# Level 5 Specialist Assessment and Management

## Level 5: Description of competence

This role describes the comprehensive assessment of individuals who present with eating, drinking and swallowing difficulties (dysphagia), particularly those who require intensive and/or structured dysphagia management plans.

Level 5 dysphagia practitioners will receive referrals from others in the care team, prioritise referrals in line with local risk assessment procedures and conduct a comprehensive assessment, either face-to-face or a remote assessment via telemedicine. This comprehensive assessment will include assessment of eating, drinking and swallowing function utilising a range of assessment techniques that are based on current research/best practice and any relevant policies procedures and guidelines.

They may identify that further expert assessments are needed and refer appropriately.

They will generate a working hypothesis, analyse the emerging information and take a holistic view of the individual, provide advice and guidance to other care team members, provide rehabilitation programmes and advise others on the implementation of the dysphagia management plan.

Practitioners functioning at this level will contribute to the development and delivery of a comprehensive management plan in order to optimise the health and well-being of the individual and act in an advisory capacity to the interdisciplinary team.

Level 5 dysphagia practitioners will have undertaken specialist training and may hold a designated dysphagia caseload within a specific service area.

They would be involved in teaching, training and supporting others in the identification of eating, drinking and swallowing difficulties and implementation of the dysphagia management plans.

