

Welcome to the webinar:

Delivering entry-level dysphagia competencies into pre-registration education and training

**Tuesday 20th October 2020
8.15pm**



Welcome



Judith Broll

**Director of Professional
Development, RCSLT**

Welcome



Louise Borjes

**Professional Guidance Manager,
RCSLT**

Housekeeping



- Send in chat messages at any time by using the Chat button
- Send in questions by using the Q&A button
- This event is being recorded. See here for recordings:
<https://www.rcslt.org/webinars>
- Please do fill in the survey that we'll share after the event
- RCSLT staff are on hand to help!

Presenters



Beverley Harden

Allied Health Professions Lead,
Health Education England; Deputy
Chief Allied Health Professions
Officer, England; Visiting
Professor, University of
Winchester



Professor Liz Ward

Director, Centre for
Functioning and Health
Research (CFAHR), Metro
South Hospital and Health
Service, and Conjoint
Professor, School of Health
and Rehabilitation Sciences,
The University of Queensland



Áine Kearns

Lecturer and Regional Placement
Facilitator, Speech and Language
Therapy, University of Limerick

Aims and objectives



By attending this webinar, you will learn how this new, HEE-funded, UK-wide project, led by the RCSLT, will benefit UK based SLT dysphagia services, by hearing from international SLT colleagues, who have already embedded entry-level dysphagia competencies in pre-registration education and training.

Objectives

- To get an overview of the project and what this means for you
- To learn about how this has been done in Australia and Ireland
- To provide the opportunity to ask questions about this work and how you can get involved

RCSLT Entry-level dysphagia competencies

Stars aligning...



- Mutual Recognition Agreement meeting, November 2019
- COVID-19
- Health Education England

As a profession, we are obligated to deliver entry-level dysphagia competencies to ensure we optimise safe patient care within the 21st century education, health and social care environment



About the project



- Aim: To deliver entry-level dysphagia competent graduating students from 2024 across the UK
- Working collaboratively UK-wide with academics, clinicians and HEE in 3 phases
- Phase 1 goal: To write and deliver entry-level dysphagia competencies by Feb 2021
- Applications for lead authors and working group close 23 Oct
- More info about project and how to apply:
<https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia#section-7>

Next steps



- Writing internationally aligned entry-level dysphagia competencies - apply here
<https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia#section-7> (deadline 23 Oct)
- Read about this work in November Bulletin
- Consultation 11 - 22 January 2021 - sign up here
<https://forms.gle/C3nqjVkxX1Z454329>
- Entry-level dysphagia competencies delivered Feb 2021
- Focus groups Feb-March 2021 - more info to come
- And much more...



WATCH
THIS
SPACE

Speech and Language Therapy

@BeverleyHarden

National Lead Health Education England



Developing people
for health and
healthcare

Future workforce

- The 21st Century Speech and Language Therapist
- Post COVID19 workforce transformation
- Building on the learning and assets of the system
- Linking across education and service for populations
- HEE supported, 4 nation potential



Future workforce

- Support and deliver regionally
- AHP faculties at systems level
- Liberate placement tariff locally
- SIM placement tariff
- Communication remains as important as ever
- Appreciate needs to fit in to packed curriculum



Future workforce

- The evolution of professions
- The advancing roles of professions
- The future workforce....



Thank you

Health Education England



Undergraduate training in dysphagia: An Australian program model

Professor Liz Ward

Director, Centre for Functioning and Health Research (CFAHR), Metro South Health, Queensland Health

And conjoint professor,

School of Health and Rehabilitation Sciences, Faculty of Health and Behavioural Sciences, The University of Queensland



UQ Training Programs

- Bachelor of Speech Pathology
- Graduate Entry Masters of Speech Pathology



Bachelor of Speech Pathology (Honours)

Duration: Four years full time

Commencement: Semester one (February)

Prerequisites: English and one of Biology, Chemistry or Physics

Successful completion of the first year of a bachelor's degree at university or two years of study at an approved junior college (conditions apply)

English requirements: IELTS 7 overall: 8 speaking, 7 reading, 7 writing, 7 listening
(TOEFL and Pearsons also accepted)



Master of Speech Pathology Studies

Duration: Two and a half years full time

Commencement: Semester two (July)

Prerequisites: A bachelors degree and completed university level studies in statistics and one of either linguistics, psychology, or physiology.

English requirements: IELTS 7 overall, 8 speaking, 7 reading, 7 writing, 7 listening (TOEFL and Pearsons also accepted)



What is covered in curriculum ?

