

Flexible Laryngoscopy Competency Framework

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Flexible Laryngoscopy Competency Framework – Adults only

1.1 Introduction

Speech-language Therapists (SLTs) working in the field of laryngology are core members of the multidisciplinary team working closely with their otorhinolaryngology (ORL) colleagues. It is not within the scope of practice for a SLT to diagnose laryngeal pathology. The SLT may carry out flexible laryngoscopy with or without stroboscopy for the following purposes;

- to support the laryngoscopy examination procedure in the context of a joint ORL/SLT laryngology clinic
- to obtain endoscopic images for the purposes of swallowing evaluation (see NZSTA FEES Practice Standards and Competency Package)
- to obtain laryngeal images before or during SLT intervention for the purposes of baseline assessment and monitoring, biofeedback or discharge planning in a patient already diagnosed by ORL
- to obtain laryngeal images for LSVT screening to expedite access to SLT intervention e.g..*

1.2 Prerequisites for laryngoscopy training

- Registered member of NZSTA with current Annual Practicing Certificate (APC)
- Compliant with organisational mandatory and required training, in particular, *Infection prevention & control principles* and *CPR training*
- Formal support to undergo laryngoscopy training from Line Manager, Lead Speech-language Therapist (SLT) and from an agreed Lead Otolaryngologist (ORL)
- Clinical supervision from an SLT competent in laryngoscopy
- At least weekly access to ORL for review of images and escalation of concerning findings

* All laryngoscopy images captured by SLT for patients who have NOT already received a laryngoscopy diagnostic assessment from ORL must be made available to ORL for review and diagnostic reporting within 24 hours

1.3 Laryngoscopy skill summary and sign off

Competency	Pre-requisites	Summary of skills on completion	Sign off required	Within scope of practice	Outside scope of practice
Basic Endoscopy for laryngeal visualisation	As per 1.2 above	<ul style="list-style-type: none"> Identify complex patients and patients not appropriate for endoscopy (refer NZSTA Practice Standards: FEES 2018 p.4-5) Able to pass an endoscope independently under direct supervision on non-complex patients and maintain an adequate view for laryngoscopy whilst ensuring patient comfort Able to complete laryngoscopy protocol to obtain a detailed examination of laryngeal anatomy & physiology Follows local health & safety protocols related to endoscopy including decontamination of scope in line with local standards 	SLT competent in laryngoscopy, Lead SLT and/or Lead ORL (to be agreed locally with ORL)	<ul style="list-style-type: none"> Independent capture of endoscopic and/or stroboscopic images Description of laryngeal images 	<ul style="list-style-type: none"> Independent diagnostic interpretation of endoscopic and/or stroboscopic images Diagnosis of laryngeal pathology

1.4 Laryngoscopy competency requirements

In order to achieve competency in laryngoscopy, a speech-language therapist must have demonstrated the following to the satisfaction of their assigned/ designated supervisor who is competent in laryngoscopy, Lead SLT and/or Clinical Lead:

Competency to be gained within workplace context	Consistent evidence provided to supervisor	Sign off & date
<ul style="list-style-type: none"> Ensuring laryngoscopy and/or stroboscopy equipment is in working order and the endoscope has undergone appropriate decontamination as per local policy 		
<ul style="list-style-type: none"> Describing clinical applications for SLT-led laryngoscopy 		
<ul style="list-style-type: none"> Explaining the benefits of & indications for stroboscopy (if available) 		
<ul style="list-style-type: none"> Describing the assessment protocol, rationale for each task & prompts required to achieve full examination images 		
<ul style="list-style-type: none"> Recognising high risk, complex patients and those not appropriate for SLT-led laryngoscopy 		
<ul style="list-style-type: none"> Explaining the laryngoscopy procedure clearly and simply to patient and whānau to obtain informed consent 		
<ul style="list-style-type: none"> Recognising normal nasal, velopharyngeal, pharyngeal and laryngeal anatomy as viewed via endoscope 		
<ul style="list-style-type: none"> Recognising nasal, velopharyngeal, pharyngeal and laryngeal anatomy requiring urgent assessment by a medical practitioner, as viewed via endoscope 		
<ul style="list-style-type: none"> Describing local processes for gaining ORL review of images 		
<ul style="list-style-type: none"> Describing laryngeal anatomy and physiology in simple terms for patient education and/or biofeedback 		
<ul style="list-style-type: none"> Achieving optimal visualization and patient comfort during endoscopy with minimal direction, supervision or feedback 		
<ul style="list-style-type: none"> Demonstrating problem-solving and optimal nasal cavity selection to ensure maximal comfort for the patient 		
<ul style="list-style-type: none"> Inserting the endoscope through the nasal cavity via an appropriate route 		
<ul style="list-style-type: none"> Maintaining an optimal view and pace whilst demonstrating full awareness of scope location during passage through the nasal cavity 		
<ul style="list-style-type: none"> Following local policy in relation to the use of topical anaesthesia** 		

● Maintaining a static position in the pharynx whilst maximising patient comfort		
● Manoeuvring the endoscope during laryngoscopy to obtain desired views, including cleaning the scope tip in situ		
● Minimising patient discomfort during removal of the endoscope		
● Providing clear instructions to the patient during the procedure to allow relevant images to be captured		
● Providing clear instructions to the patient during the procedure to allow biofeedback for the purposes of therapeutic		
● Passing an endoscope during an ORL-led voice or stroboscopy clinic under direct supervision (provide log)		
● Able to clearly state and define boundary of scope of practice		
● Demonstrate ability to produce appropriate, accurate and timely documentation		
● Acting as lead endoscopist for the purposes of laryngoscopy under supervision from clinical supervisor or ORL (provide log)		

** It is outside of the scope of an SLT to administer topical anaesthesia unless a standing order is in place in line with local prescribing policy