## Level 5: Skills required

| **Skill required (Level 5)** | | **Evidence** | **Date completed Level 5 skill** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | | |
| 1.1. | Prioritise the requests for assessment. You should consider:   * severity of the individual’s needs * individual’s risk of fatigue * hydration and nutrition status * potential for fluctuation or deterioration in condition * potential risks and difficulties for individual and/or carers |  |  |  |
| 1.2. | Obtain, review and interpret relevant information, eg assessments and management decisions from other professionals. This may include:   * biographical information * social and cultural information * religious considerations * birth history * medical history, diagnosis and current medical state * previous pertinent interventions * previous therapeutic, compensatory strategies * current nutrition (ie method of eating, drinking and swallowing, whether malnourished/failing to thrive/dehydrated etc.) * concomitant aetiologies * respiratory status * medico-legal issues * cognitive function * psychological state * gastro-oesophageal difficulties |  |  |  |
| 1.3. | Obtain additional information from the individual, relatives or carers in a sensitive manner. This may include:   * history and onset of presenting difficulties * individual and carer perceptions, concerns, priorities and compliance * dietary preferences * eating, drinking and swallowing history * malnutrition risk e.g. using [MUST](https://www.bapen.org.uk/pdfs/must/must_full.pdf) or [Patient Association tool](https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=3449fca0-dc52-4f06-ac75-3050b71d7bb5) |  |  |  |
| 1.4. | Inform individual, carers and relevant professionals of the assessment components, explaining the rationale for their use, timing and potential outcomes, paying due regard to end of life/quality of life issues and the dying process |  |  |  |
| ***2.*** | ***Environment*** | | | |
| 2.1. | Ensure the environment is conducive for oral intake with consideration for the individual’s privacy and dignity. You should consider:   * lighting * heating * environmental stimuli, eg distractions * position and behaviour of the person offering food and drink |  |  |  |
| 2.2. | Ensure the individual has the appropriate support. You should consider:   * resources/equipment required/available * posture and mechanical supports, eg pillows, standing frames, specialist seating * familiarity of the person offering food and drink * eating, drinking and swallowing routine * oral hygiene * food preferences * utensils, cutlery and equipment to assist eating, drinking and swallowing * sensory aids, ie glasses, dentures, hearing aids, orthodontics * size and rate of food or drink presentation * frequency, timing and size of meals * appearance, consistency, temperature, taste and amount of food and drink * verbal, physical and symbolic prompts * verbal and non-verbal cues from the individual and the person offering food and drink |  |  |  |
| ***3.*** | ***Assessment*** | | | |
| 3.1. | Allow time for food and hand hygiene for the individual and practitioner |  |  |  |
| 3.2. | Allow time for the individual to contribute and participate in the eating, drinking assessment through the use of facilitative techniques and optimise their independence |  |  |  |
| 3.3. | Consider the individual’s needs, which may be documented in the Anticipatory Care Plan. This may include:   * physical, emotional and psychological support * diagnosis and prognosis * communication * environment * medication * developmental stage * medical state * physical needs, eg aids * psychological status * behavioural issues * levels of alertness * ability to co-operate * functional capacity, ie perception, cognition and insight * individual’s and carer’s insight beliefs and compliance * sensory state * cultural needs * religious considerations * medico-legal issues |  |  |  |
| 3.4. | Conduct a specialist assessment (face-to-face or via telemedicine). This may include:   * medical state * levels of alertness * ability to co-operate * sensory state * oro-motor skills * management of secretions * oral suction * utensils, cutlery and equipment to assist eating, drinking and swallowing * bolus size, characteristics and placement * oral preparation * oral hygiene * oral desensitisation * identification of risk of aspiration * identification of overt signs of aspiration * the underlying cause/s * developing and testing a hypothesis * identifying and trialling interventions * hydration screen * nutrition screen * food preference |  |  |  |
| 3.5. | Utilise (or refer for and act upon reports) augmentative assessment to compliment your assessment. This may include:   * cervical auscultation * pulse oximetry * Fibreoptic Endoscopic Evaluation of Swallowing (FEES) * Videofluoroscopic Swallow Study (VFSS) |  |  |  |
| 3.6. | Terminate the session if you observe signs of choking or respiratory distress and implement procedures dictated by local policies. This may include:   * secretion management * choking management appropriate to age, size and consciousness of individual * oxygen administration * oral/tracheal suction * basic life support |  |  |  |
| 3.7. | Assimilate, evaluate and interpret the assessment outcomes with the individual, carers and team |  |  |  |
| 3.8. | Inform and discuss implications of dysphagia assessment outcome for overall management with relevant team members, sharing implications/information with individuals, carers and teams having taken the individual’s wishes into consideration |  |  |  |
| ***4.*** | ***Dysphagia management plan*** | | | |
| 4.1. | Devise a detailed dysphagia management plan that identifies risk to the individual’s nutrition, hydration and respiratory state. This may consider:   * diagnosis and prognosis * environment * positioning * oral hygiene * utensils, cutlery and equipment to assist eating, drinking and swallowing * nutrition/hydration support as required, eg NGT/IVI/gastrostomy * modification of consistencies, both diet and medication * food preferences * bolus size and placement * pacing and modification of oral presentation * frequency, timing and size of meals * sensory integration programmes * desensitisation programmes * oro-aversion programmes * techniques for interaction with the person offering food and drink (verbal, tactile, written and symbolic prompts) * oro-motor therapy exercises * compensatory techniques * treatment techniques * medication * discussion of the medical/legal/ethical issues impinging on the management plan * issues regarding compliance, ie training individual and carers/guardians |  |  |  |
| 4.2. | Provide timely, accurate and clear feedback to the individual’s team to support their effective planning of care |  |  |  |

