



The New Zealand Speech-language Therapists' Association (NZSTA)

Competency Framework: Videofluoroscopic Study of Swallowing (VFSS) for Adults

Copyright © 2023 The New Zealand Speech-language Therapists' Association

Disclaimer: To the best of The New Zealand Speech-language Therapists' Association's ('the Association') knowledge, this information is valid at the time of publication.

Acknowledgements

Author

Lara Gabriel – Te Whatu Ora Waitematā

Contributed to by:

Becca Hammond – Te Whatu Ora Waitematā

Jessica Tranter – Te Whatu Ora Waitematā

Working Group

Lara Gabriel – Te Whatu Ora Waitematā

Sarah Moss – Te Whatu Ora Te Toka Tumai

Rosie Goddard – Te Whatu Ora Counties Manukau

Consulted with:

Rebecca Lantz – Te Whatu Ora Counties Manukau

Anna Miles – The University of Auckland / NZSTA Expert Adviser in Adult Dysphagia

Rochelle Parsons – Te Whatu Ora Counties Manukau

Emma Wackrow – Te Whatu Ora Te Toka Tumai

The New Zealand Speech-language Therapists' Health Leaders Forum

Approval and Advisors

The New Zealand Speech-language Therapists' Association Board

The New Zealand Speech-language Therapists' Health Leaders Forum

Document Control

Date	Version	Approved by	Amendments made
19 May 2023	1.0	NZSTA Board	

Policy effective as above except where individually noted

Background

It is the position of the New Zealand Speech-language Therapists' Association (NZSTA) that the videofluoroscopy study of swallowing (VFSS) is within the scope of practice for speech-language therapists (SLTs). VFSS should only be carried out by SLTs specifically trained to do so and therefore requires a competency framework to support trainers and ensure trained members perform and interpret VFSS safely and accurately.

This competency framework should be interpreted with the unique Aotearoa New Zealand (NZ) context in mind. As health professionals working in New Zealand and members of the NZSTA, we are committed to upholding Te Tiriti o Waitangi and reducing health inequities. SLTs utilising this resource should ensure their practices are culturally safe and demonstrate the importance of holistic views of health and wellbeing, including physical, mental, social and spiritual elements, especially with persons identifying as Māori.

Aim

This framework has been developed by Te Whatu Ora Waitematā and published by the NZSTA to guide and support SLTs' training in performing and interpreting VFSS within the Aotearoa New Zealand context whilst advocating for the highest standards of patient care.

Philosophy of framework

The NZSTA is committed to ensuring the highest professional standards are set for obtaining and maintaining VFSS competencies.

The NZSTA strongly advocates that VFSS competency completion at all levels should be based on consistent demonstration of skill rather than completion of a set number of procedures.

The NZSTA supports VFSS training as early as is reasonably appropriate in an SLT's professional career. The NZSTA supports all SLTs working with people with dysphagia to be VFSS competent as soon as possible in their training.

The NZSTA recognises that different skill sets are required to provide VFSS in different clinical areas and has therefore endeavoured to develop a competency document suitable to different patient populations. *

** This document is specific to working with adults and includes adolescents 16 years of age and above. Suppose an SLT with adult VFSS competencies is required to assist or support VFSS with*

younger children/adolescents. In that case, this must be done in collaboration with an SLT with paediatric VFSS competencies. This could be done virtually if no paediatric VFSS-competent SLT is available on site.

The NZSTA recognises the challenges faced by different services across NZ in implementing and maintaining VFSS services. This competency framework has been designed to suit the national context.

The NZSTA recognises that a specific skill set is required to train others to be competent in VFSS effectively.

The NZSTA recognises the frequent movement of SLTs into NZ from overseas. All SLTs trained in VFSS overseas must submit portfolio evidence of training and clinical practice to their line manager/professional lead/clinical lead or complete audits locally to be grandparented across to the NZ competency framework. The line manager/professional lead/clinical lead will provide the SLT with an NZSTA VFSS level grade based on the NZSTA Competency Framework (with support from Level 4/5 VFSS competent clinicians where requested).

