

Clinical Framework on Dysphagia Management

The College may issue guidelines to enhance, explain, add to, or guide registrants on subject matter described in the RHPA, regulations, practice directions, code of ethics, or other College matters.

A Clinical Framework reflects guiding principles that provide a consistent and evidence-based model for delivering patient care.

Official College guidelines contain practice parameters which should be considered by all Manitoba speech-language pathologists in the provision of healthcare services to their clients in the practice of the professions.

In the event of inconsistency between these guidelines and legislation that governs the practice of speech-language pathology, the legislation governs.

DEFINITIONS

“Airway obstruction” means a blockage in the airway that partially or totally prevents air from moving in and out of the lungs. Obstruction may be caused by food, foreign objects, swelling or medical conditions.

“Aspiration” means inhaling food, liquid or gastric acid through the vocal cords into the airway. Once past the vocal folds, the food or drink enters the windpipe, or trachea, and can pass into the lungs. Informally this is sometimes described as “going down the wrong pipe” while swallowing. In a healthy person, aspiration triggers a strong cough to clear the item.

“Aspiration pneumonia” means a lung infection that is caused by inhaling something other than air into the lungs. This may include food, liquid, saliva or stomach contents. (Clevelandclinic.org)

“Choking” means a type of airway obstruction referring to a complete or near-complete blockage of the airway when a foreign object is lodged in the airway. This could include food or non-food objects.

“Client” means an individual, patient, resident, family, substitute decision maker, group, agency, government employer, employee, business, organization, or community who is the direct or indirect recipient of the regulated member’s expertise.

“Critical care” means specialized hospital wards that provide treatment and monitoring for individuals who are critically ill (e.g. Intensive Care Units).

“Entry to Practice Competencies” means the minimum abilities required of a speech-language pathologist entering practice in Manitoba.

“Dysphagia” means the medical term for swallowing difficulties. Swallowing refers to the movement of food, liquid, or saliva through the mouth, throat, esophagus and into the

stomach. For the purposes of this document, swallowing difficulties refer to any difficulty with the movement of food/liquid/saliva that occur at the level of the mouth, throat and into the upper esophagus. Dysphagia is not a disease but a symptom in many illnesses or injuries. It is common in diseases or injuries affecting the brain or nervous system as well as medical conditions resulting in mechanical or structural changes to the face, mouth or oropharynx. Dysphagia may result from conditions that affect normal child development and can occur for various reasons throughout the lifespan.

“Feeding” means the placement of food in the mouth prior to the initiation of the swallow.

“Intervention” means technique or strategy to help with swallowing difficulties or a pro-active approach to prevent difficulties from occurring. These may include swallowing exercises, compensatory strategies including postural changes, bolus consistency modifications and client/family education. In this document, the term “management” is used interchangeably with “intervention”.

“Management” see “Intervention”

“NPO” means *nil per os*, a Latin phrase that translates literally to English as "nothing through the mouth".

“Non-oral nutrition” means a method of receiving nutrition that does not involve the mouth. For example: Nasogastric Feeding (NG), Percutaneous Endoscopic Gastrostomy (PEG), Total Parenteral Nutrition (TPN).

“Treatment” means a strategy or technique focused on improving swallowing function and/or safety.

BACKGROUND

a. Purpose of Clinical Framework

The intent of these guidelines is to provide speech-language pathologists (SLPs) registered to practice in Manitoba a framework to make responsible, safe, ethical and effective decisions regarding dysphagia assessment and management. It is essential that SLPs working in the area of dysphagia have the necessary competencies, resources and equipment to provide appropriate services. These guidelines are the minimum expectations for SLPs when providing dysphagia assessment and intervention to patients. These guidelines are not intended to be a tutorial or provide all information required to practice in the area. Clinicians must document and be prepared to fully explain departures from these guidelines.

Based on the [National Speech-Language Pathology Competency Profile](#), it is expected that all SLPs will have acquired entry-to-practice competencies related to tasks such as documentation and obtaining consent. Therefore, this document will focus on those competencies specifically related to the practice of dysphagia.

