



Practice placements and the RCSLT pre-registration eating, drinking and swallowing competencies webinar series

8 July 2021

Chair

Judith Broll

Director of professional development,
RCSLT



Housekeeping

- RCSLT staff are on hand to help with any technical queries, you can get in touch with them via the chat button
- You can send in questions to our speakers today by using the Q&A button
- This event is being recorded and will be made available on the RCSLT website along with the presentation slides
- We would be very grateful if you would fill out the evaluation form that will pop up in a new window once the webinar window closes.

Presenters



Naomi Beavan

Learner and soon-to-be NQP



Beverley Curtis

SLT and paediatric dysphagia
clinical lead, Cardiff and Vale
University Health Board



Christine Horton

Clinical lead complex needs
and dysphagia, Lancashire
South Cumbria NHS
Foundation Trust



Paula Leslie

Consultant scholar and lead
author (academic) of the
competency framework

Naomi Beaven

Learner and soon-to-be NQP





LEARNER DYSPHAGIA EXPERIENCE

BY NAOMI BEAVEN

FINAL YEAR SLT LEARNER FROM
CARDIFF MET



WHAT WORKED WELL



SETTING EXPECTATIONS FROM THE
START



HAVING TIME TO DISCUSS,
PROCESS, AND RESEARCH



PHYSICAL PLACEMENT EXPERIENCE
– NOT JUST TEACHING

WHAT COULD BE BETTER



Dysphagia management



Different settings

WHAT CHANGED

Before

- Never work with dysphagia
- Feeling inept



After

- Could work with dysphagia
- Feeling confident



Experience changed my perception



Beverley Curtis

SLT and paediatric dysphagia clinical lead, Cardiff
and Vale University Health Board

Entry-level dysphagia competencies project: Paediatric placements

Bev Curtis

Speech and Language Therapist

Noah's Ark Children's Hospital for Wales



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Providing Paediatric Placements

Opportunities and challenges

Cardiff and Vale UHB/Cardiff
Metropolitan experiences

Future considerations



Opportunities and Challenges

- Increasing demand in view of our changing patient population
- Recognised need to inspire and train more paediatric SLTs
- Wide range of opportunities
- Enthusiastic workforce

BUT

- Small pool of dysphagia-trained PEs to provide placements
- More learners
- Existing workforce is desirable (and aging!)
- New competencies place additional demands- needs a more coordinated approach now
- Learners need exposure to multiple patient groups
- Very limited opportunities for paed EDS work at B5





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Cardiff and Vale UHB/Cardiff Metropolitan University experience

Placements across 3 settings: preschool complex needs, special schools and acute

Paired placements (COVID –restrictions permitting)

Separate dysphagia placements during block, in addition to weekly placements

+ves

Pre-COVID we were able to offer the minimum 10 hours

HEI paed EDS teaching provided by UHB PEs

Most NQPs required to work in Wales for 2 years- we get to know each other

-ves

Unequal opportunities

Concerns re increase in learner numbers and demands





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What works

- Telehealth -Learners join virtual consultations, meetings etc
- 'Rainy day' kit
- Back-up plans
- Time with other members of MDT
- Flexibility during placements, mixed communication and dysphagia
- Short day with check-in later
- Pro forma for reflections, with time to complete and later discussion with PE, individually.
- Learners able to access EHR- for information-gathering etc.
- Advance notice re background reading
- Pre-placement contact to explain expectations, reassure.





