

# Dysphagia Competency Verification Tool (DCVT)

## User's Guide



**ASHA**  
American  
Speech-Language-Hearing  
Association

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## Introduction

Clinicians can use the Dysphagia Competency Verification Tool (DCVT) to systematically assess clinical competence for the provision of dysphagia services. This tool was developed by the Special Interest Group on Swallowing and Swallowing Disorders (Dysphagia) (SIG13) and by the American Board of Swallowing and Swallowing Disorders (AB-SSD) Joint Committee on Dysphagia Competencies in response to affiliates' request for guidance and guidelines for establishing and measuring clinical competence in the areas of (a) feeding and swallowing and (b) swallowing disorders. This tool is intended to be a resource for clinicians to use for self-assessment and for employers, supervisors, or preceptors to use as a tool for evaluating and documenting dysphagia knowledge and skill competencies.

Dysphagia assessment and management now represents 39% of the caseload of responding speech-language pathologists (SLPs) in health care settings who treat adults and 16% of the caseload of responding pediatric SLPs, according to the ASHA 2017 Health Care Survey.

ASHA anticipates that the demand for dysphagia services will continue to grow as advances in medical care extend life at both ends of the age spectrum. Many settings require documented competencies for privileging of services provided or procedures performed.

The Joint Commission (n.d.) states the following:

The competency assessment looks at whether the clinical staff has the skills, knowledge, and abilities to perform the assigned job duties. Competency must be assessed by staff who understands the skills and knowledge required by the job responsibilities. Beyond the documented initial assessment to be finalized upon the completion of the staff's orientation, competency should be assessed on an on-going basis with documentation of such at least once every two years. (The Joint Commission, n.d., para 1)

This document is a guide to assist the user in maximizing the utility of the DCVT. It describes the sections of the DCVT and the prerequisites for clinical advancement. The tool and guide will be available on the ASHA website and are openly sourced for clinical and facility use.

The DCVT is intended to be a fluid document and will be reviewed and updated annually as evidence-based practice continues to evolve.

## Prerequisites for Utilizing the DCVT

Clinicians can utilize the DCVT provided that they meet the following prerequisites:

- Graduation from an accredited speech-language pathology program
- Knowledge of typical anatomy and physiology, including neuroanatomy and physiology, pertaining to the swallowing mechanism and related systems across the age continuum
- Knowledge of relevant risk factors and clinical indicators of dysphagia across the age continuum

Individual facilities may choose to assess and/or document knowledge via written test, discussion with preceptor, and/or application of knowledge in supervised practice.

## Role of Preceptor

The *preceptor* is a practicing clinician with the desired skills and knowledge designated to give personal instruction, training, and supervision to the clinician-in-training. When possible, the preceptor should be available on site to directly observe the skills being assessed.

When a preceptor is unavailable, this tool can be utilized as a self-assessment tool to highlight areas in need of development. Clinicians can then seek support from their local and ASHA community for professional growth.

## Competency Sections

**Clinical Swallow Assessment and Dysphagia Treatment** – This section describes the core competencies of the clinician evaluating and treating a patient with dysphagia. These are the clinical skills necessary to assess swallowing function in a clinical setting and to provide the appropriate intervention based on the patient's/client's age and disorder. The clinician can indicate specific age groups of interest based on the setting and job requirements. The clinician can modify the tool to reflect special population needs (i.e., clients with developmental disabilities, patients with head and neck cancer) or setting-specific needs (i.e., school, skilled nursing facility). Prerequisites for this competency are the previously referenced knowledge documents.

Additional sections are specific to instrumental examinations. In order to acquire the necessary skills, clinicians may benefit from topic-specific continuing education, observation, and mentored learning as prerequisites to clinical competency in the performance of procedures.