- Learn how to assess, diagnose, & treat clients with
 - Speech
 - Language
 - Voice
 - Fluency
 - **Swallowing disorders**
- Build a strong theoretical foundation from first year in anatomy, linguistics, psychology, research, and interprofessional healthcare.



Coursework supported by practical learning in the classroom & clinic

- Complete supervised clinical placements with adult and paediatric clients, **starting in the first year of the program.**
- All clinical placements **sourced and supported** by our Clinical Education Liaison Managers.
- Students gain a **variety of clinical experiences**
 - **Over 200 external placements**
 - **UQ Telerehabilitation Clinic**
 - **Extensive simulation program**, with UQ leading a national initiative to embed simulation using simulated patients.



All training programs accredited by Speech Pathology Australia (SPA) as per guiding policy documents.....

- Still current:- The “**Competency Based Occupational Standards**” (**CBOS**) for Speech Pathologists describes the minimum skills, knowledge base and professional standards required for entry level practice in speech pathology in Australia.
- But changing to:- “**Professional Standards**” document - that reflects the minimum knowledge, skills and attributes required for contemporary speech pathology practice in Australia.
 - Introduced in August 2020, with the intention that the Professional Standards will apply to from 1 January 2021.
 - Available via SPA website (Path:- [Home](#) » [Resources For Speech Pathologists](#) » [Professional Standards](#) » Professional Standards)



Speech
Pathology
Australia

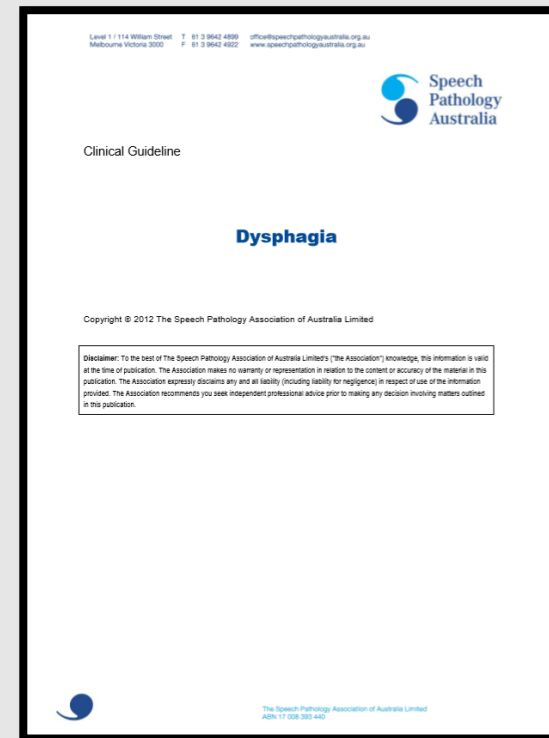


Undergraduate dysphagia education

- coursework
- simulation
- clinical practice

Guidance from SPA “Dysphagia Clinical Guideline”

- **Clinical Guideline:**
 - provides a comprehensive outline on clinical and workplace issues in a specific area of practice
 - reflects available evidence at a point in time
 - is written for speech pathologists however may also be referenced by management or consumers
 - maybe utilised to inform, guide and monitor speech pathology practice at an individual and organisational level.
- Dysphagia Clinical Guideline - First released 1994 - Most recent version released 2012
- Available via SPA website (Path: [Home](#) » [Members](#) » Clinical Guidelines)



Expectations of entry-level clinicians

Independent management of non-complex cases

Ability to conduct a clinical assessment and feeding/oral trial

Determine client safety with foods and liquids trialed

Make management decisions regarding:

- (a) Change of diet
- (b) Strategies
- (c) Intervention

Recognise the need for further assessment, for example:

- (a) Second opinion
- (b) Modified barium swallow
- (c) FEES

Prioritise clients from defined criteria

Determine safety of oral feeding vs. alternative feeding (acute clients)

Provide feedback to client and referral source regarding swallowing status and recommendations

Advise on risk management

Basic awareness training for client, family and other health professionals

Participation in clinical audits or research

“All clinicians, including new graduates, should have sufficient skills to appropriately assess and manage non-complex cases. Where a complex client presents, the skills of an advanced clinician are required. Supervision and mentoring should be sought from newly graduated clinicians or those with insufficient experience to manage complex cases”

(p 13, Dysphagia Clinical Guideline + see doc for examples of complex and non-complex cases).

