Queen Margaret University
EDINBURGH

RCSLT Pre-registration Eating, Drinking & Swallowing Competencies

Placement Handbook for Practice Educators

PAEDIATRIC CASELOAD

Version 1.1

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Acknowledgement

QMU would like to thank all PEs who contributed to the development of this handbook, in particular our 'competencies supergroup' members.

Introduction and background

Welcome to the QMU pre-registration Eating, Drinking and Swallowing (EDS) Competencies Placement Handbook for Practice Educators (PEs).

This handbook provides guidance to help PEs sign off EDS competencies and EDS exposure hours when students are out on placement.

The RCSLT pre-registration EDS competencies were developed by the RCSLT in partnership with clinicians and higher education institutions to provide a consistent level of competency achieved by all pre-registration learners within the UK.

https://www.rcslt.org/learning/pre-registration-eds-competencies/

The competencies are a mandatory part of pre-registration SLT training for students graduating in 2026 and beyond. They came into effect in the academic year 2022-3 and will affect all subsequent student intakes.

This handbook only applies to students graduating in 2026 or later. However, the competencies and the contents of this handbook will have relevance to all students in terms of adding to their dysphagia knowledge and skills.

The pre-registration EDS competency requirements

There are two parts to the pre-registration EDS competency requirements:

1. Specific competency achievement evidenced by sign-offs

2. Accumulation of EDS exposure hours, also evidenced by sign-offs

Competencies

There are 20 pre-registration EDS competencies in total.

For a specific competency to be signed off, students must demonstrate that competency on two separate occasions, achieving a signature each time. Students must achieve this ‘double sign-off’ for a minimum of 16 competencies to graduate.

Which competencies make up the 16 minimum is not stipulated by RCSLT, so students may have different competency profiles.

EDS exposure hours

There is also an EDS exposure hourage requirement: this is a mandatory minimum of 60 hours in total, with a minimum of 30 hours adult and a minimum of 10 hours paediatric exposure (see Page 8 of this handbook).

Competencies and EDS exposure hours achieved are documented electronically by individual students via the PebblePocket/PebblePad app (see page 9 for more information).

EDS Competency sign-off

As RCSLT has not given explicit guidance on what specifically constitutes a sufficient level of competency, the content of this handbook has been developed in partnership between QMU and a team of PE volunteers from the QMU placement catchment area, including clinicians representing all service user groups. The guidance provided is not exhaustive but is designed to provide an idea of what you might look for when assessing a student's competency.

RCSLT's practice-based learning examples have been included for specific competencies to illustrate placement scenarios that could be relevant to students achieving sign-offs.

The competencies are supported on campus at QMU by dysphagia teaching and the RCSLT pre-registration EDS competencies eLearning resource, on completion of which students will achieve several competency and exposure hour sign-offs.

On placements, we suggest a focus on aiming to achieve one signature for the following competencies with students:

1	**5**	**8**	**9**	**10**	**11**	**13**	**14**	**15**	**19**	**20**

This will facilitate the potential for the required double sign-offs in combination with campus-based learning and sign-offs. These competencies are highlighted in the body of the handbook.

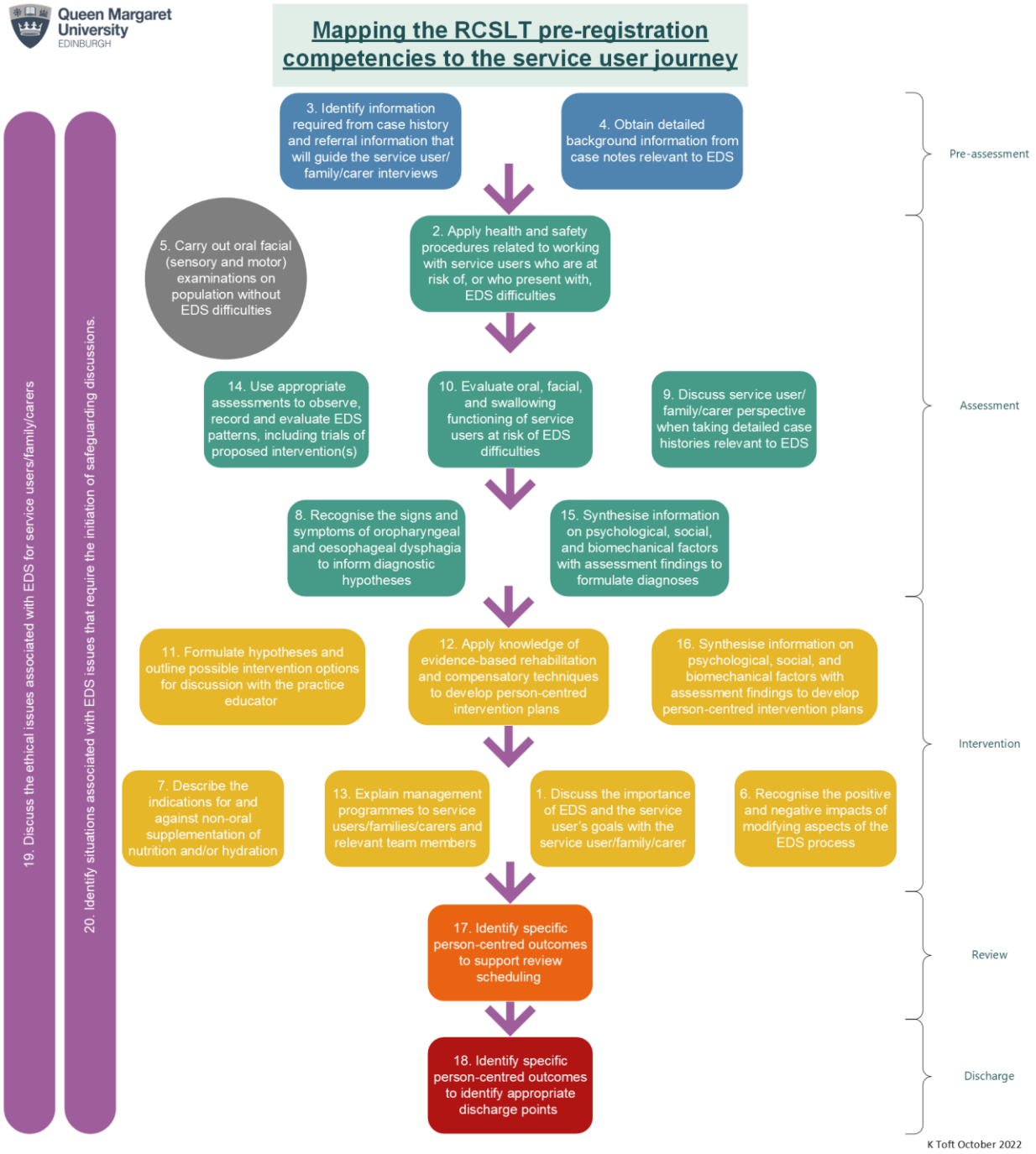
However, we also encourage and welcome capitalising on any opportunities for sign-off of <u>any</u> competency during placement!