**Videofluoroscopic Swallow Study (VFSS) Competency** – This section describes the clinical skills necessary to perform and interpret the VFSS. The clinician can indicate specific age groups of interest based on the setting and job requirements. The clinician can modify the tool to reflect special population needs and setting-specific skills. Prerequisites for this competency are the skills and knowledge documented in the Dysphagia Clinical Competency section of this document as well as the previously referenced knowledge documents.

**Fiberoptic Endoscopic Evaluation of Swallowing with and without Sensory Testing (FEES/ST) Competency** – This section describes the clinical skills necessary to perform and interpret the FEES/ST. The clinician can indicate specific age groups of interest based on the setting and job requirements. The clinician can modify the tool to reflect special population needs and setting-specific skills. Prerequisites for this competency are the skills and knowledge documented in the Dysphagia Clinical Competency section of this document as well as the previously referenced knowledge documents.

**High-Resolution Manometry (HRM) Competency** – This section describes the clinical skills necessary to perform and interpret the HRM. The clinician can indicate specific age groups of interest based on the setting and job requirements. The tool can be modified to reflect special population needs and setting-specific skills. Prerequisites for this competency are the skills and knowledge documented in two previous sections of this document (the Dysphagia Clinical Competency section and the FEES/ST Competency section) as well as the previously referenced knowledge documents.

**Continued Competency Review** – This section is an annual or biennial review of previously documented skills and privileges. The supervisor reviews three main knowledge areas—(a) the frequency of skill utilization (i.e., number of procedures that the clinician performed or treatment sessions that the clinician provided); (b) the number of accuracy and safety concerns that the clinician documented; and/or (c) the clinician's ability to successfully function as a preceptor. These three areas then provide the basis for recommendations regarding clinical advancement or modification.

**Specialization and Professional Development** – This section contains a list of knowledge, skills, and experiences that reflect advanced competencies and professional development. The clinician can use documentation of education and mentorship, leadership roles, and research or scholarly activities in the area of feeding and swallowing development and disorders as a clinical ladder within a facility (e.g., advancement to preceptor) or as a method of tracking professional activities for board specialization. This list is not all inclusive, nor are all items required to reflect specialization. The content in this section is reprinted with permission from the American Board of Swallowing and Swallowing Disorders.

## Age-Specific Competencies

Age-specific competencies are skills specific to defined age groups. Clinicians must know the principles of growth and development over the life span, must be able to assess clinical data relative to patient age, and must be able to interpret the information needed to identify patient needs relative to age-specific needs.

## Special Populations and Facility-Specific Competencies

Details about special populations and facility-specific competencies can be added to the tool to meet additional and/or unique needs of individual facilities beyond the core competencies of the DCVT.

## Rating Levels of the DCVT

There are three main rating levels within the DCVT. These levels are defined below.

1. In Training – Identifies that the clinician’s knowledge or skill is still in development and that continued supervision by a preceptor is required.
2. Competent – Identifies that the clinician (a) has mastered the required basic knowledge and skills and (b) no longer requires supervision by the preceptor. Clinicians can continue to grow and develop beyond the rating level of “competent” through pursuit of advanced training.
3. Self-assessment – Assessing one’s own knowledge and skills encourages the clinician-in-training to reflect on strengths and areas of growth in order to foster discussion and direct continued learning.

## Implementation of the DCVT

Clinicians-in-training can follow these eight steps in order to implement the DCVT in their clinical setting:

1. Modify the DCVT to meet specific needs of the facility and population to be served.
2. Identify age groups to be managed within job specifications.
3. Identify a preceptor with documented knowledge and skills.
4. Perform a self-assessment to determine one’s self-perception of current skills and knowledge base.
5. Identify areas of opportunity for skill development and provide additional training/resources as indicated.
6. Perform procedure(s) with supervision from preceptor until the clinician-in-training demonstrates the expected standard of care and skills needed to independently perform the procedure(s) with each age group requested.
7. Perform annual competency review.
8. Utilize specialization for clinical advancement.

