# Level 6 Consultant Assessment and Management

## Level 6: Description of competence

This level is about the expert assessment of individuals who present with eating, drinking and swallowing difficulties (dysphagia).

Level 6 dysphagia practitioners will determine the underlying cause of complex swallowing problems, develop and test hypotheses, identify and trial interventions to rehabilitate or compensate for the presenting difficulties, and devise extensive dysphagia management plans. They may undertake expert assessments (via face-to-face or telemedicine) and/or alternative examinations, particularly with those who have complicated or co-existing difficulties, or they may identify that further expert assessments are needed and refer appropriately.

It would be expected that persons operating at this level would be involved in teaching, training and supervising others in the identification of eating, drinking and swallowing difficulties, comprehensive dysphagia assessments and implementation of the dysphagia management plans, acting as a resource for evidence-based practice and offer consultative second opinions.

They will be responsible for taking the lead in audit and research and will develop dysphagia policy within the locality setting. They may also have responsibility for service delivery and budget control. Level 6 dysphagia practitioners will have undertaken specialist training and may hold a specialist, complex dysphagia caseload.

## Level 6: Skills required

| **Skill required (Level 6)** | | **Evidence** | **Date completed Level 6 skill** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | | |
| 1.1. | Prioritise the requests for assessment. You should consider:   * severity of the individual’s needs * individual’s risk of fatigue * hydration and nutrition status * potential for fluctuation or deterioration in condition * potential risks and difficulties for individual and/or carers |  |  |  |
| 1.2. | Obtain, review and interpret relevant information, eg assessments and management decisions from other professionals. This may include:   * biographical information * social and cultural information * religious considerations * birth history * medical history, diagnosis and current medical state * previous pertinent interventions * previous therapeutic, compensatory strategies * current nutrition status (ie method of eating, drinking and swallowing, whether malnourished/failing to thrive/dehydrated etc) * concomitant aetiologies * respiratory status * medico-legal issues * cognitive function * psychological state * gastro-oesophageal difficulties |  |  |  |
| 1.3. | Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:   * history and onset of presenting difficulties * individual and carer perceptions, concerns, priorities and compliance * dietary preferences * eating, drinking and swallowing history * malnutrition risk e.g. using [MUST](https://www.bapen.org.uk/pdfs/must/must_full.pdf) or [Patient Association tool](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=3449fca0-dc52-4f06-ac75-3050b71d7bb5) |  |  |  |
| 1.4. | Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process |  |  |  |
| ***2.*** | ***Environment*** | | | |
| 2.1. | Ensure the environment is conducive for oral intake with consideration for the individual’s privacy and dignity. You should consider:   * lighting * heating * environmental stimuli, eg distractions * position and behaviour of the person offering food and drink. |  |  |  |
| 2.2. | Ensure the individual has the appropriate support. You should consider:   * resources/equipment required/available * posture and mechanical supports, eg pillows, standing frames, specialist seating * familiarity of the person offering food and drink * eating, drinking and swallowing routine * oral hygiene * food preferences * utensils, cutlery and equipment to assist eating, drinking and swallowing * sensory aids, ie glasses, dentures, hearing aids, orthodontics * size and rate of food or liquid representation * frequency, timing and size of meals * appearance, consistency, temperature, taste and amount of food and drink * verbal, physical and symbolic prompts * verbal and non-verbal cues from the individual and the person offering food and drink |  |  |  |
| ***3.*** | ***Assessment*** | | | |
| 3.1. | Allow time for food and hand hygiene for individual and practitioner |  |  |  |
| 3.2. | Allow time for the individual to contribute and participate in eating, drinking through the use of facilitative techniques and optimise their independence |  |  |  |
| 3.3. | Consider the individual’s needs which may be documented in the Anticipatory Care Plan. This may include:   * physical, emotional and psychological support * diagnosis and prognosis * communication * environment * medication * developmental stage * medical state * physical needs, eg aids * psychological status * behavioural issues * levels of alertness * ability to co-operate * functional capacity, ie perception, cognition and insight * individual’s and carer’s insight beliefs and compliance * sensory state * cultural needs * religious considerations * medico-legal issues |  |  |  |
| 3.4. | Conduct a specialist assessment (face-to-face or via telemedicine). This may include:   * medical state * levels of alertness * ability to co-operate * oro-motor skills * management of secretions * oral suction * utensils, cutlery and equipment to assist eating, drinking and swallowing * bolus size, characteristics and placement * oral preparation * oral hygiene * oral desensitisation * identification of risk of aspiration * identification of overt signs of aspiration * the underlying cause/s * developing and testing a hypothesis * identify and trial interventions * hydration screen * nutrition screen * food preference |  |  |  |
| 3.5. | Utilise augmentative assessment (or refer for and act upon reports) to compliment your assessment. This may include:   * cervical auscultation * pulse oximetry * Fibreoptic Endoscopic Evaluation of Swallowing (FEES) * Videofluoroscopic Swallow Study (VFSS) * Ultrasound * Scintigraphy * Manometry * Electromyography (EMG) |  |  |  |
| 3.6. | Terminate the session if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include:   * secretion management * choking management appropriate to age, size and consciousness of individual * oxygen administration * oral/tracheal suction * basic life support |  |  |  |
| 3.7. | Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team |  |  |  |
| 3.8. | Inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members, sharing implications/information with individuals, carers and teams having taken the individual’s wishes into consideration |  |  |  |
| ***4.*** | ***Dysphagia management plan*** | | | |
| 4.1. | Devise a detailed dysphagia management plan that identifies risk to the individual’s nutrition, hydration and respiratory state. This may consider:   * diagnosis and prognosis * environment * positioning * oral hygiene * utensils, cutlery and equipment to assist eating, drinking and swallowing * nutrition/hydration support as required, eg dietitian, NGT/IVI/gastrostomy * modification of consistencies, both diet and medication * food preferences * bolus size and placement * pacing and modification of oral presentation * frequency, timing and size of meals * sensory integration programmes * desensitisation programmes * oro-aversion programmes * techniques for interaction with the person offering food and drink (verbal, tactile, written and symbolic prompts) * oro-motor therapy exercises * compensatory techniques * treatment techniques * medication * facilitated discussion of the medical/legal/ethical issues impinging on the management plan * issues regarding compliance, ie training individual and carers/guardians |  |  |  |
| 4.2. | Provide timely, accurate and clear feedback to the individual’s team to support their effective planning of care |  |  |  |
| 4.3. | Ensure the dysphagia management plan is evidence-based, specific, measureable, achievable, time-framed and agreed by the individuals, carers and team |  |  |  |
| 4.4. | Ensure review criteria and review mechanism exist |  |  |  |
| 4.5. | Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews |  |  |  |
| 4.6. | Seek immediate support if there is a change in the individual’s presentation or the activities are beyond your level of competence or confidence |  |  |  |
| ***5.*** | ***Onward referral*** | | | |
| 5.1. | Identify rationale for onward referral to professionals who can provide more detailed or further assessments |  |  |  |
| 5.2. | Implement local referral procedures for consultative second opinion and/or specialist investigations |  |  |  |
| ***6.*** | ***Training*** | | | |
| 6.1. | Train and support individuals and others to implement dysphagia management plan |  |  |  |