Table of Contents

Acknowledgements	2
Author	2
<i>Aim</i>	3
<i>Philosophy of framework</i>	3
<i>1. VFSS competency introduction</i>	6
1.1 Prerequisites for VFSS training	6
1.2 VFSS competency pathway	6
1.3 Competency progression	7
1.4 Acquisition of knowledge, skills and competency	7
1.4.1 Roles and Responsibilities of the trainer/trainee	8
1.4.2 Complexity	9
1.4.3 Supervision	9
1.5 VFSS competency overview	10
1.6 Maintenance of competency	15
1.7 Grand-parenting of VFSS competency	15
1.8 Radiation safety and training	15
<i>2 VFSS competencies</i>	17
2.1 VFSS Foundation (Level 1)	17
2.1 Basic VFSS Skill (Level 2)	19
2.3 Intermediate VFSS Skill (Level 3)	21
2.4 Advanced VFSS Skill (Level 4)	23
2.5 VFSS Trainer (Level 5)	24
<i>3. Related documents</i>	26
3.1 Review	26
<i>4. Appendices</i>	27
4.1 VFSS clinical audits	27
4.2 Examples of excerpts for e-portfolio	35

1. VFSS competency introduction

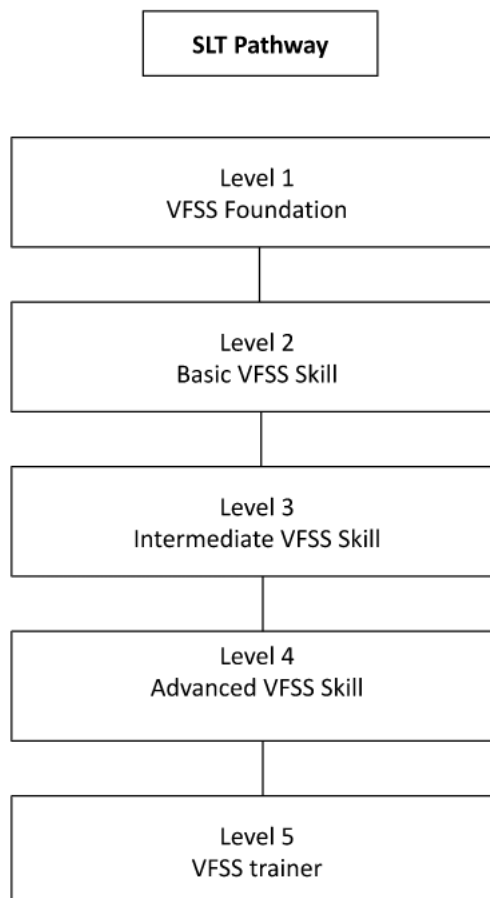
1.1 Prerequisites for VFSS training

- NZSTA Registered Membership, including locally defined entry-level dysphagia competency for Level 2 VFSS competency onwards
- First aid/resuscitation training as per SLT local policy
- Formal support from line manager and professional lead/clinical lead (where different) to commence VFSS training
- Supervision from a supervisor with appropriate VFSS competency

Note: local policies may apply specific pre-requisites for VFSS training which are relevant to their specific workplace. The SLT is expected to engage in active lifelong learning alongside this competency framework. This is to ensure that emerging research is incorporated into practice as appropriate.

1.2 VFSS competency pathway

Refer to Table 1.5 for details on supervision and sign-off for competency training, sign-off and completion.



1.3 Competency progression

- Responsibility for sign-off for SLTs at each competency level lies with the local line manager/professional lead/clinical lead.
- The competency levels have been divided into three categories:
 - Knowledge (things you need to know)
 - Skill (things you need to be able to do)
 - Competency (how you apply your knowledge and skills within your designated scope of practice)
- The timeframe taken to achieve competency at each level may vary greatly. It is not unusual to take a minimum of 12 months to achieve Level 2, 3 or 4.
- For some SLTs, their job description, service needs and/or access to VFSS may never be sufficient to allow progression beyond Level 1.
- Where a line manager/professional lead/clinical lead is not competent in VFSS, they are required to seek external Level 4 or 5 support to ascertain competency for Level 2 onwards
- E-portfolios are an NZSTA standard expectation for VFSS trained SLTs. E-portfolios should provide evidence of practice at the level being assessed and should include: logs of interventions completed; reflections on complex patients; reflections on occasions when procedures were truncated or modified, evidence of interpretation as well as procedure management, evidence on inter-rater reliability testing of interpretation, completed reports and evidence of procedure completion/management.
- Professional development such as web-based special interest groups, keeping up-to-date with research, and in-person education opportunities should be ongoing to enhance competency and increase exposure to peer support and learning.

1.4 Acquisition of knowledge, skills and competency

Theoretical knowledge pertaining to VFSS competency can be achieved via self-directed learning. This includes study days, webinars and independent reading. Direct observation and supervision are required beyond Level 1. Application of theoretical knowledge must be demonstrated and observed by the supervisor to satisfy the competency requirements. This can be face-to-face (e.g., clinical audit) or through the NZSTA continuous professional development log or equivalent e-portfolio.