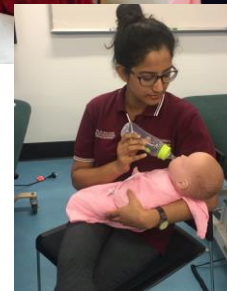
Dysphagia Coursework content

- Dysphagia coursework
 - Undergraduates – complete dysphagia in Sem 2 of year 3
 - Masters course – complete dysphagia in Sem 2 of year 1
- Duration
 - Undergraduates – 42 hours contact teaching
 - Masters course – 42 hours contact teaching + 12 hours simulation



Simulation Component

- Masters program only
- 12 hours of simulated learning in dysphagia
 - Interviewing
 - Screening & a CSE
 - Therapy
 - Paediatric feeding (non complex)
 - Simple tracheostomy management (CSE, cuff deflated with SV)





Dysphagia skill development through Simulation - at UQ

https://www.youtube.com/watch?v=XRpPRrE_pNU&t=100s
(3 mins)

“Objective Structured Clinical Exam” (OSCE) exam possibilities

- UQ and Masters students in final year of their program do a SIM OSCE
 - Paediatric feeding scenario
 - Process
 - 2 hours of simulated learning part task activities to prepare/revise skills
 - Then an OSCE the next week
- This could be done to assess CSE skills, therapy delivery... etc



Undergraduate Clinical Practice

- All students complete a placement that involves dysphagia assessment and management prior to graduation
- Performance and competency assessed using COMPASS® - a validated competency assessment tool (not hours based)





THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CREATE CHANGE

Workforce training and competency

Competency training - workforce

- VFSS competency training
- FEES competency training
- Tracheostomy competency training
- Other specialist populations may have additional requirements set by workplace



Thank you

Professor Liz Ward
Speech Pathology,
School of Health and Rehabilitation
Sciences, The University of Queensland

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References

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Pre-registration Dysphagia Competency Development in Ireland

2010 TO PRESENT

DR ÁINE KEARNS

SLT education in Ireland

- ▶ Four pre-registration programmes in Ireland
- ▶ CORU and IASLT accreditation

HEI Based:
Lecturers,
Practice
Education
Coordinators
, Regional
Placement
Facilitators*

Service
Based:
Managers,
Regional
Placement
Facilitators*,
Practice
Tutors,
Practice
Educators



NUI Galway
OÉ Gaillimh

B.Sc.
Speech and
Language
Therapy

M.Sc.
Speech and
Language
Therapy
(Professional
qualification)



Trinity
College
Dublin

The University of Dublin

B.Sc.
Clinical
Speech and
Language
Studies

B.Sc.
Speech and
Language
Therapy



UNIVERSITY OF
LIMERICK
OLLSCOIL LUIMNIGH



UCC

University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Integrating Dysphagia in pre-registration competencies



IRISH ASSOCIATION of SPEECH & LANGUAGE THERAPISTS

The management of Feeding, Eating, Drinking
and Swallowing Disorders /Dysphagia

Outline of pre-entry clinical education
2010 – 2014



Student Clinical Competency Evaluation (2015)
Student Clinical Competency Performance Indicators

The Performance Indicator developmental progression form is a tool devised to help you with grading. Performance indicators have been written to indicate what is expected at the "evident level" for the stage of the student. For example if you are marking a student who is at entry level you should look at the Entry level column only. Where a student does not meet this definition they should be marked as "emerging" and for those students who exceed what is stated they should be allocated the "plus grade".

	Competency	Novice	Transition	Entry
1	Collects and collates relevant client-related information systematically from case history, interviews and health records.	Identifies some information needed and possible sources. Needs direction from Practice Educator to ensure all relevant information is sought, obtained and documented appropriately. May need to use scripts and templates to ensure all information is gathered.	Uses theoretical knowledge to identify key information needed and possible sources for routine clinical presentations.	Identifies all information needed and possible sources from referral note and knowledge base. Independently interviews client / carer, synthesizing information in real time and probing for relevant details as the interview proceeds. Documents and synthesises all information appropriately.
2	Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.	Aware of general assessment procedures for use with client group, and selects appropriate assessments with direction. Will need specific direction to adapt and modify tasks, if necessary.	Identifies appropriate assessments for client group. May need guidance in selection of tools for specific individual presentations and in adapting procedures to suit individual needs.	Independently selects appropriate formal and informal assessments for the routine client group presentations. Modifies and adapts assessment approach as dictated by emerging client profile. Will need to collaborate and consult with Practice Educator for complex case presentations.
3	Administers, records and scores a range of assessments accurately.	Administers assessments accurately with specific direction. Needs additional time for recording and scoring. May need audio / video recording as additional support with complex presentations.	Administers formal assessments accurately. May need additional time to complete testing and scoring. Uses informal assessments appropriately to obtain a fair and accurate sample with guidance.	Follows test directions in the administration recording and scoring of formal assessments within an acceptable time frame. Records quantitative and qualitative data simultaneously. Adapts and uses informal assessments in a flexible manner to obtain and record a fair sample.
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.	Identifies strengths and weaknesses in communication / FEES profiles and compares to typical profile. Quantifies differences and determines severity ratings. Requires specific direction to interpret holistically and link to	Uses the professional knowledge base to analyse assessment results holistically. Formulates a diagnostic hypothesis supported by assessment findings and relevant theoretical knowledge. May need	Evaluates and interprets assessment findings linking theory and client history, presentation and communication / FEES profile in a holistic manner. Applies qualitative information to quantitative data and