## Works Consulted

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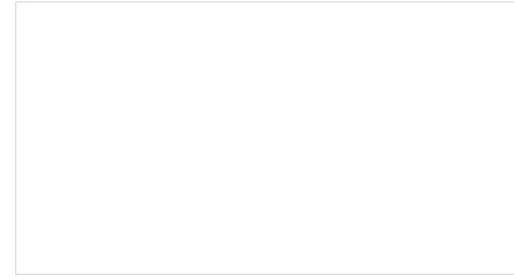
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# Privilege: Clinical Swallow Assessment and Dysphagia Treatment

**CPT: 92610, 92526** Please see <https://www.asha.org/practice/reimbursement/coding/SLPCPT/> for updated coding guidance.



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Applicant name: \_\_\_\_\_

Date training initiated: \_\_\_\_\_ Date competency attained: \_\_\_\_\_

Preceptor name(s): \_\_\_\_\_

Age group: Premature infants (<38 weeks gestational age) \_\_\_\_\_ Neonate (0-30 days) \_\_\_\_\_ Infant (1 mo-1year) \_\_\_\_\_

Toddler (1-3) \_\_\_\_\_ Child (3-12) \_\_\_\_\_ Adolescent (13-18) \_\_\_\_\_ Adult (18-65) \_\_\_\_\_ Geriatric (65+) \_\_\_\_\_

**Key:** SA=Self-Assessment      PA =Preceptor Assessment      T = Training      C =Competent

<b>Instructions:</b> Applicant will perform procedure with supervision from preceptor until the applicant demonstrates the expected standard of care and skills needed to independently perform the procedure with each age group requested.	SA: Baseline rating	PA: Date competen- cy demon- strated	
<b>General Skills</b>	<b>SA Rating</b>	<b>PA Rating</b>	<b>Date</b>
Describes relevant research on normal swallowing			
Explains strengths and limitations of clinical examination, including ability to detect aspiration and determine treatment strategies for pharyngeal swallowing disorders			
Describes the etiology contributing to feeding and/or swallowing disorders			
Identifies cognitive, communication, behavioral, and psychological factors contributing to feeding and/or swallowing status			
Describes the potential effects of common medications on swallowing			
Describes the interrelationships of the oral, pharyngeal, and esophageal phases of swallowing			
Describes cross-system relationships that influence feeding and/or swallowing (e.g., respiratory, gastrointestinal, neurological)			
Identifies signs and symptoms of feeding and/or swallowing disorders			
Describes nutritional intake methods (oral and non-oral) and the problems associated with each that may contribute to dysphagia or be exacerbated by dysphagia			

General Skills	SA Rating	PA Rating	Date
Collaborates with relevant team members regarding patient care			
Describes and integrates evidence-based practice into patient assessment and care			
Recognizes medical contraindications of proceeding with direct assessment, signs of patient distress, and necessary response			
Describes differences between screening and assessment			
Describes indications and contraindications for instrumental swallow study referral			
Direct Patient Care	SA Rating	PA Rating	Date
Obtains comprehensive medical and dysphagia history, including nature and duration of signs and symptoms, prior dysphagia evaluation or treatment, response to treatment, and cultural and/or linguistic factors that may influence the patient's preferences and attitudes toward feeding and/or swallowing			
Determines baseline and current nutritional intake (e.g., positioning, feeding dependency, environment, diet modification, compensations)			
Identifies when swallowing assessment and intervention is appropriate			
Conducts an oral, pharyngeal, laryngeal, cranial nerve, and respiratory function examination as it relates to functional assessment of feeding and/or swallowing			
Identifies abnormal/atypical structure and function			
Assembles the appropriate assessment materials (e.g., nipples, bottles, utensils, cups, foods/liquids) as per facility-specific protocol			
Identifies significant signs, symptoms, medical conditions, and medications pertinent to dysphagia during clinical assessment			
Recognizes clinical signs and symptoms of airway compromise			
Tests interventions, including but not limited to postural changes, behavioral changes, maneuvers, bolus modifications (e.g., texture, volume), delivery method (e.g., spoon, cup, bottle, nipple type), and sensory enhancement techniques to improve safety and efficiency of the swallow and trials, as appropriate			
Refers for appropriate diagnostic tests, including instrumental swallow assessment, and consultations when indicated			
Provides recommendations regarding delivery of nutrition and hydration (oral, non-oral, or combination of the two)			



