

What constitutes an hour of eating, drinking and swallowing (EDS) exposure?

From the new [placement guidance](#) it is clear that direct client-centred care experiences are required to enable learners to develop their standards of proficiency. Supporting service users with EDS and their families and carers is part of the scope of practice of the SLT and thus practical experiences form part of the required learning.

The practice-based learning in EDS requires a total 60 hours, of which:

- at least 30 hours must be direct, SLT-supervised adult patient facing contact
- at least 10 hours must be direct, SLT-supervised paediatric patient facing contact

Content of practice-based placements

Over the duration of their programme, learners must have sufficient direct client-centred care opportunities to enable them to develop their [HCPC standards of proficiency](#) (2014). Standards of proficiency (SOPs) 8 and 9 refer to the development of communication and interpersonal skills with service users, which can only be achieved and assessed through direct client-centred care opportunities. Such opportunities include any work that has a direct impact on a service user, such as:

- One-to-one assessment and therapy sessions with a service user
- One-to-one work with a carer
- Writing reports, programmes, and notes as part of a service user's episode of care
- Training sessions, e.g. parent training and coaching, staff training
- Work with the MDT, e.g. meetings, case conferences, ward rounds

SLTs support service-users, families and carers using a person-centred, holistic model, thus a **clock hour** includes time spent discussing communication, and/or cognition issues, as well as EDS. There is no specified minimum proportion of the hour that needs to be EDS-specific.

The supervising SLT does not have to be an EDS expert, just competent to an appropriate level in EDS issues for their clinical population. Learners will benefit from seeing all SLTs able to address basic EDS issues as they do for all areas of the SLT caseload, and then knowing when to refer on for more specialist help. All activities that include eating, drinking, and swallowing issues are relevant, including but not limited to:

- Lunch time participation/observation at a school with children who have physical or learning disabilities
- Speaking to a family member about their child / spouse / parent's eating, drinking, and swallowing needs
- Working with a service user with sensory and/or behaviour issues relating to food or drink
- Discussing with other professionals what the EDS issues are or how to best support the service user
- Evaluating the whole person, with EDS being one aspect