VFSS training should be conducted with an appropriate degree of frequency to allow for the consolidation of learning.

Level 4 and Level 5 SLTs are expected to support one another through annual peer supervision and case-based discussions. This ensures maintenance and enhancement of own competency and equity of Level 1-4 sign-off for trainees.

The Level 5 SLT is responsible for providing or contributing to at least one annual professional development or peer supervision opportunity for Level 4 and 5 SLTs.

1.4.1 Roles and Responsibilities of the trainer/trainee

Trainee roles and responsibilities include:

- Completes a reflective log of specific VFSS procedures attended, including role fulfilled, new learning, and areas to develop as part of competency development
- Initiates and facilitates regular 1:1 coaching/discussions to develop VFSS skill and to collaboratively identify direction for learning for the trainee
- Actively seeks opportunities and prioritises own learning to allow progression through levels of competency, e.g., a variety of patient populations, working with a different SLT, attending various clinics (inpatients vs. outpatient clinics)
- Identifies areas where further development/exposure/learning is required
- Receives and acts upon feedback as agreed within the (formal/informal) learning contract or as discussed with the trainer

Trainer roles and responsibilities include:

- Provides support and direction around competency attainment
- Facilitates regular 1:1 coaching/discussions to develop VFSS skills and to collaboratively identify the direction for learning for the trainee
- Provides an opportunity for learning in a different environment, e.g., a variety of patient populations, working with a different SLT, attending various clinics (inpatients vs outpatient clinics)
- Identifies areas where further development/exposure/learning is required when the trainee has not identified these themselves. Suggests learning opportunities and various ways to develop VFSS knowledge and skill, e.g., courses/in-service training/podcasts etc.
- Provides feedback about performance and skill as agreed within the (formal/informal) learning contract or as discussed with the trainee

1.4.2 Complexity

- It is acknowledged that perceived complexity is subjective and can be guided by the SLT's experience level or the environment within which the SLT operates (e.g., with limited multi-disciplinary team support). The following is a list of factors that is not exhaustive but may be considered within the definition of complex:
 - Acute and/or medically complex, e.g., multiple co-morbidities, high-risk factors
 - Challenging behaviours/ difficulties with compliance to instruction
 - Complex social situation
 - Anatomical deficits such as airway patency concerns, granulation tissue, airway stenosis, or tracheomalacia
 - Complex head and neck surgical reconstruction
 - Tracheostomy and complex respiratory needs
- It is understood that there will be occasions where patients who are not considered complex from their history may become complex during the intervention. In accordance with the NZSTA SLT code of ethics, "*Members shall recognise the limits of their professional competence*". In these cases, the intervention should be completed when the Level 3 clinician feels it is safe to do so and abandoned where it is beyond their skill level.

1.4.3 Supervision

Professional supervision encompasses all aspects of SLT practice; clinical/therapy, management and research. Supervision is a contractual, collaborative relationship between a designated supervisor and a supervisee. This relationship focuses on

- Supervise development and well-being
- Safe, ethical and evidence-based practice and
- Ensures the upholding of professional and workplace standards.

The NZSTA recognises several types of supervision; cultural supervision, discipline-specific supervision, group supervision and interprofessional supervision (NZSTA Supervision in Aotearoa for Speech-language Therapists Policy 2017).

1.5 VFSS competency overview

These tables summarise each competency level, including scope, supervision, and sign-off required.

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within the scope of practice on completion	Outside the scope of practice on completion
VFSS Foundation	Level 1	<ul style="list-style-type: none"> - Identify patients appropriate for VFSS - Indications and contraindications for VFSS - Appropriate set-up and pack-down of equipment - Follows appropriate method of barium preparation and disposal - Provides support with feeding and positioning for optimal views and patient comfort. 	<p>Minimum Level 3 competent and line manager/professional lead/clinical lead sign off</p> <p>E-portfolio to the satisfaction of Level 3 VFSS competent SLT</p>	<p>Assist VFSS with direct supervision from Level 3-5 SLT</p>	<p>Lead/interpret VFSS independently</p> <p>Conduct VFSS with Level 1 or 2 VFSS competent SLT</p>