Remember:

- Students require **16 competencies** to have been signed off twice before they graduate!
- Each competency needs to be **signed-off twice**
- Both signatures could be given on the same placement, by the same PE, <u>but must reflect separate examples of practice</u>
- QMU suggest focus on particular competencies on placement as stated above

Competencies in context

This flowchart illustrates how the competencies can fit into the context of a service user's SLT episode of care.



EDS Exposure Hours sign-off

EDS exposure hours sign-off relates to the 60-hour minimum EDS exposure requirement stipulated by the RCSLT.

Of these 60 hours, 30 minimum must be adult-caseload related, and 10 minimum must be paediatric-caseload related.

From the RCSLT guidance:

> 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 (e.g., when taking a case history). 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 EDS are relevant.

EDS exposure hours do not need to be linked to a specific competency, or specifically dysphagia – the hours are about eating, drinking and swallowing in general.

The full current RCSLT guidance for 'what constitutes an hour' can be found in Appendix A of this handbook.

If there have been multiple EDS exposure hours in one day, these can be logged in 'one go' on PebblePocket: i.e., the student can select the total number of hours and that can be signed off with one signature, rather than a signature being required for each individual hour.

It may be possible to sign off some EDS exposure hours even on placements where competency sign-off are not feasible.

Examples of activities that would contribute to EDS exposure hourage sign-off are listed on the following page to give some idea of relevant scenarios that might occur on placements. These suggestions are for guidance only and do not constitute an exhaustive list - there will be many more in practice!

EDS exposure hourage examples

- Discussion with PE around the importance of early feeding skills affecting attachment / parent:child interaction / relationships. A practical way to do this would be to ask during case history taking for a child with communication difficulties about birth, e.g., born early/late, method of delivery r.e. trauma, method of infant feeding and if any difficulties at that stage
- If applicable when reading through a file, ask the student to highlight any areas to do with EDS and comment on their impact on the child / family, e.g., restrictive feeding with ASD child can impact negatively on family being able to go on day trips / holidays if will only eat specific food types, from specific utensils in set environment etc.
- When taking a case history, if EDS is highlighted, probe with questions on how these difficulties impacted the family / child's life
- Use a feeding case history observational sheet if there is an opportunity to observe a child at a mealtime
- Watch the 'Children with exceptional healthcare needs' video on the emotional impact of tube feeding
- Lunch time participation/observation at a school with children who have physical or learning disabilities
- Working with a CYP with sensory and/or behaviour issues relating to food or drink
- Discussing with other professionals what a CYP's EDS difficulties are or how to best support the CYP
- Evaluating the whole person holistically, with EDS being one aspect – e.g., EDS is touched on during an assessment, therapy session or discussion
- Attendance at multidisciplinary team meetings where aspects of a CYP's EDS are discussed
- Watching videos of FEES/VF instrumental assessments and identifying anatomical structures
- Being involved in any quality improvement projects on placement which involve aspects of EDS
- Attending any EDS-related training sessions
- Time spent working on CPD portfolio tasks that involve EDS
- Watch EDS training webinar
- Watch sensory feeding difficulties webinar

How to evidence competency or exposure hours achievement

QMU is using software called 'PebblePocket' (app) and 'PebblePad' (website):

https://www.pebblepad.co.uk/

as the way for students to electronically collect and store the sign-offs for their EDS competency and exposure hours.

Using this software means that students, QMU and PEs don't need to rely on a piece of paper for collection and storage of these signatures over the course of a student's degree. It is a securer option which enables QMU to keep track and monitor students' progress over the course of their degree.

'PebblePad' is the name of the main software and website where all students' sign-offs will be stored and collated. 'PebblePocket' is the name of the associated app that students will download on to their smartphone or tablet.

Some points to note:

- **Students will come to placement with a PebblePad account already set up.**
- **PEs do not need to have a PebblePad account to be able to provide a signature** – this will all be done via the students' account.
- **Students do not need to have immediate internet access to be able to collect a signature** – signatures can still be provided on the PebblePocket app on the student's smart device offline, and then uploaded when e.g., the student is back on campus.
- **Students do not need to have a smart device to be able to collect a signature** – signatures can also be documented via the PebblePad website – the student just needs to log in with their account, and can do so on an NHS computer.

A link to a short PebblePad/PebblePocket 'how to' video will have been circulated to your team via QMU and we recommend you watch it to familiarise yourself with the sign-off process. This video is also available on the QMU Practice Based Learning website.

If you're having any difficulties accessing the app/website or providing signatures, please contact the QMU EDS competencies team at edscompetencies@qmu.ac.uk .

Dysphagia lectures and timing of placements at QMU

Students will be reminded of the EDS Competency requirements before each placement. Links between taught dysphagia content and EDS competencies will also be highlighted during students' dysphagia seminars and tutorials.

QMU will monitor students' progress with EDS exposure hour and competency sign-offs after every placement and over the course of their training.

Placement timings

Undergraduate course

Dysphagia lectures take place in 2nd year, semester 2

Year 2	
Semester 1	10 days (NB no dysphagia teaching yet but could still accrue EDS hours)
Year 3	
Semester 1	10 days (have had dysphagia teaching at this point)
Semester 2	10 days
Summer	15 days
Year 4	
Semester 1	10 days
Semester 2	10 days

Postgraduate course

Dysphagia lectures take place in 1st year, semester 2

Year 1	
Semester 2	10 days (NB synchronous with dysphagia teaching)
Summer	15 days
Year 2	
Semester 1	10 days
Semester 2	10 days
Summer	15 days

It may be possible to sign off some EDS competencies on placement *prior to students having their dysphagia lectures*, for example Competency 2 ('Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties'). It will potentially be possible for PEs to sign off EDS-exposure hours **on any placement.**

Students' competency profiles on graduation

The RCSLT stipulates that students must have 16 competencies signed-off to graduate. This means students will graduate with difference competency profiles, which may impact on the support they require as a NQP.

If an NQP's role requires them to work with clients with EDS, RCSLT have provided detailed guidance on how to support them on the EDS competencies webpages:

https://www.rcslt.org/learning/pre-registration-eds-competencies/supporting-documents/

General guidance for Practice Educators

Responsibility for students achieving the EDS competency requirements is shared between QMU, PEs and the students themselves. The following guidance is designed to help to maximise opportunities to achieve EDS competency and exposure hours sign-offs on placements.

