Dysphagia Competency Verification Tool (DCVT): User’s Guide

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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

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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

Dysphagia Clinical Competency — 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.

**Advanced Competencies** — 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.
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