| **Skill required (Level 6)** | | **Evidence** | **Date completed Level 6 skill** | **Supervisor sign-off** |
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| 6.2. | Train and supervise others in the identification and management of swallowing difficulties |  |  |  |
| 6.3. | Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice |  |  |  |
| ***7.*** | ***Consultative role*** | | | |
| 7.1. | Act as a consultative second opinion to colleagues for individuals with complex swallowing difficulties |  |  |  |
| 7.2. | Act as a consultative second opinion to colleagues regarding the ethical implications/issues with regard to assessment/eating, drinking and swallowing/withdrawal of food and fluid in individuals with swallowing difficulties and poor prognosis |  |  |  |
| 7.3. | Undertake audit and/or research to develop and extend the level of professional knowledge and clinical expertise |  |  |  |
| 7.4. | Take a lead role in developing, evaluating and disseminating departmental policies in line with evidence-based practice |  |  |  |
| 7.5. | Undertake risk assessment at a departmental level with regard to service provision |  |  |  |

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| **Skill required (Level 6)** | | **Evidence** | **Date completed Level 6 skill** | **Supervisor sign-off** |
| 7.6. | Take an active role in strategic planning on behalf of the trust/organisation |  |  |  |

## Level 6: Knowledge required

| **Knowledge required (Level 6)** | | **Date demonstrated Level 6 knowledge** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | |
| 1.1. | Understand the nature, urgency and implications of dysphagia based upon the associated risk to the individual’s health status, based upon departmental policies |  |  |
| 1.2. | Understand pertinent information and how it informs your assessment, working hypothesis and dysphagia management plan and the effect upon the individual |  |  |
| 1.3. | Understand the impact of associated factors and the impact upon the assessment and dysphagia management plan and how to obtain this information in a sensitive manner |  |  |
| 1.4. | Understand the rationale for the component parts of the assessment, the timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan |  |  |
| ***2.*** | ***Environment*** | | |
| 2.1. | Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual’s eating and drinking efficiency and swallowing skills |  |  |
| 2.2. | Understand how the support required by the individual impacts upon swallow function and how to affect change in order to optimise the individual’s swallowing skills |  |  |