Before placement

- Be aware of the pre-registration competencies and RCSLT's requirements
- Indicate whether you can offer EDS opportunities (or not!) on the placement offer form
- Ask students to inform you about the progress they have made with the EDS competencies if they don't automatically share this with you
- Take time to think about relevant competencies/hourage students might be able to achieve during their placement with you, if applicable

First day of placement

- Students will be aware that there may not always be an opportunity to have any of their competencies signed off on placement – we suggest that if you feel this may be the case, that you have a short conversation with your student to discuss this during the placement induction. Remember there may still be opportunities for EDS exposure hours sign-offs!
- Otherwise, discuss the plan with your student to manage their expectations – what can they expect re: EDS competencies on this placement?

During placement

- Sign-off any EDS exposure hours on PebblePocket/PebblePad. We suggest you 'sign-as-you-go' at the end of each placement day (or beginning of the next one)
- Keep an eye out for competency sign-off opportunities and sign off as appropriate – using the checklists in this handbook to facilitate your assessment, bearing in mind QMU recommendations re: placement competency priorities (see page 4)
- Some competencies can also be signed off via successful completion of placement-based CPD activities. New EDS-suitable activities have been added to the placement handbook, and are linked to specific EDS competencies (see also Appendix E in this handbook). Students can undertake these activities independently, and they can then be reviewed by a PE for sign-off, so may be a useful option e.g., if a PE is unexpectedly unavailable on a placement day.

At end of placement

- If progress has been made with pre-registration EDS competencies during the placement, discuss this with the student as part of their end-of-placement review; if possible highlight areas for focus in future placements
- Make sure all the necessary sign-offs for hours and/or competencies have been made on PebblePocket/PebblePad

If you have any questions, please email edscompetencies@qmu.ac.uk

The RCSLT Pre-registration Eating, Drinking and Swallowing Competencies

1. Discuss the importance of EDS and the service user's goals with the service user/family/carer

QMU placement priority competency

RCSLT additional guidance: i.e., what is the impact of having EDS difficulties and how does this lead into setting meaningful goals for the client. RCSLT requirements: placement/role play/eLearning assessment.

Assessment guidance: can the student…

- Demonstrate understanding of why CYP/parent/carer goals are relevant and important
- Identify CYP/parent/carer priorities/goals (using appropriate communication tools as necessary) and consider whether these could be used in outcome measurement
- Ask relevant questions about the importance of EDS and quality of life
- Clarify the issue appropriately
- Demonstrate active listening and ask relevant follow-up questions
- Discuss results/advice/goals/rationale for input with an appropriate level of information
- Provide information on what is developmentally appropriate/medically achievable

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit	Discussion with client or parents/legal guardian of young child what their goals for SLT intervention in relation to EDS are
	Use augmentative and alternative communication to support a user with communication and swallowing difficulties set goals for EDS intervention e.g., talking mats
	Develop and use an accessible version of an outcome measure specific to EDS e.g., TOMs
Community	Work with an interpreter to discuss EDS goals with service user and family
	Discuss with your Practice Educator the potential range of different personal, cultural and medical factors that may be important to a service user/family/carer (i.e., psychosocial factors around family meals, going out, embarrassment, deteriorating health etc.)
School	Participate in CPM or YPPM (in Scotland) to review and update service users' goals with family, legal guardian and members of the multidisciplinary team

2. Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties

QMU learning links	Placement passport tasks

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Comply with infection control measures, e.g.
  - Check for relevant signage
  - Demonstrate appropriate hand hygiene
  - Don/doff PPE
  - Dispose of PPE appropriately
- Demonstrate awareness of appropriate manual handling (CYP and clinician/student)
- Demonstrate awareness of food hygiene – handling food appropriately, food storage/checking for dates, cleaning equipment appropriately (e.g., cups, bottles, dummies, cutlery, specialist equipment)
- Make up thickened fluids to IDDSI standard consistencies
- Assess food items for IDDSI texture compliance
- Demonstrate uniform compliance
- Apply these procedures appropriately within specific procedures/settings e.g., videofluoroscopy clinic, ITU

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Hospital/ rehab unit	Understand the different levels of infection control precautions that need to be taken dependent on the infection risk level of the service user
	Understand and comply with the different levels of PPE required for people with different levels of infection risk
Community	Comply with lone working policy and PPE requirements for people in their own home
	Complete local health and safety eLearning and discuss how it relates to EDS with your practice educator
Clinic	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
	Comply with local health and safety and infection control whilst carrying out an oro-facial assessment
School	Comply with local health and safety and infection control whilst observing a child having a school meal
	Be aware of risks within classroom/dining hall environments as part of observations.
All settings	Understand and comply with department's advice on health and safety and infection control with consideration of challenges this may present in particular settings.

3. Identify information required from case history and referral information that will guide the service user/family/carer interviews

QMU learning links	Dysphagia tutorial 4 Dysphagia seminar 5 **Clinical bedside evaluation**

RCSLT additional guidance: i.e., what information do you gain from the records and referral that you need to further explore when talking to a client etc. and why

Assessment guidance: can the student…

- Describe why certain information could be important to the case
- Find/use evidence to demonstrate the potential significance of certain information
- Identify missing background information that requires further investigation/enquiry
- Use relevant information to devise questions for the interview
- Present relevant information from case history to the PE

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Community clinic	Identify information on a referral which may suggest eating, drinking and swallowing difficulties
Hospital/ rehab unit	Discuss the referral with the referrer
	Discuss the referral with client or parent/carer and relevant ward staff
	Contact community/previous acute SLT services if service user is known to them
	Discuss the referral in ward round/MDT meeting
Community	Telephone calls to members of the multidisciplinary team to gain further information relevant to EDS.
	Telephone call to client or carers to gain further information

4. Obtain detailed background information from case notes relevant to EDS

QMU learning links	Dysphagia tutorial 4 Dysphagia seminar 5 **Clinical bedside evaluation**

Additional guidance from RCSLT: i.e., review case notes and highlight what might be important in relation to EDS including relevant cultural, social and psychological factors

Assessment guidance: can the student…

- Use clinical history records (nursing/medical notes, care plans, TRAK/Clinical portal/Write.Upp etc.) to identify potentially relevant information
- Liaise with referrer/MDT where necessary/appropriate to gather more information
- Explain why information may be relevant to EDS

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Community clinic	Review clinical/service user record to identify any information pertinent to EDS
	Discuss and create a summary document indicating all the potential sources you can use to gather information in your placement about the service user's EDS history and how you would access this information (talk to service user, SLT services, contact next of kin with consent, care home, GP, HIE, clinic letters etc.)
	Review previous SLT notes and summarise previous intervention
Hospital/ rehab unit	Review medical notes to identify any information pertinent to EDS
	Review previous admission medical notes if applicable
	Review reports of any previous intervention or instrumental assessments

5. Carry out oral facial (sensory and motor) examinations on population without EDS difficulties

QMU placement priority competency

QMU learning links	Dysphagia seminar 2 **EDS development and normal variation** Module S2200/S4199 **Speech Sound Disorders** Module S4196 **Orofacial exam workshop**

Additional RCSLT guidance: this would also come under assessment for clients presenting with voice/speech sound difficulties The aim is to understand the range of healthy oral facial movements

One signature for this competency will be achieved on campus at QMU via the Module S4196 Orofacial exam workshop, so students will only require 1 further signature on placement to achieve the double sign-off.