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within scope of practice on completion	Outside scope of practice on completion
Basic VFSS Skill	Level 2	<p><i>In addition to Level 1</i></p> <ul style="list-style-type: none"> - Identifies anatomical structures (normal and abnormal) - Independently directs and manages all aspects of the procedure - Demonstrates analysis and interpretation of basic VFSS findings - Able to make appropriate recommendations on effectiveness and safety of swallowing based on findings - Demonstrates knowledge of compensatory strategies, postural manoeuvres and rehabilitation exercises - Completes formal VFSS report and appropriate documentation with 	<p>Level 4 VFSS competent or above and line manager/professional lead/clinical lead sign off</p> <p>E-portfolio to satisfaction of Level 4 VFSS competent SLT</p>	<p>For cases with no anticipated complexity (e.g., repeat study) and in agreement with supervisor/professional lead/clinical lead, can complete study with Level 2-5 competent clinicians.</p>	<p>Sign off other competency levels</p> <p>Complete VFSS without support from Level 3 or above VFSS competent clinician for cases where complexity is anticipated</p>

		support within appropriate timeframes			
Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within scope of practice on completion	Outside scope of practice on completion
Intermediate VFSS Skill	Level 3	<p><i>In addition to Level 2</i></p> <ul style="list-style-type: none"> - Generate sound clinical hypotheses on the severity of dysphagia and the biomechanical impairments - Demonstrate online reasoning and critical thinking skills when selecting appropriate strategies and manoeuvres - Asses the efficacy of these strategies and manoeuvres and make appropriate recommendations for their use - Develops appropriate dysphagia rehabilitation programmes based on findings 	<p>Level 4 competent or above and line manager/professional lead/clinical lead sign off</p> <p>E-portfolio to satisfaction of Level 4 VFSS competent SLT</p>	<p>Carry out VFSS with Levels 1-5 VFSS competent SLT</p> <p>Sign-off VFSS Levels 1 and 2</p> <p>Complex VFSS with support</p>	<p>Carry out anticipated complex VFSS without appropriate support from level 4 or 5 SLT</p>

		- Independent with report writing			
--	--	-----------------------------------	--	--	--

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within scope of practice on completion	Outside scope of practice on completion
Advanced VFSS Skill	Level 4	<i>In addition to Level 3</i> <ul style="list-style-type: none"> - Independently lead and interpret complex VFSS - Demonstrates advanced skill and clinical decision making based on evidence-based practice with sound hypothesis and rationale 	<p>E-portfolio including coaching reflections and supervision session/s to satisfaction of another Level 4 competent SLT</p> <p>Dual sign-off from local line manager or professional lead or clinical leader and Level 5 VFSS competent clinician (this can be the same person where applicable)</p>	<p>Undertake VFSS with a Level 1-5 VFSS competent SLT</p> <p>Provide supervision and sign-off for VFSS Level 1-3</p> <p>Undertake VFSS with non-SLT when no SLT support is available</p> <p>Local quality initiatives and service development</p>	

Competency	Competency abbreviation	Summary of skills on completion	Supervision and sign-off required for competency completion	Within scope of practice on completion	Outside scope of practice on completion
VFSS Trainer	Level 5	<p><i>In addition to Level 4</i></p> <ul style="list-style-type: none"> - Able to provide Level 1-4 teaching/supervision and sign-off - Knowledge and understanding of varied adult learning principles - Experience in other clinical coaching and on the job training 	<p>E-portfolio or supervision session to satisfaction of another Level 5 competent SLT</p> <p>Local line manager/professional lead/clinical lead sign-off</p>	<p>Undertake VFSS with Level 1-5 VFSS competent SLT</p> <p>Provide supervision and sign-off for Level 1-5</p> <p>Undertake VFSS with non-SLT when no SLT support is available</p>	

1.6 Maintenance of competency

It is the responsibility of the SLT trained in VFSS to maintain clinical competency. They must ensure up-to-date knowledge of clinical development relating to VFSS and engage in VFSS-specific clinical supervision. This includes an annual peer review (see e-portfolio requirements above).

Following a significant lapse in VFSS practice, a return to practice process should be completed. This may include a clinical audit by a Level 4 or above VFSS-competent SLT (Appendix 1) or appropriate support sought from a Level 5+ SLT. Formal supervision relevant to updates in evidence-based practice and any changes in local policy should also take place prior to re-commencing VFSS practice.

The NZSTA has endorsed this competency framework but has no jurisdiction in the workplace to audit. Clinicians are advised to liaise with their line manager/professional lead/clinical leader regarding the requirements for auditing and competency maintenance specific to their workplace.

Note: Following a three-year lapse in practice, NZSTA standard return-to-practice requirements apply.

