to corrected age. Observations by videoconference or other means are acceptable.		
5(c)	Completed a minimum of 10 VFAS under constant supervision by a qualified SLP. Supervision continues until the applicant and the supervisor mutually agree on the achievement of skill competencies. 'Supervision' begins with review of the clinical / bedside swallow assessment findings and rationale / goals for the VFAS. It continues through the VFAS decisions, design and implementation, review of the recorded results and their interpretation, recommendations, report writing, issuing other referrals, and client, family, staff communication and teaching. All aspects result in high inter-rater consistency. The 10 cases must include at least 5 for children. Of the 5 paediatric cases at least one must be for an infant, toddler and older children. The paediatric cases must include infants (0-12 mos.) toddlers (12-36 mos.) and older children (> 36 mos.) in any combination to equal 5 cases. In the case of infants and toddlers the age range refers to corrected age. SLPs holding Advanced Certificate #5 are exempt from the 5 adult cases included in this section.		
5(d)	Completed a minimum of 10 paediatric VFAS under general supervision with a qualified SLP. Supervision continues until the applicant and the supervision mutually agree on the achievement of skill competencies. General supervision achieves high inter-rater consistency and may be conducted via recorded images. The paediatric cases must include infants (0-12 mos.) toddlers (12-36 mos.) and older children (> 36 mos.) in any combination to equal 10 cases. In the case of infants and toddlers the age range refers to corrected age.		
5(e)	Understands the instrumental requirements to record the study.		

	i) Understands that the study should be recorded to allow post-examination replay and analysis by the SLP and other professionals and for patient/family consultation.		
	ii) Understands the temporal resolution requirements of the recording for sufficient capture of important events in the study.		
5(f)	Prepares and instructs the child and/or family for the procedure.		
5(g)	Prepares or obtains standard bolus types/viscosities with barium, according to facility protocol and as appropriate based on a recent swallowing assessment.		
5(h)	Demonstrates skill in the performance and interpretation of standardized VFAS procedures:		
	i) Able to modify and tailor the procedure to the patient as needed		
5(i)	During the VFAS study and in analysis of the results after the study the SLP achieves good inter-rater consistency with the supervising SLP for the following:		
	i) Presents bolus types in a calibrated and consistent pattern. Bolus presentation is guided by patient performance, aspiration risks, abnormalities identified, and patient tolerance.		
	ii) Demonstrates good clinical judgment to determine the order of bolus presentation or modifications to the procedure if the patient appears unable to protect the airway even after the use of therapeutic intervention		
	iii) Accurately evaluates the integrity of airway protection before, during and after swallowing		
	iv) Accurately describes swallow physiology and identifies appropriate therapeutic and/or management procedures. Is able to align physiology with recommendations		
	v) Accurately evaluates the effectiveness of postures, maneuvers, bolus modification and sensory enhancement techniques		
	vi) Accurately evaluates the client's tolerance of and ability to perform and repeat appropriate therapeutic interventions		
	vii) Understands when to terminate the study		
	viii) Accurately evaluates swallow efficiency and safely		
	ix) Demonstrates compliance with radiation safety procedures		

5(j)	Adapts the VFAS to the cognitive – communication, behavioural, and psychosocial issues that may impact swallowing or participation in the study		
5(k)	Understands the roles of the radiologist and other team members who may be involved in the study		
5(l)	Demonstrates an ability to work constructively and collaboratively with other professionals involved in dysphagia service delivery		
5(m)	Refers potential anatomical and/or esophageal function abnormalities to a radiologist for interpretation as appropriate		
5(n)	Demonstrates knowledge of infection control and food safety procedures		
Objective 6	Accurately interprets the VFAS results	Supervisor initials	Date
6(a)	Accurately interprets study results during review of the VFAS		
	i) Understands the limitations of using the VFAS technology and instrumentation		
	ii) Applies current knowledge of best practice and evidence-based practice to VFAS interpretation		
	iii) Completes careful analysis of the study to ensure correct interpretation		
	iv) Recognizes physical signs of dysphagia including but not limited to premature spillage, pharyngeal residue, laryngeal penetration, and tracheal aspiration		
	v) Recognizes abnormal patterns and symptoms of oropharyngeal dysphagia		
	vi) Demonstrates understanding the impact of body, head, and neck posturing on the patient’s swallow		
	vii) Accurately describes the client’s mechanical, durational, and temporal aspects of the swallow		
	viii) Includes recommendations for interventions, further referrals, and SLP re-evaluation recommendations		
6(b)	Determines safety for oral versus non-oral delivery of nutrition and hydration		
6(c)	Provides accurate, collaborative, and individualized recommendations:		

	i) Integrates, in a family centered approach, the individual's and family's quality of life, religious/ethical/cultural preferences and attitudes with regard to mealtime and diet		
	ii) Understands legal requirements if there is suspected abuse and/or neglect		
	iii) Demonstrates understanding of end-of-life care		
	iv) Encourages the client's active participation in dysphagia intervention		
	v) Ensures that diet texture modifications are effective and necessary		
	vi) Describes specific oral intake modifications		
	vii) Recognizes indications for behavioural and environmental, prosthetic, surgical, and pharmaceutical compensatory management techniques		
	viii) Recognizes indications for rehabilitative treatment techniques		
	ix) Recommends therapeutic interventions for meals		
	x) Recommends positioning during and after meals		
	xi) Recommends safe feeding precautions		
	xii) Identifies the need for timing of re-evaluation		
	xiii) Determines and provides a management plan and necessary referrals		
	xiv) Provides a prognostic statement		
	xv) Provides complete, clear documentation and recommendations in a timely manner to ensure client safety		
6(d)	Demonstrates understanding of risks associated with dysphagia management including but not limited to:		
	i) Diet texture restrictions		

	ii) Diet texture modifications		
	iii) Honey thick and semi thick fluids		
	iv) Quality of life		
	v) Oral hygiene care		
	vi) Family's ability to follow-up at home		
	vii) Ensures that postural modifications and breath control techniques are safe, necessary, and beneficial and not harmful or contraindicated		
	viii) Demonstrates understanding of the risks of non-oral nutrition		
6(e)	Provides education and counselling including the following:		
	i) Demonstrates clear effective education and discussion of the VFAS results, care plans, recommendations and any risks of harm that are judged to exist, with children and their caregivers		
	ii) Provides information of danger signs that may reflect a worsening or improvement of dysphagia indicating the need for SLP referral		
6(f)	The dysphagia management plan is monitored, and changes are made as needed		

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.