Ground work

- ▶ HEIs, IASLT and services worked together
- ▶ 2010 post-qualification dysphagia training for practising SLTs = building capacity/ vision for future practice educators
- ▶ 2010-2014 separate clinical education criteria for dysphagia
- ▶ 2015 to present integrated into the Student Clinical Competency Evaluation (SCCE) Form
 - ▶ 3 placement levels (novice, transition and entry)
- ▶ Individual HEI initiatives (investment in staff, timing of academic content, embedding into other modules, other practical initiatives and assessment types)

Curriculum - Academic modules and Practice Education modules

Pre 2010

Academic module – Dysphagia (lecture & practical content)

Possible placement opportunities –
(not accredited)

2010 onwards

Academic module – Dysphagia (lecture & practical content)

Actively & explicitly embedded into other modules – Anatomy & Physiology, complex cases etc.

Pre-placement learning activities (Video Obs, PBL, simulations)

Placements (at all levels*)

Placements (Top up – as needed)

Knowledge and skills examined in academic and practice education modules in a variety of ways

Increased Placement Preparation

- ▶ Video observations
- ▶ Problem based and case based learning activities
- ▶ Practical sessions in both academic modules and pre-placement preparation
- ▶ E.g. Etivities (simulated sessions, narrated reflections, management mind maps for cases etc.)
- ▶ Initially there was a separate clinical education handbook (up to 2014) – in UL this also included resources to support students on placement e.g. case history forms, documentation guidelines, overview of potential management approaches etc.

Placements – factors that influenced placement provision

Facilitators

- ▶ Practice Tutors in Hospital Settings
- ▶ Close and sustained links with HEIs
- ▶ Training for Practice Educators
- ▶ Resources for students
- ▶ Student preparation in University pre-placement
- ▶ Capacity for Top-Up placements

Barriers

- ▶ Questions regarding move from hours-based to competency-based development
- ▶ NB: Capacity
- ▶ PE confidence
- ▶ Timing of placements
 - ▶ Within the academic programme
 - ▶ Overlap with other universities

Impact on the SLT profession in Ireland

- ▶ Now regarded as part of the clinical skills and knowledge for SLT
- ▶ Building capacity in and across services
- ▶ Service provision improvements
 - ▶ ? Paediatric services
- ▶ New graduate panel for employment

Factors that helped when engaging the profession to make this happen

- ▶ Building capacity at the outset – supported training in 2010
- ▶ Collaborative engagement – IASLT, HEI & (linked) services, national workshop (2014)
- ▶ Initially, final sign-off and evaluation rested with the university, now rated on the SCCE by practice educators
- ▶ Supporting existing clinicians with training/resources for competency development – modelling & guidance from Practice Tutors/Regional Placement Facilitators*
- ▶ See opportunities in all placements (part of our placement offer form – IPE and FEDS)

Biggest challenges in implementing pre –registration dysphagia competency training Ireland

- ▶ Placements
 - ▶ Signing off competencies (taking responsibility) – staff confidence and expectations for students
 - ▶ Capacity
 - ▶ Need to facilitate top up clinics
 - ▶ Preplacement preparation (resources and time)
- ▶ Timelines for placements
- ▶ Initially Staffing*

Interestingly for us in UL, COVID 19 has had less of an impact on dysphagia* placement offers compared to other sites / clinical caseloads!

Helpful Tips

- ▶ Over prepare :-D
- ▶ Break everything down – placement levels / expectations for knowledge, skills and attitudes / roles & responsibilities / look at small as well as large opportunities
- ▶ Providing resources to students and to practice educators to support competency development
 - ▶ Students – preplacement preparation, clinical resources
 - ▶ Practice Educators – hypothetical scenarios

If doing it again - would suggest HEIs collaboratively develop a single repository for case information etc.

Thank you!!

Dr Áine Kearns

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[@AineKearnsSLT](https://twitter.com/AineKearnsSLT)



Any Questions?



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