1.7 Grand-parenting of VFSS competency

If an SLT was trained in VFSS overseas or was trained before 2023, it is their responsibility to provide adequate evidence of their VFSS training, experience, supervision and competency. This may include signed international or local VFSS competency packages, evidence of e-learning certification or formal education, VFSS logs and reflections, and references from managers, supervisors, and previous mentees. It is recommended that they review this competency framework and identify their perceived level of competency. The Line Manager/Professional lead/Clinical Lead will complete a minimum of one successful VFSS audit at that level in addition to the evidence outlined above to transition onto this framework.

1.8 Radiation safety and training

Please refer to the NZSTA Guideline on VFSS.

2 VFSS competencies

2.1 VFSS Foundation (Level 1)

Competency to be gained/maintained within workplace context	Consistent evidence provided to supervisor	Date completed & supervisor signature (sign-off)
<p>Foundation Knowledge</p> <ul style="list-style-type: none"> - Recognises when instrumental assessment of swallowing is indicated and provides rationale for VFSS. - Identifies clinical indications and contraindications for VFSS compared to Flexible Endoscopic Evaluation of Swallowing (FEES). - Identifies patient barriers to VFSS suitability. - Identifies key anatomical structures as viewed via fluoroscopy. - Demonstrates theoretical knowledge of the physiology of swallowing. - Identifies the clinical boundaries of procedures performed by SLT, radiologists, gastroenterologists and otolaryngologists (ORL) in the context of Barium Swallow vs VFSS vs contrast studies. - Demonstrates understanding of aspiration risk associated with different contrasts and explores ways to manage this. - Describes the function and use of various contrast material. 		
<p>Procedure</p> <ul style="list-style-type: none"> - Demonstrates appropriate liaison and coordination for booking VFSS with radiology. 		

<ul style="list-style-type: none"> - Demonstrates knowledge of equipment and resources required to perform the procedure with appropriate set-up/pack-down. - Demonstrates understanding of exposure factors and screening features for both lateral and anterior-posterior (A-P) view and when to use each. - Understands the role of those present during procedure e.g., SLT, MIT, radiologist. - Provides clear instructions to optimise the outcome of the procedure. - Identifies the dual role of the SLT as either the supporting or leading clinician and the roles and responsibilities associated with each (as per local guidelines). 		
<p>Professional Standards</p> <ul style="list-style-type: none"> - Identifies local policy and procedure relevant to VFSS - Knowledge of NZSTA Standards of Practice and Competency Framework - Completion of radiation safety training - Follows local policy for PPE and demonstrates appropriate donning and doffing of protective lead gear - Demonstrates appropriate preparation of barium that is compliant with IDDSI as per NZSTA guidance and local policy - Follows appropriate method of contrast disposal in line with local guidelines 		

2.1 Basic VFSS Skill (Level 2)

Competency to be gained/maintained within workplace context	Consistent evidence provided to supervisor	Date completed & supervisor signature (sign-off)
<p>Anatomy and Physiology</p> <ul style="list-style-type: none"> - Identifies anatomical structures of oral cavity, pharynx, larynx and oesophagus at rest in lateral and A-P views as viewed fluoroscopically. - Can identify normal and grossly abnormal anatomy and swallowing as viewed fluoroscopically. - Demonstrates onward referral for specialist input/diagnosis when anatomy appears abnormal. - Demonstrates the function of each structure in relation to swallowing. 		
<p>Basic VFSS Care</p> <ul style="list-style-type: none"> - Independently directs and manages all aspects of the procedure, including feeding the patient, directing the patient and MIT, and interpreting the basic findings. - Clinical decision-making is used to guide the order of oral trials in a logical manner suitable for the patient. - Explains preliminary findings to the patient/whānau/other. - Demonstrates understanding of oesophageal screening, including its indication and rationale. - Identifies when a referral to other professional is required, i.e., ORL, gastroenterology or radiology, following VFSS with knowledge of the referral process. 		

<p>Management Considerations</p> <ul style="list-style-type: none"> - Supports mobility and transfer of a patient in line with the recommendation from physiotherapy colleagues (where indicated). - Ensures patient positioning in both A-P and lateral views are used appropriately and problem-solves when positioning is suboptimal. - Knowledge and awareness of risks, adverse reactions and safety issues surrounding VFSS with an understanding of options to manage the patient to optimise safety and comfort effectively. - Effectively manages patient-related factors such as distress or physical discomfort. - Recognises when the procedure may need to be terminated. - Recognises when a radiologist should be present for the procedure or when a second opinion/onward referral may be required. - Clearly documents all aspects of an adverse event in line with local documentation standards and provides appropriate follow-up. 		
<p>Swallowing</p> <ul style="list-style-type: none"> - Knowledge of the effects of viscosity, consistency and bolus volume on swallowing. - Demonstrates analysis and interpretation of basic VFSS findings during the procedure, such as penetration/aspiration, residue, clearance and safety, and makes appropriate recommendations. - Knowledge of compensatory strategies, postural manoeuvres and rehabilitation exercises, including their indications and contraindications. 		
<p>Documentation</p> <ul style="list-style-type: none"> - Documents the procedure details and summary of findings, recommendations, and plan. 		

