

# Speech and Language Therapist (SLT) Practice Educator (PE) Perceptions of the Royal College of Speech and Language Therapists' (RCSLT) Pre-Registration Eating Drinking and Swallowing (EDS) Competencies.

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## **BACKGROUND AND RATIONALE**

## **CONTEXT:**

SLTs have leading clinical responsibility in the management of dysphagia<sup>1</sup> and demand for those skills is increasing <sup>2</sup>.



- The RCSLT's pre-registration EDS competencies are an important step in standardising dysphagia education and creating a consistent baseline of student SLT knowledge<sup>2</sup>.
- However, they also require a shift in the role of practice educators in developing and evaluating student skills/knowledge in this highly specialist area.

## **LITERATURE REVIEW – KEY THEMES:**

- **<u>Competence</u>**: Assessment of 'competence' in SLT is longstanding<sup>3</sup>, complex, multifaceted<sup>4</sup> and can be influenced by many factors e.g. location; differences in clinical remit and individual differences between clinicians <sup>5,6</sup>.
- **<u>Guideline Uptake:</u>** Depends on (1) Creation of guideline content and (2) Effective communication of content<sup>7</sup>.
- **Barriers and Facilitators:** Identification is a key element in studies investigating factors affecting guideline uptake<sup>8</sup>.

#### **AIMS**

- 1. This research aims to investigate how confident PEs feel about their ability to judge and sign off the pre-registration EDS competencies.
- To understand **PE perceptions** of the **clarity of guidance** provided. 2.
- To understand how **feasible** PEs feel their role in signing off the pre-registration 3. EDS competencies is.
- 4. To ascertain the main barriers and facilitators PEs believe are relevant to the **implementation** of the pre-registration EDS framework.

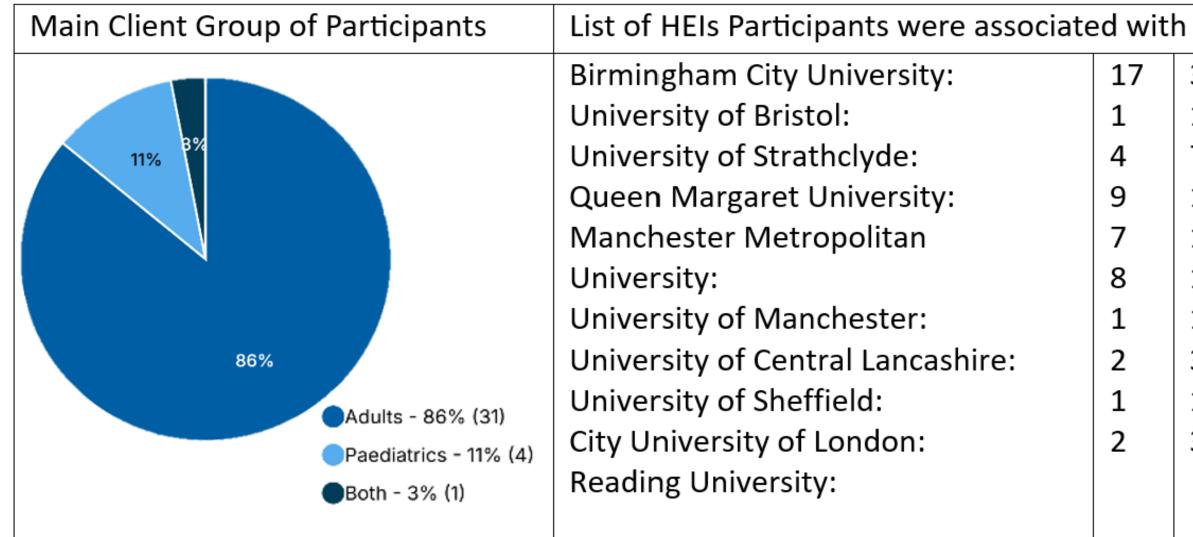
METHODOLOGY:	DATA COLLECTION:
<b>Qualitative:</b> Opportunities for participant explanation and depth. <b>Quantitative:</b> Descriptive and predictive applications.	<b>Duration:</b> Approx. <b>10 minutes</b> <b>Questions:</b> Open and Closed <b>Format:</b> Online Survey, Anonymous

Qualitative Data Analysis: Thematic Analysis (Inductive Coding) **Quantitative Data Analysis:** Descriptive Statistics