Timing of Module S4196 Orofacial exam workshop:

- Undergraduate students: Early Semester 1 of the third year of the programme
- Postgraduate students: Early Semester 1 of the second year of the programme

The RCSLT Community of Practice orofacial exam template is included in Appendix B of this handbook as an alternative if required for use on placement.

Assessment guidance: can the student…

- Carry out a thorough orofacial examination with a , peer, or Practice Educator
- Understand the range of healthy oral facial movement
- Adapt the delivery of the orofacial exam to the individual's specific needs/abilities
- Make appropriate observations and notes on an orofacial assessment template/form during/following the examination

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Home	Practice completing an oro-facial assessment with members of your family, this can be adults or children
Placement	Create an oro-motor crib sheet and use it on placement.

6. Recognise the positive and negative impacts of modifying aspects of the EDS process

QMU learning links	Dysphagia seminar 7 **EDS management 1 – Forming diagnosis and compensatory management** Dysphagia seminar 8 **EDS management 2 – Compensatory management and rehabilitation** Dysphagia seminar 9 **Risk assessment, legal and ethical issues in EDS**

Additional RCSLT guidance: 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

Assessment guidance: can the student…

- Demonstrate an understanding of different modification options e.g., diet/fluid texture, posture, environment
- Describe the positive aspects, e.g.
    - Physiological improvements to swallow
    - Safer swallow, e.g., reduced likelihood or incidence of choking, reduced aspiration events
    - Reduced likelihood of short-term or long-term respiratory complications
    - Ability to maintain adequate oral nutrition and hydration
    - Improved quality of life
- Describe the negative aspects, e.g.
    - Treatment options which are undesirable to CYP and/or family, disliked and disregarded e.g., moving to quiet area to eat away from friends, requiring supportive seating, texture modification
    - Constipation/dehydration (from thickener)
    - Emotional impact of modification and implications on parents/carers
- Discuss these aspects in relation to a specific case and show consideration of issues around informed consent and shared decision making

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Placement	Discuss with service user or carer how changing aspects of the EDS process has impacted their life
	Design a poster/advert/TikTok or short clip to demonstrate the impact of modifying aspects of the EDS process aimed at catering staff
	Work with a peer and have them give you diet and or fluids - discuss how you felt with your practice educator and write a reflection on this
	Trial modified diet/fluids with peers and reflect on your experiences of this

7. Describe the indications for and against non-oral supplementation of nutrition and/or hydration

QMU learning links	Dysphagia seminar 7 **EDS management 1 – Forming diagnosis and compensatory management** Dysphagia seminar 9 **Risk assessment, legal and ethical issues in EDS**

Assessment guidance: can the student…

- Identify, for example, the following indicators:
  - For:
    - Large volume aspiration events confirmed via objective measure (e.g., Videofluoroscopy/FEES)
    - Very high choking risk despite intervention
    - Unacceptable level of EDS distress/very poor quality of life with oral intake
    - Inability to maintain adequate oral nutrition and hydration
    - Risk to life
    - Person (or guardian) consents to non-oral supplementation
    - Promotes growth and development
    - Reduces parental/carer stress associated with meeting oral volumes
  - Against:
    - Aspiration pneumonia risk not changed – could be increased
    - Reduced quality of life without oral route
    - Contraindications for tube insertion procedure
    - Risk of self-harm from behaviours relating to non-oral feeding mechanism
  - Demonstrate ability to discuss these aspects in relation to a specific case and show consideration of issues around informed consent and shared decision making

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Community	Discuss with your practice educator or dietitian which options for supplemental non oral feeding are appropriate in a community setting
Hospital/ rehab unit	Have the practice 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
	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
	Shadow a member of the dietetic/enteral feeding team and discuss the decision process for and against non-oral nutrition and hydration.
Community	Discuss with a service user and/or carer why they made a decision for or against non-oral supplemental nutrition and hydration

	Design resources to support a child's understanding of the implications of non-oral supplemental nutrition and hydration
	Detail each environment that a client with non-oral supplemental nutrition and hydration visits and the challenges that might exist
	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

8. Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses

QMU placement priority competency

QMU learning links	Dysphagia seminar 3 **Disordered EDS** Dysphagia seminar 4 **EDS aetiologies** Dysphagia seminar 5 **Clinical bedside evaluation** Dysphagia seminar 6 **Instrumental assessment**

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Determine whether a referral requires specialist, targeted or no intervention from SLT and/or onward referral (e.g., dietitian, OT, GP)
- Recognise the relevant information/find out the relevant information from real case notes/real history discussions
- Demonstrate knowledge of what signs and symptoms are and be able to list the key signs of oropharyngeal and oesophageal dysphagia (see Appendices B and C)
- Demonstrate an understanding of the range of symptoms they might see
- Comment on signs such penetration/aspiration/oral stage difficulties etc. and indicate specific biomechanical abnormalities, e.g., “a CYP with unilateral residue in the mouth might suggest tongue weakness, facial weakness, neglect etc.,” - with reference to cranial nerves where appropriate, “use of compression rather than suction on bottle teat could suggest neurological difficulty, or immaturity”

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit	Familiarise yourself with the local swallowing assessment template and score whilst observing an SLT carry out an assessment. Review the results and discuss possible diagnostic hypothesis. Observations can also be achieved through videos or telehealth appointments
	Create bite-size training for nurses on “what is dysphagia?”, “signs and symptoms of oropharyngeal and oesophageal dysphagia” and “possible underlying causes”.
	Present a case study to illustrate diagnostic hypotheses and management
	Create a display board/poster on signs and signs and symptoms of oropharyngeal and oesophageal dysphagia
ASN nursery/school	Create a display board/poster on signs and symptoms of eating, drinking and swallowing difficulties

9. Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS

QMU placement priority competency

QMU learning links	This is a practical skill; background knowledge is supported by any research documenting what is important to service users in relation to EDS and why service user perspective is important.