<ul style="list-style-type: none"> - Completes formal VFSS report in a timely manner according to local standards and seeks support from or collaborates with supervising clinician for interpretation of findings beyond basic VFSS skill. - Impression statement includes presence/absence of dysphagia, a severity rating, aetiology, characteristics and resulting impairments, as well as reversibility/prognosis statement. 		
---	--	--

2.3 Intermediate VFSS Skill (Level 3)

Competency to be gained/maintained within workplace context	Consistent evidence provided to supervisor	Date completed & supervisor signature (sign-off)
<p>Swallowing</p> <ul style="list-style-type: none"> - Generates sound clinical hypotheses on the severity of dysphagia and the biomechanical impairments based on the findings from the bedside swallowing evaluation and/or case history information. - Identifies symptoms of dysphagia on VFSS and demonstrates critical thinking in analysing the underlying impairment, e.g., aspiration is occurring due to poor hyolaryngeal excursion and thus poor airway closure. - Demonstrates knowledge of the indications and contraindications for specific compensatory strategies/rehabilitation exercises when analysing VFSS findings. 		
<p>Compensatory Strategies/Rehabilitation</p> <ul style="list-style-type: none"> - Demonstrates online reasoning and critical thinking skills by selecting appropriate compensatory strategies, postural manoeuvres and bolus modification based on impairments observed. - Assesses the efficacy of compensatory strategies, postural manoeuvres and bolus modification during the 		

<p>procedure and makes appropriate recommendations for their use.</p> <ul style="list-style-type: none"> - Develops appropriate dysphagia rehabilitation programmes based on the impairments observed and the efficacy of compensatory strategies trialled. - Develops management plans that are evidence-based and consistent with the current literature. - Where applicable, plans to repeat assessment following a period of rehabilitation are clearly documented and appropriate. 		
<p>Documentation</p> <ul style="list-style-type: none"> - Analyses VFSS using a locally agreed reporting framework. - Stays up-to-date with the NZTSA position paper to ensure appropriate reporting frameworks are used. - Consistently produces VFSS reports to NZSTA minimum standard in a timely manner. - Impression/analysis statement is consistently accurate and written in a way that is understood by the patient/whānau. 		
<p>Education</p> <ul style="list-style-type: none"> - Uses VFSS as a feedback tool to explain the findings and to optimise patient/whānau involvement and understanding. - Accurately and independently describes the VFSS findings to the patient, whānau and others and can answer questions about reversibility/prognosis and rehabilitation. 		
<p>Scope of practice</p> <ul style="list-style-type: none"> - Demonstrates awareness of competency level and learning/support needs in areas outside of own speciality practice areas. 		

2.4 Advanced VFSS Skill (Level 4)

Seek the support of a Level 5 clinician from another hospital if required.

Competency to be gained/maintained within workplace context	Consistent evidence provided to supervisor	Date completed & supervisor signature (sign-off)
<p>Advanced VFSS Skill</p> <ul style="list-style-type: none"> - Allows a period of consolidation to consistently and independently demonstrate all aspects of VFSS competency across a range of patient populations - Demonstrates consistent and independent critical thinking, sound clinical reasoning and decision-making across a range of patient populations - Constructs specific clinical questions to support differential diagnoses in cases when the aetiology of dysphagia is unclear - Consistent and independent ability to select appropriate compensatory strategies, postural manoeuvres, and bolus modification online and analyse the efficacy of these - Identifies indications and contraindications for the use of the different contrast materials such as omnipaque, gastrograffin and barium 		
<p>Portfolio</p> <ul style="list-style-type: none"> - Evidence of at least four (or as many as required to gain competency) VFSS reports completed during the consolidation period, along with the associated reflective log of specific learning opportunities that have grown the SLT's VFSS skill, specifically with complex patients 		
<p>Evidence-Based Practice</p> <ul style="list-style-type: none"> - Refers to and keeps up-to-date with current literature and evidence-based practice when providing a rationale 		

<ul style="list-style-type: none"> for specific swallowing manoeuvres, compensatory strategies, or rehab exercises - Forms robust dysphagia rehabilitation programmes in keeping with evidence-based practice, e.g., skill vs strength training - Refers to normative data when interpreting swallowing function - Active participation in SIGs and other education forums around VFSS 		
--	--	--

2.5 VFSS Trainer (Level 5)

It is expected that a period of skill consolidation occurs before attaining Level 5. This time will vary according to many factors. Line manager/professional lead/clinical leader sign-off is required before starting Level 5 training to ensure all pre-requisite skills have been met. Line managers/professional leads/clinical leads should seek support from local or national Level 5 SLTs where they need VFSS competency.