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Future plans

EDS teaching earlier in the course

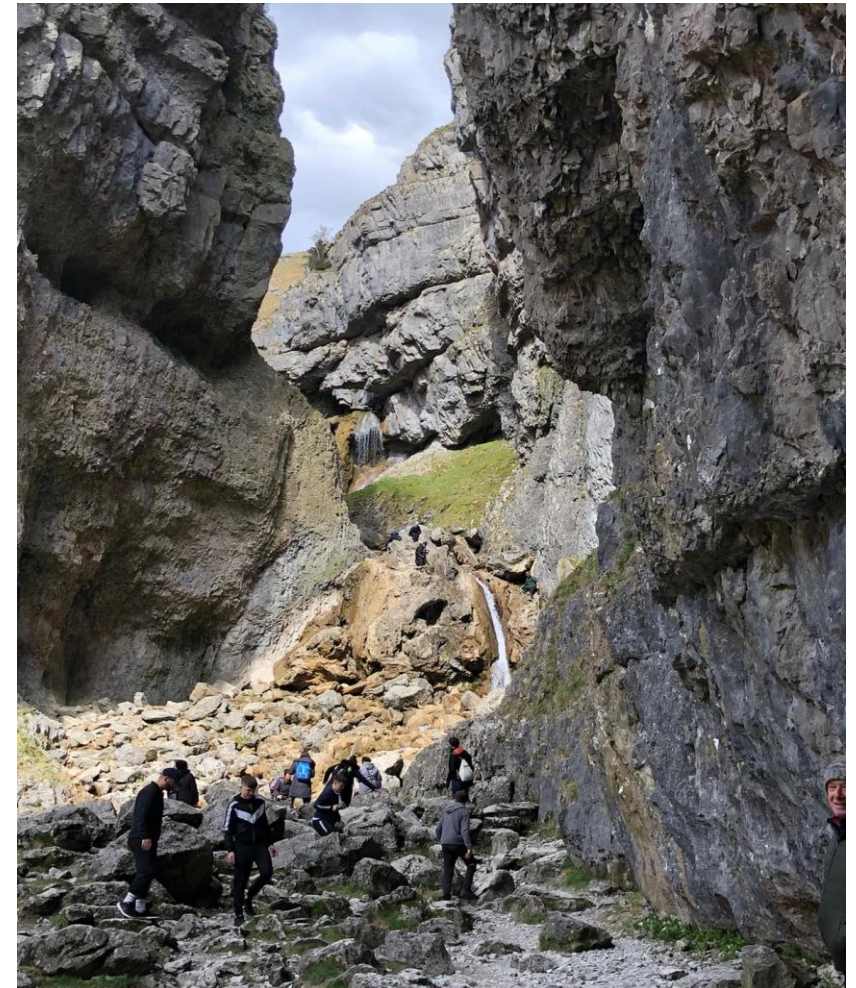
All paediatric SLTs to be aware of need for **exposure**, end point **expectations** and how they can help. Bite-sized training to be provided.

Learners responsible for highlighting gaps in competencies at beginning of placement to lead PE

Short placements for 2/3 patient groups

B5 posts to include rotation into supported posts including EDS

Prioritise future EDS workforce training- **invest** now for future gains



Christine Horton


Clinical lead complex needs and
dysphagia, Lancashire South Cumbria
NHS Foundation Trust



Christine Horton
Clinical Lead - Paediatric EDS
Lancashire and South Cumbria
NHS Foundation Trust (LSCFT)







Do I need to offer
separate eds
placements?

I am not a specialist
in EDS so I can't offer
support with this

What if I don't have
any eds referrals?

What is already Happening

- Local HEIs are delivering basic EDS training to staff.
- Learners on placement with a member of our specialist EDS team see clients and are invited to eds supervision sessions, VFs or post grad training sessions
- At initial appointments, when taking a case history, clinicians ask about EDS and have an appendix to complete if there are EDS concerns.
- All clinicians have a basic knowledge to address EDS concerns if they are brought up at therapy appointments or school visits and know what the next steps are.
- Any EDS experience is already being taken into account when completing learner feedback
- We often share a learner placement among a couple of clinicians

How will we enhance this to support the competencies?

COVID has led us to adopt a hybrid service with improved digital access which has increased opportunities for learners to:

- work across a team for a broader experience of cases.
- access videos to watch and discuss cases.
- observe of appointments via telemedicine.
- take case studies via phone or in person.
- triage referrals remotely.
- sit in on appointments remotely via Microsoft Teams.
- access clinical records remotely.

The types of experiences we can now routinely offer include:

- attend EDS clinics remotely
- supporting delivery of training into special schools/to MDT colleagues via Teams.
- study sessions via Teams to do case study work which is open to all learners in localities currently on placement.

Initial Clinic Appt.