Additional RCSLT guidance: aim to move beyond simple collection of information to understand the impact of information gathered e.g., reduced mobility may mean difficulty preparing meals for themselves

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Demonstrate active listening
- Ask about the CYP's experience and concerns
- Identify additional information required and ask appropriate follow-up questions to gain more information when necessary
- Interpret and synthesise information
- Understand the functional impact of the difficulties (e.g., weight loss, fatigue, chest issues)
- Delve deeper into specific issues where appropriate (e.g., unpicking "I'm managing everything")
- Understand the different types of perspective that should be sought, e.g., description of physiological problem, psychosocial impact, health and wellbeing more broadly, quality of life
- Ensure that the person wants assessment/treatment, and gain informed consent
- Demonstrate sensitivity to the situation, knowing when to amend/adapt/discontinue the conversation
- Use inclusive communication approaches
- Demonstrate appropriate communication skills e.g., avoiding jargon, ensuring the information has been understood

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit/community	Review local case history proforma and if not available devise your own. Practice using this with users, family, and carers, gathering information on their concerns, views, feeding preferences (breast/bottle/mixed), past input, goals etc.
Paediatric 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

10. Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties

QMU placement priority competency

QMU learning links	Dysphagia seminar 2 **EDS development and normal variation** Module S4199 **Speech Sound Disorders** Dysphagia seminar 3 **Disordered EDS** Dysphagia seminar 4 **EDS aetiologies** Dysphagia seminar 5 **Clinical bedside evaluation**

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Gain informed consent
- Carry out a clinical assessment with orofacial exam and trials (See Appendices B and C for RCSLT example orofacial exam and swallow assessment forms)
- Use appropriate pacing and modify their approach to the individual CYP
- Identify EDS relevant risk factors
- Start at an appropriate point and progress appropriately
- Make an appropriate risk assessment and demonstrate awareness of when to stop
- Interpret results and make comments on outcome (but not as far as making formal recommendations – that is a different competency!)
- Record results appropriately
- Understand what parts of assessment are subjective vs objective, what kinds of measurement can be made and what cannot be measured/should not be commented on at bedside because it cannot reliably be seen/known e.g., extent/quality of laryngeal elevation, residue, pharyngeal contraction
- Comment on normal vs functional vs disordered
- Use appropriate communication with CYP/family/carers throughout

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit/community	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
Paediatric learning disability (e.g., home/school)	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

11. Formulate hypotheses and outline possible intervention options for discussion with the practice educator

QMU placement priority competency

QMU learning links	Dysphagia seminar 5 **Clinical bedside evaluation** Dysphagia seminar 7 **EDS management 1 – Forming diagnosis and compensatory management** Dysphagia seminar 8 **EDS management 2 – Compensatory management and rehabilitation** Dysphagia seminar 10 **ICF and outcome measures** Dysphagia tutorial 5

Additional RCSLT guidance: i.e., why do you think this client is having difficulties and what could you propose to resolve or mitigate them? RCSLT requirements: placement/role play/eLearning assessment. This could take the form of a written piece of work such as a CPD task.

Assessment guidance: can the student…

- Identify the cause of the EDS difficulty and how could it be managed
- Comment on why a particular intervention is appropriate
- Understand what is appropriate in the context e.g., expected deterioration/progression
    - e.g., EDS difficulty associated with laryngomalacia: may recover, cautious approach in short-term
    - EDS difficulty associated with cerebral palsy: strategies, modifications, training, EDS profile
- Demonstrate a holistic understanding of the CYP and recognise the impact of different intervention options
- Take a holistic and CYP-centred view
- Demonstrate knowledge of evidence for treatment/intervention or a hypothetical approach based on swallow physiology or other important factors
- Identify appropriate potential management options given the CYP's diagnosis
    - e.g., issues with safety/airway protection–> physiological hypothesis or confirmation -> what are the options
- Outline appropriate broad (more general management options) or specific (e.g., therapy options) depending on the individual case
- Demonstrate consideration of factors e.g., positioning, strategies, diet and fluid modification, utensils, environmental modifications and justify their choice appropriately
- Choose appropriate intervention options based on the CYP's environment and context

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit	Review the practice educator's initial assessment clinical record entry, formulate hypotheses, and outline possible intervention options. Discuss these with the practice educator
Community	Complete a swallowing assessment then discuss possible hypotheses with practice educator

12. Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans

QMU learning links	Dysphagia seminar 7 **EDS management 1 – Forming diagnosis and compensatory management** Dysphagia seminar 8 **EDS management 2 – Compensatory management and rehabilitation** Dysphagia seminar 10 **ICF and outcome measures** Dysphagia tutorial 5

Additional RCSLT guidance: 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

Assessment guidance: can the student…

- Give a good rationale for their choice, demonstrating solid clinical decision making
    - Appropriate techniques could be simple/basic e.g., positioning during mealtimes, or more complex
- Generate a written intervention plan, referring to the evidence base
- Explain why the approach is appropriate for that CYP
- Develop a person-centered plan taking CYP and parents'/carers' preferences and goals into account
- Demonstrate knowledge of evidence-based practice and understand different levels of evidence: published articles/clinical consensus/best practice/professional guidelines

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit/community	Create some short videos demonstrating swallowing intervention for a specific case study
	Create a worksheet about a compensatory technique and when you would use this. How can it be adapted for people with communication impairments, literacy difficulties or those who do not speak English?

13. Explain management programmes to service users/families/carers and relevant team members

QMU placement priority competency

QMU learning links	This is a practical skill; background knowledge supported by research showing how service users follow health interventions in practice, with anything specific to EDS Dysphagia seminar 8 **EDS management 2 – Compensatory management and rehabilitation** Dysphagia seminar 11 – **Service user journey**

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Demonstrate ability to explain the focus of SLT input (e.g., recommendations/rationale/exercises/review and monitoring plan/plans for further ax etc.)
- Use appropriate terminology/communication styles (AAC/pacing) avoiding jargon
- Use inclusive/non-judgmental/empathetic language
- Tailor what they say to who they're saying it to – being sensitive to different audiences
- Use an appropriate level of detail
- Allow opportunity for asking questions
- Check back for clarity/understanding
- Provide written information as appropriate
- Demonstrate professionalism and adherence to confidentiality issues

Practice-based learning examples from RCSLT community of practice

Setting	Examples
Hospital/ rehab unit/community	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 service user or family member considering the different language you would use in comparison to a discussion with a colleague or your practice educator
	Feedback the results of swallowing assessment to service user/carers/families and/or care team
	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

14. Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)

QMU placement priority competency

QMU learning links	Dysphagia seminar 5 **Clinical bedside evaluation** Dysphagia seminar 10 **ICF and outcome measures**

RCSLT requirements: placement/role play/eLearning assessment

Assessment guidance: can the student…

- Select an appropriate assessment/outcome measure (e.g., informal EDS assessments, formal EDS assessments, client group-appropriate outcome measures, lunchtime observation checklist) and justify their choice
- Carry out the assessment appropriately, in a risk minimising order (e.g., case history/discussion with family/observation/orofacial exam/direct trials with IDDSI levels)
- Demonstrate ability to tailor informal assessment to the specific situation e.g., choosing which texture to start with
- If reviewing a known CYP, repeat the oro-motor and bedside EDS ax, and comment on changes to presentation, discussing with the PE whether observations and decision making align
- Demonstrate appropriate note-taking/use of prompt sheet during the assessment
- Independently record data
- Demonstrate ability to evaluate and analyse data and effectiveness of interventions