Competency to be gained/maintained within the workplace context	Consistent evidence provided to supervisor	Date completed & supervisor signature (sign-off)
- Provides appropriately paced, structured training in line with service demands		
- Appreciates different learning styles and pace of learning, appropriately modifying own teaching style to meet the needs of the supervisee		
- Selects appropriate timing and method of feedback delivery to support supervisee maximally and maintain		

safety in regard to VFSS procedure, direction, interpretation and report writing		
- Determines when a competency has or has not been appropriately demonstrated and provides appropriate and accurate feedback to the supervisee		
- Identifies when additional support might be beneficial to maximally support the supervisee, including different sources/approaches of support		
- Seeks out opportunities to receive feedback in regard to the ability to provide VFSS training and demonstrate reflective practice		
- Maintains NZSTA e-portfolio, e.g., self-reflections, training logs & audits/peer review as per local policy		

3. Related documents

This framework should be read in conjunction with the New Zealand Speech-Language Therapists' Association core documents, including:

- NZSTA Clinical Practice Guideline on VFSS (2020)
- The Royal Australian and New Zealand College of Radiologists (2017)
- NZSTA Principles & Rules of Ethics (2015)
- NZSTA Scope of Practice (2012)
- NZSTA Continuing Professional Development Framework (2022)
- NZSTA Supervision in Aotearoa for Speech-language Therapists Policy (2017)
- Competency-based Occupational Standards for Speech Pathologists (2011)
- NZSTA Return to Practice Framework (2023)

3.1 Review

This competency framework is to be reviewed every five years. The NZSTA Board will oversee the review. The related NZSTA documents listed above are reviewed every five years.

4. Appendices

4.1 VFSS clinical audits

Level 1 VFSS Foundation

Performance criteria	Completed Yes/No	Comments
Provides rationale for VFSS		
Identifies clinical indications and contraindications for VFSS compared to Flexible Endoscopic Evaluation of Swallowing (FEES)		
Identifies key anatomical structures as viewed via fluoroscopy		
Demonstrates theoretical knowledge of the physiology of swallowing		
Appropriately set up and pack-down of the equipment and resources involved in performing the procedure		
Demonstrates appropriate use of lateral and A-P view and directs the MIT appropriately		
Works collaboratively with the supporting clinician		
Follows local policy for PPE and demonstrates appropriate donning and doffing of protective lead gear		
Demonstrates appropriate preparation of barium that is compliant with IDDSI as per NZSTA guidance and local policy		
Follows appropriate method of contrast disposal in line with local guidelines		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 2 Basic VFSS Skill

In addition to all elements in Level 1 the following criteria must be met to achieve Level 2 competency

Performance criteria	Completed Yes/No	Comments
Identifies anatomical structures of oral cavity, pharynx, larynx and oesophagus at rest in lateral and A-P views as viewed fluoroscopically		
Identifies normal and grossly abnormal anatomy and swallowing as viewed fluoroscopically		
Demonstrates the function of each structure in relation to swallowing		
Independently directs and manages all aspects of the procedure, including feeding the patient, directing the patient and MIT, and interpreting the basic findings.		
Clinical decision-making is used to guide the order of oral trials in a logical manner suitable for the patient.		
Explains preliminary findings to the patient/whānau/other		
Appropriately uses oesophageal screening and understands the benefit of this.		
Supports mobility and transfer of the patient in line with recommendations from physiotherapy colleagues		
Ensures patient positioning in both A-P and lateral views are used appropriately and problem-solves when positioning is suboptimal		
Effectively manages patient-related factors such as distress or physical discomfort.		
Demonstrates analysis and interpretation of basic VFSS findings during the procedure, such as penetration/aspiration, residue, clearance and safety, and makes appropriate recommendations		
Knowledge of compensatory strategies, postural manoeuvres and rehabilitation exercises, including their indications and contraindications		
Documents the procedure details and summary of findings, recommendations, and plan		
Completes formal VFSS report in a timely manner according to local standards and seeks support from or		

collaborates with supervising clinician for interpretation of findings beyond basic VFSS skill		
Impression statement includes presence/absence of dysphagia, a severity rating, aetiology, characteristics and resulting impairments, as well as reversibility/prognosis statement.		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 3 Intermediate VFSS Skill