| **Knowledge required (Level 6)** | | **Date demonstrated Level 6 knowledge** | **Supervisor sign-off** |
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| ***3.*** | ***Assessment*** | | |
| 3.1. | Understand the implications of infection control with regard to food hygiene, hand hygiene and use of utensils for the individual and the person offering food and drink |  |  |
| 3.2. | Understand how pacing and facilitative techniques required by the individual affect the assessment outcome |  |  |
| 3.3. | Understand how to modify the assessment in order to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan and maximise optimum swallow function |  |  |
| 3.4. | 1. Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area. This includes:  * anatomical structures involved in the swallowing process * physiology of swallowing * neurology of swallowing * development of swallowing function * effects of ageing on swallowing |  |  |
| 1. Understand and identify the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area. This may include:  * underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia * longstanding but functional abnormal eating and swallowing patterns, eg adapted and compensatory swallow * physiology * medical condition * medication * physical condition, ie sensory and postural state * effect of surgical interventions * airway support mechanisms, eg ventilators * cognitive functioning * psychological state * behavioural issues * environmental issues * nutrition * hydration |  |  |
| 1. Understand and identify the signs of abnormal swallowing, obtained via face-to-face or telemedicine assessment, and how these impact upon the generation of the hypothesis and subsequent dysphagia management plan. This may include:  * acute aspiration * chronic aspiration, eg compromised nutrition, hydration and respiration * silent aspiration * non-verbal signals of stress whilst eating, drinking and swallowing |  |  |
| 1. Understand risk, severity and how risk impacts upon the individual, carer, organisation |  |  |
| 1. Understand the rationale for trialling remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis |  |  |

| **Knowledge required (Level 6)** | | **Date demonstrated Level 6 knowledge** | **Supervisor sign-off** |
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| 3.5. | 1. Understand the range and efficacy of augmentative examinations that contribute to the assessment process |  |  |
| 1. Understand how to interpret the results from augmentative examinations, use and maintain the equipment and undertake the investigation with due reference to cross-contamination |  |  |
| 3.6. | Understand the protocol for terminating an assessment if you observe signs of choking or respiratory distress:   * termination of the session * the action required by you within your scope of practice |  |  |
| 3.7. | 1. Understand the interpretation and application of assessment findings:  * observational, informal tests * formal assessments * bedside assessments * augmentative examinations, eg FEES * investigations, eg pH studies |  |  |
| 1. Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis |  |  |
| 3.8. | Understand how to adapt your language to sensitively convey pertinent assessment results for considerations by the individuals, carers and team |  |  |
| ***4.*** | ***Dysphagia management plan*** | | |
| 4.1. | 1. Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process |  |  |
| 1. Understand the component parts of the dysphagia management plan and how these affect the individual with complex needs |  |  |
| 1. Understand how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan |  |  |
| 4.2. | Understand the importance of providing accurate and prompt feedback to the care team to ensure effective management consistent with the individual’s wishes |  |  |
| 4.3. | 1. Understand the importance of a systematic approach to documentation which includes the review process |  |  |
| 1. Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation |  |  |
| 4.4. | Understand the review process, empowering the team to utilise it in order to optimise management |  |  |

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| 4.5. | 1. Understand the importance of keeping accurate, legible and contemporaneous records |  |  |
| 1. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality |  |  |
| 4.6. | Be aware of your scope of practice and level of competence |  |  |
| ***5.*** | ***Onward referral*** | | |
| 5.1. | 1. Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, eg endoscopy and pH monitoring |  |  |
| 1. Have knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, eg breastfeeding counsellors and stroke services |  |  |
| 5.2. | Understand the referral procedure for relevant specialist investigations |  |  |
| ***6.*** | ***Training*** | | |
| 6.1. | Understand what information is required and how to adapt your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn swallowing skills |  |  |
| 6.2. | 1. Understand what knowledge and competencies are appropriate to practitioners in their service area |  |  |
| 1. Devise/adapt training packages to meet those needs |  |  |
| 1. Identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage eating, drinking and/or swallowing difficulties |  |  |
| 6.3. | Understand the types of clinical issues that will occur within the practitioner’s scope of practice and devise training according to need |  |  |
| ***7.*** | ***Consultative role*** | | |
| 7.1. | Understand and reflect on current and emerging research and best practice in dysphagia assessment and management in order to act as a consultative second opinion to colleagues for individuals with complex swallowing difficulties |  |  |
| 7.2. | Understand the principles of ethical decision-making in order to act as a consultative second opinion to colleagues for individuals with a poor prognosis |  |  |
| 7.3. | Understand audit and research processes within your locality in order to develop and extend own, and others’, level of professional knowledge and clinical expertise |  |  |

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| **Knowledge required (Level 6)** | | **Date demonstrated Level 6 knowledge** | **Supervisor sign-off** |
| 7.4. | Understand the professional standards and codes of practice for your service area and interpret and apply these locally in order to modify and improve the dysphagia policy |  |  |
| 7.5. | Understand the risk assessment process and how it impacts on dysphagia policies at a departmental level |  |  |
| 7.6. | Understand your responsibilities under national and local legislation acting in your consultative role to inform strategic planning within the trust/organisation |  |  |

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