| **Skill required (Level 5)** | | **Evidence** | **Date completed Level 5 skill** | **Supervisor sign-off** |
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| 4.3. | Ensure the dysphagia management plan is evidence-based, specific, measureable, achievable, time-framed and agreed by the individuals, carers and team |  |  |  |
| 4.4. | Ensure review criteria and review mechanism exist |  |  |  |
| 4.5. | Keep accurate, legible and contemporaneous records of the assessments, dysphagia management plan and subsequent reviews |  |  |  |
| 4.6. | Seek immediate support if there is a change in the individual’s presentation or the activities are beyond your level of competence or confidence |  |  |  |
| ***5.*** | ***Onward referral*** | | | |
| 5.1. | Identify rationale for onward referral to professionals who can provide more detailed or further assessments, eg dietitian, occupational therapist, physiotherapist, psychologist, psychiatrist, ENT |  |  |  |
| 5.2. | Implement local referral procedures for consultative second opinion and/or specialist investigations, eg SLT, FEES, VFSS |  |  |  |
| ***6.*** | ***Training*** | | | |
| 6.1. | Train and support individuals and others to implement dysphagia management plan |  |  |  |
| 6.2. | Train and supervise others in the identification and management of swallowing difficulties |  |  |  |
| 6.3. | Train others to solve problems and clinical issues within their scope of practice and to identify when to seek advice |  |  |  |
| ***7.*** | ***Additional professional role*** | | | |
| 7.1. | Contribute to the strategic planning of the service within your organisation |  |  |  |
| 7.2. | Contribute to team discussions regarding the ethical implications/issues with regard to assessment/eating, drinking and swallowing/withdrawal of eating, drinking and swallowing in individuals with swallowing difficulties and poor prognosis |  |  |  |

## Level 5: Knowledge required

| **Knowledge required (Level 5)** | | **Date demonstrated Level 5 knowledge** | **Supervisor sign-off** |
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| ***1.*** | ***Information*** | | |
| 1.1. | Understand the nature, urgency and implications of dysphagia based upon the associated risk to their health status, based upon departmental policies |  |  |
| 1.2. | Understand pertinent information and how it informs your assessment, working hypothesis and dysphagia management plan and their effects upon the individual |  |  |
| 1.3. | Understand the impact of associated factors and information from individuals and carers upon the assessment and dysphagia management plan and how to obtain this information in a sensitive manner |  |  |
| 1.4. | Understand the rationale for the component parts of the assessment, its timing, potential outcome and implications for the individual, carer and other professionals, including how end of life/quality of life issues and the dying process can impinge upon the dysphagia management plan |  |  |
| ***2.*** | ***Environment*** | | |
| 2.1. | Understand how the environment impacts upon swallowing function and how to effect change in order to optimise the individual’s eating and drinking efficiency and swallowing skills |  |  |
| 2.2. | Understand how the support required by the individual impacts upon swallow function and how to effect change in order to optimise the individual’s swallowing skills |  |  |

| **Knowledge required (Level 5)** | | **Date demonstrated Level 5 knowledge** | | **Supervisor sign-off** | |
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| ***3.*** | ***Assessment*** | | | | |
| 3.1. | Understand the implications of infection control with regard to food hygiene, hand hygiene and use of utensils for the individual and the person offering food and drink | |  | |  |
| 3.2. | Understand how pacing and facilitative techniques required by the individual affects the assessment outcome | |  | |  |
| 3.3. | Understand how to modify the assessment in order to accommodate the needs of the individual, which may be documented in the Anticipatory Care Plan and maximise optimum swallow function | |  | |  |
| 3.4. | 1. Comprehensive knowledge of normal anatomy, physiology and neurology of swallowing pertinent to your service area. This includes:  * anatomical structures involved in the swallowing process * physiology of swallowing * neurology of swallowing * development of swallowing function * effects of ageing on swallowing | |  | |  |
| 1. Understand and identify the underlying causes and resulting pathological physiology of abnormal swallowing pertinent to your service area, via face-to-face or telemedicine assessment. This includes:  * underlying congenital, developmental, neurological and acquired disorders that may predispose dysphagia * longstanding but functional abnormal eating, drinking and swallowing patterns, eg adapted and compensatory swallow physiology * medical condition * medication * physical condition, ie sensory and postural state * cognitive functioning * psychological state * behavioural issues * environmental issues * nutrition * hydration | |  | |  |
| 1. Understand the signs of abnormal swallowing and how these impact upon the generation of the hypothesis and subsequent dysphagia management plan. This may include:  * acute aspiration * chronic aspiration, eg compromised nutrition, hydration and respiration * silent aspiration * non-verbal signals of stress whilst eating, drinking and swallowing | |  | |  |
| 1. Understand the risks of swallowing difficulties and how this impacts upon the individual, carer and organisation | |  | |  |
| 1. Understand the rationale for trialling remedial techniques and equipment during the assessment in order to confirm or deny your hypothesis | |  | |  |
| 3.5. | 1. Understand the range and efficacy of augmentative examinations that contribute to the assessment process | |  | |  |
| 1. Understand how to use and maintain the equipment and undertake the investigation with due reference to cross-contamination | |  | |  |
| 3.6. | Understand the protocol for terminating an assessment if you observe signs of choking or respiratory distress:   * termination of the session * the action required by you within your scope of practice | |  | |  |
| 3.7. | 1. Understand the interpretation and application of assessment findings:  * observational, informal tests * formal assessments * bedside assessments * augmentative examinations, eg FEES | |  | |  |
| 1. Understand the range of factors you need to consider in order to develop a working hypothesis and deliver a satisfactory diagnosis | |  | |  |
| 3.8 | Understand how to adapt your language to sensitively convey pertinent assessment results for consideration by the individuals, carers and team | |  | |  |

