



#5. Videofluoroscopic Swallow Study- Adults

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 Swallow Study- Adults (VFSS-A)			
6. Videofluoroscopic Swallow Study- Pediatrics (VFSS-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 agree your electronic signature is the legal equivalent of your manual signature on this document.



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Study & Training Objectives	Knowledge, Skills, and Demonstrated Competencies	
Objective 1	Demonstrates Background and Foundational Knowledge for Conducting a VFSS	
a.	Identifies and describes:	
	i. normal and abnormal anatomy and physiology for swallowing, respiration, airway protection and voice.	
	ii. changes related to relevant medical conditions and surgical procedures, effects of common medications and aging.	
b.	Demonstrates <u>knowledge of evidence-based practice</u> related to swallowing assessment, management and treatment/rehabilitation.	
c.	Is competent to independently perform clinical dysphagia assessments.	
d.	Demonstrates knowledge around relevant food handling practices as it pertains to preparing materials in the suite.	
e.	Understands emergency airway and medical processes relevant to the VFSS procedure and applicable setting.	
f.	Understands the roles of the radiologist and other team members who may be involved in the study.	
g.	Demonstrates general knowledge of other/instrumental assessments, their purpose and value (e.g. esophagram, FEES).	
h.	Completes a minimum of 8 hours of course work in the methodology, use and interpretation of VFSS.	
i.	Completes the Shared Health Radiation Protection course and can identify risks associated with radiation exposure.	
j.	Understands the temporal resolution requirements of pulse rate and recording for sufficient capture of a VFSS study.	
Objective 1 Completed	Supervisor Initials:	Date:
	Objective 2	Selects Appropriate Clients for, and Understands Risks & Benefits of, VFSS
a.	Understands and can explain the risks and benefits of VFSS for a variety of patient populations.	
b.	Integrates clinical results, medical history, current medical and cognitive status for appropriate client selection. VFSS is recommended:	



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	i.	when questions remain after the clinical assessment.
	ii.	to confirm or rule out a change in swallowing function.
	iii.	to contribute to a medical diagnosis.
	iv.	to identify and recommend potential compensatory strategies or therapeutic interventions.
c.	Understands and considers contraindications and disadvantages of VFSS. For example:	
	i.	Recognizes clients who are unlikely to tolerate, comply with, or benefit from, VFSS.
	ii.	Recognizes when results from the VFSS will not alter the client's medical plan for oral intake and nutrition.
d.	Evaluates the risk of harm to the client, including allergic reactions to food or contrast, dietary limitations or intolerances, acute respiratory distress and potential airway obstruction.	
e.	Understands the impact of radiation exposure and takes steps to minimize risks. For example, makes adjustments to optimize patient positioning.	
	i.	Works with the team to ensure equipment settings minimize radiation exposure while still obtaining the necessary information for a quality study.
	ii.	Performs the VFSS efficiently. For example, takes steps to ensure that the client is exposed to the x-ray beam only during periods that are likely to provide useful information regarding the patient's swallow.
f.	Seeks assistance and advice from other members of the medical team as appropriate. For example, in high risk or medically complex situations, obtains advice from the most responsible physician, radiologist, or client care team member. For challenges with positioning, consultation with OT or PT is sought. SLP is aware of how to seek medical attention should unexpected complications occur during the VFSS.	
Objective 2 Completed		Supervisor Initials:
		Date:
Objective 3	Understands the VFSS Procedure	
a.	Demonstrates familiarity with the VFSS diagnostic and recording equipment.	
b.	Identifies anatomical landmarks viewed laterally and in the anterior-posterior position when viewed under fluoroscopy.	
c.	Demonstrates knowledge of foundational elements of a comprehensive VFSS:	