Direct Patient Care	SA Rating	PA Rating	Date
Provides recommendations regarding specific oral intake modifications (e.g., volume, viscosity, texture, etc.)			
Provides recommendations regarding compensatory and feeding precautions (e.g., strategies, positioning, assistance, supervision, etc.)			
Provides recommendations regarding rehabilitation treatment targeting physiologic deficits identified on assessment, utilizing evidence-based techniques when available			
Integrates and adapts plan of care to include patient's cultural and personal preferences			
Provides a prognostic statement			
Educates the patient and family/caregiver to the findings and recommendations, including options and relative risks/benefits			
Educates the staff (e.g., physicians, nurses/CNAs, care planning team, teachers, aides) as to findings and recommendations, and advocates for swallowing-related services			
Generates documentation that is clear, concise, complete, and interpretive (e.g., assessment performed/findings, impression, severity, prognosis, recommendations, and goals)			
Identifies necessary follow-up care, including frequency of treatment, monitoring, and/or reevaluation			
Provides ongoing assessment and revises treatment goals as appropriate, based on patient response			
Develops and implements treatment plan targeting physiologic deficits identified on assessment			
Documents response to treatment using objective and measurable data collection systems			
Adjusts treatment plan, content and delivery to the level of the person being educated, counseled, or trained			
Identifies discharge/dismissal criteria			
Seeks assistance and collaboration as needed in the assessment and care of persons with dysphagia			
Population- and Setting-Specific Skills (e.g., Trach/Vent, HNC, NICU, etc.)			
Describes best practices for providing interventions when complicated and/or special medical conditions are seen which may have an impact on an individual's feeding and swallowing ( <i>population/setting specific skills may be added below</i> )			

Clinician Name/Initials: \_\_\_\_\_

Primary Preceptor/Initials: \_\_\_\_\_

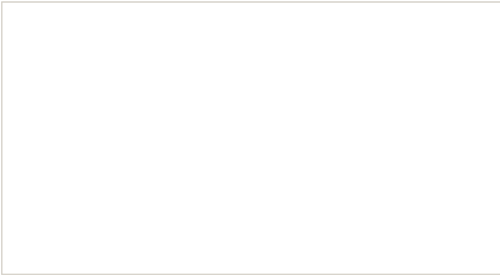
Date Privileging Process Initiated: \_\_\_\_\_



# Privilege: Videofluoroscopic Swallow Study (VFSS)

**CPT: 92611**

Please see <https://www.asha.org/practice/reimbursement/coding/SLPCPT/> for updated coding guidance.



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**Applicant name:** \_\_\_\_\_

**Date training initiated:** \_\_\_\_\_ **Date competency attained:** \_\_\_\_\_

**Preceptor name(s):** \_\_\_\_\_

**Prerequisites:** Privileges in Clinical Swallow Assessment and Dysphagia Treatment

**Age group:** Premature infants (<38 weeks gestational age) \_\_\_\_\_ Neonate (0-30 days) \_\_\_\_\_ Infant (1 mo-1year) \_\_\_\_\_

Toddler (1-3) \_\_\_\_\_ Child (3-12) \_\_\_\_\_ Adolescent (13-18) \_\_\_\_\_ Adult (18-65) \_\_\_\_\_ Geriatric (65+) \_\_\_\_\_