| **Knowledge required (Level 5)** | | **Date demonstrated Level 5 knowledge** | | | **Supervisor sign-off** |
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| ***4.*** | ***Dysphagia management plan*** | | | | |
| 4.1. | 1. Recognise the need for a detailed dysphagia management plan based upon consideration of the information and results obtained during the assessment process | |  |  | |
| 1. Understand the component parts of the dysphagia management plan and how these affect the individual | |  |  | |
| 1. Understand how end of life/quality of life issues and the dying process can impinge on the dysphagia management plan | |  |  | |
| 4.2. | Understand the importance of providing accurate and prompt feedback to care team to ensure effective management consistent with the individual’s wishes | |  |  | |
| 4.3. | 1. Understand the importance of a systematic approach to documentation | |  |  | |
| 1. Understand how to gain agreement from the individual, carer and team in order to gain compliance and meet legal obligations to individual and organisation | |  |  | |
| 4.4. | Understand the review process in order to optimise management | |  |  | |
| 4.5. | 1. Understand the importance of keeping accurate, legible and contemporaneous records | |  |  | |
| 1. Be aware of the organisational policy and practices with regard to keeping and sharing clinical records, recording information and maintaining confidentiality | |  |  | |
| 4.6. | Be aware of your scope of practice and level of competence | |  |  | |
| **5.** | **Onward referral** | |  |  | |
| 5.1. | a. Understand the role of other professionals and specialist investigations and how they can contribute to the assessment, treatment and management of the individual, eg endoscopy | |  |  | |
| b. Have a knowledge of local services, agencies and community resources that may be relevant to the individual and how to access these, eg breastfeeding counsellors, stroke services | |  |  | |
| 5.2. | Understand the referral procedure for consultative second opinion or relevant specialist investigations | |  |  | |
| ***6.*** | ***Training*** | | | | |
| 6.1. | Understand what information is required and how to adapt your language and communication style in order to train and support individuals and others to implement dysphagia management plans in order to acquire, develop or relearn swallowing skills | |  |  | |
| 6.2. | 1. Understand what knowledge and competencies are appropriate to practitioners in their service area | |  |  | |
| 1. Devise/adapt training packages to meet those needs | |  |  | |
| 1. Identify different learning styles and how these impact on the training you offer to practitioners to identify and/or manage eating, drinking and/or swallowing difficulties | |  |  | |
| 6.3. | Understand the types of clinical issues that will occur within the practitioner’s scope of practice and devise training according to need | |  |  | |
| ***7.*** | ***Additional professional role*** | | | | |
| 7.1. | Be aware of the dysphagia policy within your locality and how you can contribute to improvements/modifications that may be introduced within your organisation | |  |  | |
| 7.2. | Be aware of the principles of ethical decision-making in order to contribute to the decision-making process for individuals with a poor prognosis | |  |  | |