In addition to all elements in Level 2 the following criteria must be met to achieve Level 3 competency

Performance criteria	Completed Yes/No	Comments
Generates sound clinical hypotheses on the severity of dysphagia and the biomechanical impairments based on the findings from the bedside swallowing evaluation and/or case history information		
Identifies symptoms of dysphagia on VFSS and demonstrates critical thinking in analysing the underlying impairment, e.g., aspiration is occurring due to poor hyolaryngeal excursion and thus poor airway closure.		
Demonstrates knowledge of the indications and contraindications for specific compensatory strategies/rehabilitation exercises when analysing VFSS findings.		
Demonstrates online reasoning and critical thinking skills by selecting appropriate compensatory strategies, postural manoeuvres and bolus modification based on impairments observed.		
Assesses the efficacy of compensatory strategies, postural manoeuvres and bolus modification during the procedure and makes appropriate recommendations for their use.		
Develops appropriate dysphagia rehabilitation programmes based on the impairments observed and the efficacy of compensatory strategies trialled.		
Develops management plans that are evidence-based and consistent with the current literature.		
Where applicable, plans to repeat assessment following a rehabilitation period is clearly documented and appropriate.		
Consistently produces VFSS reports to NZSTA minimum standard in a timely manner.		
The impression/analysis statement is consistently accurate and written in a way that the patient/whānau understands.		

Uses VFSS as a feedback tool to explain the findings and to optimise patient/whānau involvement and understanding.		
Accurately and independently describes the VFSS findings to the patient, whānau and others and can answer questions about reversibility/prognosis and rehabilitation.		
Demonstrates awareness of competency level and learning/support needs in areas outside of own speciality practice areas		

Audited SLT name:

Auditing VFSS competency level:

Auditing SLT name:

VFSS Competency Level ___ achieved/not achieved

Auditing SLT designation:

Auditing SLT signature:

Audited SLT signature:

Date:

Level 4 Advanced VFSS Skill

In addition to all elements in L3 the following criteria must be met following a period of consolidation to consistently and independently demonstrate all aspects to achieve Level 4 competency.

A clinician may need to complete a number of audits across various patients to allow the opportunity to demonstrate all aspects required for Level 4, especially when being grand parented across to the NZ VFSS competency framework.

Performance criteria	Completed Yes/No	Comments
Consistent and independent online critical thinking, sound clinical reasoning and decision-making across a range of patient populations.		
Consistent and independent ability to select appropriate compensatory strategies, postural manoeuvres, and bolus modification online and analyse the efficacy of these.		
Constructs specific clinical questions to support differential diagnoses in cases when the aetiology of dysphagia is unclear.		
Forms robust dysphagia rehabilitation programmes in keeping with evidence-based practice, e.g., skill vs strength training.		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ___ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

Level 5 VFSS Trainer

In addition to all elements in Level 4, the following criteria must be met to achieve Level 3 competency.

Performance criteria	Completed Yes/No	Comments
Demonstrates effective coaching/supervision and training to a VFSS supervisee.		
Demonstrates knowledge and understanding of varied adult learning principles.		
Demonstrates the ability to select appropriate timing and method of feedback delivery to maximally support supervisee and maintain safety in regard to VFSS direction, interpretation and report writing.		
Demonstrates the ability to determine when a competency has or has not been appropriately demonstrated and provide appropriate and accurate feedback to the supervisee.		
Identify when additional support might be beneficial to maximally support the supervisee, including different sources/approaches of support.		
<p>Audited SLT name:</p> <p>Auditing VFSS competency level:</p> <p>Auditing SLT name:</p> <p>VFSS Competency Level ____ achieved/not achieved</p> <p>Auditing SLT designation:</p> <p>Auditing SLT signature:</p> <p>Audited SLT signature:</p> <p>Date:</p>		

4.2 Examples of excerpts for e-portfolio

VFSS reflective log

Date	Role in VFSS <i>Observing, leading, seconding</i>	Aetiology	Indication for VFSS	Reflection on procedure <i>Focus on own learning rather than the patient</i>	Reflection on interpretation and documentation	Feedback received	Evidence

VFSS e-portfolio

Date	Learning activity completed <i>For example, article review, e-learning, course attendance, inter-rater reliability session, observation, review of video files and reports, presentation</i>	Reflection	Evidence