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Hospital/ rehab unit/community	Familiarise yourself with local informal assessment proformas and any formal assessments used in your clinical setting. Use these with a client
	Detail different scenarios when it would not be appropriate to assess a service user and explain why (levels of alertness, cognition, respiratory status, investigations etc.)
	Do a presentation on the different objective assessments used in dysphagia available on placement and create a 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 practice educator
	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
	Discuss with practice educator when referral for videofluoroscopy would be appropriate
	Observe a videofluoroscopy clinic. Ask the practice educator to help you identify the swallow physiology and relate to the proposed intervention
	Review a client's swallowing following a period of intervention. Discuss the outcome with your practice educator

15. Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses

QMU placement priority competency

QMU learning links	Dysphagia seminar 4 **EDS aetiologies** Dysphagia seminar 5 **Clinical bedside evaluation** Dysphagia tutorials 3 and 5

RCSLT additional guidance: s - bring together all the information gathered from referral, records, case history, MDT, and assessments to propose a diagnosis. A summary, NOT next steps.

Assessment guidance: can the student…

- Synthesise information such as:
  - General presentation of CYP and their medical history
  - History of issue (e.g., new vs acute on chronic)
  - Origin/influencing factors on EDS presentation
  - Oral hygiene and dentition
  - Risks: nutrition, hydration, aspiration/chest infections, weight loss, quality of life
  - Goals
  - Whether family/school/carer is finding it difficult to support oral intake
- Demonstrate an understanding of the “what/so what/what now”?
- Demonstrate awareness of MDT input
- Comment on whether assessment findings are consistent with what they’re expecting to see given the case history
- Give a succinct statement that describes the EDS presentation and potential cause

Practice-based learning examples from RCSLT community of practice

Setting	Examples
All client groups	Summarise all the information gained about a client. Relate the information to a possible diagnosis and share with practice educator
	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
	Complete 2 dysphagia case studies of service users you have seen during your placement clearly highlighting the relationship between aetiology and the presentation of the swallow with applicable references

16. Synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans

QMU learning links	Dysphagia seminar 7 **EDS management 1 – Forming diagnosis and compensatory management** Dysphagia seminar 8 **EDS management 2 – Compensatory management and rehabilitation** Dysphagia seminar 9 **Ethical and legal issues** Dysphagia seminar 10 **ICF and outcome measures** Dysphagia tutorials 5 and 6

Additional RCSLT guidance: - bring together all the information gathered to work with the client to form a plan

Assessment guidance: can the student…

- Make appropriate recommendations and explain the rationale behind these
- Set realistic person-centred goals and manage CYP/parent/carer expectations
- Make a statement about the goal of intervention e.g., recommendations made acknowledging increased risk, diet modification for a short period to maximise nutritional intake, increased parent/carer confidence, improved quality of life
- Demonstrate awareness of capacity issues
- Take context, aetiology and prognosis into account including CYP/parent/carer wishes and preferences, such as importance of sharing mealtimes, importance of enjoyment and quality of life
- Demonstrate understanding of expected natural history of condition and what the aim of intervention is: improvement vs maintenance vs managed decline
- Demonstrate a holistic approach e.g., around decision making in EDS difficulties
- Demonstrate an understanding of the balance of risk
- Demonstrate awareness of the MDT and when to refer on to other health professionals
- Demonstrate awareness of when they need to ask for support and advice
- Demonstrate an understanding of the timeframe of the intervention and how to measure impact
- Recognise the potential role of instrumental assessment

Practice-based learning examples from RCSLT community of practice

Setting	Examples
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

17. Identify specific person-centred outcomes to support review scheduling

QMU learning links	Dysphagia seminar 10 **ICF and outcome measures** Dysphagia tutorial 6

Additional guidance from RCSLT: how can the client's overall goal be divided into achievable steps and how would this impact on when you review them

Assessment guidance: can the student…

- Successfully set joint goals with the CYP/parent/carer, demonstrating shared decision making and a person-centred approach
- Make relevant observations re CYP/parent/carer's motivation for input
- Provide evidence that issues such as available support, setting, and diagnosis have all been considered when scheduling
- Discuss case management and caseload management/prioritisation

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Community	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.
Hospital/ rehab unit	Discuss with your practice educator the different factors to consider when prioritising service users (diagnosis and prognosis, nutrition status, alertness, potential discharge from hospital etc.)
	Research formal outcome measures of EDS

18. Identify specific person-centred outcomes to identify appropriate discharge points

QMU learning links	Dysphagia tutorial 6

Additional RCSLT guidance: agree with the client what their goal is, prepare clients for discharge and reflect on how goals may need to change over time or in response to intervention

Assessment guidance: can the student…

- Demonstrate appropriate judgement about whether goals have been met (or are unmeetable)
- Articulate appropriate criteria for discharge
- Identify why discharge may (or may not) be appropriate in a specific case

Practice-based learning examples from RCSLT community of practice

Setting	**Examples**
Community	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
	Ask your practice educator for service level guidance on discharge criteria. Work with a service user to set person-centered outcomes within the limits of a service delivery model. Reflect on how their outcome may be different if discharge criteria were different
	Discuss the different service user 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.)
Hospital/ rehab unit	For a client you are working with think about the goals of discharge from hospital and how this relates to their person-centred goals
	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?

19. Discuss the ethical issues associated with EDS for service users/family/carers

QMU placement priority competency

QMU learning links	Dysphagia seminar 9 **Risk assessment, ethics and legal issues**

Assessment guidance: can the student…

- Identify SLT interventions that may not be evidence-based or based on enough objective information
- Demonstrate awareness of assessments that are accessible/available vs ones they would like to do but cannot access e.g., VF/FEES
- Demonstrate awareness of capacity issues, e.g. does the student check back that the CYP/parent/carer has understood what they have said/any risks being discussed
- Demonstrate awareness of waiting times to assessment/treatment
- Simplify their language and explain difficult concepts appropriately
- Demonstrate awareness of carer/family impact of EDS difficulties, e.g., who is carrying out SLT recommendations, impact on quality of life, client choice vs carer responsibility
- Demonstrate awareness of potential for EDS related financial burden
- Demonstrate awareness of impact of recommendations around supervision during EDS
- Demonstrate awareness of the impact on CYP's quality of life, balance of risks, risk of dehydration, end of life, social inclusion, preference of foods, burden of adapting foods, impact of invasive procedures for instrumental assessment (e.g., radiation exposure, scoping distress)