**Key:** SA=Self-Assessment      PA =Preceptor Assessment      T = Training      C =Competent

<b>Instructions:</b> Applicant will perform procedure with supervision from preceptor until the applicant demonstrates the expected standard of care and skills needed to independently perform the procedure with each age group requested.	SA: Baseline rating	PA: Date competency demonstrated	
<b>Procedure-Related Skills</b>	<b>SA Rating</b>	<b>PA Rating</b>	<b>Date</b>
Verbalizes the indications, contraindications, risks, benefits, and precautions (e.g., radiation exposure) for videofluoroscopic examination			
Identifies patients who are and are not appropriate for VFSS			
Describes the elements of a comprehensive exam and facility-specific protocol			
Verbalizes roles of the personnel involved in study			
Demonstrates appropriate setup for VFSS			
Educates the patient and family/caregiver regarding the purpose and process of examination, as appropriate			
Communicates the reason for the exam to the radiologist or other medical staff			
Identifies radiographic anatomical landmarks, including typical and atypical anatomy			
Follows a standardized protocol for bolus presentation			

Evaluates the integrity of airway protection before, during, and after swallowing			
Obtains lateral and anterior-posterior views, as able			
Implements postures, maneuvers, sensory enhancements, and bolus modifications, as appropriate, based on radiographic findings and the individual's overall functioning level			
Evaluates the effectiveness of postures, maneuvers, bolus modifications, and sensory enhancement techniques, as appropriate, based on radiographic findings and the individual's overall functioning level			

Procedure-Related Skills	SA Rating	PA Rating	Date
Evaluates the individual's tolerance of and ability to perform and repeat appropriate therapeutic interventions as appropriate, based on radiographic findings and the individual's overall functioning level			
Conducts the examination in a timely manner to minimize radiation exposure			
Monitors possible adverse reactions to the examination (e.g., changes in breathing pattern, level of alertness, agitation, pallor, etc.)			
Reviews the recorded VFSS			
Identifies and documents the physiologic components of swallowing			
Identifies and documents the impact of anatomic and physiologic impairment (i.e., location and severity of residue, laryngeal penetration, presence, timing, and approximate percentage of aspiration)			
Documents the patient's apparent awareness of and response to residue, laryngeal penetration, and/or aspiration (i.e., cough, throat clear, second swallow)			
Documents compensatory postures, maneuvers, delivery methods, sensory enhancements, and bolus modifications attempted—and the effectiveness of each			
Documents the individual's tolerance of and response to study (e.g., ability to follow directions, fatigue factor, and ability to repeat therapeutic interventions)			
If esophageal screening is completed, describes any suspected anatomic and/or physiologic abnormalities of the esophagus which might impact the pharyngeal swallow, deferring to radiology for diagnostic statements			
Formulates treatment and management strategies based on patient performance and integrates patient, family, and caregiver input into treatment plan			
Interprets and documents findings in a written report, including diagnosis, severity, prognosis, recommendations, and goals			
Discusses the results and consults with appropriate medical personnel in a collaborative model, as possible			
Refers for additional instrumental swallowing examinations (e.g., FEES, HRM), as appropriate, based on findings			
Incorporates radiation safety techniques (e.g., time, distance, shielding) for all individuals within the radiology suite during the examination			
Informs appropriate personnel (e.g., radiation safety officer) of any special circumstances that might impact the clinician's ability to participate in the videofluoroscopic swallowing exam and take appropriate action to ensure personal safety			
Population- and Setting-Specific Skills (e.g., Trach/Vent, HNC, NICU, etc.)			
Describes best practices for providing interventions when complicated and/or special medical conditions are seen which may have an impact on an individual's feeding and swallowing ( <i>population/setting specific skills may be added below</i> )			

**Clinician Name/Initials:** \_\_\_\_\_

**Primary Preceptor/Initials:** \_\_\_\_\_

**Date Privileging Process Initiated:** \_\_\_\_\_



# Privilege: Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

**CPT: 92612**

Please see <https://www.asha.org/practice/reimbursement/coding/SLPCPT/> for updated coding guidance.