- Discuss the importance of EDS and the service user goals with the service user/family/ carers (1)
- Identify information from case history and referral information that will guide service user/family/carers interviews. (3)
- Carry out oral facial (sensory and motor) examination on population without EDS difficulties. (5)
- Discuss service users/family/carers perspective when taking detailed case histories relevant to EDS. (9)
- Identify situations associated with EDS difficulties that require initiation of safe guarding discussions. (20)
- Formulate hypothesis and outline possible treatment options for discussion with practice educator. (11)

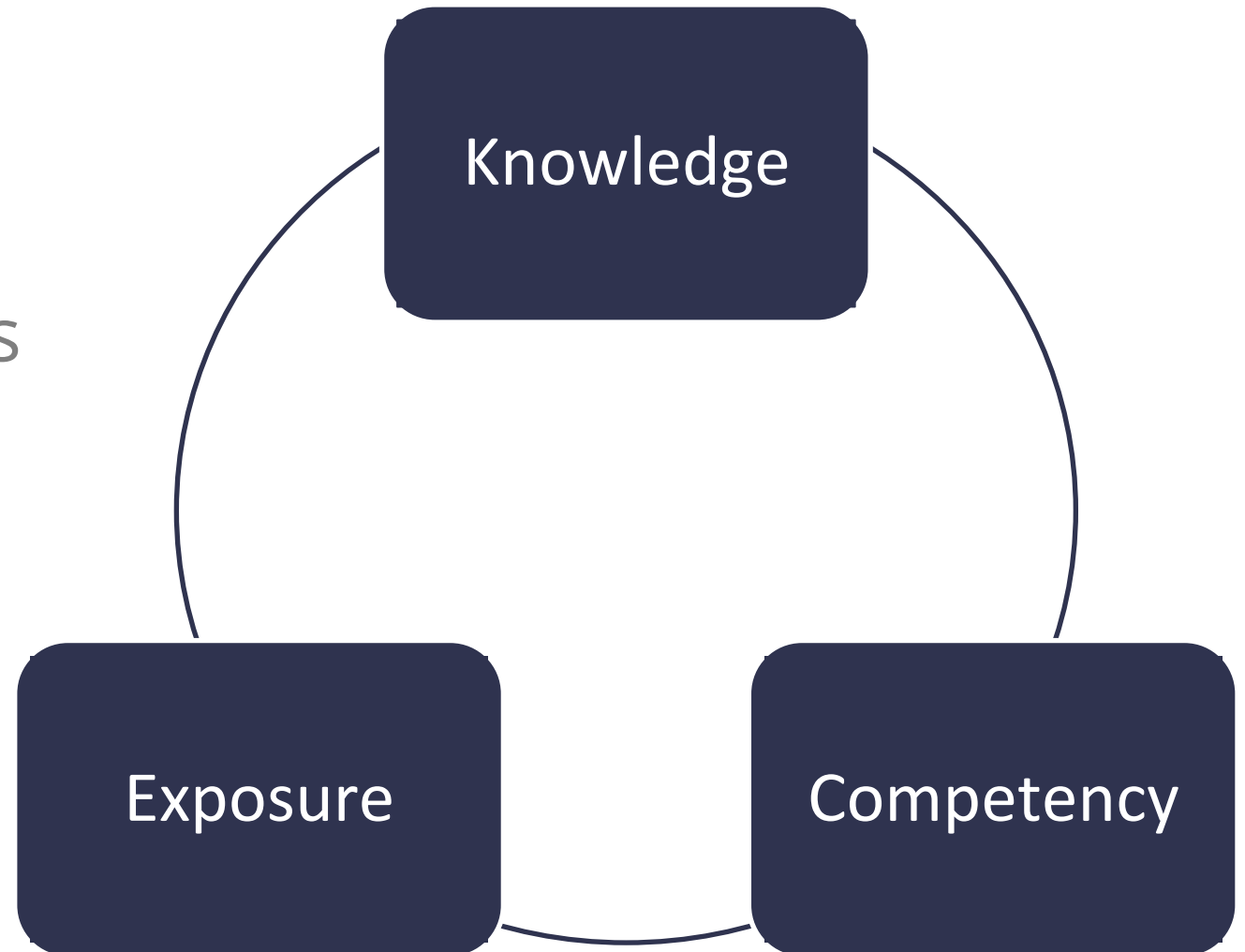




Paula Leslie

Consultant scholar and lead author
(academic) of the competency
framework

- Rationale
- EDS in all clinical contexts
- Expectations
- 'Specialists'



Any questions





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