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	i. Effects of modifications in bolus presentation, order, size, taste, and texture			
	ii. Understands the instrumental requirements to record the study.			
	iii. Effects of compensatory swallowing manoeuvres.			
	iv. Effects of client positioning and postural changes as they affect the swallow.			
d.	Is familiar with standardized VFSS protocols.			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Objective 3 Completed</td> <td style="width: 33%;">Supervisor Initials:</td> <td style="width: 33%;">Date:</td> </tr> </table>		Objective 3 Completed	Supervisor Initials:	Date:
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Objective 4	Performs the VFSS			
a.	Obtains informed consent from the client.			
b.	Prepares the client for the procedure.			
c.	Provides clear instructions to the client and team members during VFSS.			
d.	Prepares or obtains standard bolus types/viscosities with barium, according to protocol.			
e.	Optimizes client safety, considering radiation exposure and positioning.			
f.	Bolus presentation is guided by clinical presentation, client tolerance, aspiration and choking risks, and abnormalities identified.			
g.	Includes compensatory and rehabilitative management techniques as appropriate.			
h.	Responds appropriately to any adverse reactions.			
i.	Performs standardized VFSS procedures and modifies the procedure as needed, including terminating the study when required.			
j.	Adapts VFSS for physical, cultural, language, cognitive-communication, behavioural, and psychosocial factors.			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Objective 4 Completed</td> <td style="width: 33%;">Supervisor Initials:</td> <td style="width: 33%;">Date:</td> </tr> </table>		Objective 4 Completed	Supervisor Initials:	Date:
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Objective 5	Completes Required Observations and Procedures	
Completed a minimum of 5 observations of VFSS performed by a qualified SLP, of which a minimum of three must be in person. Observations include review of the client’s medical history, clinical / bedside results, and rationale for the VFSS, interpretation, recommendations, and planning after the study.		
Completed a minimum of 10 VFSS under constant supervision by a qualified SLP. ‘Supervision’ begins with review of the clinical/bedside swallow assessment findings and rationale/goals for the VFSS. It continues through the VFSS 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.		
Completed a minimum of 5 VFSS under general supervision with a qualified SLP until a high inter-rater consistency is achieved. Typically, this could require 10 or more VFSS. Supervision may be conducted via recorded images.		
Objective 5 Completed		Supervisor Initials:
		Date:
Objective 6	Accurately Interprets the VFSS Results	
a.	Applies current knowledge of evidence-based practice to VFSS interpretation.	
b.	Recognizes normal and abnormal patterns of swallowing.	
c.	Accurately describes normal and abnormal mechanics and timing of swallowing.	
d.	Accurately evaluates the effectiveness of postures, maneuvers, bolus modification and sensory enhancement techniques.	
e.	Determines safety for oral versus non-oral delivery of nutrition, hydration and medications.	
f.	Extrapolates findings from the VFSS and applies them to:	
	i. diet texture and fluid viscosity recommendations	
	ii. treatment recommendations	
	iii. compensatory or postural recommendations	
Objective 6 Complete		Supervisor Initials:
		Date:



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Objective 7	Documentation and Follow-up	
a.	Summarizes VFSS findings and makes a diagnostic statement re: swallowing.	
b.	Makes a prognostic statement.	
c.	Provides individualized, client-centered recommendations, including but not limited to:	
	i. safety of oral intake.	
	ii. diet texture, liquid viscosity and medication administration.	
	iii. safe feeding precautions.	
	iv. appropriate positioning during and after meals.	
	v. behavioural strategies and environmental adaptations.	
	vi. rehabilitative treatment.	
	vii. further referrals as indicated.	
	viii. plan for monitoring and re-evaluation.	
	ix. consideration for contraindications for any of the above	
d.	Reviews VFSS findings with client / substitute decision maker and provides education and counselling to relevant team members.	
Objective 7 Complete		Supervisor Initials:
		Date:

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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 agree your electronic signature is the legal equivalent of your manual signature.

References:

Harry R Ingleby, Heather S Bonilha, Catriona M Steele. A Tutorial on Diagnostic Benefit and Radiation Risk in Videofluoroscopic Swallowing Studies. *Dysphagia*. 2023 Apr; 38 (2): 517-542.

Swallowing Rehabilitation Research Lab. <https://steeleswallowinglab.ca/srri/best-practice/vfss-best-practice-recommendations>

Winnipeg Regional Health Authority Operational Directive: Personal Care Home/Long Term Care Facility infection Prevention Control Program – Infection Prevention & Control for Food Handling and Preparation, Approved July 2011.

Originally adapted, with thanks, from the College of Health and Care Professionals of BC.