The [Code of Ethics](#) of the College of Speech-Language Pathologists and Audiologists of Manitoba (CASLPM) states registrants are ethically bound to “be honorable and truthful in all their professional relations and may not misrepresent their training or competence”. Further to this, [The Regulated Health Professions Act](#) (2009) describes health care acts that are limited to certain regulated health professions and members who are qualified and competent to perform them. Competence refers to the combined knowledge, skills, attitudes and judgement required to provide professional services. All members of regulated health care professions, including SLPs, are ethically responsible for their own competence. CASLPM recognizes that dysphagia practice is evolving and that those who work in the area require continuing education to remain competent throughout their careers. Additionally, in order to move beyond entry-to-practice competencies, advanced skills training in specific areas or procedures is required. Registrants must have accurate and honest assessments of their own abilities and experience to engage in ethical practice.

b. Overview of Dysphagia

Dysphagia refers to swallowing difficulty and may arise from numerous underlying medical conditions. It can affect individuals at any age. People with dysphagia may be at risk for malnutrition, dehydration, airway obstruction, and aspiration pneumonia as well as impaired growth and development. Dysphagia can also impact recovery and rehabilitative potential following illness or injury. Difficulties with feeding or swallowing can have physical, emotional, and social impacts, including increased stress for patients, caregivers, and families.

SLP ROLES AND RESPONSIBILITIES

a. Educational Requirements

Accredited SLP programs in Canada require students to complete graduate level course work in anatomy, physiology, neuroanatomy, dysphagia, voice, cognition, infant development, and aging. CASLPM expects that all SLPs will have acquired entry-to-practice competencies related to feeding and swallowing after the completion of a professional master’s degree in speech-language pathology. SLP students have the opportunity to participate in supervised clinical dysphagia practice.

The course work in these master’s programs is intended to provide SLP students with basic knowledge and requirements of principles and procedures for diagnosis and intervention. The entry level education and training for SLP provides a unique and robust foundation for dysphagia practice across the lifespan. Although the basic dysphagia training that SLP students receive is beyond that of many other professions, the need for additional hands-on training and education for SLPs who will be working regularly in this area of the field is recognized.

b. Scope of Practice

Scope of practice describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license. Registrants must abide by regulatory legislation, including Reserved Acts. Not having scope of practice legislation, registrants should rely on following the CASLPM Code of Ethics.

According to the National Speech-Language Pathology Competency profile, SLPs are considered experts in the prevention, identification, assessment and intervention of feeding and swallowing disorders. SLPs are leaders in dysphagia research and instrumental in driving forward knowledge about assessment and management of dysphagia.

c. Professional Standards

The National Competency requires that all registrants engage only in the provision of services that fall within their professional competence, considering their level of education, training and experience, to minimize the possible harm to the public. SLPs must make every effort to maximize patient safety when administering swallow assessment and management procedures.

SLPs entering into dysphagia practice should seek out mentorship from a skilled and competent clinician (e.g., for direct supervision and support, as well as to discuss questions and concerns) and education that will support their roles in dysphagia practice. If possible, the skilled clinician should be available to directly observe the skills being assessed (see the CASLPM [Practice Direction on Supervision](#) for more details). Any claim to competency for dysphagia practice should be specific in terms of experience, population, and training for clinical procedures or instrumental tests.

d. Collaborative Practice

CASLPM recognizes individuals with dysphagia are best served in the context of an interprofessional healthcare team of which each member has specialized training and areas of expertise. SLPs work collaboratively with other professionals, individuals, families and caregivers to employ a holistic approach to dysphagia assessment and intervention.

The SLP brings an in-depth understanding of interactions between dysphagia and anatomy, physiology, respiration, voice, motor speech and structurally-related disorders, an understanding of child development on a pediatric team, as well as expertise in interventions with the client and their family. It is for these reasons that SLPs typically assume a key role on the dysphagia team.

e. Advanced Competency Certifications

The following are related advanced competencies that require skills, training, and education beyond entry level skills. Prior to participating in any advanced practices, registrants must ensure they have the required skills and knowledge. Registrants must obtain specialized certifications from CASLPM to practice in [these areas](#):

- Fiberoptic (Flexible) Endoscopic Evaluation and Management of Swallowing Disorders
- Videofluoroscopic Assessment of Pediatric Swallowing Disorders
- Videofluoroscopic Swallow Study- Adults
- Swallowing and Voice Restoration Through the Use of Tracheostomy Tubes or Speaking Valves
- Voice Restoration Through the Use of Voice Prostheses

f. Ethical Provision of Dysphagia Services

The decision-making process for dysphagia assessment and management can be complex. For example, decisions at end of life about comfort measures, eating at risk, or feeding tube placement, include not only practical concerns for patients and families but also are frequently made more difficult by the emotions that accompany these situations.

