RCSLT Pre-registration Eating, Drinking & Swallowing Competencies

Placement Handbook for Practice Educators

PAEDIATRIC CASELOAD

Version 1.1

April 2024

Table of Contents

Acknowledgement

QMU would like to thank all PEs who contributed to the development of this handbook, in particular .

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 - 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).

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
Appendix A of this handbook.

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!

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

QMU will monitor studentsôprogress 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)

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.

:3s 07 eu.s

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-
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

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 -
as-you-
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

The RCSLT Pre-registration Eating,

1. D

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

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

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

4. O

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**

	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

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

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., CYP with unilateral residue in the mouth might suggest tongue weakness, facial weakness, neglect - with reference to cranial nerves where appropriate

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-
	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

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

QMU placement priority competency

QMU learning links

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

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	~~Dysph~~agia seminar 5 **Clinical bedside evaluation** Dysphagia seminar 7 **EDS**

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

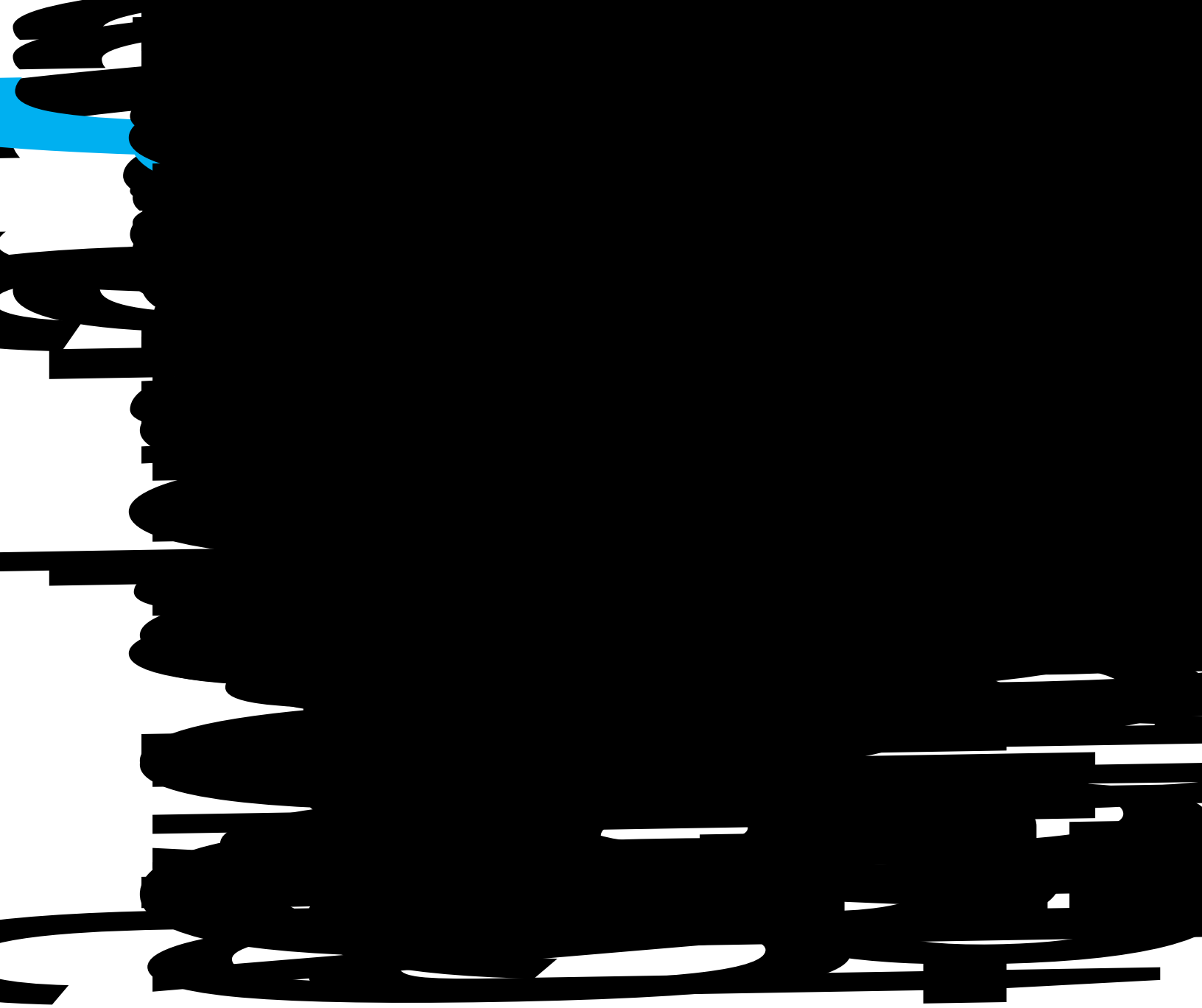
Demonstrate ability to explain the focus of SLT input (e.g., recommendations/rationale/exercises/review and monitoring plan/plans for further ax etc.)
Use appropriate terminology/communication styles (AAC/pacing) avoiding jargon
Use inclusive/non-judgmental/empathetic language
Tailor what they say to 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

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

QMU placement priority competency



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

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 (®

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 clientôs overall goal be divided into achievable steps and how would this impact on when you review them

Successfully set joint goals with the CYP/parent/carer, demonstrating shared decision making and a person-centred approach
Make relevant observations re 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**

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

QMU placement priority competency

QMU learning links

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**

Demonstrate awareness of the concept of safeguarding and caseload-appropriate identifiers, e.g., the

- 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 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 Would you instigate a safeguarding referral? What would your concerns be? How would you maintain a working relationship with the family?

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

	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		

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 3. Voice quality breathy or hypernasal possible bilateral weakness 4. Hoarse voice unilateral weakness 5. Throat clear/cough on command	

	Voice quality e.g., wet/breathy						
	Globus						
	Cough/ throat clearing - (presence, strength, duration)						

Prompts -

Appendix E: EDS-related CPD

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

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

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, wrio has d of life care, wrency 15