

Privilege: Clinical Swallow Assessment and Dysphagia Treatment

CPT: 92610, 92526

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–1 year) _____
 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

Instructions: 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	
General Skills	SA Rating	PA Rating	Date
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			

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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

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–1 year) ____
 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

Instructions: 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	
Procedure-Related Skills	SA Rating	PA Rating	Date
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			
Procedure-Related Skills	SA Rating	PA Rating	Date

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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			
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			
Procedure-Related Skills	SA Rating	PA Rating	Date

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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

Applicant name: _____

Date training initiated: _____ Date competency: attained: _____

Preceptor name(s): _____

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Instructions: 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	
Procedure-Related Skills	SA Rating	PA Rating	Date
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			

Procedure-Related Skills	SA Rating	PA Rating	Date
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			
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>)			

Privilege: High-Resolution Manometry (HRM)

CPT: 92610

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–1 year) _____
Toddler (1–3) _____ Child (3–12) _____ Adolescent (13–18) _____ Adult (18–65) _____ Geriatric (65+) _____

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Instructions: 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	
Procedure-Related Skills	SA Rating	PA Rating	Date
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			

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Procedure-Related Skills	SA Rating	PA Rating	Date
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			
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

Clinician Name: _____

Date: _____

Reviewer Name: _____

Date Range: _____

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):

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		

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		

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