SLPs should have a solid grounding in medical ethics and understand the consequences that may arise from the advice and counselling they provide. There are four well accepted pillars of medical ethics:

- *Autonomy* – Patients have the right to choose actions consistent with their values, goals, and life plans, even if their choices are not in agreement with those of the family members or care providers. Informed Consent plays a large role in this pillar (see the CASLPM [Practice Direction on Informed Consent](#) for more details).
- *Beneficence* – Clinicians must adhere to the highest standards of evidence-based practice to provide services that are for the benefit of others and produce “good”. What is “good” is defined by the patient.
- *Nonmaleficence* – Clinicians should bring no harm and avoid actions that will increase the risk of a negative consequence (e.g., not gaining informed consent, practicing without the proper skills or supervision).
- *Justice* – Patients must be treated equally and fairly. For example, all patients should have equal access to treatment but not all patients will require the same type or amount of treatment to be treated fairly (e.g., a patient suffering from dysphagia caused by a severe stroke may require more treatment time than an individual experiencing dysphagia post extubation).

COMPETENCIES

SLPs must have the required competencies to provide dysphagia services. A competency framework brings together knowledge, skills, and practical competencies that are required to practice safely and ethically. The competency framework should be used as a guide throughout the SLP's career. Members must have accurate and honest assessments of their own abilities and experience to engage in ethical practice (e.g. CASLPM Self-Assessment). In order to further develop their skills, SLPs are encouraged to seek out additional education as well as mentorship from practitioners skilled in dysphagia.

There are significantly different clinical areas in dysphagia assessment and management. Further supervised practice may be required for specific settings and client groups (e.g. critical care, head/neck surgery, cleft lip/palate).

Knowledge of:

- a. normal and abnormal swallowing anatomy and neurophysiology
- b. normal and abnormal feeding skill development
- c. interrelationship of oral, pharyngeal, and esophageal phases of swallowing
- d. interrelationship of swallowing, motor speech, and voice functions
- e. cognitive, communication, behavioral, and psychological factors and how they may contribute to feeding and/or swallowing status
- f. impact of multiple systems that influence feeding and/or swallowing (e.g., respiratory, gastrointestinal, neurological)
- g. signs and symptoms of feeding and/or swallowing disorders, including clinical signs of aspiration
- h. appropriate response to choking incidents
- i. limitations of clinical examination, including ability to identify aspiration or pharyngeal dysfunction
- j. indications for, and limitations of, technology and instrumentation in dysphagia assessment and management
- k. quality-of-life and ethical issues related to feeding and swallowing
- l. benefits and risks associated with oral and non-oral feeding methods
- m. indications for specific compensatory and rehabilitative management techniques
- n. potential effects of common medications on swallowing
- o. assessment and recommendations regarding basic oral hygiene
- p. standard and institution-specific, infection control, and food safety practices
- q. current literature and evidence-based practice in dysphagia assessment and management

Assessment Skills

SLPs must be competent in:

- a. Obtaining a relevant case history from the patient, caregiver(s), medical chart
- b. Determining if there are any barriers to providing oral trials (e.g. NPO, Clear Fluids, allergies)
- c. Conducting oral, pharyngeal, laryngeal, cranial nerve, and respiratory function examinations as they relate to feeding and/or swallowing abilities.
- d. inspecting the oral cavity to determine structural integrity of the teeth, lips, tongue, hard palate, soft palate, and visible oropharyngeal mucosa
- e. conducting trial swallows with a variety of boluses,
- f. assessing the impact of positioning, bolus size, pacing and presentation, utensils used, and mealtime environment
- g. trialing interventions to improve safety and efficiency of the swallow, such as postural changes, behavioral changes, maneuvers, bolus modifications, delivery method, and sensory enhancement techniques

Interpretation

SLPs must be competent in:

- a. identifying signs and symptoms of feeding and/or swallowing disorders
- b. diagnosing oropharyngeal dysphagia
- c. making a statement about potential underlying cause of feeding and/or swallowing disorders
- d. providing a prognosis

Recommendations

SLPs must be competent in developing person-centred recommendations regarding:

- a. candidacy for instrumental dysphagia examination
- b. whether non-oral feeding methods should be considered
- c. specific oral intake modifications (e.g., volume, viscosity, texture, etc.)
- d. compensatory and feeding techniques (e.g., strategies, positioning, assistance, supervision, etc.)
- e. rehabilitative treatment targeting physiologic deficits identified on assessment
- f. strategies for challenging feeding behaviours (e.g. impulsivity, texture aversion, feeding aversion, delays in feeding development, etc.)
- g. potential referrals to other health care professionals

Communication and Collaboration

SLPs are required to:

- a. Effectively communicate with the client/family throughout the intake, assessment and treatment-planning stages
- b. Integrate and adapt assessment and plan of care to include patients' cultural and personal preferences
- c. Engage other health care professionals in the collaborative care of dysphagia to support patients/clients and families
- d. Advocate for necessary services and resources that support patients/clients and families

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