**Applicant name:** \_\_\_\_\_

**Date training initiated:** \_\_\_\_\_ **Date competency attained:** \_\_\_\_\_

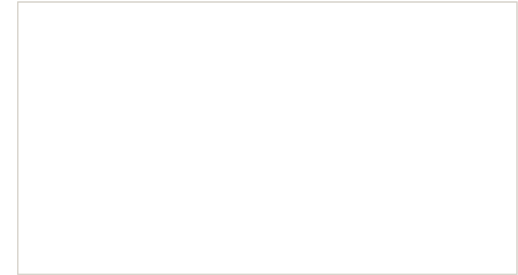
**Preceptor name(s):** \_\_\_\_\_

**Key:** SA=Self-Assessment

PA =Preceptor Assessment

T = Training

C =Competent



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<b>Instructions:</b> Applicant will perform procedure with supervision from preceptor until the applicant demonstrates the expected standard of care and skills needed to independently perform the procedure with each age group requested.	SA: Baseline rating	PA: Date competen- cy demon- strated	
<b>Procedure-Related Skills</b>	<b>SA Rating</b>	<b>PA Rating</b>	<b>Date</b>
Recognizes anatomical landmarks as viewed endoscopically			
Identifies the indications and contraindications for FEES, including who is and is not a candidate for the study			
Identifies and explains the risks, benefits, and precautions related to FEES			
Identifies the elements of a comprehensive FEES			
Adapts evaluation, as appropriate, for patient’s medical diagnosis or response (e.g., BOLT, esophago, cardiac, etc.)			
Operates, maintains, and disinfects the equipment needed for an endoscopic examination			
Applies topical anesthetic when clinically appropriate and when permitted by the licensing regulations of individual states			
Inserts and manipulates the endoscope that obtains desired view in a manner that causes minimal discomfort and prevents unpleasant complications			
Manipulates the endoscope within the hypopharynx to obtain the desired view			
Directs the patient through appropriate tasks and maneuvers as required for a complete and comprehensive examination			
<b>Procedure-Related Skills</b>	<b>SA Rating</b>	<b>PA Rating</b>	<b>Date</b>
Demonstrates knowledge of medical contraindications, impending signs of patient distress, and appropriate actions to take if complications arise			
Detects and interprets abnormal findings in terms of the underlying anatomy and pathophysiology			
Assesses vocal fold mobility and laryngeal closure for phonation, breath holding, and cough			
Assesses secretion management, quantity and location of pharyngeal residue, pharyngeal constriction/contraction symmetry, and swallow initiation			
Presents various bolus consistencies, dyed green for contrast, based on clinical assessment			

Procedure-Related Skills	SA Rating	PA Rating	Date
Determines presence, amount, and timing of any laryngeal penetration and/or aspiration, noting if silent vs. audible and protective vs. unprotective			
Applies appropriate treatment interventions, implements postural changes, and alters the bolus or method of delivery to determine the effect on the swallow			
Uses the results of the examination to make appropriate recommendations and to guide treatment of the patient			
Uses endoscopy as a biofeedback tool and educates patients, family, and staff using the endoscopic images either during or after the examination			
Interprets and documents findings in a written report, including diagnosis, severity, prognosis, recommendations, and goals			
Formulates treatment and management strategies based on patient performance and integrates patient, family, and caregiver input into treatment plan			
Makes appropriate referrals based on findings			
Population- and Setting-Specific Skills (e.g., Trach/Vent, HNC, NICU, etc.)			
Describes best practices for providing interventions when complicated and/or special medical conditions are seen which may have an impact on an individual's feeding and swallowing ( <i>population/setting specific skills may be added below</i> )			

## NOTES

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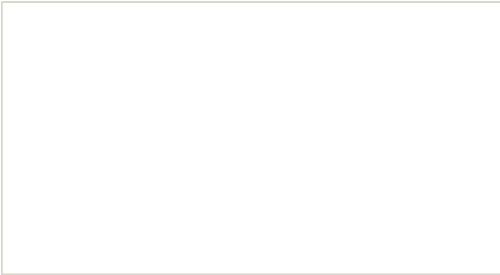
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# Privilege: High-Resolution Manometry (HRM)

