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| **Feeding, Eating, Drinking and Swallowing Competencies (FEDS)** |

*Developed under the auspices of the Irish Association of Speech & Language Therapists*

*Modified and used with permission by the Department of Speech Pathology and Audiology, University of Alberta*

**Student name: Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Placement Start/End Dates: Clinical Educator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* This document is provided as a supplement to the Clinical Appraisal Form (CAF) for students and clinical educators in placements which involve a significant amount of dysphagia practice. The completed CAF continues to be required documentation. Please submit this form with the CAF to the Department at the end of the placement.
* Suggested use of this tool for clinical educators and students
1. set learning expectations at the beginning of placement (outline the opportunities available at your site and the competencies expected given the length and schedule of the placement)
2. set goals for student’s Clinical Learning Plan before midterm evaluation
3. track student progress throughout placement, particularly at midterm and final evaluation

**Competency rating descriptors**

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| Novice/Observation | Transition/Active/Routine Cases | Entry/Independence/Complex Cases |
| *Minimal experience in the practice area; knowledge base and skill base limited.*1: specific direction and/or demonstration for all cases | *Knowledge and skills consolidated in familiar contexts. Follows preset assessment and intervention procedures with direction.*2: specific direction required most of the time in familiar contexts3: mix of specific and general direction required in familiar contexts4: general direction required most of the time with some repetition and clarification; specific direction and/or demonstration for new procedures | *Competent across a range of clinical contexts. Integrated knowledge and experience.*5: general direction required some of the time for routine cases6: efficient and competent performance for routine cases; direction required for complex cases |

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| **Assessment**  | **Novice** | **Transition** | **Entry** |
| 1. Recognize signs and symptoms of feeding, eating, drinking and swallowing disorders
 | **1** | **2 3 4** | **5 6** |
| 1. Identify social, cognitive, behavioural, and psychological factors contributing to feeding, eating, drinking and swallowing and/or feeding status
 | **1** | **2 3 4** | **5 6** |
| 1. Identify atypical structure and functioning, medical conditions, medical status and medications which may be indicative of dysphagia
 | **1** | **2 3 4** | **5 6** |
| 1. Obtain details related to client’s nutritional, hydration and respiratory status and oral intake efficiency (e.g., positioning, feeding dependency, environment, diet modification, compensations)
 | **1** | **2 3 4** | **5 6** |
| 1. Identify appropriate feeding, eating, drinking and swallowing assessment procedures
 | **1** | **2 3 4** | **5 6** |
| 1. Conduct an oral examination to assess oral, pharyngeal, laryngeal, and respiratory structures and functioning for speech and swallowing and relate it to neurological functioning
 | **1** | **2 3 4** | **5 6** |
| 1. Administer, record and evaluate appropriate clinical FEDS assessment
 | **1** | **2 3 4** | **5 6** |
| 1. Identify potential malnutrition, dehydration, and aspiration risks
 | **1** | **2 3 4** | **5 6** |
| 1. Identify need for objective / instrumental swallowing assessment
 | **1** | **2 3 4** | **5 6** |
| 1. Assist in administration, review and documentation of instrumental swallowing assessment
 | **1** | **2 3 4** | **5 6** |
| 1. Discuss findings from instrumental assessment and make appropriate recommendations for client management
 | **1** | **2 3 4** | **5 6** |
| 1. Communicate findings and recommendations to client, family and other health professionals orally and in writing
 | **1** | **2 3 4** | **5 6** |
| 1. Identify values and attitudes of client /significant other to feeding and swallowing
 | **1** | **2 3 4** | **5 6** |
| 1. Identify indicators for swallowing therapy and show awareness of non oral intake options
 | **1** | **2 3 4** | **5 6** |

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|  **Management and Intervention**  | **Novice** | **Transition** | **Entry** |
| 1. Identify the need for consultation /referral to other team members (e.g. clinical nutrition/dietetics)
 | **1** | **2 3 4** | **5 6** |
| 1. Support client and caregivers in decision-making
 | **1** | **2 3 4** | **5 6** |
| 1. Recommend appropriate oral intake method (s) and quantities, taking into account the client’s medical, swallowing, feeding, cognitive, and behavioural status and psychosocial factors.
 | **1** | **2 3 4** | **5 6** |
| 1. Set measurable short and long-term treatment goals targeting appropriate feeding and swallowing outcomes
 | **1** | **2 3 4** | **5 6** |
| 1. Recommend appropriate postural, sensory, cognitive, visual and/or perceptual strategies to enhance feeding and swallowing function
 | **1** | **2 3 4** | **5 6** |
| 1. Recommend appropriate food and fluid consistencies
 | **1** | **2 3 4** | **5 6** |
| 1. Identify appropriate compensatory and/or rehabilitative management techniques to improve efficacy of feeding and swallowing
 | **1** | **2 3 4** | **5 6** |
| 1. Provide effective education and/or training to clients and caregivers using selected management techniques
 | **1** | **2 3 4** | **5 6** |
| 1. Maintain collaborative working relationships with other health professionals involved in the client’s care
 | **1** | **2 3 4** | **5 6** |
| 1. Select and modify appropriate assistive feeding utensils or consult with relevant team members
 | **1** | **2 3 4** | **5 6** |
| 1. Evaluate the client’s response to treatment
 | **1** | **2 3 4** | **5 6** |
| 1. Identify need for review assessment
 | **1** | **2 3 4** | **5 6** |
| 1. Revise treatment/ discharge plan as appropriate
 | **1** | **2 3 4** | **5 6** |

Comments:

 Date: Clinical Educator Signature: