

# **Pre-registration eating, drinking, and swallowing competencies:**

## **Practice-based learning examples**

Version 1 - March 2023

## **Introduction**

This document was developed as a supporting document for the [RCSLT competencies in eating, drinking, and swallowing \(EDS\) for the pre-registration education and training](#) of speech and language therapists.

It is intended as a list of possible activities that can support achievement of each competency. Practice educators and pre-registration SLTs may find it useful to refer to these examples if they are unsure of activities which could support attainment of a competency. The list is not exclusive and is intended to encourage different ways of signing off the competencies. The possible activities have been related to the HCPC 2023 Standards of Proficiency.

## Contents

<b>Competency Number</b>	<b>Details</b>	<b>Page</b>
1	Discuss the importance of EDS and the service user's goals with the service user/family/carer	7
2	Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties	8
3	Identify information required from case history and referral information that will guide the service user/family/carer interviews	10
4	Obtain detailed background information from case notes relevant to EDS	12
5	Carry out oral facial (sensory and motor) examinations on population without EDS difficulties	14
6	Recognise the positive and negative impacts of modifying aspects of the EDS process	15
7	Describe the indications for and against non-oral supplementation of nutrition and/or hydration	17
8	Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses	21
9	Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS	23
10	Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties.	24

11	Formulate hypotheses and outline possible intervention options for discussion with the practice educator	25
12	Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans	26
13	Explain management programmes to service users/families/carers and relevant team members	28
14	Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)	30
15	Synthesise information on psychological, social and biomechanical factors with assessment findings to formulate diagnoses	34
16	Synthesise information on psychological, social and biomechanical factors with assessment findings to develop person-centred intervention plans	37
17	Identify specific person-centred outcomes to support review scheduling	38
18	Identify specific person-centred outcomes to identify appropriate discharge points	40
19	Discuss the ethical issues associated with EDS for service users/family/carers	42
20	Identify situations associated with EDS issues that require the initiation of safeguarding discussions	43

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<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
1. Discuss the importance of EDS and the service user's goals with the service user/ family/carer - i.e. what is the impact of having EDS difficulties and how does this lead into setting meaningful goals for the client	Hospital/ rehab unit – adult and/or paediatric	Discussion with client or parents/legal guardian of young child what their goals for SLT intervention in relation to EDS are	17, 18	7.1, 7.4, 8.1, 8.12, 8.15, 9.2, 13.19
		Use alternative augmentative communication to support a user with communication and swallowing difficulties set goals for EDS intervention e.g. talking mats	17, 18	2.1, 2.2, 2.5, 2.6, 2.7, 6.1, 6.4, 6.5, 7.1, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 8.1, 8.12, 8.15, 9.2, 13.2, 13.19, 13.20, 15.3
		Develop and use an accessible version of an outcome measure specific to EDS e.g. TOMs	17, 18	2.1, 2.2, 2.5, 2.6, 2.7, 6.1, 6.4, 6.5, 7.1, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 8.1, 8.12, 8.15, 9.2, 13.2, 13.19, 13.20, 15.3
	Community - adult and paediatric	Work with an interpreter to discuss eds goals with service user and family	17, 18	2.1, 2.2, 2.5, 2.6, 2.7, 6.1, 6.4, 6.5, 7.1, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 8.1, 8.12, 8.15, 9.2, 13.2, 13.19, 13.20, 15.3

<b>EDS competency:</b>	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
Speech and language therapy learner is able to...		Discuss with your Practise Educator the potential range of different personal, cultural and medical factors that may be important to a patient/family/carer (i.e. psychosocial factors around family meals, going out, embarrassment, deteriorating health etc.)	6, 9	2.1, 2.5, 4.7, 5.1, 5.2, 5.5, 7.1, 7.9, 10.1, 11.1, 12.1, 12.8, 12.12, 12.13, 13.2, 13.3, 13.16, 13.17
	School	Participate in EHCP meeting to review and update service users' goals with family, legal guardian and members of the multidisciplinary team	13, 17, 18	2.1, 2.2, 6.1, 6.2, 6.3, 7.1, 7.3, 7.7, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 9.1, 9.2, 9.3, 10.2, 11.5, 12.3, 12.4, 13.2, 13.19
2. Apply health and safety procedures related to working with service users who are at risk of, or who present	Hospital/ rehab unit - adults and paediatrics	Understand the different levels of infection control precautions that need to be taken dependent on the infection risk level of the patient.	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
		Understand and comply with the different levels of PPE required for people with different levels of infection risk	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5



<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
with, EDS difficulties	Community - adult and paediatric	Comply with lone working policy and PPE requirements for people in their own home	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
		Complete local health and safety eLearning and discuss how it relates to EDS with your practice educator	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
	Clinic - adult or paediatric	Comply with local health and safety and infection control in a community clinic setting including storage and administration of food and drink to be trialled	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
		Comply with local health and safety and infection control whilst carrying out an oro-facial assessment	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
	School	Comply with local health and safety and infection control whilst observing a child having a school meal	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
		Be aware of risks within classroom/dining hall environments as part of observations.	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	Nursing home/ residential home/day care	Understand and comply with department's advice on health and safety and infection control with consideration of challenges this may present in particular settings.	Nil	1.2, 3.2, 3.4, 14.1, 14.2, 14.3, 14.4, 14.5
3. Identify information required from case history and referral information that will guide the service user/family/carer interviews - i.e. what information	Community clinic - paediatrics and adults	Identify information on a referral which may suggest eating, drinking and swallowing difficulties	8	1.1, 2.7, 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, 6.1, 6.2, 6.3, 7.1, 7.7, 8.1, 9.1, 9.2, 9.3, 12.1, 12.3, 12.8, 12.12, 13.2, 13.3, 13.19
	Hospital/ rehab unit - adults and paediatrics	Discuss the referral with the referrer	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 12.1, 12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
do you gain from the records and referral that you need to further explore when talking to a client etc. and why		Discuss the referral with client or parent/carer and relevant ward staff	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 12.1, 12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6
		Contact community/previous acute SLT services if service user is known to them	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 12.1, 12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6
		Discuss the referral in ward round/MDT meeting	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 12.1,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
				12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6
	Community - adult and paediatric	Telephone calls to members of the multidisciplinary team to gain further information relevant to EDS.	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 12.1, 12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6
		Telephone call to client or carers to gain further information	8	1.1, 2.1, 2.6, 2.7, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.3, 7.1, 8.1, 8.2, 8.3, 8.4, 8.12, 12.1, 12.3, 12.4, 12.8, 12.12, 13.2, 13.3, 13.6
4. Obtain detailed background	Community clinic -	Review clinical/patient record to identify any information pertinent to EDS	3	2.1, 2.7, 2.10, 4.2, 4.4, 4.7, 6.1, 6.2, 6.3, 6.5, 7.7, 9.1, 9.2, 9.3,

EDS competency: Speech and language therapy learner is able to...	Setting	Examples	Cross - reference to other pre-reg EDS comp	HCPC SOP
information from case notes relevant to EDS - review case notes and highlight what might be important in relation to EDS	paediatric and adult			12.1, 12.4, 12.12, 13.2, 13.3, 13.14, 13.19
		Discuss and create a summary document indicating all the potential sources you can use to gather information in your placement about the patient's EDS history and how you would access this information (talk to patient, SLT services, contact next of kin with consent, care home, GP, HIE, clinic letters etc.)	3	2.8, 2.10, 4.2, 4.6, 4.7, 6.1, 6.2, 6.3, 6.4, 6.5, 7.1, 7.7, 7.9, 8.2, 9.1, 9.2, 9.3, 12.1, 12.2, 12.8, 12.10, 12.13, 13.2
		Review previous SLT notes and summarise previous intervention	Nil	2.1, 2.7, 2.10, 4.2, 4.4, 4.7, 6.1, 6.2, 6.3, 6.5, 7.7, 9.1, 9.2, 9.3, 12.1, 12.4, 12.12, 13.2, 13.3, 13.14, 13.19
	Hospital/ rehab unit -	Review medical notes to identify any information pertinent to EDS	3	2.1, 2.7, 2.10, 4.2, 4.4, 4.7, 6.1, 6.2, 6.3, 6.5, 7.7, 9.1, 9.2, 9.3,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	adults and paediatrics			12.1, 12.4, 12.12, 13.2, 13.3, 13.14, 13.19
		Review previous admission medical notes if applicable	3	2.1, 2.7, 2.10, 4.2, 4.4, 4.7, 6.1, 6.2, 6.3, 6.5, 7.7, 9.1, 9.2, 9.3, 12.1, 12.4, 12.12, 13.2, 13.3, 13.14, 13.19
		Review reports of any previous intervention or instrumental assessments	3	2.1, 2.7, 2.10, 4.2, 4.4, 4.7, 6.1, 6.2, 6.3, 6.5, 7.7, 9.1, 9.2, 9.3, 12.1, 12.4, 12.12, 13.2, 13.3, 13.14, 13.19
5. Carry out oral facial (sensory and motor) examinations on	Home	Complete an oro-facial assessment with members of your family, this can be adults or children	Nil	12.1, 12.8, 12.12, 13.2, 13.4, 13.5
	University	Complete an oral facial assessment with other people in your class	Nil	12.1, 12.8, 12.12, 13.2, 13.4, 13.5

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
population without EDS difficulties NB: this would also come under assessment for clients presenting with voice/speech sound difficulties The aim is to understand the range of health oral facial movements	Placement	Create an oro-motor crib sheet. Explain in detail to your Practise Educator how you would assess each cranial nerve and how a deficit in each could impact the swallow. Describe the normal swallow (including stages) in detail from having the food/drink in front of you to the bolus entering the oesophagus to your Practise Educator	2, 8	2.9, 2.10, 4.1, 4.2, 4.5, 4.7, 7.1, 7.7, 7.9, 8.1, 8.2, 11.1, 12.1, 12.5, 12.8, 12.12, 13.2, 13.3, 13.4, 13.5, 13.7, 13.13, 13.14, 13.19, 14.2, 14.3, 14.4, 14.5
6. Recognise the positive and	University	Read research articles and literature that detail the positive and negative impacts of modifying aspects of the	19	1.3, 7.1, 7.9, 8.11, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
negative impacts of modifying aspects of the EDS process - i.e. if you make a recommendation to modify an aspect of EDS you should be aware of the positive and negative consequences of this		eating, drinking, and swallowing process. Present this to your peers		13.3, 13.8, 13.9, 13.10, 13.15, 13.17
		Design a poster/advert/tik tok or short clip to demonstrate the impact of modifying aspects of the EDS process	19	1.3, 7.1, 7.9, 8.11, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.3, 13.8, 13.9, 13.10, 13.15, 13.17
	Placement	Discuss with service user or carer how changing aspects of the EDS process has impacted their life	19	2.1, 2.11, 7.1, 8.1, 11.2, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Design a poster/advert/tik tok or short clip to demonstrate the impact of modifying aspects of the EDS process aimed at catering staff	19	1.3, 7.1, 7.9, 8.11, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.3, 13.8, 13.9, 13.10, 13.15, 13.17
		Work with a peer and have them give you diet and or fluids - discuss how you felt with your practise educator and write a reflection on this	19	10.1, 12.1, 12.5, 12.8



<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		Trial modified diet/fluids with peers and reflect on your experiences of this	19	10.1, 12.1, 12.5, 12.8
7. Describe the indications for and against non-oral supplementation of nutrition and/or hydration	Hospital/ rehab unit - adults	Shadow a member of the dietetic/enteral feeding team and discuss the decision process for and against non-oral nutrition and hydration. Discuss how the indications during a short-term acute illness may vary from a progressive condition	2, 6	1.1, 2.12, 6.1, 6.2,m 7.1, 7.9, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 10.1, 10.2, 12.1, 12.3, 12.8, 12.12, 13.14, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Review the hospitals policy on enteral feeding for people with advanced dementia	6	2.12, 4.2, 4.3, 4.7, 7.7, 7.9, 8.2, 11.1, 12.1, 12.4, 12.5, 12.12, 13.1, 13.2, 13.3
		For a client with communication and EDS difficulties, present information in an accessible format to support decision-making around clinically assisted artificial nutrition and hydration	1,2,6,11, 13,16,19	2.1,2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 2.12, 4.1, 4.2, 4.3, 6.1, 6.2, 6.4, 6.5, 7.1, 7.4, 7.5, 7.7, 7.8, 7.9, 8.1, 8.2, 8.3, 8.4, 8.12, 8.12, 8.14, 8.15, 9.1, 9.2, 9.3, 12.1, 12.3, 12.8, 12.12, 13.2, 13.3,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
				13.14, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
	University	Host a debate in which one side is anti non-oral supplementations of nutrition and or hydration in advanced Parkinson's disease, the other side is pro	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14
	Head and neck cancer	What is a RIG? How does it differ from a PEG? Discuss with your practise educator why a RIG is preferred to a PEG for this client group?	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14
		Review the literature on reactive NG vs. prophylactic PEG placement for clients undergoing chemotherapy +/- or radiotherapy	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14
	Community	Discuss with your practise educator or dietitian which options for supplemental non oral feeding are appropriate in a community setting	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	Hospital/ rehab unit - paediatrics	Have the practise educator or member of the team play the role of a concerned parent who does not want their toddler to have supplemental non oral nutrition and hydration. The parent feels their child will get lazy with their swallowing and won't try to eat orally. Discuss the pros and cons of non-oral supplemental nutrition and hydration, with particular reference to growth and development	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14
		Familiarise yourself with an eating and drinking with acknowledged risk policy if available. For paediatrics this may be a local risk reporting template or other service specific documentation	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	Community - adults and paediatrics	Discuss with a service user and/or carer why they made a decision for or against non-oral supplemental nutrition and hydration	1, 2, 6, 19	2.1, 2.7, 2.8, 6.1, 6.2, 7.1, 8.1, 8.13, 8.15, 12.1, 12.12, 12.19
		Design resources to support a child's understanding of the implications of non-oral supplemental nutrition and hydration	1,2,6,11, 13,16,19	2.1,2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 2.12, 4.1, 4.2, 4.3, 6.1, 6.2, 6.4, 6.5, 7.1, 7.4, 7.5, 7.7, 7.8, 7.9, 8.1, 8.2, 8.3, 8.4, 8.12, 8.12, 8.14, 8.15, 9.1, 9.2, 9.3, 12.1, 2.3, 12.8, 12.12, 13.2, 13.3, 13.14, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Prepare information for a best interest decision making meeting for a client who does not have capacity to consent to non-oral supplemental nutrition and hydration	1, 6, 13, 16, 19	2.1,2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 2.12, 4.1, 4.2, 4.3, 6.1, 6.2, 6.4, 6.5, 7.1, 7.4, 7.5, 7.7, 7.8, 7.9,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
				8.1, 8.2, 8.3, 8.4, 8.12, 8.12, 8.14, 8.15, 9.1, 9.2, 9.3, 12.1, 12.3, 12.8, 12.12, 13.2, 13.3, 13.14, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Detail each environment that a client with nonoral supplemental nutrition and hydration visits and the challenges that might exist	6, 19	4.7, 5.1, 6.1, 7.1, 7.7, 7.9, 8.1, 8.3, 8.4, 8.13, 9.1, 9.2, 12.1, 12.12, 12.13, 13.16
		Design a short training package for GPs explaining the pros and cons of non-oral supplemental nutrition and hydration with relation to eating, drinking and swallowing difficulties	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14, 15.1
8. Recognise the signs and	Hospital/ rehab unit -	Familiarise yourself with the local swallowing assessment template and score whilst observing an SLT carry out an	2, 11, 14, 15	2.1, 2.7, 2.8, 4.6, 6.1, 6.2, 7.1, 7.7, 7.9, 8.1, 8.12, 9.1, 9.2, 9.3,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses	adults and paediatrics	assessment. Review the results and discuss possible diagnostic hypothesis. Observations can also be achieved through videos or telehealth appointments		11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.4, 13.5, 13.6, 13.7, 13.12, 13.13, 13.14,13.15, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Create bite size training for nurses on “what is dysphagia?”, “signs and symptoms of oropharyngeal and oesophageal dysphagia” and “possible underlying causes”.	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14, 15.1
		Present a case study to illustrate diagnostic hypotheses and management	2, 11, 14, 15, 16, 17	2.1, 2.7, 2.8, 4.6, 6.1, 6.2, 7.1, 7.7, 7.9, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.4, 13.5, 13.6, 13.7, 13.12, 13.13, 13.14,13.15, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		Create a display board/poster on signs and symptoms of oropharyngeal and oesophageal dysphagia	6	2.12, 7.1, 7.7, 8.13, 11.1, 12.1, 12.2, 12.8, 12.9, 12.12, 13.1, 13.2, 13.3, 13.14, 15.1
9. Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS - aim to move beyond simple collection of	Hospital/ rehab unit - paediatrics	Review local case history proforma and if not available devise your own. Practise using this with users, family, and carers, gathering information on their concerns, views, feeding preferences (breast/bottle/mixed), past input, goals etc.	1, 2, 8	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.11, 4.1, 4.2, 4.3, 4.6, 4.7, 6.1, 6.2, 6.5, 7.1, 7.7, 7.8, 7.9, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.5, 12.8, 12.10, 12.11, 12.12, 12.13, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
information to understand the impact of information gathered e.g. reduced mobility may mean difficulty preparing meals for themselves	Adult - learning disability	Use local case history proforma with client, family and carers present in different settings. Reflect on how the questions need to be phrased and presented differently to each group to gain accurate information. How could the proforma be improved? What resources could you develop to aid client participation in a case history discussion	1, 2, 8	13.20, 14.1, 14.2, 14.3, 14.4, 14.5  1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.11, 4.1, 4.2, 4.3, 4.6, 4.7, 6.1, 6.2, 6.5, 7.1, 7.7, 7.8, 7.9, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.5, 12.8, 12.10, 12.11, 12.12, 12.13, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5
10. Evaluate oral, facial, and swallowing functioning of	Hospital/ rehab unit - paediatrics	Carry out an oral motor assessment, feeding readiness and feeding observation of a service user at risk of EDS, feeding back to the practice educator taking account of developmental norms	2, 8	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.11, 4.2, 4.3, 4.6, 6.1, 6.2, 6.5, 7.1, 7.4, 7.9, 8.1, 8.3, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.2, 12.5, 12.8, 12.11, 12.12, 12.13,



<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
service users at risk of EDS difficulties				13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5, 15.2, 15.3
	Adult - learning disability	Complete an oral, facial and swallowing assessment of the client in each setting they attend. Compare and contrast how they present in each setting with possible reasons explaining this	2, 8	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.11, 4.2, 4.3, 4.6, 6.1, 6.2, 6.5, 7.1, 7.4, 7.9, 8.1, 8.3, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.2, 12.5, 12.8, 12.11, 12.12, 12.13, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5, 15.2, 15.3
11. Formulate hypotheses and outline possible intervention options for	Hospital/ rehab unit - paediatrics	Review the practice educator's initial assessment clinical record entry, formulate hypotheses, and outline possible intervention options. Discuss these with the practise educator	3, 4, 8	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.11, 4.2, 4.3, 4.6, 6.1, 6.2, 6.5, 7.1, 7.4, 7.9, 8.1, 8.3, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.2, 12.5, 12.8, 12.11, 12.12, 12.13,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
discussion with the practice educator i.e. why do you think this client is having difficulties and what could you propose to resolve or mitigate them?				13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5, 15.2, 15.3
	Community - paediatric and adult	Complete a swallowing assessment then discuss possible hypotheses with practice educator	1, 2, 3, 4, 5, 8, 9, 10	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.11, 4.2, 4.3, 4.6, 6.1, 6.2, 6.5, 7.1, 7.4, 7.9, 8.1, 8.3, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 12.1, 12.2, 12.5, 12.8, 12.11, 12.12, 12.13, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5, 15.2, 15.3
12. Apply knowledge of evidence-based	Hospital/ rehab unit - paediatrics	Create a person-centred, child friendly intervention plan for a service user you observed during feeding assessment	11, 15, 16, 17	4.1, 4.2, 4.3, 4.6, 4.7, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.2, 12.8, 12.9, 12.11, 12.12, 12.13,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
rehabilitation and compensatory techniques to develop person-centred intervention plans - put the client at the centre of what you do and jointly develop a plan as to how they can improve or compensate for their difficulties in line with the evidence				13.2, 13.3, 13.7, 13.12, 13.15, 13.16, 13.17, 13.19
	Hospital/ rehab unit - adults	Create a worksheet of swallowing manoeuvres/rehab exercises and when you would use these. How can these be adapted for people with communication impairments, literacy difficulties or those who do not speak English?	11,16	4.1, 4.3, 4.5, 4.6, 4.7, 5.1, 5.2, 5.5, 5.6, 7.1, 7.5, 7.6, 7.7, 7.8, 11.1, 12.1, 12.2, 12.5, 12.8, 12.11, 12.12, 13.4, 13.7, 13.15, 13.20, 14.1, 14.2, 14.3, 14.5, 15.3
		Create some short videos demonstrating swallowing intervention for a specific case study	11, 15, 16, 17	2.1, 2.7, 2.8, 4.6, 6.1, 6.2, 7.1, 7.7, 7.9, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.4, 13.5, 13.6, 13.7, 13.12, 13.13, 13.14, 13.15, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	Community - care home	Create a person-centred care plan that incorporates an evidence-based rehab and/or compensation technique. Reflect on how this can be incorporated into medical and care home records. Does the care home need training on specific interventions if so, how can this be achieved?	11, 15, 16, 17	4.1, 4.2, 4.3, 4.6, 4.7, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.2, 12.8, 12.9, 12.11, 12.12, 12.13, 13.2, 13.3, 13.7, 13.12, 13.15, 13.16, 13.17, 13.19
13. Explain management programmes to service users/ families/carers and relevant team members	Hospital/ rehab unit - paediatrics	Script and then role play a scenario where a management programme is explained to a service user/family/carer. Role play with a placement peer/practice educator/MDT member asking for feedback about language/images used and communication skills. As part of a role play, describe the assessment result and plan as you would to a patient or family member considering the different language you would use in comparison to a discussion with a colleague or your practise educator	12	1.1, 2.1, 2.2, 2.7, 2.8, 4.2, 4.3, 4.6, 4.7, 7.1, 7.4, 7.7, 7.9, 8.1, 8.12, 8.13, 8.15, 10.1, 11.1, 12.1, 12.5, 12.8, 12.12, 13.2, 13.12, 13.14

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
	Hospital/ rehab unit - adults	Feedback the results of swallowing assessment to service user/carers/families and/or care team	2, 15	2.1, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.6, 6.1, 6.2, 6.3, 6.4, 6.5, 7.1, 7.3, 7.4, 7.7, 7.9, 8.1, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 9.4, 9.5, 11.1, 12.1, 12.5, 12.8, 12.12, 13.2, 13.12, 13.14, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
During an MDT discussion explain current SLT management, how it relates to the client's goals and how it is linked to shared goals e.g. independence with eating/drinking		1, 12, 15, 16, 17	1.1, 2.1, 2.6, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.3, 7.7, 8.1, 8.2, 8.3, 8.4, 8.6, 8.13, 8.14, 9.1, 9.2, 9.3, 11.1, 12.1, 12.3, 12.4, 12.8, 12.9, 12.11, 12.12, 12.13, 13.1, 13.2, 13.12, 13.14, 13.17, 13.19	

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
14. Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)	Hospital/ rehab unit including paediatrics	Familiarise yourself with local informal assessment proformas and any formal assessments used in your clinical setting. Use these with a client	1, 2, 5, 8, 10	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 4.4, 4.7, 6.1, 6.2, 6.5, 7.1, 7.3, 7.7, 7.9, 8.1, 8.2, 8.3, 8.12, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 11.1, 11.5, 12.1, 12.3, 12.4, 12.5, 12.6, 12.7, 12.8, 12.13, 12.14, 12.16, 12.17, 12.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
		Detail different scenarios when it would not be appropriate to assess a patient and explain why (levels of alertness, cognition, respiratory status, investigations etc.)	17, 19	1.1, 2.2, 2.5, 2.7, 2.9, 2.10, 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, 7.8, 8.2, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.4, 13.6, 13.12, 14.1, 14.3
		Do a presentation on the different objective assessments used in dysphagia available on placement and create a	Nil	4.6, 4.7, 4.8, 7.1, 8.11, 11.1, 12.2, 12.5, 12.8, 12.12, 13.2, 13.3, 13.4

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		crib sheet detailing the patient selection criteria for referral to each one		
		Carry out a mealtime observation and summarise observations and learning points for your practise educator	2, 8, 10	2.1, 2.2, 2.6, 2.7, 2.8, 2.11, 4.2, 6.1, 6.2, 7.1, 7.9, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Create a crib sheet for a swallow assessment. Have your practice educator review this before using it as a recording system when seeing a client	2, 8, 10	2.1, 2.2, 2.6, 2.7, 2.8, 2.11, 4.2, 6.1, 6.2, 7.1, 7.9, 8.1, 8.12, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5

EDS competency: Speech and language therapy learner is able to...	Setting	Examples	Cross - reference to other pre-reg EDS comp	HCPC SOP
	Hospital/ rehab unit - adults	Discuss with practice educator when referral for VFSS/FEES would be appropriate	Nil	1.1, 1.3, 2.1, 2.9, 2.10, 4.1, 4.2, 4.3, 4.4, 4.6, 4.8, 7.1, 7.3, 7.7, 8.1, 8.2, 8.4, 8.11, 8.13, 8.14, 11.1, 12.1, 12.3, 12.4, 12.5, 12.8, 12.9, 12.11, 12.12, 13.2, 13.4, 13.6, 13.14, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5
		Observe a videofluoroscopy or FEES clinic. Ask the practice educator to help you identify the swallow physiology and relate to the proposed intervention	Nil	1.1, 1.3, 2.1, 2.9, 2.10, 4.1, 4.2, 4.3, 4.4, 4.6, 4.8, 7.1, 7.3, 7.7, 8.1, 8.2, 8.4, 8.11, 8.13, 8.14, 11.1, 12.1, 12.3, 12.4, 12.5, 12.8, 12.9, 12.11, 12.12, 13.2, 13.4, 13.6, 13.14, 13.16, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5



EDS competency: Speech and language therapy learner is able to...	Setting	Examples	Cross - reference to other pre-reg EDS comp	HCPC SOP
		Review a client’s swallowing following a period of intervention. Discuss the outcome with your practice educator	1, 2, 8, 10, 15	1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.3, 7.4, 7.7, 7.9, 8.1, 8.12, 8.12, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 11.1, 11.5, 12.1, 12.5, 12.8, 12.11, 12.12, 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.13, 13.14, 13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
15. Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses - bring together all the information gathered from referral, records, case history, MDT, and assessments to	All client groups	Summarise all the information gained about a client. Relate the information to a possible diagnosis and share with practice educator	Nil	4.1, 4.6, 6.1, 6.2, 7.1, 7.7, 7.9, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.9, 12.11, 12.12, 13.2, 13.3, 13.13, 13.14, 13.16, 13.17

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
propose a diagnosis				
		Create a table summarising key knowledge of different aetiologies and the common dysphagia presentations associated with them: Please include neurological conditions, neurodegenerative progressive conditions, mechanical structural (including oncology), psychogenic/cognitive/behavioural, drug related, respiratory, gastroenterological (including reflux), chronic dysphagia and resulting compensatory swallowing physiology etc. Please indicate if these might be acute/chronic/both presentations	8, 11	4.7, 4.8, 7.9, 8.11, 11.1, 12.1, 12.5, 12.8, 12.12, 13.14

EDS competency: Speech and language therapy learner is able to...	Setting	Examples	Cross - reference to other pre-reg EDS comp	HCPC SOP
		<p>Complete 2 dysphagia case studies of patient's you have seen during your placement clearly highlighting the relationship between aetiology and the presentation of the swallow with applicable references</p>	<p>2, 3, 8, 10, 11, 12, 14, 15, 16</p>	<p>1.1, 2.1, 2.2, 2.5, 2.6, 2.7, 6.1, 6.2, 7.1, 7.4, 7.7, 7.8, 7.9, 8.1, 8.2, 8.3, 8.11, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 11.1, 11.5, 12.1, 12.2, 12.3, 12.4, 12.5, 12.8, 12.9, 12.10, 12.12, 12.13, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.12, 12.12, 12.14, 13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3</p>

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
16. Synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans - bring together all the information gathered to work with the client to form a plan	All client groups	Present the information gathered in a format accessible to the client with options for intervention. Work together to develop a person-centred intervention plan that recognises the goals of the individual	1, 2, 11, 12, 13, 14, 16	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 5.1, 5.2, 6.1, 6.2, 6.4, 6.5, 7.1, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 8.1, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 11.1, 12.1, 12.2, 12.5, 12.8, 12.9, 12.10, 12.11, 12.12, 12.13, 13.2, 13.3, 13.12, 13.14, 13.16, 13.17, 13.19, 13.20, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
	Community - adult	Role play developing an intervention plan for a client that has complex social factors impacting on their plan e.g. a client explains that he is reliant on a local 'meals on	6, 19	2.2, 2.3, 2.5, 2.9, 2.10, 2.11, 4.1, 4.2, 4.3, 4.5, 4.6, 7.1, 7.3, 7.7, 8.2, 8.5, 8.13, 8.14, 8.15, 10.1, 11.1, 12.1, 12.4, 12.5, 12.8,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		wheels' to provide his hot meals. They do not have items that are suitable for the level of diet he is on		12.9, 12.10, 12.11, 12.12, 13.1, 13.12, 13.16, 13.17
17. Identify specific person-centred outcomes to support review scheduling - how can the client's overall goal be divided into achievable steps and how would this impact on when you review them	Community - paediatric	Shadow the dietitian and learn about the impact of nutrition on mental and physical development. Reflect on how this would impact on the frequency of reviewing a child in community.	Nil	1.1, 2.1, 4.4, 6.1, 6.2, 7.1, 7.3, 7.7, 7.9, 8.1, 8.2, 8.3, 8.4, 8.13, 8.14, 10.1, 10.2, 11.1, 12.3, 12.8, 13.16, 14.1, 14.2, 14.3, 14.4, 14.5
	Hospital/ rehab unit - adult	Discuss what goals an individual with EDS difficulties has during an acute episode of ill health.	1, 2	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.4, 7.7, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.12, 13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		Discuss with your practise educator the different factors to consider when prioritising patients (diagnosis and prognosis, nutrition status, alertness, potential discharge from hospital etc.)	Nil	1.1, 1.2, 2.2, 4.1, 4.2, 4.4, 4.6, 4.7, 7.7, 7.9, 8.2, 8.4, 8.13, 8.14, 9.1, 9.2, 9.3, 11.1, 12.1, 12.3, 12.4, 12.8, 12.9, 12.10, 12.12, 13.2, 13.3
		Research formal outcome measures of EDS	Nil	11.1, 11.4, 11.6, 12.1, 12.2, 13.9
	Community - adult learning disability	Discuss what tools are available to discuss goal setting with clients with EDS difficulties secondary to a learning disability who have a communication impairment	Nil	2.2, 2.5, 2.7, 2.8, 4.1, 4.2, 4.3, 4.7, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 7.1, 7.3, 7.4, 7.6, 7.7, 7.8, 8.12, 8.13, 8.15, 11.1, 11.5, 12.1, 12.5, 12.8, 12.11, 12.12, 12.13, 13.17
		What formal outcome measure tools are suitable with this client group?	Nil	11.1, 11.4, 11.6, 12.1, 12.2, 13.9

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
18. Identify specific person-centred outcomes to identify appropriate discharge points - agree with the client what their goal is, prepare clients for discharge and reflect on how goals may need to	Community - adult or paediatrics	Work with service users to set person-centred outcomes for 2 different clients, one with a non-progressive EDS difficulty and one with a progressive EDS difficulty. Reflect on how the outcomes are different for the two groups	1, 2, 8, 12, 13	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.4, 7.7, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.12, 13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
		Ask your practice educator for service level guidance on discharge criteria. Work with a service user to set person-centred outcomes within the limits of a service delivery model. Reflect on how their outcome may be different if discharge criteria were different	1, 2, 8, 12, 13	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.4, 7.7, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.12,



<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
change over time or in response to intervention				13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
		Discuss the different patient pathways when discharged from hospital, level of SLT input available and required, and how this might change your current input (transfer to rehabilitation unit, community services etc.)	Nil	1.1, 2.1, 4.3, 7.1, 8.1, 8.2, 8.14, 11.1, 12.3, 12.4, 12.5, 12.11, 12.12, 13.1, 13.2, 13.7, 13.12
	Hospital/ rehab unit - paediatrics and adults	For a client you are working with think about the goals of discharge from hospital and how this relates to their person-centred goals	1, 2, 8, 12, 13	2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.11, 4.1, 4.2, 4.3, 4.7, 6.1, 6.2, 7.1, 7.4, 7.7, 8.1, 8.2, 8.12, 8.13, 8.15, 9.1, 9.2, 9.3, 11.1, 12.1, 12.5, 12.8, 12.11, 12.12, 13.12, 13.16, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		For an adult client role play a situation where they have been discharged from hospital before their goals have been achieved. How would you ensure communication between acute and community settings? How is the client impacted by a waiting list for community services?	13	1.1, 1.2, 2.2, 2.7, 2.8, 2.9, 2.10, 4.2, 4.3, 4.4, 7.1, 7.3, 7.7, 8.1, 8.2, 8.3, 8.13, 8.14, 12.1, 12.4, 12.8, 12.11, 12.12, 13.12, 13.16, 14.1, 14.5
19. Discuss the ethical issues associated with EDS for service users/family/carers	All settings	Ask your practice educator about a time they experienced an ethical issue associated with EDS	Nil	1.1, 1.2, 2.2, 2.9, 2.10, 8.3, 10.1, 11.1, 12.1, 12.5, 12.8, 12.9, 12.10, 12.12, 14.1, 15.3
		Explain the history of the MCA and its key points with your practise educator. Discuss how this applies with the patients in your placement setting.	Nil	2.2, 2.7, 2.8, 2.10, 5.2, 11.1, 12.1, 12.5
		Attend a patient/family/best interests meeting around nutrition options, discuss this with your practise educator and summarise learning outcomes	6	2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.10, 2.11, 2.12, 5.2, 5.7, 6.1, 6.2, 6.5, 7.1, 7.4, 7.7, 7.8, 8.1, 8.2, 8.3, 8.4, 8.12, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 10.1, 10.2, 12.1, 12.3, 12.4, 12.5, 12.8,