Practice-based learning examples from RCSLT community of practice

Setting	Examples
All settings	Ask your practice educator about a time they experienced an ethical issue associated with EDS
	Explain the history of the MCA and its key points with your practice educator. Discuss how this applies with the service users in your placement setting
	Attend a service user/family/best interests meeting around nutrition options, discuss this with your practice educator and summarise learning outcomes

20. Identify situations associated with EDS issues that require the initiation of safeguarding discussions.

QMU placement priority competency

QMU learning links	Dysphagia seminar 9 **Risk assessment, ethics and legal issues**

Assessment guidance: can the student…

- Demonstrate awareness of the concept of safeguarding and caseload-appropriate identifiers, e.g., the '3 point test' for adult support and protection i.e.
    - Are they unable to safeguard their own well-being, property, rights or other interests;
    - Are they at risk of harm; and
    - Are they affected by disability, mental disorder, illness or physical or mental infirmity, making them more vulnerable to being harmed than adults who are not so affected
- Demonstrate awareness of how this might specifically relate to CYPs with EDS issues

Practice-based learning examples from RCSLT community of practice

Setting	Examples
All settings	Discuss with your practice educator the legal responsibility of AHPs to raise concerns, how to access safeguarding services as needed and the process involved
Hospital/ rehab unit	Familiarise yourself with the risk feeding policy if available
	Discuss with your practice educator 2 previous situations and their outcomes in their clinical practice that led to the initiation of safeguarding discussions
Community	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. 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?

Appendix A: What constitutes an EDS hour?

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

From the new practice placement guidance it is clear that direct service user-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 speech and language therapist (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 service user-facing contact
- at least 10 hours must be direct, SLT-supervised paediatric service user-facing contact.

Content of practice-based placements

Over the duration of their programme, learners must have sufficient direct service user-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 service user-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 EDS difficulties 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/carer 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 difficulties are or how to best support the service user.
- Evaluating the whole person, with EDS being one aspect.

Appendix B: RCSLT orofacial exam example

Oro-facial assessment for clients with eating, drinking, and swallowing difficulties

Mouth care and dentition -	
Area	**Comment**
Dentures	
Dentition	
Lips	
Tongue	
Gums	
Cheeks	
Palate - Hard and soft	
Under tongue	
Skin integrity	
Level of support for oral care	
Saliva	

Cranial nerve assessment - comment on range, rate, accuracy, and strength			
Nerve and function -	**Possible ways to assess**	**Observations**	**Outcome**
V Trigeminal – Conveys sensation to the face and motor to the soft palate, pharynx, and muscles of mastication	1. Tissue or cotton to nostrils should produce wrinkling of nose 2. Clench teeth and palpate masseter and temporalis muscles for bulk 3. Strength of masseter and temporalis by jaw opening –		

	against resistance of therapist hand 4. Observation of uvula – indicating weakness of tensor veli palatini 5. Palpate dry swallow for hyoid movement		
VII Facial – sensation (taste) to anterior 2/3 of tongue, soft palate, and motor function of facial muscles	1. Taste – sweet (sugar), sour (lemon swab) or salty (salt) 2. Facial symmetry 3. Raise eyebrows - frontalis 4. Open and close eyes (orbicularis oculi) 5. Pretend to blow candles (orbicularis oris) 6. Puff cheeks out (buccinators) then try to push air out whilst keeping lips sealed (orbicularis oris). Can gently press on cheeks to check the strength of lip seal 7. Close eyes and therapist will gently brush their finger on L+R side of face (forehead, cheek, chin) and ask them to tell you/point where they feel sensation	Changes to facial expression Blinking Awareness of anterior loss of saliva Lip movements during speech/vocalisations/mouthing	
IX Glossopharyngeal – Sensation to posterior 1/3 tongue, soft palate, pharynx, and motor to pharynx	1. Gag reflex – NB the formal assessment of this is a controversial area within SLT and is not used by all SLT's	Presence/absence of gag during observation including hyper and hyposensitivity	
X Vagus – sensation to trachea, larynx, pharynx and motor to	1. Observe palatal movement when saying "ah" or "ah ah ah"	Voice quality Coughing at rest	

soft palate, larynx, and pharynx. (Also, oesophageal motility and upper oesophageal sphincter opening and closure)	2. Posterior pharyngeal wall gag - NB the formal assessment of this is a controversial area within SLT and is not used by all SLT's 3. Voice quality – breathy or hypernasal possible bilateral weakness 4. Hoarse voice – unilateral weakness 5. Throat clear/cough on command		
XI Accessory – motor to shoulder, neck, and soft palate	1. Shrug shoulders up and stop therapist from pushing them down. Check symmetry and power 2. Head turn to right, stop me pushing it back – feel right sternocleidomastoid. Repeat on left	Observation of head, neck, and shoulder movement. Head control	
XII Hypoglossal – motor function to tongue	1. Tongue protrusion 2. Push tongue into cheek, push into cheek against SALT finger. Tongue deviates to side of lesion 3. Observe for presence/absence of tongue fasciculations	Tongue movement during speech/ vocalisations/ mouthing Tongue movement in response to bolus	

Appendix C: RCSLT swallowing assessment form example

Recording sheet for swallowing assessment

		Trial 1	Trial 2	Trial 3	Trial 4	Trial 5	Trial 6
Pre-oral	Bolus description (IDDSI level)						
	Manoeuvres/ strategies						
	Advice						
	Volume and temperature						
	Position of client						
	Head and trunk control lip closure at rest						
	Assistance required e.g., position/role/perspective of carer (if being fed)						
	Level of alertness/fatigue and communicative ability						
	Utensil/ specialist feeding equipment						
	Feeding ability						
	Pace of feeding – observed or advised						
	Pre-oral behaviours						
Oral	Bolus removal from utensil						
	Lip seal/anterior bolus control						
	Bite/suck						
	Oral manipulation of bolus (including chewing)						
	Changes to saliva						
	Nasal regurgitation						
	Timing of oral phase						
	Oral residue/pocketing						
Pharyngeal	Swallow triggered – effort, number, elevation, excursion, timing						
	Respiration changes						

	Voice quality e.g., wet/breathy						
	Globus						
	Cough/ throat clearing - (presence, strength, duration)						
	Prompts - verbal and physical						
Oesophageal	Eructation/ belching						
	Regurgitation/ reflux						
	Other including sticking sensation, pain						
Other	Altered reflexes						
	Other, including signs of distress. (eye watering, colour changes)						

Appendix E: EDS-related CPD activities (taken from QMU Placement handbook)

The activities suggested below are designed to directly reflect the type of work that one might expect to come across in the clinical setting and should be completed within 500-1500 words. Alternative activities, of equivalent value can be done, if recommended by the PE. Students should always discuss and agree the activity to be undertaken and show your PE the completed activity prior to the end of the placement.