**CPT: 92700** Please see <https://www.asha.org/practice/reimbursement/coding/SLPCPT/> for updated coding guidance.



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**Applicant name:** \_\_\_\_\_

**Date training initiated:** \_\_\_\_\_ **Date competency attained:** \_\_\_\_\_

**Preceptor name(s):** \_\_\_\_\_

**Prerequisites:** Privileges in Clinical Swallow Assessment and Dysphagia Treatment; Fiberoptic Endoscopic Evaluation of Swallowing (FEES)

**Age group:** Premature infants (<38 weeks gestational age) \_\_\_\_\_ Neonate (0-30 days) \_\_\_\_\_ Infant (1 mo-1year) \_\_\_\_\_

Toddler (1-3) \_\_\_\_\_ Child (3-12) \_\_\_\_\_ Adolescent (13-18) \_\_\_\_\_ Adult (18-65) \_\_\_\_\_ Geriatric (65+) \_\_\_\_\_

**Key:** SA=Self-Assessment      PA =Preceptor Assessment      T = Training      C =Competent

<b>Instructions:</b> Applicant will perform procedure with supervision from preceptor until the applicant demonstrates the expected standard of care and skills needed to independently perform the procedure with each age group requested.	SA: Baseline rating	PA: Date competen- cy demon- strated	
<b>Procedure-Related Skills</b>	<b>SA Rating</b>	<b>PA Rating</b>	<b>Date</b>
Describes scope of SLP manometry practice as defined by state and national professional guidelines and regulations			
Identifies indications and contraindications for a manometric examination in oropharyngeal dysphagia			
Describes appropriate dosage, and describes risks associated with and contraindications of use of topical anesthetic during manometric examination			
Identifies signs of appropriate and inappropriate functioning of manometric and recording equipment			
Troubleshoots strategies for catheter placement minimizing patient discomfort			
Troubleshoots strategies for manometric sensor functioning			
Demonstrates ability to identify landmarks and regions of interest on HRM plots.			
Demonstrate understanding of both computerized analysis measures and manual measures that can be derived from HRM			
Demonstrates use of automated and manual analysis in obtaining measures			
Recognizes and describes normal and abnormal manometric findings in terms of swallowing anatomy and physiology			
Utilizes evidence-based practice and protocols related to use of HRM in diagnosis and treatment of oropharyngeal dysphagia			
Describes the role of HRM in biofeedback and education of patients, family, and caregivers			
Identifies appropriate timing for reevaluation of swallowing pressures with manometric examination			
Operates, maintains, and disinfects HRM equipment appropriately			

Procedure-Related Skills	SA Rating	PA Rating	Date
Determines if evaluation of swallow physiology is represented by spatiotemporal plots and manually derived pressure and impedance measures			
Assesses postures and maneuvers based on imaging and manometric findings			
Monitors for possible risks related to examination			
Removes manometer catheter in a manner that prevents complications and causes minimal discomfort			
Interprets and documents findings in a written report			
Integrates findings into dysphagia diagnosis and treatment plan			
Utilizes examination to provide biofeedback during dysphagia therapy			
Population- and Setting-Specific Skills (e.g., Trach/Vent, HNC, NICU, etc.)			
Describes best practices for providing interventions when complicated and/or special medical conditions are seen which may have an impact on an individual's feeding and swallowing ( <i>population/setting specific skills may be added below</i> )			

**Clinician Name/Initials:** \_\_\_\_\_

**Primary Preceptor/Initials:** \_\_\_\_\_

**Date Privileging Process Initiated:** \_\_\_\_\_

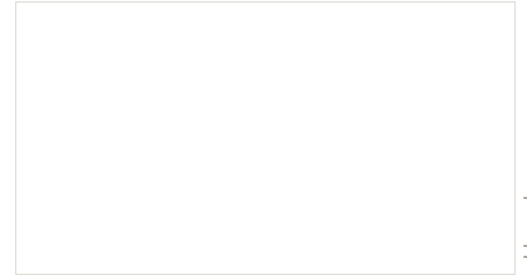
# Continued Competency Review

Date: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Date Range: \_\_\_\_\_



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A review of the clinician's performance has been conducted and reveals the following:

Competency	Number Completed	Number of accuracy concerns	Number of safety concerns	Successful function as a preceptor?
Clinical Swallow Evaluation				
Dysphagia Treatment				
VFSS				
FEES				
HRM				

## Recommendations:

\_\_\_\_\_ Continue current competencies

\_\_\_\_\_ Continue current competencies as defined with implementation of a performance improvement plan:

\_\_\_\_\_ Modify/change current competencies

\_\_\_\_\_ Discontinue competencies for the following procedure(s):

# NOTES

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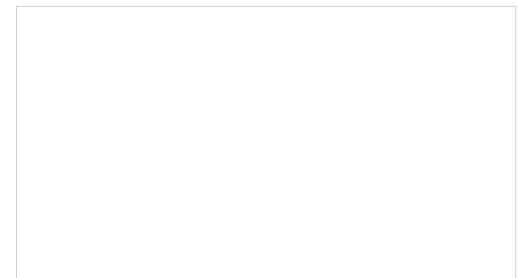
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# Specialization and Professional Development

## Examples of Advanced Knowledge, Skills, and Experiences Taken From Appendix C of ABSSD application

Education/Mentorship		
Content/Objective	Type/Location	Completion Date
Present paper or poster at a state or national association meeting		
Serve as supervisor for clinicians/students		
Initiate/maintain journal group		
Develop and provide education to professionals within facility/region about swallowing/swallowing disorders		
Provide education to community-based groups regarding swallowing and swallowing disorders		
Provide guest lectures in university courses		
Serve as professor or instructor for undergraduate or graduate course on swallowing and swallowing disorders in ASHA CAA-accredited university program		
Develop course syllabus for undergraduate/graduate course on swallowing and swallowing disorders		
Provide educational presentations at major regional, state, national, or international conferences and/or postgraduate workshops on swallowing and/or swallowing disorders		
Develop facility-specific patient and staff educational materials on swallowing and swallowing disorders		
Develop/publish clinical educational programs and/or materials on swallowing and swallowing disorders		
Serve as primary advisor to a master's degree or doctoral student to guide research for thesis or dissertation		



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Leadership		
Content/Objective	Type/Location	Completion Date
Serve on interdisciplinary team or committee related to dysphagia		
Serve as chair of committee within home institution or organization		
Serve in a leadership position on an ASHA committee or other professional organization pertaining to swallowing and swallowing disorders		
Serve as participant during the development of ASHA or state association position papers or guidelines on swallowing and swallowing disorders		
Serve on major regional, state, or national organization committees pertaining to swallowing and swallowing disorders		
Serve in official supervisory position in a swallowing and swallowing disorders program, with responsibilities that include training and supervision of clinicians providing dysphagia services		
Develop formal swallowing program within an institution, with involvement of multiple disciplines		
Demonstrate accountability in ongoing monitoring and quality improvement of swallowing and swallowing disorders program		
Demonstrate ability to expand dysphagia program aspects, addition of new programs, services		

Scholarship/Research		
Content/Objective	Type/Location	Completion Date
Submit and publish peer-reviewed research article as primary or secondary author		
Submit and publish a chapter related to swallowing and swallowing disorders in a peer-reviewed textbook		
Present a peer-reviewed research paper or poster at a scientific meeting		
Actively participate in research pertaining to swallowing and swallowing disorders with institutional research board approval, including research projects and protocols, surveys		

Clinician Name/Initials: \_\_\_\_\_

Primary Preceptor/Initials: \_\_\_\_\_

Date Privileging Process Initiated: \_\_\_\_\_