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
				12.9, 12.11, 12.12, 12.13, 13.1, 13.2, 13.3, 12.12, 13.15, 13.17, 13.19, 14.1, 14.2, 14.3, 14.4, 14.5, 15.3
	Community - adult	Roleplay the following situation, one person is the SLT, and the other is the son/daughter/relative of a person with advanced dementia. The SLT explains that the most recent swallowing assessment shows the client is at risk of penetration/aspiration on all oral intake but that she is not a suitable candidate for clinically assisted nutrition and/or hydration. In response the relative says "So what do we do? Feed them to death or starve them to death?"	Nil	1.1, 1.2, 2.2, 2.9, 2.10, 8.3, 10.1, 11.1, 12.1, 12.5, 12.8, 12.9, 12.10, 12.12, 14.1, 15.3
20. Identify situations associated with EDS issues that	All settings	Discuss with your practise educator the legal responsibility of AHPs to raise concerns, how to access safeguarding services as needed and the process involved	Nil	1.1, 1.2, 2.1, 2.2, 2.3, 3.4, 2.9, 4.1, 4.4, 4.7, 6.1, 6.2, 6.3, 6.4, 6.5, 7.7, 8.1, 8.2, 9.1, 9.2, 9.3, 14.1, 14.2

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
require the initiation of safeguarding discussions	Hospital/ rehab unit - paediatrics	Familiarise yourself with the risk feeding policy if available	Nil	1.1, 1.2, 2.2, 2.9, 2.10, 8.3, 10.1, 11.1, 12.1, 12.5, 12.8, 12.9, 12.10, 12.12, 14.1, 15.3
		Discuss with your practice educator 2 previous situations and their outcomes in their clinical practise that led to the initiation of safeguarding discussions	Nil	2.3, 2.4, 6.2, 6.3, 14.1
	Community adult learning disability	Discuss the following situation with your practice educator. A 50-year-old man with Down's syndrome has recently been diagnosed with dementia and is having coughing episodes with a regular diet. The SLT has recommended he avoid high risk foods such as boiled sweets. He lives at home with his mother and father. He is fully mobile and often prepares snacks for himself in the kitchen. His mum keeps boiled sweets and other high-risk foods in the kitchen and refuses to put these somewhere he cannot access as she would struggle to access them also. The client has fluctuating capacity and at times	Nil	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 6.3, 7.1, 7.8, 7.9, 8.2, 8.3, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 10.1, 12.1, 12.3, 12.4, 12.8, 12.11, 12.12, 12.13

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		forgets the difficulties he has which are associated with regular diet. Would this warrant a safeguarding referral? What can the SLT do to support the client in this situation?		
	Community paediatric	Discuss or roleplay the following situation. You are seeing a 3 year old boy called Ben who lives at home with his mum, 2 younger siblings and 3 older siblings. Ben was referred to you by the health visitor with concerns that he was at least 12-18 months behind in his developmental milestones and that he was coughing on diet. Assessment shows that Ben struggles with bite and tear and has difficulty with chewing textures above an IDDSI level 6. You have agreed a care plan with mum where Ben has small amounts of IDDSI level 7 easy to chew diet in controlled environments but IDDSI level 6 for main meals.	Nil	2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 6.2, 6.3, 7.1, 7.8, 7.9, 8.2, 8.3, 8.13, 8.14, 8.15, 9.1, 9.2, 9.3, 10.1, 12.1, 12.3, 12.4, 12.8, 12.11, 12.12, 12.13, 14.1

<b>EDS competency:</b> Speech and language therapy learner is able to...	<b>Setting</b>	<b>Examples</b>	<b>Cross - reference to other pre-reg EDS comp</b>	<b>HCPC SOP</b>
		Ben and his family have been known to the safeguarding team in the past. On your most recent visit Ben’s mum has a new boyfriend who is present. She explains that he has been having regular diet for all meals and snacks even though he continues to cough on this and has had to be treated for a chest infection. The boyfriend often speaks for Ben’s mum and states that “he can swallow fine when he wants to, he just wants attention and he’s not gonna get it, we don’t need you coming here making things worse”. Would you instigate a safeguarding referral? What would your concerns be? How would you maintain a working relationship with the family?		