Activities below have been linked to specific pre-registration EDS competencies, and successful completion of the related CPD activity can equate to one 'sign-off' on the student held record for each linked competency. Activities in green are linked to 'priority' placement EDS competencies.

- Note the additional information (excluding that from further assessment) which it would be useful to obtain about a client with which you are involved, linking your ideas to the information which you already have. Write a plan of action to obtain the information (for example, interview / phone call with parent / carer / school / colleague / other professional). Write a summary of the information you require and why it is necessary.
  Competency 3

- Write a draft report on a case you have seen following their initial assessment. Bear in mind that the report will be sent to the referring agency and other relevant parties, including the service user and/or their carer/family. They will require an overview of your findings to date, a clear statement about future management intentions and, where appropriate, the aims of any further intervention.
  Competency 13

- Prepare a short report outlining the information which you have gained from conducting a clinical bedside swallow assessment with a service user. As part of this report you should synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate a diagnosis.
  Competency 15

- Prepare a report outlining the information which you have gained from conducting a clinical bedside swallow assessment with a service user. As part of this report you should synthesise information on psychological, social, and biomechanical factors with assessment findings to develop a person-centred and evidence-based SLT intervention plan. Your report should include reference to the published evidence base underpinning the intervention plan you have chosen.
  Competency 16 **Competency 12**

- Make up information sheets and other training sheets necessary to carry out a training session with a service user/family members/carer on introducing specific swallow strategies, manoeuvres or exercises. This should include a rationale for the intervention and if an exercise programme, details on dosage and how to record or monitor adherence.
  Competency 13

- With reference to a specific service user you have been involved with during your placement, summarise both the positive and negative impacts of SLT interventions you have observed which have involved modifying aspects of their EDS process. State what these interventions were, how the EDS process was modified, and then the potential pros and cons of each modification.
  Competency 6

- With reference to a specific service user you have been involved with during your placement who has had a nasogastric tube, RIG, PEG, or other form of non-oral feeding, describe the indications for and against non-oral supplementation of nutrition and/or hydration in their specific case.
  Competency 7

- Summarise the signs and symptoms of dysphagia you have observed during a dysphagia assessment session with a service user carried out by your PE and formulate a diagnosis based on the findings. Include a rationale/justification for your diagnosis.
  Competency 8 **Competency 15**

- Summarise the signs and symptoms of dysphagia you have observed during a dysphagia assessment session with a service user carried out by your PE and formulate possible intervention options based on the findings. Include a rationale/justification for your choices with reference to the published evidence base.
  Competency 11 **Competency 12**

- With reference to a case you have seen during your placement, identify relevant outcome measures that could be used to monitor the service user's progress with the SLT intervention, and summarise how use of these would support review scheduling.
  Competency 17

- With reference to a case you have seen during your placement, identify relevant outcome measures that could be used to monitor the service user's progress with the SLT intervention, and summarise how use of these would support identification of an appropriate discharge point.
  Competency 18

- With reference to a case you have seen during your placement, write a short report summarising and discussing the ethical issues associated with their specific EDS presentation and management.
  Competency 19
- With reference to a service user you have seen during your placement who has been receiving end of life care, write a short, accessible report on how family can help make them comfortable in terms of eating and drinking and the rationale behind this advice.
  Competency 13 **Competency 16**

- Families often ask what kind of foods and meals they can prepare for people with dysphagia if they are on a modified texture diet. Create a personalised document for a service user you have seen on your placement giving details of the kinds of foods and

meals that they could try and internet page/links to appropriate sites (e.g. Graying with grace, Eating with dignity, Wiltshire farm foods etc).
Competency 13

- Prepare aphasia-friendly instructions for some of the exercises/postures used when working with patients with dysphagia which can be given to a service user with aphasia and dysphagia (e.g., chin tuck, Masako, Shaker, tongue exercises etc).
  Competency 13

- Research a progressive neurological condition, summarise the associated symptoms and consider how these may impact on a service user's eating drinking and swallowing (considering physical, functional, cognitive and social factors). Use this information to develop a template for case history discussion for use in an initial assessment.
  Competency 3

- Research the eating, drinking and swallowing difficulties experienced by individuals with dementia. Reflect on how a hospital admission may exacerbate these issues and develop information to share with ward staff about how to optimise the environment for safe and effective eating, drinking and swallowing.
  Competency 13

- Develop a leaflet for Nursing Home staff that explains the signs of symptoms of dysphagia and how best to support residents to eat and drink safely. This should include what to consider when optimising the environment to promote safe eating and drinking.
  Competency 13

- Research the evidence base for currently used dysphagia therapy exercises/programmes/techniques and write a brief summary about each one you have chosen. Consider if they are rehabilitative or compensatory and discuss specifically how this will aim to improve an individual's swallow function. You should also include any contraindicating factors listed or reflect on physical/cognitive/psychological/social factors which may impact on the appropriateness of each therapy.
  Competency 11 **Competency 12**

- Research and reflect on service users' eating and drinking with acknowledged risk to improve their quality of life. Consider how this may be complicated if someone does not have capacity to make informed decisions and what the Speech and Language Therapist's role is in shared decision making/supporting someone to make an informed choice.
  Competency 19

- Devise a mealtime observation checklist for a service user with dysphagia.
  Competency 8

- What would be the basic information you would need to include in a training session on dysphagia for Healthcare Support Workers and how would you structure the training?
  Competency 16

- The IDDSI system (www.iddsi.org) is used internationally to classify and describe food and fluid textures. Think about the pros and cons of using this system with service users with a learning disability.
  Competency 6

- Following assessment of eating, drinking and swallowing with someone with a learning disability, which other members of the community learning disability team might need to be involved and why?
  Competency 13

- What are environmental and social factors that might impact on a service user with a learning disability's eating, drinking and swallowing and what adjustments could be suggested to mitigate this in the setting of their supported accommodation?
  Competency 16

- What equipment is available for service users you are working with on your placement who have difficulty with eating, drinking and swallowing? How might different equipment be helpful (or not) depending on the nature of the problem?
  Competency 6

- Many people with dysphagia will be on medication. Discuss some of the more commonly prescribed medications for service users on your placement with your PE, research them and identify what impact they may have on eating, drinking and swallowing.
  Competency 4

- Compare the approach you might take when carrying out an EDS assessment with a service user with a learning disability in a day centre versus in an acute medical ward in hospital.
  Competency 10

- Summarise the considerations, additional information and other people who should be involved during discussions with a service user who is not following Speech and Language Therapy EDS recommendations.
  Competency 16 **Competency 19**

- Create a guide on how to use thickener successfully for a service user's care staff or family.
  Competency 6