REFERENCES: 1 MacKenzie S. Working with Adults with Eating, Drinking and Swallowing Needs : A Holistic Approach. Oxford: Taylor & Francis Group; 2024. 2 RCSLT. RCSLT Competencies in Eating Drinking and Swallowing for the Pre-Registrati Education and Training of Speech and Language Therapists. 2021. [Accessed 16 April 2024] Available from: https://www.rcslt.org/wp-content/uploads/2021/11/RCSLT-Competencies-in-EDS-for-pre-registration-education-and-training-of-SLTs\_( 2021.pdf. <sup>3</sup>Stansfield J. E. Education For Practice: The Development of Competence in Speech and Language Therapy Students. Ph. D. Thesis Durham University. 2001. [Accessed 11 March 2024] Available from: http://etheses.dur.ac.uk/1670/. <sup>4</sup>McAllister S, Lincoln, M, Ferguson, A, & McAllister L. (2010). Issues in developing valid assessments of speech pathology students' performance in the workplace. Int. J. Lang. Commun. Disord. 2010;45(1):1-14. Available from: https://doi.org/1 13682820902745461. <sup>5</sup>Batt A M, Tavares W, Williams B. The development of competency frameworks in healthcare professions: a scoping review. Adv Health Sci Educ Theory Pract. 2020; 25(4):913–987. Available from: https://doi.org/10.1007/s 09946-w. <sup>6</sup>Sheepway L, Lincoln M, McAllister S. (2014). Impact of placement type on the development of clinical competency in speech-language pathology students. Int. J. Lang. Commun. Disord. 2014;49(2):189–203. Available from: https://doi.org/10.1011/j 111/1460-6984.12059. 7Kastner M, Bhattacharyya O, Hayden L, Makarski J, Estey E, Durocher L, Brouwers M. Guideline uptake is influenced by six implementability domains for creating and communicating guidelines: a realist review. J. Clin. Epstever 2015 (1) 11/1460-6984.12059. 2015;68(5): 498-509. 8 Baker R, Camosso-Stefinovic J, Gillies C, Shaw E J, Cheater F, Flottorp S, Robertson N. Tailored interventions to overcome identified barriers to change: Effects on professional practice and health care outcomes. Cochrane Syst Rev. 2010;1:1–78. Available from: https://doi.org/10.1002/14651858.CD005470.pub2. 9 Fernandez N., Dory, V., Ste-Marie, LG., Chaput, M., Charlin, B., Boucher, A. (2012) Varying conceptions of competence: an analysis of how health scien educators define competence. Med. Educ. 2012;46(4):357-365. Available from: https://doi.org/10.1111/j.1365-2923.2011.04183.x. 10 Mills J. A, Middleton J.W, Schafer A, Fitzpatrick S, Short S, Cieza A. Proposing a re-conceptualisation of comp framework terminology for health: a scoping review. Hum. Resour. Health, 2020;18 (15). Available from: https://doi.org/10.1186/s12960-019-0443-8.

**PARTICIPANTS: Recruitment:** → RCSLT Clinical Excellence Network & SLT Social Medi Groups (related to dysphagia). Criteria: → HCPC Registered, Experience as Practice Ed Demographics: → (See Table 1 below) 97% (n=35) Post-registration Dysphagia Com



#### **Table 1.** Participant Demographics

## **DISCUSSION & KEY FINDINGS**

### **KEY FINDINGS IN RELATION TO PROJECT AIMS:**

AIM 1: Placement educators lack confidence recognising and signing off pre-registra competencies.

**<u>AIM 2:</u>** Placement Educators feel guidelines lack clarity.

AIM 3: Feasibility of roles cannot be determined as lack of confidence may be rooted misunderstanding of placement educator role and/or material feasibility issues.

AIM 4: Facilitators (x3) and Barriers (x2) have been Identified (See Qualitative Result **DISCUSSION:** 

- Difficulties defining competence are long-standing in healthcare<sup>9,10</sup>.
- Additional guidance from Higher Education Institutions (HEIs) was a mitigating f some respondents but guidance varies widely. Universally available RCSLT guidar prioritised as it is available to all PEs.
- Inconsistencies were identified in RCSLT Guidance for pre-registration EDS comp concerning definition of 'competence'.
- Potentially useful RCSLT resources exist but were often out of date or difficult to
- Alternative conceptions of 'competence' exist<sup>10</sup> and may offer solutions to some issues identified.

#### **LIMITATIONS:**

## Small Sample - Lack of Paediatric SLTs and Non-Post-Registration Dysphagia Compet

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Provided.     Provided.	
Dractice Educator	r as a 🛛
3. Large Dysphagia Caseload.	
BARRIERS:	
ation <b>1. Pre-Registration</b> EDS <b>Competer</b>	ncies
Lack Clarity.	
<b>2. Opportunities</b> and <b>Balance</b> of	
ed in Placements.	
ts) RECOMMENDATIONS:	
<b>1. Update</b> of <b>'RCSLT Dysphagia</b>	
Training and Competency	
factor for Framework'. (Due for review in 2	2017)
nce was 2. Increase clarity of 'competen	•
RCSLT guidance. (inconsistenc	
petencies present in key definitions)	
3. Update 'Dysphagia – Learning	3
section of <b>RCSIT website</b> to be	
of the sign post existing useful resour	ces.
tent SLTs FUTURE RESEARCH CONSIDERATIO	DNS:
Additional research to investigate the	he
<u>OCT-</u> <b>impact</b> of rolling out the pre-registrat	
EDS competencies on students,	
Placement Educators and SLT servi	ces.
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